

# Because You Came to Me

## Bringing eye care to the places where patients already live, work, and receive care.

By Evan Waxman, MD, PhD  
University of Pittsburgh School of Medicine  
Department of Ophthalmology  
UPMC Vision Institute



**A** 72-year-old woman came down from her apartment in a senior high rise to visit our pop-up mobile eye clinic when it parked outside her building.

She told us she had been diagnosed with cataracts and glaucoma years earlier. She also told us she had not seen an eye doctor in several years.

When we asked why, her answer was familiar. She no longer drives, and her family works during the day. Between transportation and scheduling, routine eye care had gradually slipped out of reach.

So, we asked her another question: why come to our screening that day?

She smiled and said, “Because you came to me.”

During the visit we found that her glaucoma drops had been stopped and her eye pressure was elevated. We restarted her medication that day. Just as important, our Patient Navigator helped arrange transportation so she could follow up in our clinic. What might have been the beginning of permanent vision loss instead became a return to ongoing care.

---

Her story illustrates something we see again and again. For many patients, *convenience is not a luxury*. It is the difference between receiving care and slowly losing vision.

---

Across our region, transportation barriers, work schedules, caregiving responsibilities, and other logistical challenges make it difficult for many people to access routine eye care. Yet the conditions that cause the most vision loss, including glaucoma, diabetic eye disease, and macular degeneration, often progress silently. Without regular care, patients may not realize anything is wrong until vision is permanently damaged.

At the UPMC Vision Institute and the University of Pittsburgh School of Medicine, we have been building programs designed around a simple idea: bring eye care to where people already live and receive care, rather than expecting everyone to come to the hospital.

One of those efforts is **Eyes on Wheels**, a student-led outreach program in which medical students, supervised by ophthalmologists, bring eye care into indigent care clinics. These events help identify people with untreated eye disease and connect them with follow-up care.

Building on that work, we recently launched the **eyeVan**, a mobile clinic that allows us to bring more eye care directly to the seniors in our community. The eyeVan has already begun visiting senior living facilities across the region, where transportation barriers are common and untreated eye disease can quietly progress for years.

Support from the **Brother's Brother Foundation** has played an essential role in making this work possible. The Foundation donated our eyeVan mobile unit and supported the purchase of a mobile optical coherence tomography (OCT) scanner and retinal imaging camera. These technologies allow us to detect diseases such as glaucoma, diabetic retinopathy, and macular degeneration much earlier than would be possible during a basic screening alone.

Instead of simply telling patients that something might be wrong, we can now identify disease, explain what is happening, and connect people directly with treatment.

The next step in this effort is a new model we call **eyeSuite**. In this approach, patients can be examined by an ophthalmologist remotely using advanced diagnostic equipment operated by a trained technician. Imaging and testing are performed locally while a physician evaluates the findings live through a telemedicine connection.

The first eyeSuite site is planned for the Alma Illery Health Center in Pittsburgh's Homewood



neighborhood. This clinic already provides essential primary care services to the community. By placing eye diagnostic equipment there, we can integrate eye care into the same setting where patients are already receiving medical care.

Plans for a second eyeSuite location in East Liberty are already underway.

Taken together, Eyes on Wheels, the eyeVan, and the eyeSuite initiative represent a shift in how we think about access to eye care. Instead of asking patients to navigate complicated systems, travel long distances, and rearrange their lives for appointments, we are working to build a system that meets people where they are.



The stakes are high. Vision loss has profound consequences for independence, safety, and quality of life. Yet many of the conditions that cause blindness are treatable if detected early.

Programs that bring care closer to patients make that early detection possible.

A few weeks after we restarted her glaucoma treatment, the woman we met in that senior high rise returned for follow-up care. Her eye pressure had improved, and she now had a plan in place for ongoing treatment.

It is a small story, but it reflects a much larger reality. Across our communities, there are thousands of people whose vision depends not only on medical advances, but on whether care is within reach. For them, *convenience is not a luxury*. It is what determines whether care happens at all.

---

When she told us she came to the screening “*because you came to me*,” she captured the purpose of this work.

---

With continued partnership and support from organizations like the Brother’s Brother Foundation, we can bring eye care to more communities and help ensure that fewer patients lose vision simply because care was too far away.

