Visual Health Disparities
Do you need an Eye Care Service?

American Optometric Association
National Association of Community Health Centers, Inc.
Why Add an Eye Care Service?

- CHCs are in the forefront of bringing needed health services to underserved populations.
- Disparities in visual health are highest in vulnerable populations served by CHCs.
- Preventable vision loss can be addressed through early diagnosis and treatment.
- Eye care is a needed and next logical core service to add to a comprehensive CHC.
- Eye Services contribute to the financial success of a CHC.
Characteristics of Programs/Materials That Increase Receipt of Eye and/or Health Care Services

- Loan repayment programs
- Community-based outreach
- Increased cultural competency
- Rigorous collection and analysis of data
- Buy-in from community members
- Appropriateness of reading level and language
- Health-literate materials
- Cultural appropriateness
- Performance feedback
- Online basic health information
- Community-based input
- Current clinical, diagnostic, and treatment technique use
- Collaborative in nature

Barriers to the Receipt of Eye and/or Health Care Services

- **Patients**
  - Insurance status and type
  - Race and ethnicity
  - Income and wealth
  - Culture
  - Values and beliefs
  - Health literacy
  - Education/Literacy
  - Patient perceptions
  - Trust and distrust
  - Patient-Provider relationship

- **Access**
  - Access to media
  - Usual source of care
  - Language barriers
  - Transportation

- **Providers & Setting**
  - Cultural competency
  - Provider competency
  - Provider mentality
  - Availability of providers
  - Lack of collaborations
  - Health care system (billing)

Disparity in Access to Eye Care

Percentage of CHCs which offer the following clinical services (2004 Data)

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Medical</td>
<td>100%</td>
</tr>
<tr>
<td>Dental</td>
<td>75%</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>70%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>50%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>33%</td>
</tr>
<tr>
<td>Optometry</td>
<td>18%</td>
</tr>
</tbody>
</table>

Source: NACHC, 2005. Based on 2004 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.”

14 million people in the U.S. are visually impaired. Of these...

- 11 million have visual impairment that CAN be corrected with glasses/contact lenses
- 3 million have visual impairment that CANNOT be corrected with glasses/contact lenses

JAMA.2006;295:2158-2163.
<table>
<thead>
<tr>
<th>Cause</th>
<th>Estimated Number of Vision Impaired People US &gt; age 40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataracts</td>
<td>20.4 million</td>
</tr>
<tr>
<td>ARM</td>
<td>9.0</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>2.2</td>
</tr>
<tr>
<td>Diabetic Retinopathy</td>
<td>4.0</td>
</tr>
<tr>
<td>Low Vision/Blindness</td>
<td>3.2</td>
</tr>
<tr>
<td>Myopia</td>
<td>30.5</td>
</tr>
<tr>
<td>Hyperopia</td>
<td>11.7</td>
</tr>
</tbody>
</table>
Eye Care in a CHC

- Wellness Care - Improve vision function at school, work place, recreation, activities daily living
- Prevention - Blindness and vision impairment
- Disease Management – Eye care is part of systemic care
- Rehabilitation - Improve quality of life (mobility, independence, socialization)
Vision Objectives of Healthy People 2010

- Increase proportion of persons who have a dilated eye examination at appropriate intervals
- Increase the proportion of preschool children aged 5 years who receive vision screening
- Reduce uncorrected visual impairment due to refractive errors
- Reduce blindness & visual impairment in children & adolescents aged 17 years & under
Vision Objectives – Continued

- Reduce visual impairment due to diabetic retinopathy
- Reduce visual impairment due to glaucoma
- Reduce visual impairment due to cataract
- Reduce occupational eye injury
- Increase the use of appropriate protective eyewear
- Increase the use of vision rehabilitation services & adaptive devices by people with visual impairments
Eye Services Respond

- Respond by increasing access to a needed ‘core’ service
- Respond to Healthy People 2010 goals & objectives by improving visual health
- Respond to workforce development needs - Affiliations with schools/colleges of optometry educate the next generation of community optometrists
Visual Impairment due to Diabetic Retinopathy, 2002

HISPANIC
Reduce vision impairment from
65/1000 to 40/1000
Visual Impairment due to Glaucoma: Ages 45 and Over

2010 Target

Black
Reduce vision impairment from
38/1000 to 10.8/1000
What is the Scope of on-site Eye Services available to CHCs?

- Comprehensive primary eye care – ocular health assessment, refraction and eye glass prescriptions, assessment of visual function (kids!)
- Order and dispense eye glasses and contact lenses
- Specialty services - pediatrics, geriatrics, low vision, vision therapy
- Treatment of eye diseases, prescribing medications, pre/post-operative care
Who Staffs an Eye Service?

Optometrist (OD) as Primary Staff

- Doctors of Optometry are eye care professionals who diagnose, treat and manage diseases, injuries and disorders of the eye and visual system, and associated structures.

- Optometrists also identify related systemic conditions affecting the eye.

- Optometrists prescribe spectacle lenses, contact lenses, medications, low vision rehabilitation, visual therapy, and perform certain surgical procedures.
Who Staffs an Eye Service?

Ophthalmologist (MD or DO) as Consultant

- Ophthalmologists are eye care professionals who primarily treat eye diseases using medications or surgery,
- Most of the ophthalmologist’s training is in secondary and tertiary medical and surgical eye care
- Ophthalmologists may also prescribe spectacle lenses and contact lenses
The ‘Business’ of Eye Care

- A good forecast for annual number of eye visits 3 years out is 10% of total CHC visits
- Demand is shaped by scope of services provided – the more comprehensive in scope, the greater the demand for eye services
- Educate the community to the “one stop” eye care concept, including eye exams, optical and disease management services
The Business Plan:  *Refer to Financial Model Spread Sheet*

- **Site Plan – How much space?**
  - Based upon total CHC visits

- **Capital spending – build out & equipment**
  - Basic setup + number of exam rooms

- **Operational costs**
  - Support from CHC operations

- **Staffing – professional/administration**
  - Depends on CHC structure

- **Forecasting revenues**
  - Highly dependent on payer mix of CHC
Capital Spending — see spreadsheet

- Build out/lease hold improvements
- Startup clinical equipment costs
- Optical dispensary capital needs
Operational Costs – spreadsheet

- Gross sq ft clinical space
- Number of rooms
- Optometry staffing
- Administrative and other staff
Other Eye Service Staff

- **Optician (RDO)** – order/fit/adjust glasses, fabricate lenses, fit/order/dispense contact lenses

- **Administrative/Ancillary Staff**
  Reception, registration, appointments, billing
  Ophthalmic assistant/technician
Forecasting Revenues - spreadsheet

- Number of visits per year
- Mix of services and procedures
- Range of product and level of commitment to competitive optical services
- Payer mix and gross charges/net payments
Service Models  (CHC ‘Owns’)

- **CHC employee** – OD has CHC staff appt, directly employed by CHC, member of CHC clinical and management teams

- **Professional Services Agreement** - professional staff provided by independent OD or college/organization via contract with CHC
Service Models  (OD ‘Owns’) 

- **Consultant model** – patients referred off site for eye exam, consultant either bills CHC, patient, and/or third party payers

- **Occupancy agreement** – independent OD subleases space from CHC to house practice, bills CHC, patients or related third parties directly, may develop shared staff arrangements
What about the local competition?

- Many CHC patients are from vulnerable and uninsured populations and cannot pay for services.
- Private practitioners and CHCs draw different patient bases and different payer groups.
- CHC patients need care delivered in culturally sensitive manner.
- Pts often require coordinated care in multiple services within the CHC.
- Pt often need access to enabling services.
- Make referrals to local colleagues for specialty care.
- Consider “Optometry Advisory Group”.
- Focus is on teamwork for the community.
Challenges & Opportunities For Eye Care Services at CHCs

- How to grow eye programs – lessons learned
  - Following Dental’s Lead
- Funding Needs/Strategies – NACHC & AOA
  - New dollars/grants/corporate support/education
- Recruitment and Retention of Qualified ODs
  - Inclusion of optometry in NHSC
- Teaching programs – Workforce Development
  - Affiliations with Schools and Colleges of Optometry
CHC Workforce in 2004

- Primary Care Clinicians = 18,000
- Dental/Oral Health Staff = 2,100
- Pharmacy = 1,600
- Other clinicians = 18,200
- Optometry (estimate) = 100

TOTAL Clinical STAFF = 40,000

Note: Numbers rounded.

Source: NACHC, 2005. Based on 2004 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
What Would Access to Eye Care Look Like with a 10 Strategic Initiative?

By 2016:

- Open a new Eye Service in 1000 CHCs *(That’s roughly 100 new programs/year!)*

- Hire 2000 optometrists to work at CHCs *(That’s approximately 20% of all new graduates over the next 10 years)*

- When fully staffed provide nearly 4 million eye visits annually
Why NHSC is needed for Optometry

- Optometry at (CHCs) significantly contributes to Healthy People 2010
- Improved access to eye care will decrease visual health disparities
- NHSC program will help to create a NEW career path for optometrists
- NHSC is a strong recruitment and retention incentive
- NHSC loan repayment and scholarships assure that CHCs can offer competitive compensation packages
Where to Look For/Recruit an OD

- American Optometric Association Career Center
  - www.aoa.org
- National Optometric Association
  - www.natoptassoc.org
- State Optometric Associations (AOA website)
  - www.aoa.org/x794.xml
- Residency Directors of the Schools and Colleges of Optometry
  - www.opted.org
- State Optometric Association Newsletters
- NACHC Website
- Local Newspaper
Discussion

Questions and Answers
Further Information

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