Appendix 3 (as supplied by the authors): Visual Acuity Guideline March 22, 2018

Feasibility, Acceptability, Cost and Equity Responses

Part I. Is the problem a priority?

Level of priority for visual acuity:

Respondents: 4 – 3 of which were eye care professionals

Choice	Count
1: High priority	2
2: Moderate high priority	2
3: Moderate low priority	0
4: Low priority	0

#	Comments/feedback on priority level for visual acuity:
1	It is what we measure, attempted to improve and preserve every day.
2	Vision is so much more than just acuity. Our profession must be able to recognize part of the population particularly at risk of specific problem to consider and undetected specific problem. They must detect vision challenges of clients and refer to eye care specialists. They must be able to read their report and analyze its impact on everyday life. They must know how to intervene if the patient already have this condition and are seen for another reason (eg. how to interpret a cognitive assessment if the person has low acuity). How a vision loss will impact the ability to do prepare the family meals in their kitchen. We know from recent studies (Wittich et al., 2015, 2017) that what we do isn't enough.
3	Occupational therapists - clients with impaired visual acuity may start to have difficulties with various activities of daily living as well as experience safety risks (e.g. falls, etc.); both of which are in the domain of occupational therapy. Issues with visual acuity may also impact interventions for other functional issues (e.g. client can't see educational handouts, assessment activities, interactions with healthcare provider, etc.) My practice - I provided assessment and recommendation for assistive technology for vision loss, so visual acuity impacts whether clients are eligible (in combination with other visual functioning e.g. visual field, oculomotor issues, etc.), what type of devices and software my clients use, as well as interactions. Clients have already been assessed by an OD/MD when they see me, but visual acuity information is valuable for my clinical interactions, assessment, and recommendations.
4	As my profession provides services for seniors, in their homes and in care facilities, visual acuity and age-related eye disease is of moderately high level of priority.

Appendix to: Wilson BJ, Courage S, Bacchus M, et al.; Canadian Task Force on Preventive Health Care. Screening for impaired vision in community-dwelling adults aged 65 years and older in primary care settings. *CMAJ* 2018. doi: 10.1503/cmaj.171430.

Part II: Evaluating the recommendation

Respondents: 4

	Level 1: High	Level 2: Moderate high	Level 3: Moderate low	Level 4: Low	Please explain why you selected this rating
Feasibility: Do you feel the recommendation would be feasible to implement? Are there important barriers that are likely to limit the feasibility of implementing the intervention? (e.g. level 1 indicates high feasibility to implement).	(2)	(2)	(0)	(0)	(4)
Acceptability: Do you feel the recommendation would be acceptable to stakeholders (including your organization)? (e.g. level 1 indicates high acceptability to stakeholders).	(0)	(1)	(2)	(1)	(4)
Cost (resource use): Do you feel the recommendation would be costly to stakeholders? (e.g. level 1 indicates high cost and level indicates low cost).	(0)	(1)	(1)	(2)	(4)
Health equity: Do you feel the recommendation would positively impact health equity compared to current status? (e.g. level 1 indicates high (positive) impact on health equity).	(0)	(1)	(1)	(2)	(4)

Do you intend to implement the recommendation against screening for impaired visual acuity in primary care settings?

Respondents: 4

Choice	Count	
Level 1: High intent to implement	0	
Level 2: Moderate intent to implement	1	
Level 3: Moderate low intent to implement	1	

Level 4: Low intent to implement	2		

#	Please explain why you have selected the above rating
1	My profession is to screen vision every day on all my patients.
2	We work rarely with doctors in the primary care settings. We work mostly with the population you excluded. So we must understand that we have a important role, because the doctor won't do the job before us. Recommendation and Consideration are important to link together, because it changes completely the final message for us.
3	I'm not a primary healthcare professional and there was no N/A. Generally it seems like a good idea to follow well-researched recommendations, but I imagine on a case by case basis, PHP will still screen (as also discussed in the guideline) and might screen at a broader level if other factors (e.g. good resources in community, etc.).
4	I am not a primary care physician. I will continue to screen seniors in the community to ensure that they have regular visits to optometrists