December 1, 2020
Integrating Eye Health and Vision Care for Underserved Populations into Primary Care Settings
• This session is being recorded and the **recording** will be sent via email to everyone who registered
• Use the **Chat** box to ask questions and comment
• Please complete the **evaluation** at the end of the session
MEET YOUR HOSTS

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Director of Learning and Curriculum Design
Association of Clinicians for the Underserved (ACU)

Kara Webb
Director of Coding and Regulatory Policy
American Optometric Association (AOA)
YOUR PRESENTERS

Dr. Lori Grover, OD, PhD
Board of Trustees, AOA
Founder and Co-Director,
Center for Eye and Health Outcomes

Brandon Thornock, MBA, MHA, FACHE
Chief Operations Officer, Safety Officer
Shasta Community Health Center
The American Optometric Association (AOA), founded in 1898 represents more than 44,000 doctors of optometry (O.D.), optometric professionals and optometry students.

Doctors of optometry take a leading role in patient care with respect to eye and vision care, as well as general health and well-being.

As primary health care providers, doctors of optometry have extensive, ongoing training to examine, diagnose, treat and manage ocular disorders, diseases and injuries and systemic diseases that manifest in the eye.
About ACU

Access to Care & Clinician Support

Recruitment & Retention

National Health Service Corps   Resources   Training   Networking
Training and technical assistance to integrate eye health and vision care into primary care settings

Mobile vision clinics

Startup grants for health centers
NEW RESOURCE: AOA/ACU WHITE PAPER

• State of eye health and vision care for underserved populations
• Health disparities in eye health and vision care
• Best practices for integrating eye health and vision care into primary care settings

https://clinicians.org/vision-services/
STARTUP ASSISTANCE: $5,000 - $10,000

- Supported by the Centene Foundation for Quality Healthcare
- To assist health centers in establishing on-site eye health and vision care programs
- Most health centers use grants to pay for equipment and supplies
- Cannot be used for salaries or construction costs
- Applications for 2021 grants will be accepted early next year

Sign up for the ACU newsletter to be notified, www.clinicians.org
Or check https://clinicians.org/vision-services/
Integrating Eye Health and Vision Care for Underserved Populations into Primary Care Settings

Lori Grover, OD, PhD
American Optometric Association
Board of Trustees
Lori Grover, OD, PhD

- Member of American Optometric Association Board of Trustees
- Served on medical staff at Wilmer Eye Institute at The Johns Hopkins University School of Medicine
- Former dean of Pennsylvania College of Optometry at Salus University
- Graduate of Illinois College of Optometry
- Earned Ph.D. in Health Services Research and Policy from Johns Hopkins University Bloomberg School of Public Health
- Fellow, Institute of Medicine - Chicago
- Founder and current Co-Director of the Center for Eye and Health Outcomes and visiting scientist at the Southern College of Optometry
A nationwide online poll found that 88 percent of more than 2,000 respondents considered good vision vital to overall health.

47 percent said losing their sight would have the most effect on their day-to-day life.

Respondents ranked losing vision as equal to or worse than losing hearing, memory, speech or a limb. The top concerns associated with vision loss were quality of life and loss of independence.
At least six million Americans live with chronic vision impairment or blindness.

Another 48 million Americans are affected by refractive error that can be treated with spectacles or contact lenses, but almost 33% of these cases go undiagnosed or otherwise uncorrected.

Diabetes (and its complication diabetic retinopathy) is the leading cause of blindness among working age adults age 20-70.
Prevalence of Eye Health and Vision Problems in the United States

• Diabetes poses a unique challenge for the Health Resources and Services Administration’s Health Center Program because 1 in 7 health center patients has diabetes and nearly 1 in 3 of those has uncontrolled diabetes.
• Cataracts, glaucoma, age-related macular degeneration, and other ocular diseases affect almost 30 million Americans over the age of 40.
• As age is an independent contributor to vision loss, the aging of the American population will contribute to a dramatic increase in all of these conditions.
Disparities

- Disparities in eye health and vision care generally mirror the overall state of health disparities, in which racial and ethnic minorities have higher rates of chronic disease than whites.
- Individuals of Hispanic or African descent are more than twice as likely as Caucasians to go blind from vision disorders of diabetic retinopathy and glaucoma.
- African Americans over the age of 40 have a higher prevalence of uncorrectable vision impairment and blindness than all other groups.
Role of Community Health Centers

“...for many underserved and low-income communities, federally funded community and rural health centers may be the only source of eye and vision care services.”

Yet, most health centers are not equipped to provide comprehensive eye health and vision care.
Current Landscape

• In 2019, health centers employed only 444 full-time equivalent doctors of optometry and ophthalmologists, across almost 1,400 health centers with around 13,000 service delivery sites.

• Less than 3% of health center patients received eye/vision care services in 2019, representing 0.89% of clinic visits
Role of Community Health Centers

• The provision of on-site, comprehensive eye and vision care speaks directly to the mission of health centers to provide primary, preventive health care services.

• National Academies of Sciences, Engineering, and Medicine (NASEM) report highlights that avoidable vision impairment “occurs because of outdated assumptions, missed opportunities and shortfalls in public health policy and health care delivery in the U.S” and that “promoting optimal conditions (i.e. access to eye examination) for vision and health, can positively influence many social ills, including poverty.”
• Adding or expanding eye and vision care at health centers sends a clear message that supports NASEM’s contention that access to comprehensive eye exams is essential for optimum U.S. population health outcomes.

• Lacking on-site eye health and vision care, community health centers may have a referral relationship with an outside doctor of optometry or ophthalmologist. This can supplement available health care for patients at the health center. However, it introduces challenges related to transportation, scheduling, and possibly cost for patients.
Role of Community Health Centers

- By initially contracting with a local eye care provider to work on-site on a part-time basis, health centers can immediately meet the needs of their patients.
- However, given the exam space required, over time it may be more efficient for health centers to scale up and utilize that capacity on a full-time basis by hiring their own staff as they build out their programs.
- The Association of Clinicians for the Underserved has tools to help health centers determine readiness to offer eye health and vision care and calculate the resources needed.
Recommendations

• All patients should receive education about their risk, and the need for and availability of eye health and vision care services in the health center setting.

• Reaching at-risk populations and educating them in a culturally competent way about their risk for eye disease, vision loss, or injury, and the need for and availability of eye health and vision care services offered by the health center should be a programmatic priority.

• All departments within a health center should be trained in offering basic eye health education to patients and offering referrals to eye health and vision care services in the health center.
Recommendations

- Eye care providers should be fully integrated into the health care team.
- Conduct comprehensive eye exams.
- Establish a bidirectional referral process between the eye care provider and primary care provider(s).
Recommendations

• Offer specialized testing including visual fields, fundus photographs, optical coherence tomography (OCT), and specialty contact lens fittings in an effort to reduce outside referrals and financial burden on the patient.

• Develop systems that allow for pre-scheduled and walk-in visits that make sense for your service site and population needs.

• Offer affordable and low-cost materials including glasses and medically necessary contact lenses.

• Build in care coordination
Questions?
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Medical Eye Care and Vision Services at Shasta Community Health Center

J. Brandon Thornock, MBA, MHA, FACHE
Shasta Community Health Center, Redding CA
- Who am I and who is SCHC?
- Overview of the access problem in our area
- Evolution of solutions
- Payer considerations
- Coding and medical documentation considerations
▪ 6 People in family

▪ Redding, CA – 8 years

▪ Interests
  ▪ Anything outdoors
  ▪ Whatever the kids are doing

▪ Education and Current Role
- 35 FT Provider FQHC 8 locations
- Live on NEXTGEN since May 2007
- 138,000 encounters annually
- PCMH Level 3 Recognition at all primary care sites
- Multiple services
  - Primary Care
  - Pediatrics
  - Primary Care Neuropsychiatry
  - Dental
  - Homeless Services
  - Various Specialties – Optometry/Ophthalmology, Obstetrics, Rheumatology, Podiatry, Neurology, Endocrinology etc.
Eye Care and Vision Service Access Issue

• Several Optometrists and a few Ophthalmologists
  • Private insurance and Medicare
  • Minimal access for Medicaid and uninsured
    • Uninsured pay cash rates

• Difficult to rely on patient follow through

• Challenging to get consult notes from private providers

• Frames and lenses for Medicaid and uninsured extremely limited in private offices
Strategies to Increase Access

▪ Independent Contractor Arrangements

▪ Local Ophthalmologist – 2007 to current
  ▪ Works 1 day/month – 30 patients/month

▪ Retired Ophthalmologist – 2012 through 2020
  ▪ Worked ½ day per week – 10 patients/week
  ▪ Considerations
    ▪ Liability coverage
      ▪ Not covered by FTCA
    ▪ Coding and clinical documentation
    ▪ HRSA scope of services considerations
Strategies to Increase Access

- **330G expansion grant opportunity - 2014**
  - Help for the uninsured
    - $60 for visits
    - Voucher system
      - $75 for lenses and frames

- **Grant from local hospital endowment and QI grant - 2019**
  - 4 mobile retinal cameras (RetinaVue)
    - MA’s/Nurses take pictures
    - Cradled and image uploaded
    - Consult document forwarded to primary care provider in EHR
Strategies to Increase Access

- Independent Group Contractor - 2020

- AccessEye
  - Provide Optometrists, eye techs, access to Ophthalmologist as needed
  - 3 days/week – up to 40 patients/day

- Dan’s Optical
  - Provides lenses and frames through the California Prison Industry Authority (CALPIA)
  - Full array of options
Strategies to Increase Access
Payer Considerations

▪ VSP (Medicaid Payer for Eye Care and Vision Services)
  ▪ Prior-authorizations, medical eye care vs routine vision care
    ▪ Routine visits frequently become medical
      ▪ Need new authorization or claim is denied
  ▪ Only covers certain procedures or diagnosis codes
  ▪ Visit limitations
    ▪ Routine vision care once every 24 months
Payer Considerations

▪ Medicare
  ▪ Credential and enroll clinicians early
    (Medicare is 6-9 months behind)
  ▪ Doesn’t cover routine eye exams
    ▪ Frequently routine becomes medical
      with this population
    ▪ Medicare Advantage Plans may have
      additional benefits
  ▪ Only covers lenses and frames after cataract
    surgery

▪ Uninsured
  ▪ Separate sliding fee for eye services?
  ▪ How pay for lenses and frames?
Coding and Medical Documentation Considerations

- Differentiate between medical vs. routine
- Clear chief complaint drives code selection
  - If medical concerns found during routine visit, clearly document in assessment and plan to justify coding
- Hit all required exam elements
  - Visual acuity; Gross visual fields; Extraocular motility; Conjunctiva; Ocular adnexa; Pupils and iris; Cornea, using a slit lamp; Anterior chamber, using a slit lamp; Lens; Intraocular pressure; Optic nerve discs; Retina and vessels; dilated unless contraindicated and documented in chart
- Initiation of treatment
  - Prescription of medication (or glasses); Arrangement of special ophthalmological diagnostic or treatment services; Consultations; Laboratory procedures; or Radiological procedures
If life gives you questions, Google gives you answers.
QUESTIONS? TECHNICAL ASSISTANCE?

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