



Doctors of Optometry in COVID-19 Preparedness, Response and Recovery

Strengthening the security and resilience of the U.S. through systematic preparation for catastrophic natural or man-made emergencies/disasters is a necessary and laudable goal.

As the COVID-19 pandemic unfolds across the U.S., there is an unprecedented risk to personal and population health. While recovery from past disasters such as hurricanes has highlighted community resilience benefits from investments in natural infrastructure—a “capabilities-based approach”—our public health and community health care infrastructure has received less funding and less attention.ⁱ

This same “capabilities-based approach” is now necessary to expand traditional venues of medical care and to protect and defend the capacity of our emergency departments to combat complications of COVID-19 that necessitate tertiary care to protect life and provide such necessary services for a protracted length of time.

The medical education of doctors of optometry (optometrists) includes both clinical care and public health training, with linkage to all parts of the health care system. Trained to provide emergency eye and vision care, and to monitor, diagnose and identify burgeoning health hazards including the signs and symptoms for the proper triaging of COVID-19 within impacted communities, optometrists can assist recovery efforts. Additionally, with ocular components linked to hundreds of systemic diseases, optometrists can prescribe tailored solutions to a variety of health hazards and problems that will arise secondary to this national disaster.

The range of key roles and responsibilities of optometrists, as part of the public health team in a disaster area, include but are not limited to diagnosis and treatment of vision and eye health emergencies, ocular and adnexa injuries and disorders, waterborne and vector-borne diseases secondary to exposures to viruses, bacteria, fungi, insects, mold, and industrial and household chemicals and infection control methods. Optometrists are trained to respond to traumatic concussions, foreign bodies in the eye, provide biologic and tissue sampling, treat traumas/lacerations, provide general diabetes and hypertensive care and basic primary medical care.

For example, HPI analysis of 2016 Healthcare Cost and Utilization Project (HCUP) data showed that 1 percent of all U.S. visits to emergency departments were for eye-related encounters and that 98.9 percent were treat and release that could be taken care of by doctors of optometry in their offices. The Centers for Disease Control (CDC) reports a national rate of 45.8 per 100 U.S. persons encountering an emergency department in 2016, so eye visits to optometry facilities could divert approximately five people out of 100 away from the emergency departments.ⁱⁱ

Additionally, claims data for eye emergency care outside the emergency departments show that approximately 50 percent of eye emergencies are treated in eye doctors' offices presently as opposed to emergency departments. Treating eye emergencies at eye doctors' offices has the combined potential to divert up to 10 patients per 100 away from emergency departments by remaining accountable to emergency care and encouraging hospitals to defer eye care to optometry offices, most especially at this critical time when the U.S. needs to reserve emergency departments for COVID-19.ⁱⁱⁱ

Optometrists can help guarantee that natural disaster preparedness includes among other things the assurance of a safe protracted supply chain of ocular examination equipment, acute and chronically needed ocular pharmaceuticals, contact lenses, prescription glasses and safety glasses. The U.S. military specifically makes optometrists part of the medical team due to the need for primary and emergency eye health and vision care in the armed forces.

On March 17, 2020, a recorded webinar entitled [“COVID-19 and Medicare Telehealth Services”](#) discussed non-face-to-face services, including virtual check-in, e-visits, telephone services and telehealth services billed under a [1135 waiver](#); CMS relaxed rules that doctors of optometry can use to extend their practice to patients virtually. This can assist doctors of optometry in evaluating patients' chronic and acute medical conditions and in triaging the need for urgent or emergency treatment provided in the optometry clinic.

Optometrists may collaborate with other entities within a given community to promote an integrated disaster response. Such integrated planning with state and local entities helps identify potential gaps in state and local capabilities that can then be addressed in advance of an emergency, thereby building community capacity and resilience to COVID-19.

As State Emergency Response Commissions (SERCs) and local emergency planning committees and other state and local efforts are expanded to accommodate new COVID-19 disaster data and develop new ways of organizing and providing emergency medical and public health care in times of COVID-19 disaster, optometrists should be considered part of the trained essential emergency workforce. When evaluating potential interruptions to the normal supply of essential services, specific provisions for the rapid integration of vision and eye health resources by optometrists should not be restricted by arbitrary state licensure. Instead, doctors of optometry should be temporarily unrestricted in order to provide a range of services *“as taught.”*

On a federal level, optometrists as *“preparedness stakeholders”* by Presidential Policy Directive (PPD-8) should be considered in the ongoing development of a national system to track our nation's ability to build and improve the capabilities necessary to prevent, protect against, mitigate the effects of, respond to, and recover from disasters.^{iv}

As the Federal Emergency Management Agency (FEMA), the Assistant Secretary for Preparedness and Response (ASPR) and U.S. interagency operational plans and frameworks are being redeveloped along 32 core capabilities, it is important to note that individual and population health has ties to more than half of the identified core capabilities.^v As such, a comprehensive capabilities-based approach should include vision and eye health, with optometrists recognized and integrated into the COVID-19 response wherever possible.

The American Optometric Association reminds all doctors of optometry and patients to follow the instructions of local, state and federal public health authorities.

ⁱ National Preparedness Report, March 30, 2016, U.S. Department of Homeland Security

ⁱⁱ https://www.aoa.org/documents/HPI/HCUP%20HPI%20December_2019.pdf

ⁱⁱⁱ Am. J. Ind. Med. 49:45–53, 2006. © 2005 Wiley-Liss, Inc.

^{iv} <https://www.dhs.gov/presidential-policy-directive-8-national-preparedness>

^v National Preparedness Report, March 30, 2016, U.S. Department of Homeland Security