Dear Editor,

Kovai et al have written a timely article on patient satisfaction in vision centers. Refractive errors are the leading cause of visual impairment in India and only a fraction of the population who need refractive services are catered to. The spectacle coverage among presbyopic individuals is also less. Earlier, literacy levels were low and most rural folks were engaged in agriculture-related occupation and their visual demands were less. But as mobile phones and television penetrate to the farthest corner and lowest socioeconomic strata of the country, the visual demand of the population at large, even if it is not literate, has increased. The 15,000 odd ophthalmologists, 2000 optometrists and ophthalmic assistants cannot cater to the demands of a billion plus people. Vision technicians are the...
obvious answer.

However, in their study Kovai et al., have reported less satisfaction in small village’s vision centers.[1] Vision centers in large villages certainly had better accessibility and connectivity, and were thus more popular. The other factor for their increased satisfaction was better technician service. But the authors seem to have placed technicians they thought were better in the larger villages, and the not so competent ones in smaller villages.[1] Thus there is a selection bias at the very beginning of the study. Vision centers in small villages’ rate poorly, as compared to those in large villages, on patient volumes, cost recovery, and provider cost per patient at the beginning of the study. If the service given by the vision technician is discounted, the large village centers rate better only on transport convenience. Small village centers were in fact scoring better on waiting room facility, no doubt because the waiting time was less due to smaller volumes. So vision centers in small villages should not be underestimated as they can give valuable service to remote and hilly villages and islands and should not be jettisoned. A higher proportion of their clientele is laborers and illiterates. The vision technicians could also be part time eye care professionals, if they do not have enough patient loads, much like the anganwadi sevikas. This would also decrease the provider cost per patient.

Many patients were disappointed with spectacle dispensing time. Perhaps readymade spectacles may provide the answer.[4] Simple refraction can be easily done by paramedical persons and there is no need to insist on supervision by trained physicians in this respect. Better primary eye care facilities shall in fact increase the uptake of services given by ophthalmologists and optometrists, as more people become aware of their unfulfilled visual needs. A comprehensive model would make efficient use of the existing human resource and also provide quality eye care to our populace.[5]

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