



Eyes on Access: Comprehensive Vision Services in Health Centers

Workshop #1 - April 28, 2022,
3:00-4:30pm ET



THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

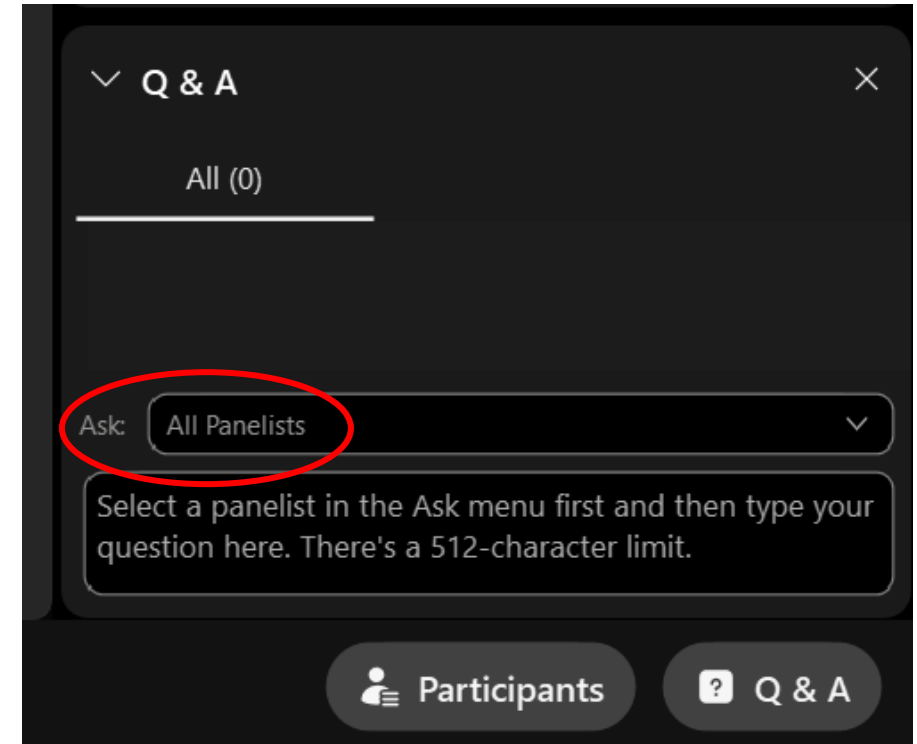


Welcome! Housekeeping

- Today's meeting is being recorded!
- The recording will be made available to all attendees within 2 weeks after the event.
- We will email a copy of today's presentation slides to all registrants when the webinar concludes. Keep an eye out for an email from trainings@nachc.org.
- After the webinar, you will be directed to an evaluation for this event. We value your feedback and encourage you to complete this short survey!

ASKING QUESTIONS VIA Q&A BOX

1. **The Q&A Box feature** is available to ask questions or make comments anytime.
2. **Click the Q&A button** at the bottom right of the WebEx window to open the Q&A box.
3. **Select ASK ALL PANELISTS**
4. **Type your question and Click “SEND”**





NATIONAL ASSOCIATION OF
Community Health Centers®

THANK YOU TO ALL COMMUNITY HEALTH CENTERS

#ThankYouCHCs

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Tailored Technical Assistance and Training Resources: Free and Tailored for Health Centers

ARE YOU LOOKING FOR RESOURCES?

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HEALTH CENTER
RESOURCE
CLEARINGHOUSE

HRSA-Funded National Training & Technical Assistance Partners (NTTAPs)

- Association of Asian Pacific Community Health Organizations (AAPCHO)
- **Association of Clinicians for the Underserved - STAR2 Center (ACU)**
- Capital Link
- Community Health Center, Inc.
- Corporation for Supportive Housing
- Farmworker Justice
- Futures Without Violence
- Health Outreach Partners
- Health Information Technology Training and Technical Assistance Center (HITEQ)
- MHP Salud
- Migrant Clinicians Network
- **National Association of Community Health Centers**
- National Center for Equitable Care for Elders (Harvard University)
- National Center for Farmworker Health
- National Center for Health in Public Housing
- National Center for Medical-Legal Partnership
- National Health Care for the Homeless Council
- National LGBTQIA+ Health Education Center
- National Network for Oral Health Access
- National Nurse-Led Care Consortium
- School-Based Health Alliance

Eyes on Access: Comprehensive Vision Services in Health Centers - Webinar Series

Workshop #1: Intro to Vision Services

April 28, 2022, 3:00 – 4:30 PM ET

Explore the interconnection of vision, chronic disease and quality of life. Review the data substantiating community needs, disparities and barriers.

Workshop #2: Steps for Integrating Eye Health & Vision Services

June 9, 2022, 3:00 – 4:30 PM ET

Review the operational activities necessary to implement or enhance vision services in a health centers. Review planning factors such as provider configuration, cost, volume and supervision.

Register: <https://bit.ly/3DownAB>

Overview

- Patient Experience
- National Scan & Statistics
- Patient Cases
- Components of Eye Care Integration
- Summary & Closing Remarks
- Resources & References

Today's Webinar: Setting the Context

Who Do Health Centers Serve?

health centers now serve more than

28 million patients

including:

2.9 million
patients 65 years
and older

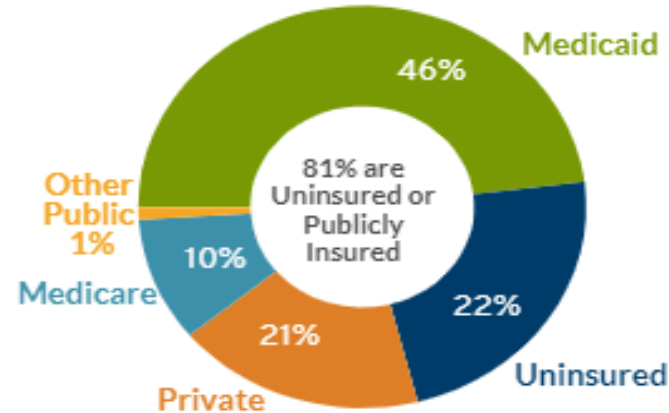
Almost 8 million
children

1.3 million
homeless patients

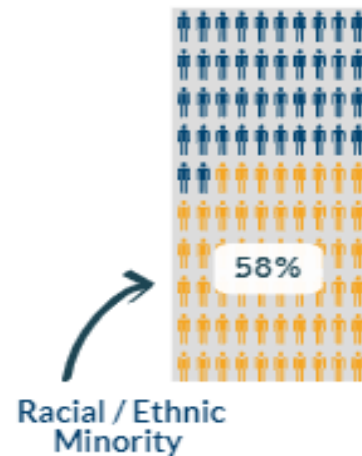
Almost 400,000
veterans

182,000
patients receiving
MAT for opioid use
disorder

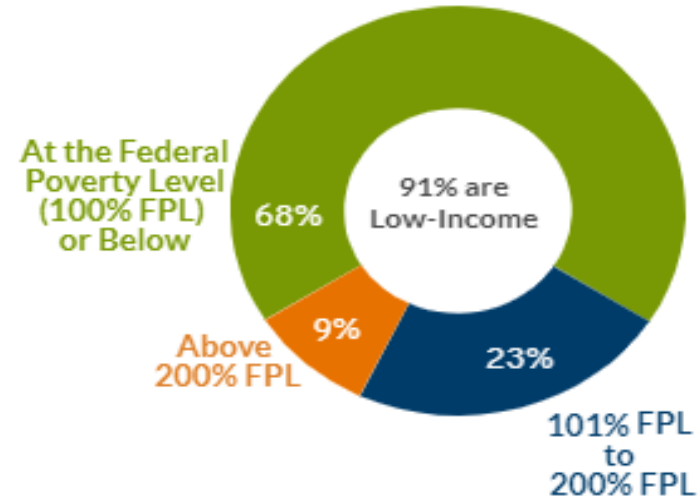
Most Health Center Patients
Are Uninsured or Publicly
Insured



Most Health Center Patients
Are Members of Racial &
Ethnic Minority Groups

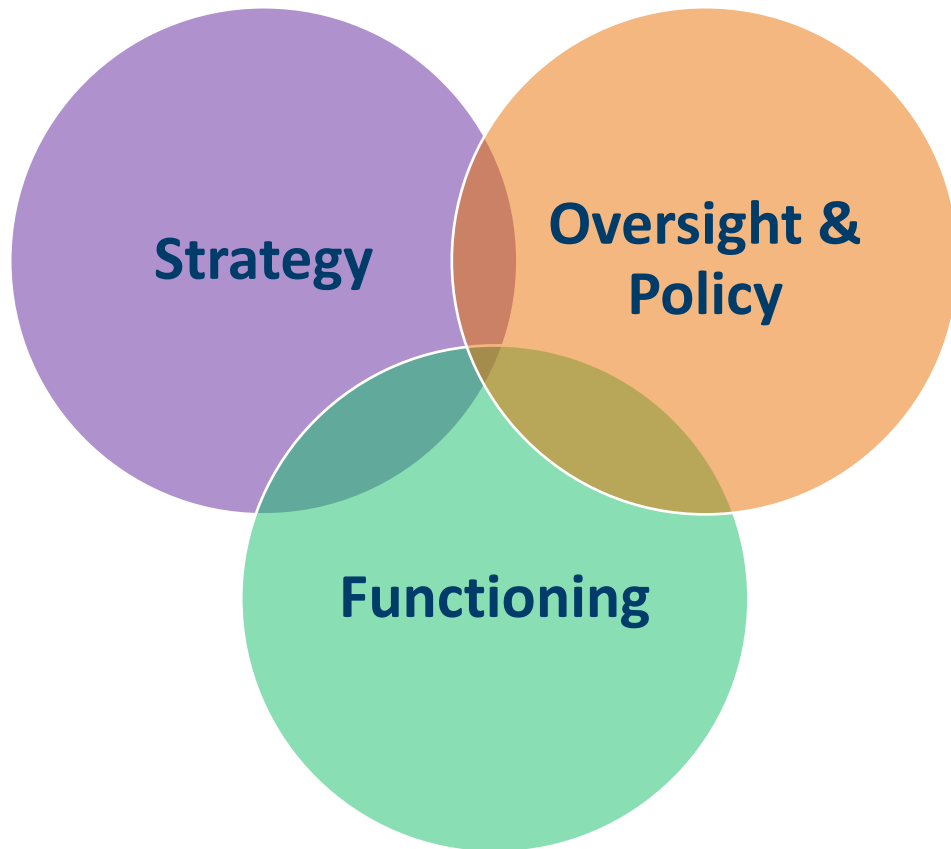


Most Health Center Patients
Have Low-Incomes



Health Centers are governed by a patient-majority community-based board of directors

Board Roles



Strategy

- Strategic Board Composition
- Strategic Planning & Thinking

Functioning

- Board Meetings
- Board Committees
- Board Culture

Oversight & Policy

- Approve Policy
- Provide Oversight
 - CEO Oversight & Partnership
 - Financial
 - Quality
 - Corporate Compliance
 - Risk Management
 - Health Center Program Compliance

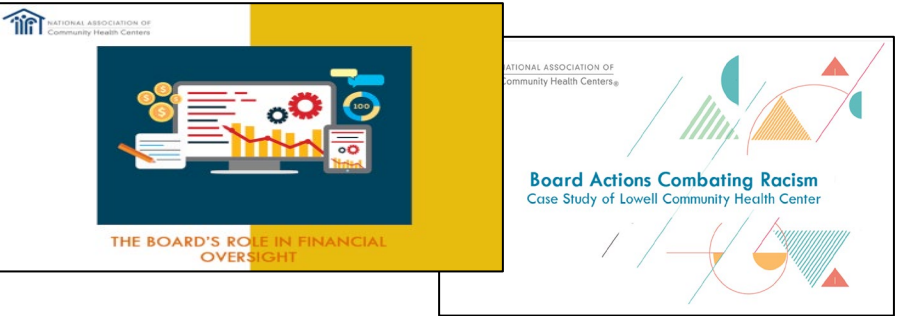
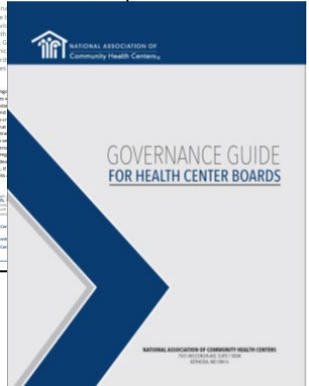
Health Center Boards and Service Expansion

- A Health center board must:
 - approve new service before request is submitted to HRSA and review any Change in Scope requests
 - review items such as the fee schedule, alignment of service with the sliding fee discount program, etc.
 - **ask** important strategic, oversight, and policy-focused questions
- **Key questions to consider:**
 - Has the health center assessed unmet need for the proposed new service?
 - If the service is a “specialty,” has the center identified how it will support the provision of primary care services?
 - How will the service be provided?
 - Does the service align with the strategic plan?
 - What are the anticipated expenses and revenues? What are the financial risks?
 - What policies might need to be updated (e.g., financial, QI/QA)?
 - Will the expansion change patient demographics and, if so, how does that impact the board’s composition?

Resources for Health Center Boards

NACHC has over 50 resources (including many in Spanish) to support health center boards addressing:

- Governance Fundamentals, including board roles, board recruitment and orientation, board meetings, CEO succession planning
- Overall Health Care Environment & Governance, including many resources on COVID-19 Response and Recovery
- Strategic Planning and Thinking
- Justice, Diversity, Equity, and Inclusion
- And much more!



Short Videos and E-learning Modules are available to support new board member orientation and ongoing board education.

Learn more at <https://www.nachc.org/trainings-and-conferences/governance>



Supporting Vision Services in Health Centers: Training and Technical Assistance Resources from Association of Clinicians for the Underserved

Luke Ertle, MPH

Program Director

Association of Clinicians for the Underserved

- **Start up and Expansion Grants**
 - **19 health centers funded**
 - **Grantee summaries and patient success stories available on ACU's website**
- **Technical Assistance to Health Centers**
 - **Vision Services Committee**

Find more @ www.clinicians.org

Association of Clinicians for the Underserved

Resources Available: From Start-Up to Success!

Vision Services Readiness Assessment Tool

The information used to identify program strengths and gaps for which recommendations are being made...
 Select facility type: [dropdown]
 Select services: [dropdown]
 Select other services: [dropdown]
 Select other services: [dropdown]

Category	Score	Comments
Facility type		
Services		
Other services		

Best practices for integrating vision care into primary care setting



More info @ www.clinicians.org

Eyes on Access: Introduction to Comprehensive Vision Services in Health Centers

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Kristin White, OD

Susan Primo, OD, MPH, FAAO

Dr. Susan Primo

Graduate of New England College of Optometry, 1985

Director, Optometry Services, Emory Eye Center and Professor of Ophthalmology, Emory University School of Medicine

Clinical Optometrist, Grady Hospital Neighborhood Health Center

Co-chair, Center for Vision and Population Health at Prevent Blindness America

No Financial Disclosures





**National Center
for Children's Vision
and Eye Health**

Prevent Blindness



**Center for Vision and
Population Health**

Prevent Blindness



**Prevent
Blindness**

Focus on Eye Health
National Summit

Creating and Supporting Systems of Care



Learning Objectives

- Increase awareness of health center vision and eye health needs through the patient perspective
- Increase knowledge of disparities and barriers to accessing high quality vision services
- Increase knowledge of the interconnection of vision and chronic disease, child developmental milestones, cognitive impairment and quality of life
- Identify strategies for integrating vision services into community health clinics

Lay of the land for Vision Services (HRSA, 2022)

Overall, 36% of health centers offer optometry services

Overall, 9% of health centers offer ophthalmology services

Table 1: What percentage of health centers provide Optometry and Ophthalmology?

Service	# of Health Centers	% of Health Centers
Optometry	487	36%
Ophthalmology	120	9%

Lay of the land for Vision Services (HRSA, 2022)

FORM 5A

Column I:

Direct Services Only

Column II:

Contract/Agreement Only
(Health Center pays)

Column III:

Referral Arrangement/
Agreement Only
(Health Center DOES NOT
pay)

Table 3: Service delivery methods for health centers (Column I, II and III only from FORM 5A)?

Service	# of Unique Health Centers	Only Column I	Only Column II	Only Column III
		# of Health Centers	% of Health Centers	% of Health Centers
Optometry (n=487)	1372	17%	7%	4%
Ophthalmology (n=120)	1372	3%	4%	1%

Optometry services are offered at 23% rural and 44% urban health centers.

Ophthalmology services are offered at 6% rural and 11% urban health centers.

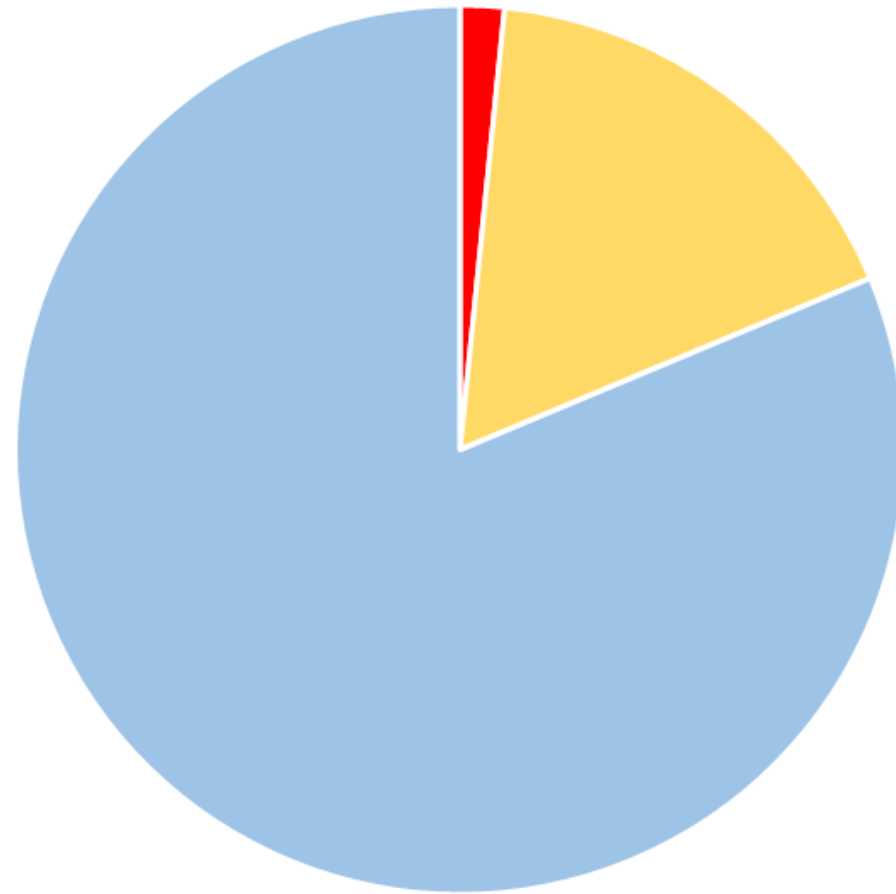
Table 2: Vision Services in Rural and Urban locations (HRSA, 2022)

Service		
	% of all rural HCs (n=577)	% of all urban HCs (n=795)
Optometry	23%	44%
Ophthalmology	6%	11%
Optometry <u>or</u> Ophthalmology (inclusive of HCs with both)	27%	48%
Optometry <u>and</u> Ophthalmology	3%	7%

National Data

	2016	2017	2018	2019	2020	% Change (2016-2020)
Doctors of Optometry	282.84	320.17	362.28	398.06	362.1	28.02%
Ophthalmologists	39.55	42.88	45.11	46.74	38.03	-3.84%
Other Vision Care Staff	339.43	407.35	488.32	567	526.55	55.13%
Number of Eye Care Patients	599,314	670,973	746,087	828,977	612,163	2.14%
Number of Eye Care Visits	563,652	888,648	996,691	1,093,948	788,832	39.95%
Number of Comprehensive and intermediate eye exams - Patients	493,851	554,596	605,482	650,106	483,580	-2.08%
Number of Dental Patients	5,656,190	6,116,732	6,406,667	6,712,204	5,155,619	-8.85%
Number of Medical Patients	21,880,295	22,866,468	23,827,122	25,029,835	24,529,374	12.11%
Number of Patients with select other conditions						
Diabetes mellitus	2,283,360	2,441,686	2,566,358	2,709,755	2,683,700	17.53%
Heart disease	710,638	755,781	815,206	882,986	853,014	20.03%
Hypertension	4,335,639	4,526,756	4,778,156	5,150,015	5,029,596	16.01%

2020 Patients



- Number of Comprehensive and intermediate eye exams - Patients
- Number of Dental Patients
- Number of Medical Patients

Dr. Ashley Burns



Director of Optometry,
Coastal Family Health Center in Biloxi, MS

Indiana University School of Optometry
2013

ACU Vision Services Committee Chair

No Financial Disclosures

Dr. Kristin White



Director of the Optometry Service at MACT Health Board in San Andreas, CA

New England College of Optometry, 2013

Community Health Optometry Residency, 2014

ACU Vision Services Committee

Dr. Debi Sarma



Public Health Optometrist and Community Outreach Specialist, Boston, MA

Optometrist, Fenway Health Community Health Center

New England College of Optometry, 2014

Community Health Optometry Residency, 2015

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The Patient Experience

What does vision impairment look and feel like?



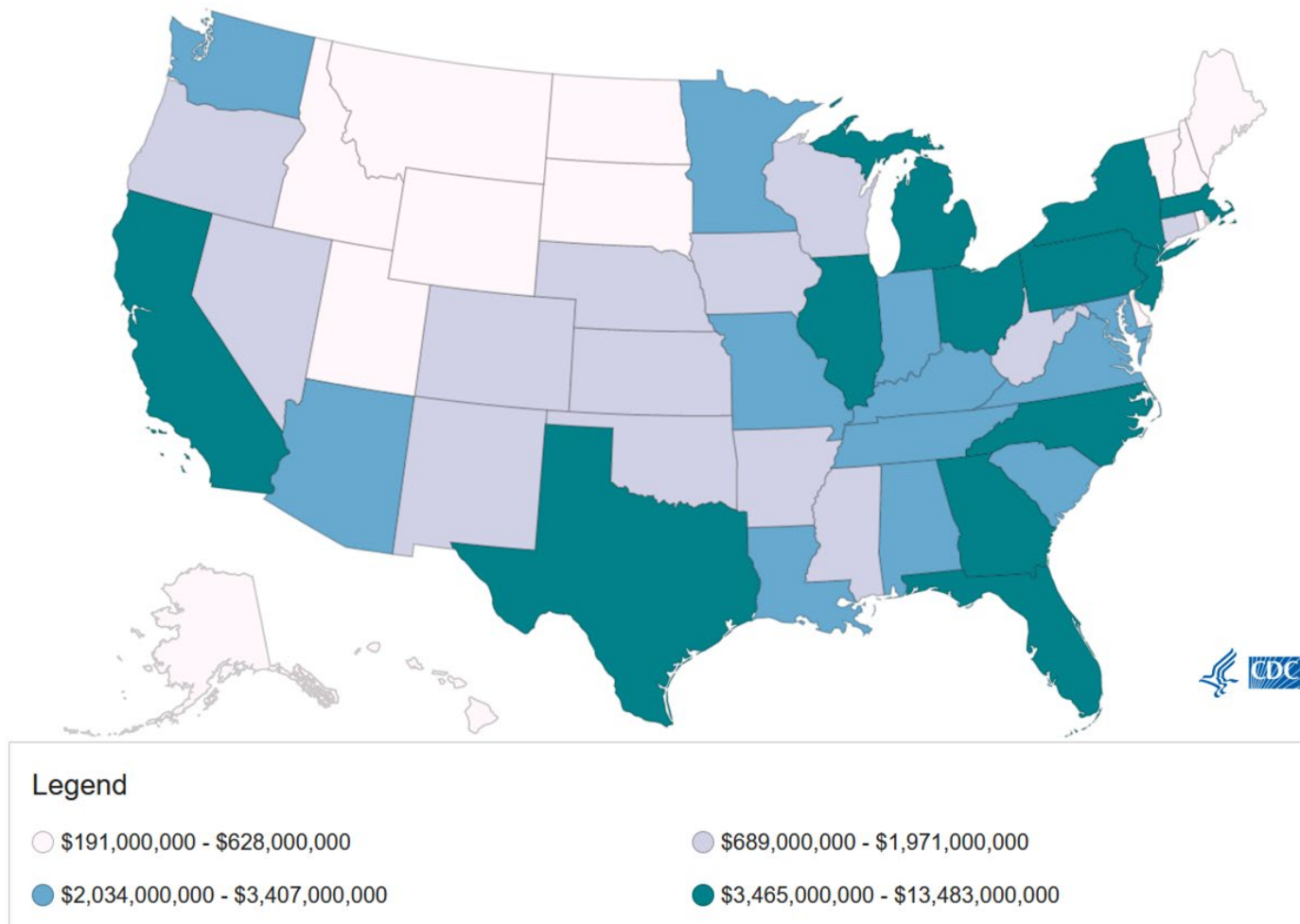
Patient Testimonials: Part 1

[https://vimeo.com/703834836/
28391254e9](https://vimeo.com/703834836/28391254e9)

The Statistics of Vision Loss

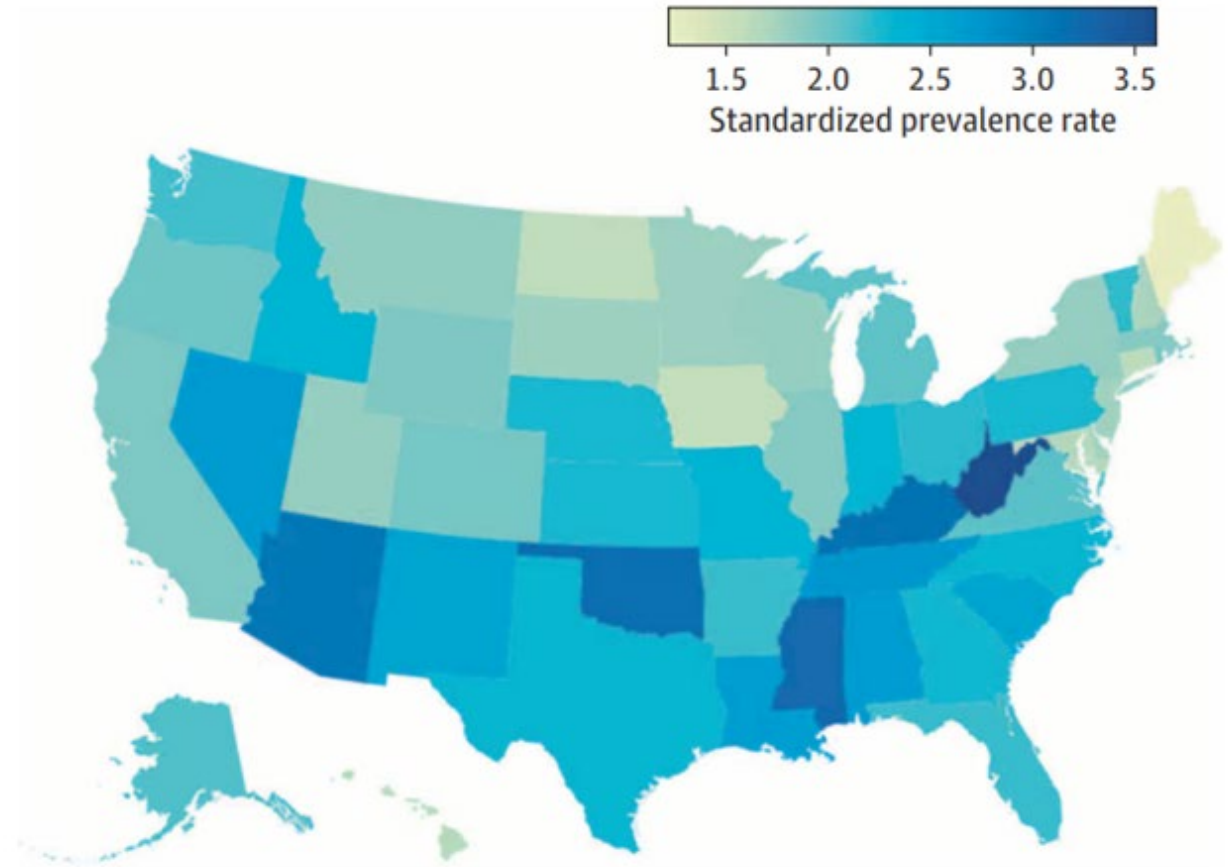
Vision loss is a public health crisis and poses a huge economic burden in the US.

Total Economic Burden of Vision Loss in Each State



**Patients of all
demographics
are at risk for
vision loss.**

Figure 2. Age-Standardized, Sex-Standardized, and Race/Ethnicity-Standardized Visual Acuity Loss or Blindness Prevalence by State

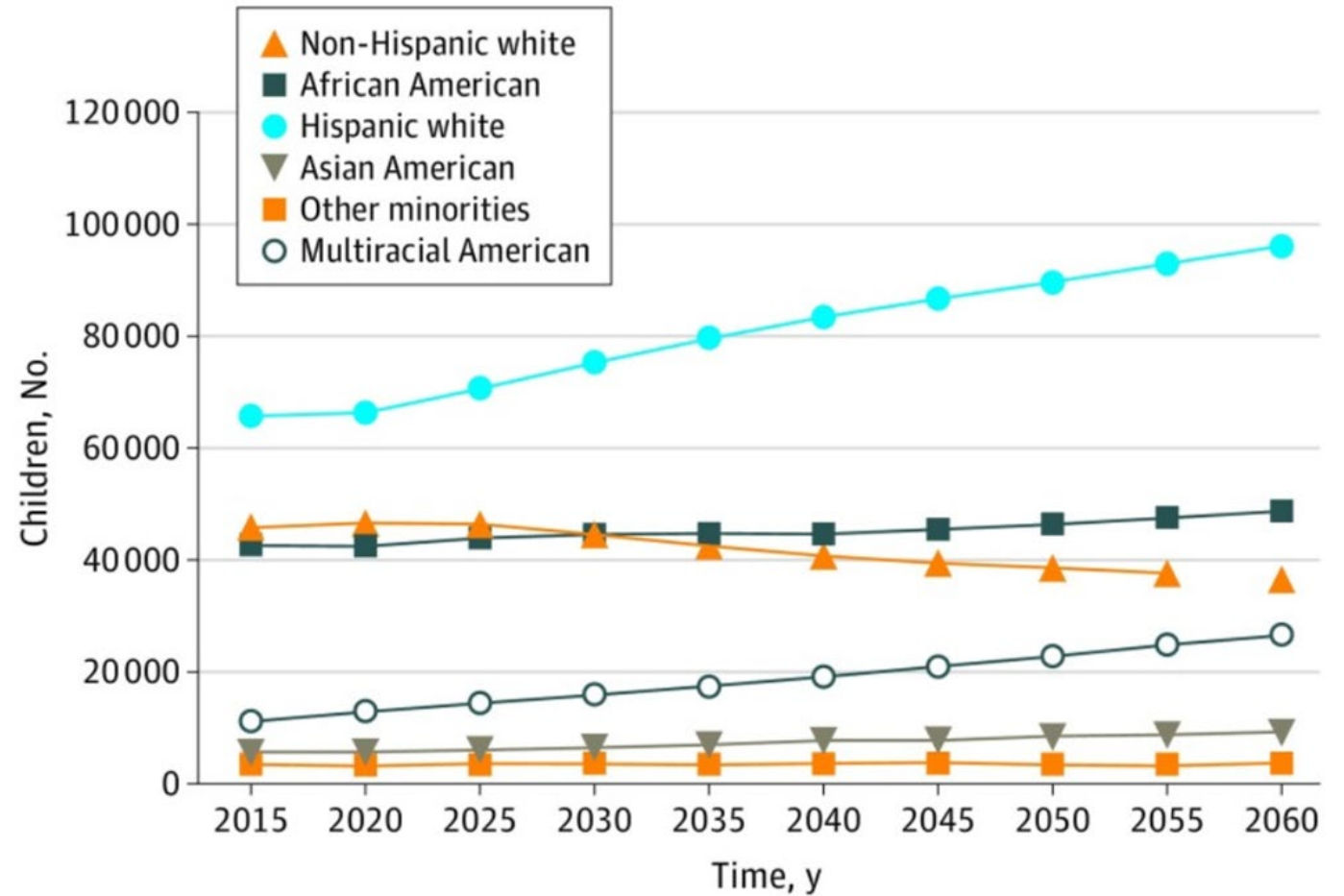


Vision loss in children

- Vision disorders are the 4th most common disability in children in the U.S.
- 1 in 4 children has a vision problem that may affect their ability to learn in school, meet developmental milestones, learn, play sports.



Burden of vision loss by race (preschool aged)



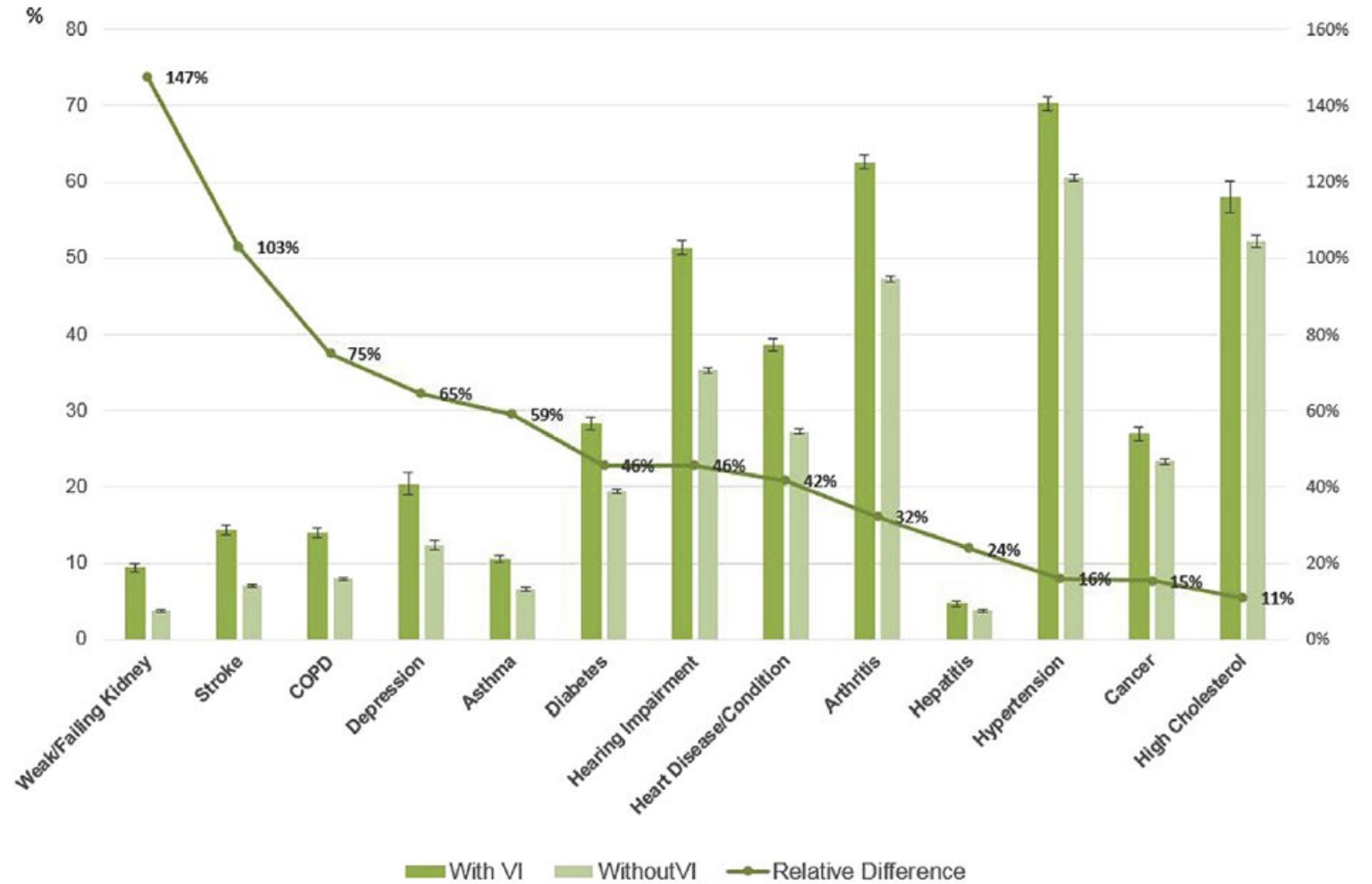
Vision loss in aging adults

- 1 in 11 adults over 65 is blind or visually impaired (VI)
- Having VI more than doubles an elderly patients risk for falling (the leading cause of injury in the elderly populations)

1 in every 11 adults age 65 or older is blind or visually impaired⁵

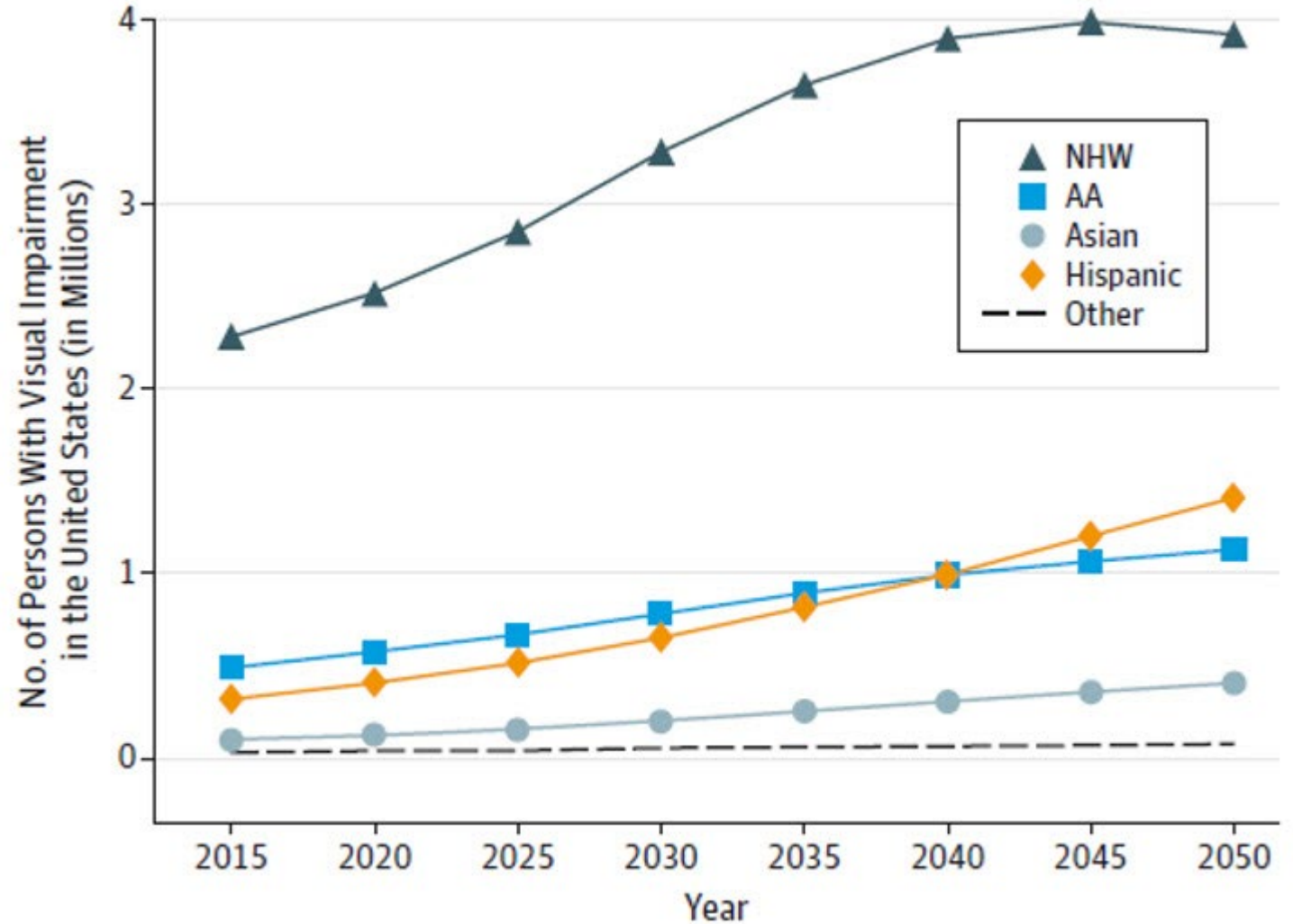


People with vision impairment report more chronic disease.



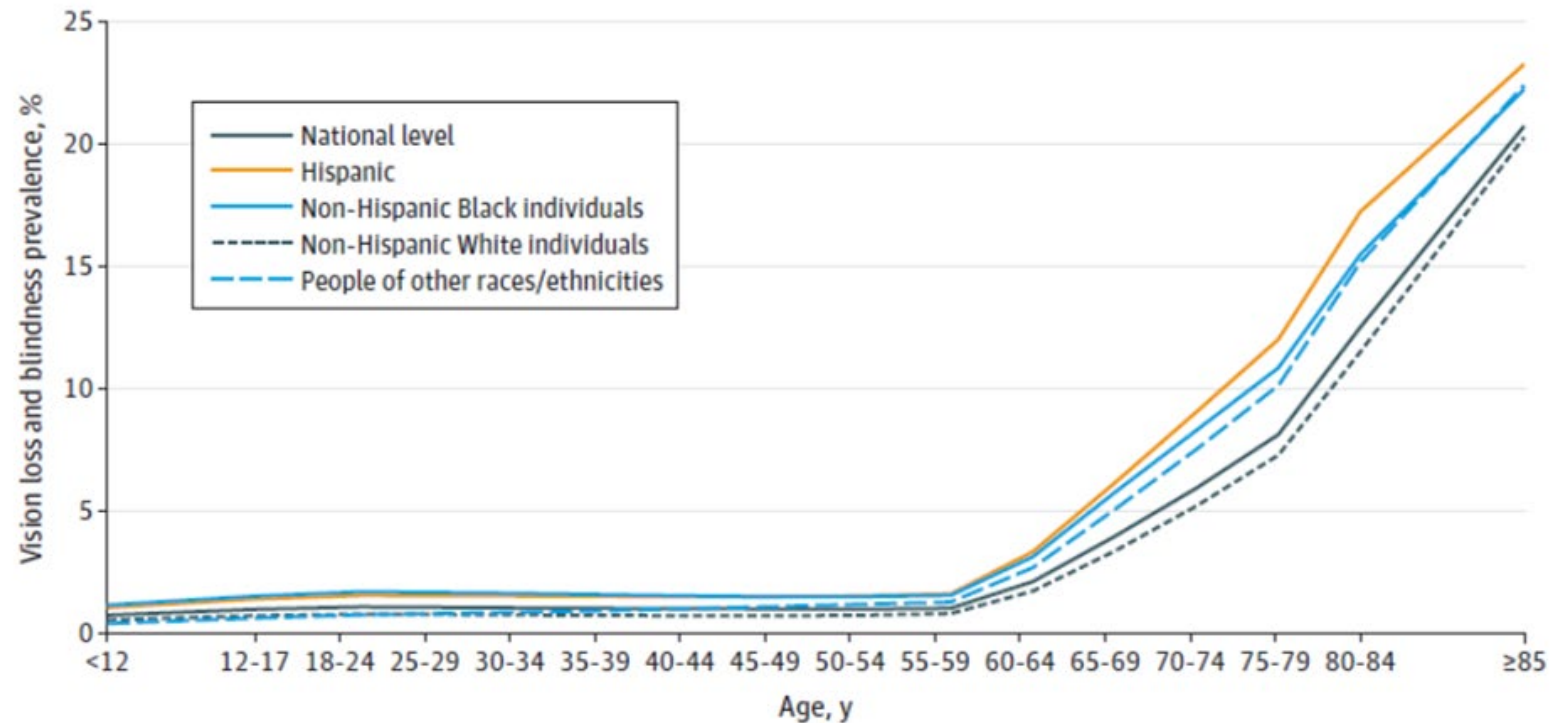
Prevalence of Chronic Conditions Among People With and Without Vision Impairment (VI), Aged 65 Years

Burden of vision loss by race (adults)



Vision loss disproportionately affects people of color.

Figure 1. Crude Prevalence of Visual Acuity Loss or Blindness By Age for All Racial/Ethnic Groups



**Many
communities
have
inadequate
access to eye
care.**



Understanding the Professionals

You may be familiar with ophthalmology, optometry, and opticianry, but let's do a poll to find out what you know about an optometrist's role in eye care.

Poll

All optometrists are licensed to

1. Prescribe glasses and contacts ONLY
2. Diagnose and manage many eyes disorders and diseases
3. Perform cataract surgery
4. All of the above

Your Eye Care Team

	Ophthalmologist	Optometrist	Optician
Education	4 year Doctorate Degree (MD) 1 year internship 3 years Residency	4 year Doctorate Degree (OD) 1 year Residency (optional)	Apprenticeship Associate Degree (Opticianry)
Rx Glasses and Contacts	X	X	
Treat and Manage Eye Disease (including Diabetes, Glaucoma, Urgent Red Eye)	X	X	
Perform invasive surgeries	X		
Dispense and fit glasses, manage inventory and sales of eyewear		X	X

Patient Cases

Cases from a typical day at a health center.

1. “Blurry Near Vision”

58 y.o presents for 1st eye exam and reports blurry near vision while reading

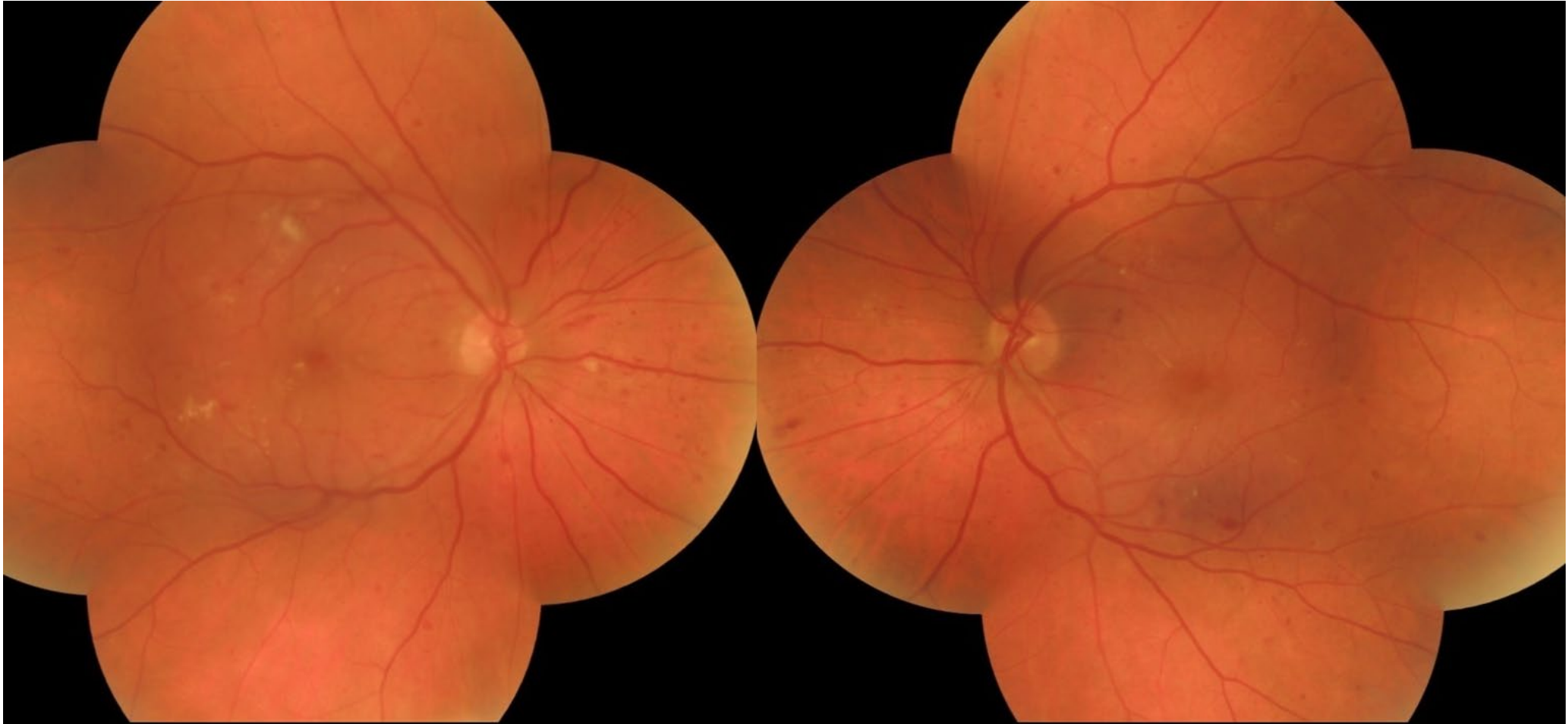
Relevant findings: BVA: 20/25 OU

Medical history:
No medical care for many years

Dilated exam reveals...



Diabetic Retinopathy



Management

- PCP registration at the health center
 - Diabetic Lab Testing completed
 - Begin treatment and lifestyle management for DM
- Glasses prescribed based on patient needs
- Follow-up schedule in eye for 3-6 months

300,000 cases per year of diabetes are initially diagnosed through their eye appointment

2. “Difficulty with Seeing the TV”

59 y.o presents for the first time and reports blur while looking at news ticker on the TV.

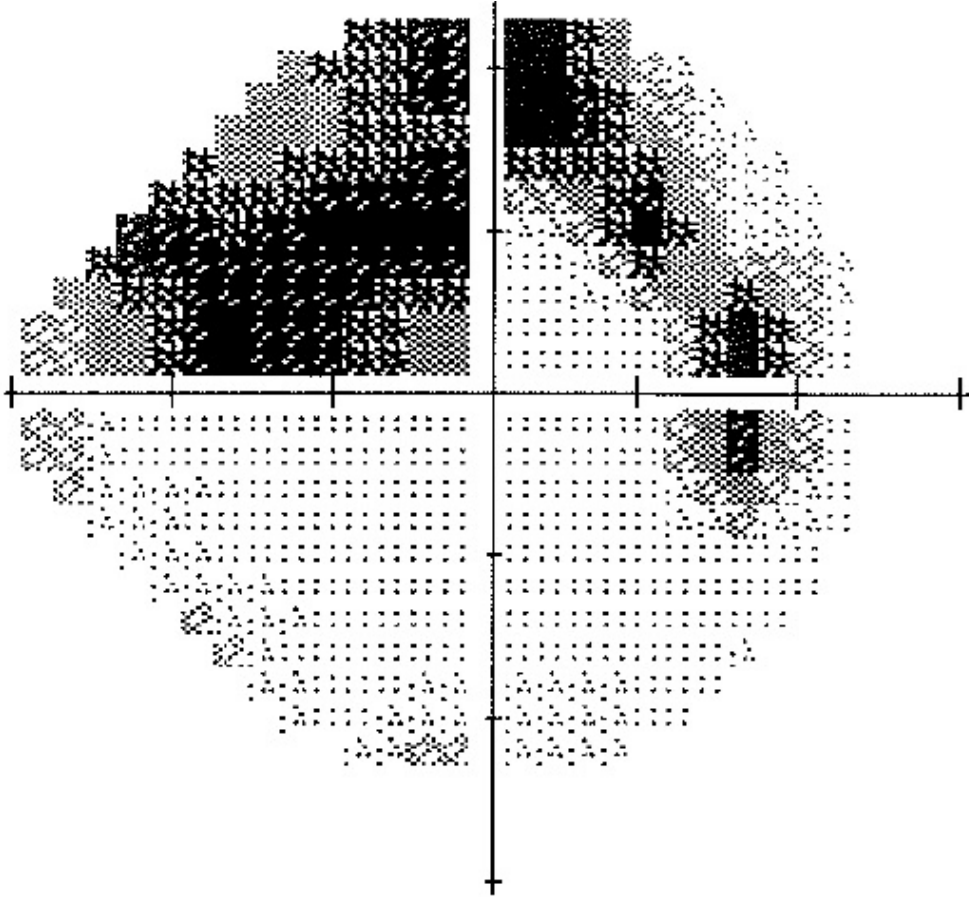
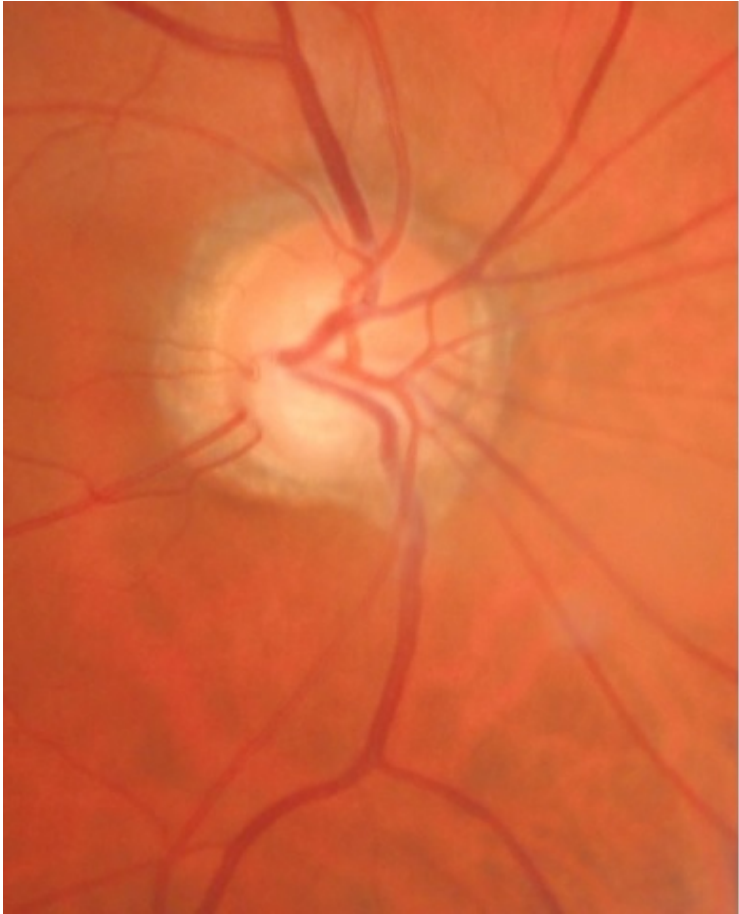
Relevant findings: IOP 32/17 mmHg, BVA: 20/20 OU, mentions thoughts of self-harm during exam.

Medical history:
Bi-Polar Disorder
HTN controlled with HCTZ

Dilated exam reveals...



Glaucoma



Management

- Glasses prescribed based on patients needs
- Initiate treatment with Latanoprost QHS OD to lower IOP
- Monitor with OCT (optic nerve scan) and/or visual fields every 3-6 months
- Immediate warm-hand off to behavioral health

3. “Failed school screening”

8 y.o presents with parent. Reports “struggling to stay focused in school.” Child reports “blur when looking up at the board after extensive near viewing”

Entering vision is 20/20 at distance in both eyes.
Vision is 20/60 both eyes, at near

Medical history:
ADHD - IEP for school

Comprehensive exam reveals...



Binocular Vision Disorder - Accommodative Spasm



Management

- Glasses for reading
- RTC in 3 months to follow-up
- Consider vision therapy if non-adapt

Eye care is more than 20/20 vision

- Many blinding eye diseases are silent, meaning that they cause no pain or changes in visual acuity in the early stages.
- Eye exams are critical in maintaining good long term eye health.

Models for Vision Services

There are many ways to incorporate options for vision and eye care delivery for your patients. Here are some models for what could work well in your clinic.

4 Models of Vision Service



Screenings



Referrals Outside of the CHC



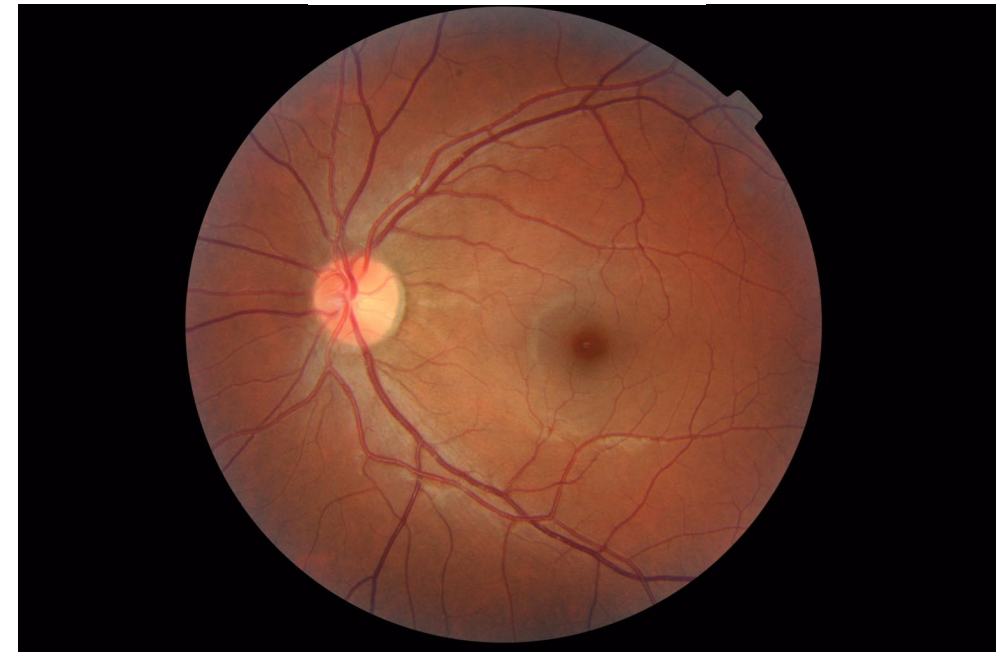
Mobile Eye Clinic



In-House eye services

1) Screenings

- Vision screenings in children
 - Checks VA and limited exam
 - Not dilated
- Retinal screenings for adults with diabetes
 - Retinal photo for diabetic patients
 - Images need interpretation
 - Does not check other parts of the eye
- Requires minimal staff and training
- No glasses prescription
- Requires a referral for screening fails and annual exam



2) Referral Outside the Health Center

- Scheduling requires additional coordination by CHC staff or by the patient
- **>50% of outside referrals are not completed**
- Difficult to find Medicaid providers
 - Geography
 - Wait times
- CHC will not be able to bill for the exam
- Coordination required to retrieve notes
- Referral eye clinic may not have complete patient history without shared EMR



3) Mobile Eye Clinic

- CHC can purchase/build out a mobile clinic or contract a mobile eye clinic for clinical care
- Adds a level of flexibility to the service
 - Park at the main health center
 - Satellite locations
 - Patient homes
 - Community locations
- Comprehensive exams and screenings
- Geographic coordination, patient scheduling, doctor scheduling, parking logistics, weather should be considered



4) In-House Eye Services

- **Ideal and most effective option**
- Eye doctor may be an employee or contractor
- Part-time or full-time
- Convenient for patients
- Coordination for providers
- Comprehensive medical based eye care and emergency eye care services
- Culturally sensitive care
- Encounters are billable at the same rate as other office visits
- Clinic costs vary on size of investment and space



Patient-Centered and Value-Based Care

- When truly striving to be a Patient-Centered Medical Home (PCMH), eye doctors should be included in coordination among all primary care providers.
- In-house or on-site vision services also provide better management of at-risk patients with complex health and social needs. This allows for your health centers to improve quality and other metrics.

Levels of Delivering Vision and Eye Care

- \$ Less upfront investment/space
- \$\$ Mid-range investment/space
- \$\$\$ Full investment/space

\$ Less upfront investment/space

- In-house or community based (e.g., may include temporary shared space at the center)
- Space/exam area/lane
- Staff: Optometrist
- Equipment: Basic equipment (+/- portable, handheld, flexible), no speciality imaging
- Exams: Red eyes, routine eye examinations, dilated, diabetic exams, glaucoma screenings
 - Limited scope for advanced disease
- Referral source or non-profit to provide glasses



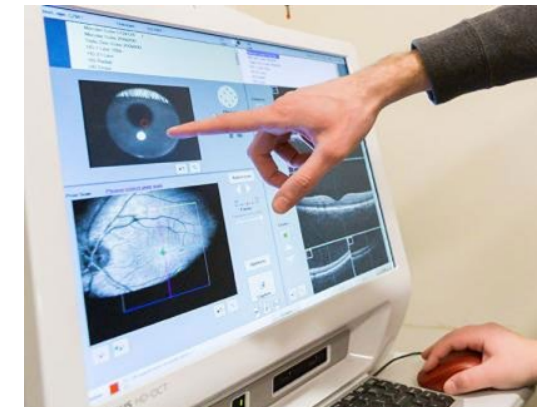
\$\$ Mid-range investment/space

- Dedicated space in house for 1-2 exam lanes
- Staff: Optometrist, technician (additional potential of support staff for scheduling, insurance verification or glasses dispensing)
- Equipment: Dedicated exam lane(s), some speciality imaging for routine care and advanced disease, refer for rest
- Exams: Red eyes, routine eye examinations, dilated, diabetic exams, glaucoma screenings
- Glasses selection - optional, small selection or refer to non-profit



\$\$\$ Full investment/space

- Multiple exam lanes or locations
- Staff: Multiple optometrists, resident/interns, ophthalmic technicians, optician, billing/insurance
- Could seek financial subsidy of workforce by college of Optometry
- Equipment: Routine and speciality equipment
- Exams: Routine eye care, advanced disease, subspecialty - pediatrics, contact lens, dry eye, ocular disease, ophthalmology
- Glasses - Moderate - large selection of glasses



Plan for Growth

- Develop an eye and vision care plan for your patients based on the capacity of the clinic today
- Approximate projection is 10% of total medical patient visits
- CHC should have minimum of 18-20,000 medical patient visits to make eye clinic sustainable
(will go over in Webinar 2!)
- Average annual visits for 1 eye doc is 1500-2000
- **Plan for future growth!**

Patient Testimonial: Part 2

<https://youtu.be/mSCAI0nTU8Q>

Summary

- Vision loss is a major public health problem and will continue to grow without corrective actions.
- Optometrists play an integral part in a patient's primary health care team.
- In-house optometric services will serve to increase access to care and help to maximize reimbursement.
- Eyecare is a value based service that provides a positive impact for the whole community.

**ACCESS TO EYE CARE + EARLY DETECTION =
IMPROVED VISION HEALTH + LOWER COSTS**

Questions?

The webinar recording and slides will be emailed to all participants.

Thank You!

Resources

1. Not sure this is right for your clinic? check out this [article](#) to learn more
2. Children's Vision and Eye Health: [A Snapshot of Current National Issues](#) (2nd edition)
3. PB [Integrating vision services](#)
4. ACU [Vision Services Readiness Assessment, 2020](#) Questionnaire
5. [Step by step tips](#) for opening an eye clinic
6. CDC [Vision and Eye Health Toolkit](#)
7. CDC [50 State Profiles on Vision and Eye Health](#)
8. [Medicaid vision coverage by state](#)
9. ACU Eye Health and Vision Care for the Underserved [Grant](#)

References

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<https://www.cdc.gov/visionhealth/resources/infographics/pdfs/VHI-infographic-H.pdf>

<https://www.aoa.org/news/inside-optometry/aoa-news/hpi-health-centers?sso=y>

Next: Develop an Eye Care Service Plan

If your patients have eyes, they need an eye exam!

Come to the next webinar on **June 9th, 2022** to talk about funding, costs, planning for eye care integration. [Register here.](#)

Email trainings@nachc.org with any questions about accessing the event!

Next Steps:

- Make sure to fill out the webinar evaluation! This helps inform our future events and we value your feedback.
- Keep an eye out! The recording, handouts, and slides will be available on the Health Center Resource Clearinghouse within 2 weeks. We will send an email when available.

Looking for CMEs?

- Complete the evaluation you will be directed to after the event ends.
- You will receive a CME certificate within 2-3 weeks.

For more information on receiving CMEs for these events, please contact Luke Ertle, Program Director, Association of Clinicians for the Underserved, at lertle@clinicians.org.



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THANK YOU TO OUR FACULTY AND TO YOU!

#ThankYouCHCs

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