“Everything You Always Wanted to Know About Community Health Center Optometry in 15 Minutes or Less”

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Chair, AOA CHC Committee
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Choc Committee Members 2007-2008

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- Daniel Desrivieres, OD
- Lillian Kalaczinski, OD
- Susan Primo, OD, MPH
- Roger Wilson, OD – Chair

- John Whitener, OD, MPH – AOA Staff
AOA Accomplishments & Goals

2004  AOA & NACHC sign MOU
2005  Appointment CHC Committee
2005, 2006, 2007 – Attend & present at NACHC annual meetings
2005, 2006, 2007 – Articles in AOA journal Optometry and Forum Magazine
2006  Letter of Agreement to study need
2006  Survey ASCO about CHC affiliations
2006, 2007 – Posters at AAO and AOA
2007  Goal to conduct needs assessment
2007  and beyond - Optometry in NHSC & GME
2008  and beyond - Educate Students (ASCO)
2008  and beyond - Develop strategies
What Are Health Centers?

- CHCs are local, non-profit, community governed health care facilities
- Federal strategy to provide comprehensive primary care to low income and medically underserved
- First CHC demonstration project in 1965 at Columbia Point, Boston MA
- Congress authorized health centers in 1975
- Confront & respond to health disparities
6 Types of CHCs

Community Based - medically underserved areas & most receive Federal funding under Section 330 of Public Health Service (PHS) Act

Rural – distributed clinical services via clinics, hospitals, health departments and private practitioners

Migrant Care – located in over 400 migrant and seasonal farm worker clinical sites throughout the US and Puerto Rico

Health Care for the Homeless (HCH) - local coalitions provide primary/emergency/substance abuse care and outreach assistance

Public Housing Primary Care (PHPC) Program - provides residents with on site or nearby access to comprehensive care

School-Based – provides children with primary medical and mental health services at or near a school (1700 sites in 44 states, 2 million children)
How Many CHCs in US?

1000 Community Health Centers

5000 Unique service locations

- In every State, Commonwealth, Territory and District of Columbia
- Located where economic, geographic, or cultural barriers would otherwise limit access to primary health care
Health Centers offer a wide range of cost-effective, affordable

Primary & Preventive Medical Services as well as:

- Health Education
- Pharmacy Services
- Transportation
- Laboratory/X-Rays
- Medicaid/WIC Programs
- Translation Services
- Community Outreach
- Mental Health
- Support Programs
- Substance Abuse Treatments
Patient Visits 2005

- 16 Million unique patients, which represent 60 million patient visits
- Medical (combined) = 42 million
- Dental (combined) = 6 million (10%)
- Eye Care (estimate) = 522,000 (<1%)
Health Center Users By Race/Ethnicity in 2005

- Hispanic/Latino: 36.1%
- Asian/Pacific Islander: 3.4%
- White: 36.4%
- American Indian/Alaska Native: 1.1%
- African American: 23.0%

Note: Percents may not total 100% due to rounding.

Source: NACHC, 2006. Based on 2005 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Health Center Patients By Age 2005

Ages 65+ 7.2%
Under 5 12.0%
Ages 45-64 19.9%
Ages 5-12 13.1%
Ages 25-44 27.9%
Ages 13-19 11.6%
Ages 20-24 8.3%

Note: Percents may not total 100% due to rounding.
Source: NACHC, 2006. Based on 2005 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Health Center Patients By Insurance Status, 2005

- Uninsured: 39.8%
- Medicaid/SCHIP: 35.5%
- Medicare: 7.5%
- Other Public: 2.3%
- Private: 14.8%

Note: Percents may not total 100% due to rounding.

Source: NACHC, 2006. Based on 2005 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Disparity in Access to Eye Care
(2005 Data)

Percentage of CHCs which offer the following clinical services on site:

- Primary Medical: 100%
- Behavioral Health: 74%
- Dental: 73%
- Substance Abuse: 50%
- Pharmacy: 35%
- Optometry: 18%

Source: NACHC, 2006. Based on 2005 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Staffing at Federally Qualified Health Centers in 2005

- Primary Care Physicians = 6,900
- Other Primary Clinicians = 12,200
- Dentists = 1,750
- Pharmacy Clinicians = 1,600
- Optometrists (estimate) = 174

Note: Numbers rounded.
Source: NACHC, 2006. Based on 2005 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

“Rates of visual impairment were highest among Hispanic…or other ethnicity, were poor, had diabetes…, lacked private health insurance or had fewer years of education.”
Optometry’s CHC “Market Share”

PATIENTS

2007 = 16 Million unique CHC patients
- For optometry, that’s 1.6 M patients, over 3.2 M eye visits annually

2015 = 30 Million unique patients
- 3.0 M optometry patients, over 6 M eye visits annually

2030 = 50 Million unique patients
- 5.0 M optometry patients, over 10 M eye visits annually
CHC Job Opportunities Over Next Decade

By 2017 with appropriate funding for eye services & incentives for hiring optometrists for 10% market share:

- Open a new Eye Service in 1000 CHCs
  (Roughly 100 new programs/year)

- Hire 2017 optometrists to work at CHCs
  (That’s approximately 15% of all new graduates over the next 10 years)
CHC Opportunity for Schools & Colleges of Optometry

- Form affiliations with local CHCs
- Establish clinical rotations & residency programs
- Teach community health principles via front line multi-disciplinary care management
- Learn collaborative approaches to care
- Contribute to workforce development
Ophthalmic Industry Market Share

By 2017

- 2000 Fully equipped examination suites
- 1000 Fully loaded technology suites
- 1000 Offices and waiting areas to furnish
- 1000 Opticals to design and inventory
- 3 Million Eye Glasses to fabricate
- 1 Million Contact Lenses to dispense
- Millions of Medical Prescriptions to fill via the 340B Pharmacies located within CHCs
Dispelling Myths about CHC Optometry

- “I’m in private practice - I can’t see CHC patients and besides I won’t be paid”
  - Via contract in 2005, 14% of CHCs outsourced eye care and were paid for visit

- “If I work directly for a CHC I won’t earn a competitive salary/benefits”
  - NACHC 2005 salary data for CHC employed ODs
    - Median salary = $101,000, Mean salary = $88,000
    - NHSC – potential $50,000 Loan Payment

- “CHC Eye Care Services will steal my patients”
  - The 35 year Boston experience says “wrong”
Advantages of CHC Optometry

- Provide care to truly needy and underserved population
- Respected member of multidisciplinary care team
- Appointment to medical staff of center
- Opportunity to teach
- Competitive salaries and benefits
- Possible future loan repayment (NHSC)
- Professional administrative support
Karen Chester is a familiar face to a generation of patients at La Clinica de la Raza in Oakland, California. She caught the health center ‘bug’ as an optometry student in the 1980s. Shortly after graduation from the University of California at Berkeley School of Optometry in 1987, Chester joined the professional staff of La Clinica de la Raza as an optometrist and has been there ever since.

“I would advise students to consider a career in a community health center like La Clinica. The community-based health care model is more interesting and more challenging than most health care environments.”
How Can You Get Involved

- Stay informed about Legislative Initiatives
  - Work with St Louis Office and WO and with your BOT Liaison
- Look at AOA Web Site Materials on CHCs
- Work with State Optometric Association
- Contact State Primary Care Association
- Contact Local Health Centers
  - Arrange to see CHC patients on a contractual basis
  - Consider direct employment with CHC
CHCs = Major Opportunity for Optometry

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