

Protect Veteran Access to Essential Eye Care

Help VA Recruit and Retain Needed Doctors of Optometry

Summary

Vision and eye health care is the third-most requested service by Veteran patients, outpaced only by primary care and mental health care services. United States Department of Veterans Affairs (VA) doctors of optometry provide roughly **70 percent** of these essential primary and medical eye care services, including **73 percent of the 2.5 million selected ophthalmic procedures and nearly 99 percent of services in low vision clinics and blind rehabilitation centers.** VA optometrists are currently practicing at 95 percent of the VA sites where eye care is offered and are often the only licensed independent eye care practitioner available. Despite the key role doctors of optometry play in the delivery of VA health care nationwide, the Department continues to face difficulties recruiting and retaining the doctors of optometry it needs. VA policy leaders agree that the statutory pay scale and pay cap are major factors in the unfolding optometry recruitment and retention crisis. To help solve these problems, **the VA CAREERS Act (S. 10) would transfer doctors of optometry to the physician/dentist/podiatrist pay scale and give the Department the tools it needs to recruit and retain optometrists** to better compete with private sector pay in local communities. This would afford our nation's Veterans increased access to the excellent services they deserve.



Recruitment and Retention Problems Related to Pay

Despite the key role VA doctors of optometry play in the delivery of eye care to our nation's Veterans, the Department continues to face difficulties recruiting and retaining optometrists to meet the demand. Currently, VA optometrists are included within the general schedule (GS) pay scale which has gone largely unchanged since 1976. In 2004, legislation created a new pay scale for allopathic and osteopathic physicians to allow physician compensation to remain competitive with private sector employment opportunities. Over time, dentists and podiatrists moved over to this new market-based pay scale as well, leaving optometrists under the antiquated GS pay scale. Without a market-based pay scale, **VA optometrists are currently compensated from \$20,000 and \$60,000 less than their private sector peers in the same communities, especially in**

rural and other underserved areas. The current pay discrepancy has led to numerous chronically-vacant optometry positions at VA facilities across the country, resulting in suboptimal access to the specialized eye care our Veterans require and deserve. Compounding the crisis, 20-25% of the VA optometry workforce is at or near retirement eligibility. Senior optometrists are separating from the VA or retiring because they have reached the legislative pay cap. In many regions, the current GS pay scale cap is far below that of the private sector, making private sector employment the more attractive, and often necessary, option. This exacerbates the provider retention problem, and impacts rural VA communities in desperate need of quality eye services the hardest.

VA and VSO Support

An August 2022 memo (MIEWS 8154579) issued by VA leadership said, “the current salary structure for VA Title 38 Optometrists is inadequate...as a result of this statutory pay limit, many VHA Optometry departments are unable to hire VA Optometrists...” Further, in a Sept 6, 2022 letter, VA Under Secretary for Health Shereef Elnahal, M.D. said “the National Optometry Program Office is planning to submit a legislative pay proposal requesting optometry be changed to the physician/dentist/podiatrist pay structure... I support the National Optometry Program Office in these efforts to invest in our optometry workforce.” S. 10 is also supported by American Veterans (AMVETS) and Disabled American Veterans (DAV).



Solution

The AOA and AFOS support S. 10, the CAREERS Act of 2023, which would transfer VA doctors of optometry to the physician/dentist/podiatrist pay scale, allowing for market-based pay analysis in determining salaries that are more competitive and flexible in both rural and urban settings. The bill would also increase the salary cap for doctors of optometry, helping to retain experienced providers and make VA a more attractive career option.

After working at a CBOC in rural Texas I transferred to a VA in a big city and it took over a year before they were able to find a replacement for me. That doctor eventually transferred to a bigger city too so that CBOC position has been vacant for the past two years. They have a hard time recruiting and retaining anyone at this location. Since it's a rural area, it was base pay, which was significantly lower than the locality pay of the nearest big city. — Dr. T, Texas

One of our doctors had worked at a rural CBOC for 18 years and was well-liked by Veteran patients. Nearing retirement from federal service we approached him to continue on as a contractor but were not able to offer him a competitive rate. Now he works in a private office 5-6 days per week but we have been unable to backfill the position for over a year and face increasing wait times for our patients.

— Anonymous

Current state, we are short 4 clinicians placing additional burden on remaining ones. The backlog wait time is astronomical and increasing. This puts patients with chronic sight threatening disease at greater risk because of scheduling problems.

— Dr. D, Maryland

I have a twin brother who is an optometrist in the same town I practice. He did not do a residency like I had. The difference in pay is astounding or rather hard to comprehend. He works only 4 days a week and makes over 2 and a half times what I make as a GS 15-10. — Dr. V, South Dakota

One of our brightest Drs with over 12 years' experience, who was Chief of the hospital clinic, and residency program director in addition to running a student teaching program had had enough. With lack of support, and being significantly underpaid relative to the private sector, she had no recourse but to move on to greener pastures. This impact cut 66% of functional eyecare capacity at the station. The replacement of only one year duration quickly realized a similar fate and is leaving in a few months.

— Anonymous

An excellent well-seasoned clinician with 15 years of VA experience found it demeaning to continue at such a poor pay level compared to local levels. He left the VA over two years ago and the position has not been backfilled. Another at a CBOC in the area has also left. That position remains unfilled.

— Anonymous