Record Nr.	UNINA9910817319903321
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Titolo	Cataract Blindness and Simulation-Based Training for Cataract Surgeons [[electronic resource]]: An Assessment of the HelpMeSee Approach
Pubbl/distr/stampa	Santa Monica, : RAND Corporation, 2013
ISBN	0-8330-7725-2
Descrizione fisica	1 online resource (136 p.)
Altri autori (Persone)	GlickPeter HuJianhui LimYee-Wei
Disciplina	616.07
Soggetti	Cataract surgery Cataract Medicine
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Description based upon print version of record.
Nota di contenuto	Cover; Title Page; Copyright; Preface; Contents; Figures; Tables; Summary; Acknowledgments; Abbreviations; CHAPTER ONE: Introduction; Objectives of the Study; Outline of the Report; CHAPTER TWO: Global Cataract Problem and Cataract Surgery Backlog; Cataract Burden in the Developing World; Defining Blindness, Low Vision, and Visual Impairment; Cataracts; Cataract Surgery Techniques; Types of Cataract Surgery and Relative Costs/Benefits; Cataract Surgery Shortfall; Constraints to Expanding Cataract Surgery Coverage; CHAPTER THREE: Existing Models of Cataract Surgery Training and Delivery Aravind (India)Tilganga (Nepal); Project Vision (China); He Eye Care System (China); Experiences in Africa; Summary: Common Characteristics of Approaches; CHAPTER FOUR: The HelpMeSee Approach; Simulator Training; HelpMeSee Learning Centers; Composition of Surgical Trainees; Service Delivery Model; Private Practices; Financing System; Quality Assurance and Monitoring; CHAPTER FIVE: Forecasting the Burden of Cataract; Introduction; Regional Breakdown for the Analysis; Forecasts of Prevalence of Cataract-Caused Visual Impairment; Methodological Approach;

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	Forecasts of Prevalence by Region Disease Burden-Disability Adjusted Life YearsForecasts of Productivity Loss Due to Cataracts; Methodology; Results; Summary; CHAPTER SIX: Modeling the Impacts of HelpMeSee; Assumptions of the Model; Uptake; Impacts on Number of Surgeons and Surgical Capacity; Impacts on Prevalence of Cataract-Caused Visual Impairment; Sensitivity Analysis; Impacts on Disease Burden and Economic Productivity; Implications for the Viability of Individual Practices; Summary; CHAPTER SEVEN: Analysis of Costs and Cost-Effectiveness; Costs; Cost- Effectiveness Analysis Impact of HelpMeSee on Disability Adjusted Life Years and Productivity LossCost-Effectiveness of the HelpMeSee Intervention; Summary; CHAPTER EIGHT: Potential Challenges to the HelpMeSee Approach; Mobilization and Screening; Quality and Supervision; Ability of the Simulator Approach to Produce Skilled Surgeons; Nondoctors as Cataract Surgeons; Monitoring Performance; The Surgeon-Entrepreneur Model; Cataracts-Only Practices; Long-Term Viability of Surgical Practices; Legal and Regulatory Environment; CHAPTER NINE: Summary of Findings and Conclusions; Learning from a Pilot Study; APPENDIXES A. Modeling Approach, Methodology, and Data SourcesB. Sensitivity Analysis-Practitioner Attrition and Trainee Intake; C. Detailed Input Costs and Methodology; References
Sommario/riassunto	Cataracts cause about half of all cases of blindness worldwide, largely in developing countries. HelpMeSee Inc. is developing a simulator- based method for rapid cataract surgical training that RAND researchers determined could significantly help to close the backlog of cataract cases, expected to be 32 million globally by 2020. For this to occur, challenges in the areas of outreach, quality monitoring, and public acceptance must be met.