The Affordable Care Act (ACA) has ushered in a period of unprecedented change in the nation’s health care system. These changes have been particularly noticeable in health centers that will play a key role in providing health care to the newly insured. To enable health centers to increase capacity, the ACA provides a total of $11 billion in funding to be used for construction and renovation projects and to expand preventive and primary health care services, such as oral health, behavioral health, pharmacy, vision care, and/or enabling services at existing health centers. These expansion efforts have increased the number of patients served by 2.4 million per year for the last three years.¹

Despite the expanded services provided by health centers, vision care has been largely ignored. According to the most recent HRSA UDS data, only 134 FTE optometrists provide on-site, full-time, comprehensive vision services at health centers nationwide.² There are more than 3.6 million Americans age 40 and over who are visually impaired or blind and that number is increasing at alarming rates despite the fact that half of all blindness is preventable with early detection and treatment.³ The rate of blindness from diabetic retinopathy has increased by 3.7 million new cases in the past 10 years and is projected to increase to

"Vision care is a critically important part of comprehensive patient centered primary care for a population at risk for diabetes and glaucoma. Eye care and good vision are just as important to our patients’ ability to succeed in school or work as general medical care. I think we all are recognizing the pressing need to pay more attention to “above the neck” specialties like eye care, dental care and behavioral health care.”

—Lori Berry, Executive Director
Lynn Community Health Center, Boston, MA
11 million cases by 2030. The current estimated cost of adult vision impairment in the U.S. is $51.4 billion dollars and is rising rapidly as the rate of new blindness increases. These findings have prompted the Center for Disease Control and Prevention (CDC) to identify vision loss a public health crisis in the United States. Further, the CDC states that it is essential to “enhance the roles of existing health programs and assess and encourage appropriate modifications to health care systems to better meet the vision health needs of all Americans.”

Adding eye and vision care to the arsenal of primary care services already available in health centers has the potential to prevent millions of Americans of all ages from losing their vision. The medical literature substantiates that the high risk populations served at health centers are most affected by vision impairment including uncorrected refractive error and untreated eye disease. In particular, people of Hispanic and Black/African descent are more than twice as likely as Whites to go blind from diabetic retinopathy and glaucoma as compared to other populations, and comprehensive eye exams can help about 65% of adults with diabetes and poor vision through appropriate eyeglasses. Children of racial/ethnic minorities have increased rates of refractive error and low income children are more likely to go without eyeglasses due to cost barriers.

Vision Care for Children

According to the CDC, vision disorders are the most prevalent disabling conditions among children. It is estimated that one out of every fourchildren between the ages of 5 and 17 has a vision disorder that is often undiagnosed because the child has never received a comprehensive eye examination from an eye doctor. There is a widely held assumption that childhood vision problems will be detected by vision screenings. Unfortunately, this is not the case. To start, many children never receive the recommending screenings. In 2010, the U.S. Department of Health and Human Services reported 75% of children in nine states did not receive the mandated vision screening component of Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Even if a child fails a vision screening, too often they do not receive the needed examination from an eye doctor. One study indicated that 83% of children who fail initial vision screenings do not receive the appropriate follow-up, examination, and treatment. And even the best vision screening does not replace a comprehensive examination from an eye care provider and it should not be the accepted standard of vision care for children.

The importance of vision care for children has gained recognition in recent years as the vital role between clear vision and learning has become better understood. Experts estimate 80% of what is learned at school is processed through the visual system. Unfortunately, studies indicate that only 7% of children entering first grade have had an eye examination, 79% of school aged children have not visited an eye doctor in the past year, and 35% have never seen an eye doctor. Several states have recently passed legislation to mandate comprehensive eye examinations for children prior to starting school. More significantly, the Affordable Care Act’s Essential Health Benefits package specifically identifies “pediatric services including vision care” as defined as direct access to a comprehensive eye examination and eyeglasses.

Referring health center patients out for eye care is not ideal. NACHC and other researchers have shown that uninsured patients have more difficulty accessing specialty services outside of their home health center than patients with insurance, and outsourcing care results in poorer outcomes. Access to eye care tends to be limited in medically underserved areas due to a shortage of providers in these communities. Provision of on-site, comprehensive eye and vision care speaks directly to the mission of health centers to provide primary, preventative health care services and fulfills some of the core principles of the patient centered medical home model, specifically providing “whole person” patient care, increasing access to care, and coordinating care across specialties.

Cherry Street Health Services (CSHS), a large FQHC in Grand Rapids, Michigan has provided vision services to the underserved since the late 1980s. In 2011, the vision clinic relocated and expanded to increase access to eye and vision care. The Grand Rapids LIONS Clubs pledged their support to the expansion of the vision clinic and donated over $800,000 to the project, which included a $73,000 grant from LIONS Club International. The vision clinic was renamed The Grand Rapids LIONS Club Vision Clinic in their honor. In the first year, patient visits doubled to 6500 and more than 3000 pair of eyeglasses were dispensed. With the success of this program and increasing demand for eye and vision care services from the community, additional expansion of vision services is planned including school vision services.

Developing a Comprehensive Vision Care Service

It is beyond the scope of this article to discuss a comprehensive business plan for an eye care service. However, the American Optometric Association Health Center Committee has created an interactive business model that details startup costs and is fully customizable to the demographics of any health center. This information is available for download at www.aoa.org/chc.

A well-equipped vision clinic can be financially self-sufficient and a source of revenue for the center. The reimbursement rates for eye care services by payer should be investigated and average net payment should be based on payer mix; specifically whether optometry visits are included in the prospective payment system.

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The OneSight Vision Center at Oyler School in Cincinnati, Ohio opened on October 12, 2012. It is the first self-sustaining vision center operating within a pre-existing FQHC look alike health center in the country. Children within Oyler receive comprehensive vision and eye health examinations, which may include eyeglasses and/or vision therapy services. After the students of Oyler have been reached, the center serves Cincinnati Public School (CPS) students referred for an Individualized Education Plan (IEP) as is required by Ohio Code and CPS students who have failed school vision screenings. Video at: https://vimeo.com/65595152

(PPS) in your state, or are billed via fee-for-service. Startup costs need to be budgeted for staff, construction, examination and testing equipment and technology. Optical services are an essential component of a vision service and should be budgeted in startup projections.

Many electronic health records (EHR) currently used in health centers have eye care modules that meet meaningful use criteria. Optometrists qualify for Medicare EHR incentive payments, and in many states they are included in the Medicaid incentive plan.

There are many potential sources of startup funding including federal, state and local grants. In October 2010, the Health Resources and Services Administration specifically identified “expansion of existing or begin to directly provide vision services” in the Health Center Expanded Services Grant for Fiscal Year 2011. Partnerships with foundations, private donors or local industry should be investigated, including local service organizations (LIONS Club, Rotary Club, OneSight, etc.) that may have funding resources and ophthalmic industry vendors that often extend discounts on equipment. Consider establishing a teaching affiliation with a college of optometry to help with provider recruitment and work force development. Visit: http://www.opted.org/

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