

Opinion

How Costly Is Blindness? We Ought to Know

When her mom didn't have enough money for a purchase, my then 7-year-old daughter would say, "When that happens to Dad, he just stops at the cash machine, and it gives him money." She might as well have been describing the behavior of the U.S. government. Faced with competing priorities, Congress has been willing to fund everything that seemed deserving. Those free-spending days are coming to an end, and when they do, the proposals supported by the best data and the best lobbying efforts will have an advantage. Although ophthalmology and the patients we serve have excellent lobbying on our behalf, our advocates need solid data to show that vision care and research are good investments of public funds.

Every ophthalmologist should know where to find these supporting data and have at least a passing familiarity with their conclusions. You never know when that patient across the slit lamp from you might be a policy maker or a candidate for office, and it's handy to be ready with some data teasers. Fortunately, an excellent data source on costs of eye and vision care is available, and I recommend that each of us peruse it. (There's an executive summary at the beginning, so it's easier than it looks.) "The Economic Burden of Vision Loss and Eye Disorders in the United States" was sponsored by Prevent Blindness America

(PBA) and is available as a free download from <http://costofvision.preventblindness.org/>. A major advantage for policy makers is that the data are from an unbiased source and have no inherent tilt toward optometric or ophthalmologic care.

The costs total a staggering \$139 (\$110-\$175) billion per year for the United States. The range represents a 95 percent confidence interval, called a "credible range" of the estimate. As such, visual impairment is one of the top five costliest health conditions in the United States. The reason the costs are so high relates to the debilitating nature of vision loss. Indirect costs, including productivity losses and long-term care, actually exceed direct expenditures. Interestingly, about half of these costs are borne by individuals and their families, a third by government, and one-sixth by private insurance. Because of its prevalence, the costliest diagnosis is refractive error, even ahead of cataract.

Of course, a global estimate of costs, similar to this one from PBA, requires a lot of assumptions that may be flawed, or there may be uncertainty in the underlying available data. Amazingly, one of the most uncertain assumptions is the U.S. prevalence of visual impairment and blindness.

The Academy is beginning to accumulate disease-specific data that incorporate the results of more recent population-based studies (which the

PBA study did not), which may more accurately project the U.S. and international burdens in terms of both quality of life and financial costs. The Academy's Hoskins Center for Quality Eye Care, in collaboration with the University of Illinois at Chicago, has already started the project, with glaucoma as the first disease. As additional diseases are added, this body of information will become a robust data source enabling projections of both financial and social costs on a worldwide basis. Armed with solid data, we should be able to make a strong case that well-targeted expenditures in eye care and research could actually be saving money into the future.



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