

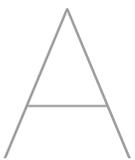


F.Y. eye

A semi-annual newsletter



Donors Help Expand Vision Care Statewide



A new way of practicing eye care could have a profound effect on our goal to end preventable blindness in Oregon.

A \$3.25 million donation from The Roundhouse Foundation and philanthropist Heather Killough, with help from community partners around the state, has established the Oregon Vision Health Network (OVHN).

Rather than treating one patient at a time after they develop symptoms, the network uses a combination of telehealth, community health workers and mobile units to provide better eye care more quickly to more Oregonians.

Why is screening so important?

Diabetic eye disease, glaucoma and macular degeneration are the leading causes of preventable blindness. All can be found by screening – but without screening, the outcome can be poor.

“Six in 10 cases of common eye disease may not be found until they have caused permanent damage to the eye,” says

Dr. Mitch Brinks, director of Casey’s Community Outreach Program. For more than a decade, the outreach program has supported eye care in rural and underserved communities

Eye care, close to home

The Oregon Vision Health Network includes more than 50 community health organizations around the state, from Hillsboro to Hood River, LaGrande and beyond.

Helping local health organizations provide screening and care in their communities removes one large barrier to accessing quality eye care: going to an unfamiliar place. As Dr. Brinks explains, “Going to an eye specialist is not in most people’s routines. To overcome this unfamiliarity, we’re reaching out through the clinics people already know and trust.”

The OVHN also includes telehealth – virtual visits with an eye specialist for patients who need them. Telehealth creates the access to regular eye care that is so important for people whose conditions, such as diabetic eye disease, need regular monitoring.

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▲ Dove Spector, OHSU Community Outreach Program Research Manager, center, goes over how to calculate vision rates with community health workers during a training in Hood River. (OHSU/Christine Torres Hicks)

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Navigators helping neighbors

More than 60 community health workers have been trained so far as vision health navigators, or VHNs. They conduct vision screenings, assess eye disease risk and connect patients with local resources. They are also trained to recognize social and environmental factors that increase the risk of blindness.

Vision navigators are thrilled to be providing this care. “It’s a dream come true for them, because they’ve seen the eye problems in their communities firsthand,” says Dr. Brinks.

Donor support will make free vision screening and eye imaging available for the first five years of the OVHN – a priceless gift that will change hundreds of lives.

Mobile clinics take screening around the state

The Casey Community Outreach mobile clinic has been in use since 2010 and has screened more than 11,000 patients. The mobile clinic was recently refurbished with the latest in screening and imaging technology to better detect and diagnose common vision threatening diseases.

The mobile clinic is an important part of the OVHN to reach people historically underserved in medicine who encounter significant barriers to accessing quality eye care. Being able to meet people where they are in their own communities is an important part of the success of the program.

Philanthropic support from The Roundhouse Foundation, Heather Killough, and other generous donors has allowed Casey to add a second mobile clinic, also equipped with advanced technology, exam lanes and a lift for those with mobility challenges. This second mobile unit will increase the number of underserved people all over the state who receive free vision screenings and glasses that they would not otherwise have access to.

New Pediatric Ophthalmology Clinic Up and Running in Bend



▲ Dr. John Davis sees pediatric patients in the new Bend clinic.

From the moment it opened its doors in October 2022, the Casey Eye Institute’s Oregon State Elks Children’s Eye Clinic in Bend has been packed with young patients and parents eager for answers. The clinic is a crucial new resource for children who have failed a formal vision screening, or been referred by a pediatrician because their parents noticed a problem.

Before the new clinic opened, a Casey ophthalmologist would travel from Portland for appointments two days a month, but that wasn’t enough to meet the demand. Now, Casey ophthalmologist John Davis, M.D., sees patients and performs surgery full time in Bend, and his team continues to add appointment times. “We’re filling up with new patients,” said Dr. Davis. “We may have to rent another room.”

Dr. Davis leads a team that includes ophthalmic technician Dusty Gronemyer and patient access specialists Kelsey Ivey and Dina Calderon.

The eye care of the future

“Bringing public health and eye care together will pay off,” says Dr. Brinks. “It generally costs much less to treat disease in the early stages. Patients can avoid symptoms, worry, and the more extensive treatment they need if their eyes develop a serious problem.” He concludes, “The value of community eye care is measured not just in dollars, but in quality of life.” ■

Thanks from Oregonians

“So many of our patients cannot go to the city for vision care. Thank you, Casey Eye Institute, for coming to Fossil, Oregon!”

– Community health partner

“Thank you so much for your generosity in helping our islander community here in LaGrande, Oregon. Having the clinic was helpful and convenient for us. Kommol tata!”

– Mobile clinic participant

Donors make it possible to reach more Oregonians faster and more often, creating a world in which no one has to go blind.

Centrally located at 760 NW York Dr., the clinic is bright, modern, and easy to find. “We’re renting space from Central Oregon Pediatric Associates, a big provider familiar to local families. It’s close to four schools and everyone knows the location,” said Dr. Davis.

The clinic is filling a major gap in care — before October, families were making long drives Portland, Salem or Medford for specialized diagnosis and care.

Dr. Davis attended medical school at University of California, Los Angeles, received residency training at the University of Washington and chose Casey for his fellowship training, graduating in 2022.

He’s excited to take on this new role. “By detecting and treating vision problems early, we can prevent a whole lifetime of blindness. It’s really rewarding,” he said. ■



Collaborating for Better Eye Care: Casey and Local Partners Join Forces in American Samoa

About 2,500 miles from its nearest neighbor, Hawaii, American Samoa is as remote as it gets. That’s generally a good thing – think pristine beaches and tight-knit communities – unless you need specialized eye care.

Even something as simple as a cataract can turn into a major event, when you have to hop on a plane for treatment.

“People are flying to Hawaii for a 15-minute laser procedure to remove cataracts. On their own dime,” said Dr. Mitch Brinks, a Casey ophthalmologist who has worked extensively in the region. “If they can’t afford the airfare, they risk losing their sight.”

Much like in rural Oregon, specialized health care providers are few and far between in American Samoa. With the help of Casey’s International Ophthalmology Program, however, this remote US territory is ramping up its eye care infrastructure and ability to detect, prevent, and treat the most common eye diseases.

In February, a team led by Casey’s Dr. Kellyn Bellsmith, Dr. Allison Bradee, and Dr. Brinks spent a week in American



◀ The Roundhouse Foundation presents new equipment to partners in American Samoa. Left to right: Dr. Akapusi Ledua, Kathy Deggendorfer, Dr. Mitch Brinks, Dr. Jose Tana, Dr. Allison Bradee, and Dr. Joseph Shumway.

Samoa building a pediatric screening program and improving the equipment and training available for adult eye care.

Delivering sight-saving care to kids

The American Samoa pediatric vision screening program consisted of three parts: meeting with local partners to assess local strengths and barriers to pediatric vision care, training volunteers and public health staff on how to use the PlusOptix photoscreener, and completing comprehensive dilated eye exams for children referred from the screening.

The team screened 220 children aged 3-7, and Dr. Bellsmith emphasized the significance of what they found in the screenings. “If you extrapolate our results to all kids in that age group, it means 16% of them can’t see as well as they could. That’s a huge group of the population at risk for



▲ Left to right: Mitch Brinks, M.D., Ph.D., Associate Professor of Ophthalmology; Kellyn Bellsmith, M.D., Assistant Professor of Ophthalmology; Allison Bradee, M.D., Pediatric ophthalmology fellow.

educational issues, because they can’t see everything that they need to see to develop and grow.”

The team from Casey collaborated closely with the Department of Health in American Samoa, the Lions Club of American Samoa a local optometrist, and ophthalmologists at LBJ Hospital.

“It was wonderful to be working with local partners who share the Elks Children’s Eye Clinic’s mission. It was really evident how much they want to make life better for their kids, and satisfying to help them reach that goal,” said Bellsmith. She also noted that the screening program went so well that, by the first half day, local partners were training their fellow volunteers to use the equipment.

Cultivating home-grown expertise

Another primary goal of the trip was to increase the island’s capacity to treat cataracts and detect diabetic retinopathy in adults, two common conditions that can cause vision impairment if left untreated.

“We talked to the hospital board and many other health care providers, and they told us that ophthalmology is one of the top specialties requiring off-Island referrals – mostly because of complicated cataract surgery and diabetic laser treatment,” said Brinks.

Now, thanks to generous donors, the Casey team was able to provide the training and equipment that will make it possible for local providers to treat these common conditions themselves. The Roundhouse Foundation donated an Iridex Argon Laser - the best model available for treating conditions like diabetic retinopathy. Dr. James Gebhard donated a phacoemulsification cataract surgery machine. Gebhard’s son, ophthalmologist Nate Gebhard, who works in Casey’s Hood River clinic, donated his time to train volunteers.

“It’s gratifying to see such clear results. The benefits of these simple interventions – new equipment, screening and training – will ripple through the entire community,” said philanthropist Kathy Deggendorfer, Founder and Trustee of The Roundhouse Foundation, who accompanied the Casey team on this trip.

“Working in American Samoa makes sense on so many levels,” said Brinks. “They are a U.S. territory and I think we have an obligation to bring them up to mainland eye care standards. They are also incredibly cooperative and welcoming, and that makes it possible to really achieve something.” ■

From Complex Cases to Cutting-Edge Research: How Casey is Changing the Game in Neuro-Ophthalmology

Until very recently, Julie Falardeau, M.D., was one of only three full-time neuro-ophthalmologists in the entire state.

“People need our help with the most complex cases,” said Falardeau, Professor of Ophthalmology and Thelma and Gilbert Schnitzer Professor of Ophthalmology. “But the wait time was pretty long.”

The demand for services has outpaced the availability of specialists for years. When she received the go-ahead to add two new members to her team, Falardeau was thrilled. “It was a huge move that was enthusiastically welcomed by the statewide healthcare community.”

Triple threat

Casey Eye Institute was able to welcome two new neuro-ophthalmology specialists who are already transforming what Casey can offer. Patients are getting in to see a specialist faster, and the team is able to provide more comprehensive services, especially for children. They are also participating in the kind of advanced research and educational programs that advance the entire field.

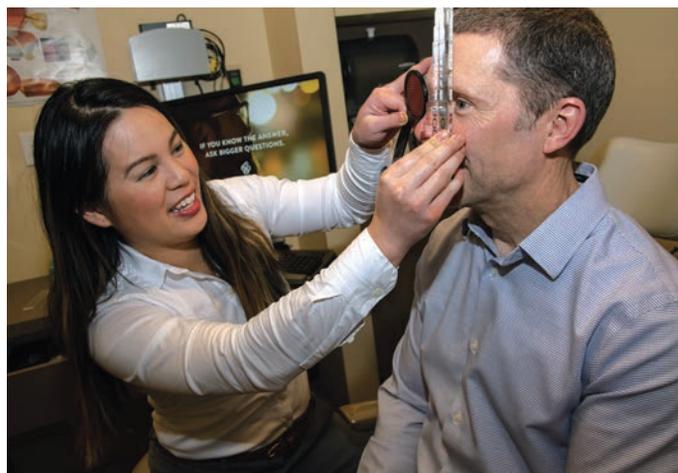
Amanda Redfern, M.D., is a classic neuro-ophthalmologist, like Dr. Falardeau. She joined the team in 2021 as an assistant professor of ophthalmology and associate residency program director.

Gillian Paton, M.D., is a child neurologist by training, and brings a new skill set to the team. “I’m a neurologist, not an ophthalmologist, so I come to neuro-ophthalmology with a slightly different approach,” she said.

Exploring new treatments and cures

Drs. Redfern and Paton have joined Dr. Falardeau and Casey colleague Seema Gupta, M.D., in a research study that’s evaluating the possibility of using artificial intelligence-driven software to read imaging for optic nerve injuries.

Falardeau and her team are a multicenter, international clinical trial site seeking to understand, and ultimately heal, a genetically inherited condition called dominant optic atrophy, which can severely impair vision. If all goes well, the next phase will be to explore the potential of using gene therapy to slow or reverse the condition. Casey’s



research site in gene therapy is the largest in North America.

Offering hope and sometimes, closure

“A lot of what we do is detective work and that’s how we’re able to make some of these difficult diagnoses. We offer longer appointments that are much more in depth,” said Dr. Falardeau.

She recalls a patient who had been told that he had an atypical migraine disorder, but nothing seemed to help. “At first, I wasn’t sure I would be able to help him, but I went over his symptoms. And it turns out that what he was describing made me think about episodic ataxia, a rare condition I had only seen a couple of times in my career.”

It was soon apparent that Dr. Falardeau’s diagnosis was correct. Her patient responded to the medication right away.

“He was so grateful. His quality of life improved radically. Sometimes just that one visit can really, really make a difference,” she said.

Finding what others have overlooked is an important part of the practice, but so is confirming what others have already discovered.

“A big part of the work that we do is to give closure to patients who’ve been passed around from doctor to doctor to doctor,” said Falardeau. “Our role is to give final confirmation of a difficult diagnosis. Lots of tears are shed in our appointments. We are able to help them move on.” ■



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