

Exploring Public Health Barriers and Opportunities in Eye Care: Role of Community Health Clinics

**PANEL 6: BUILDING COMMUNITY
CAPACITY**

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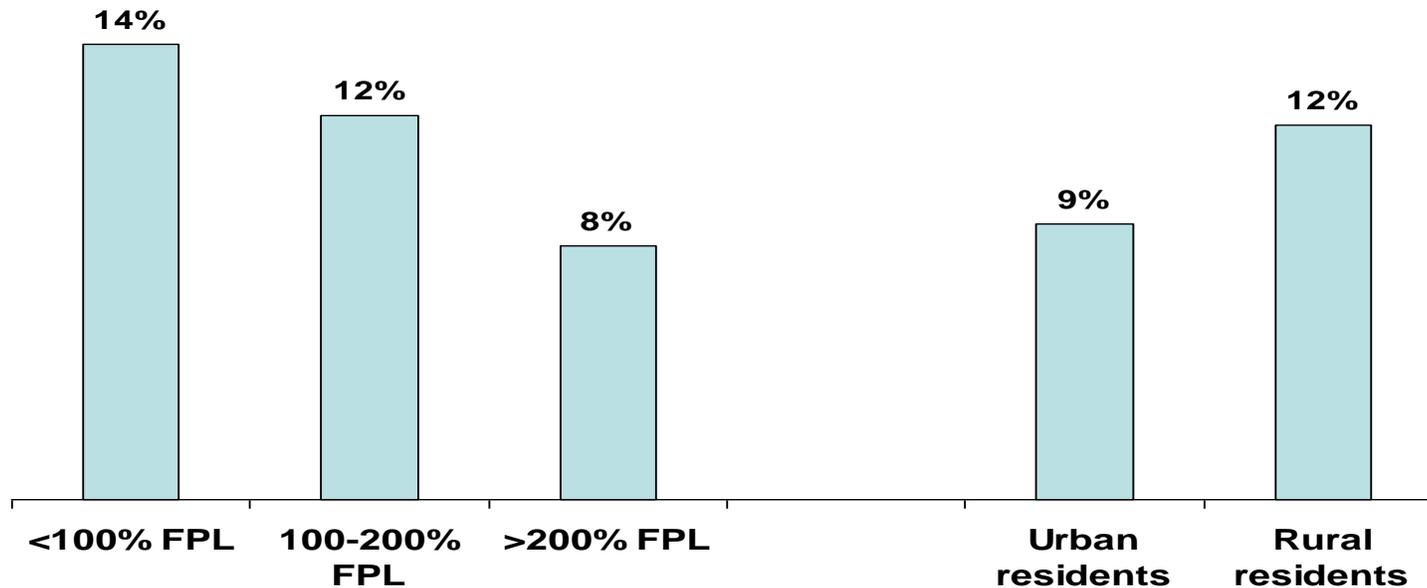
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Background

- ▶ Poor vision health can adversely affect school and work performance, and can result in billions of dollars in unnecessary medical care.
- ▶ However, vision care remains one of the greatest unmet health care needs in this country and costs this nation.

Data

Disparities in Vision Health (Prevalence of Vision Problems)*

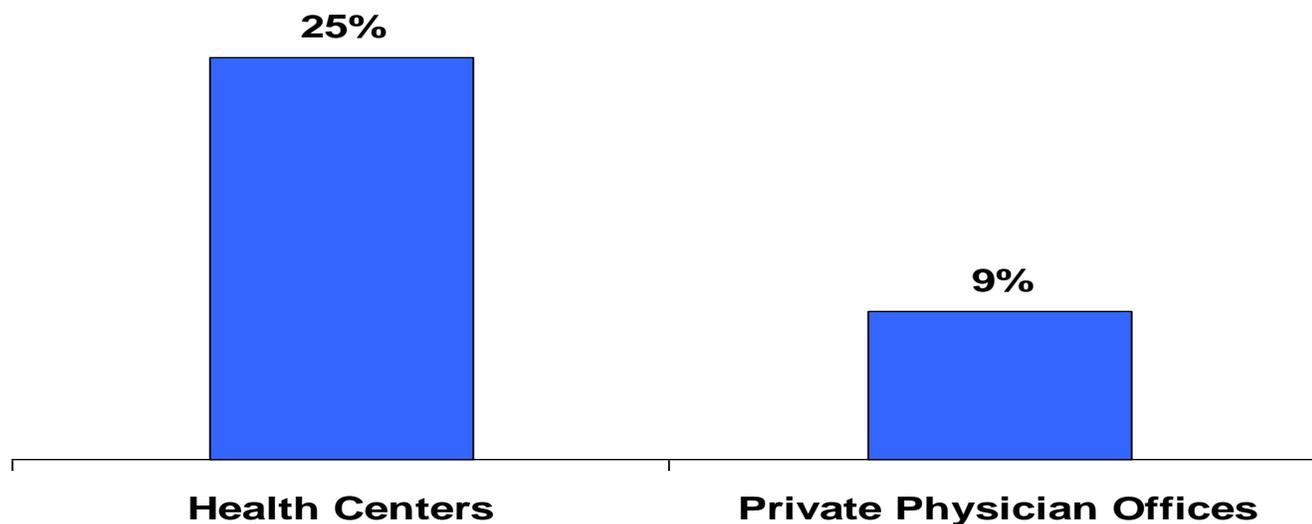


* Note: Based on adult population

Source: CDC, Health United States, 2007 (Table 59).

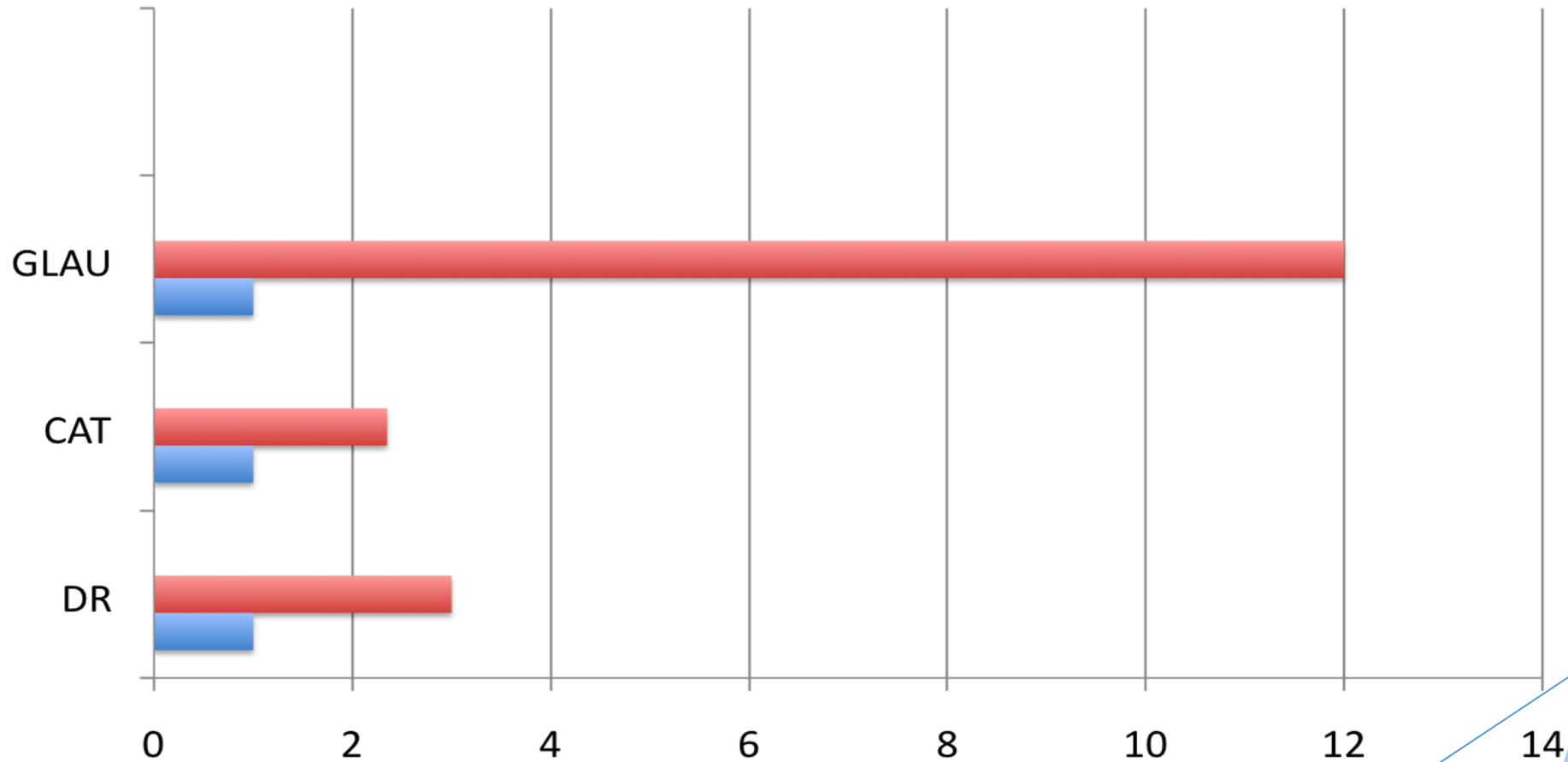
At -Risk for Visual Health Problems

Proportion of Patients with Serious and Chronic Conditions, Health Centers vs. Private Physician Offices



Notes: Estimates based on comparable diagnoses of diabetes, hypertension, asthma, heart disease and mental illness as a proportion of total medical visits. Source: Burt CW, McCaig L F, Rechtsteiner EA. Ambulatory medical care utilization estimates for 2005. Advance data from vital and health statistics; no 388. Hyattsville, MD: National Center for Health Statistics. 2007. Health center data from 2007 UDS, HRSA.

Projected increase in eye diseases among people with Diabetes (2005-2050)



NHIS/US Census Data; *Arch Ophthalmology*, 2008; 126 (12)

Needs Assessment Survey

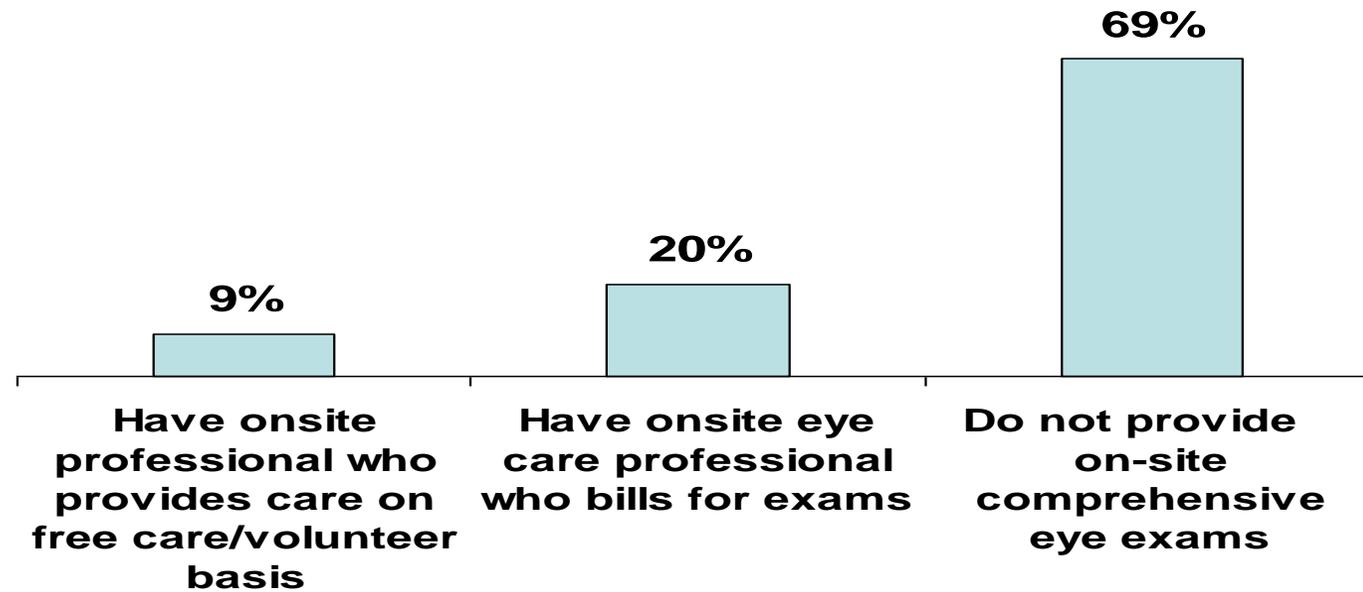
- ▶ The George Washington University conducted a needs assessment regarding vision care in community health centers.
- ▶ The survey was administered electronically to a random sample of 300 federally qualified health centers over six weeks between November and December 2008.

Methods

- ▶ The profile of the selected health centers reflected the general patient and urban/rural location of all 1,040 health centers (excluding 27 health centers) from the U.S. Territories.
- ▶ Surveys were sent to 300 health centers with 100 responding (33% response rate).
- ▶ The respondent health centers did tend to be slightly more urban than rural, but this was not statistically significant.

Results

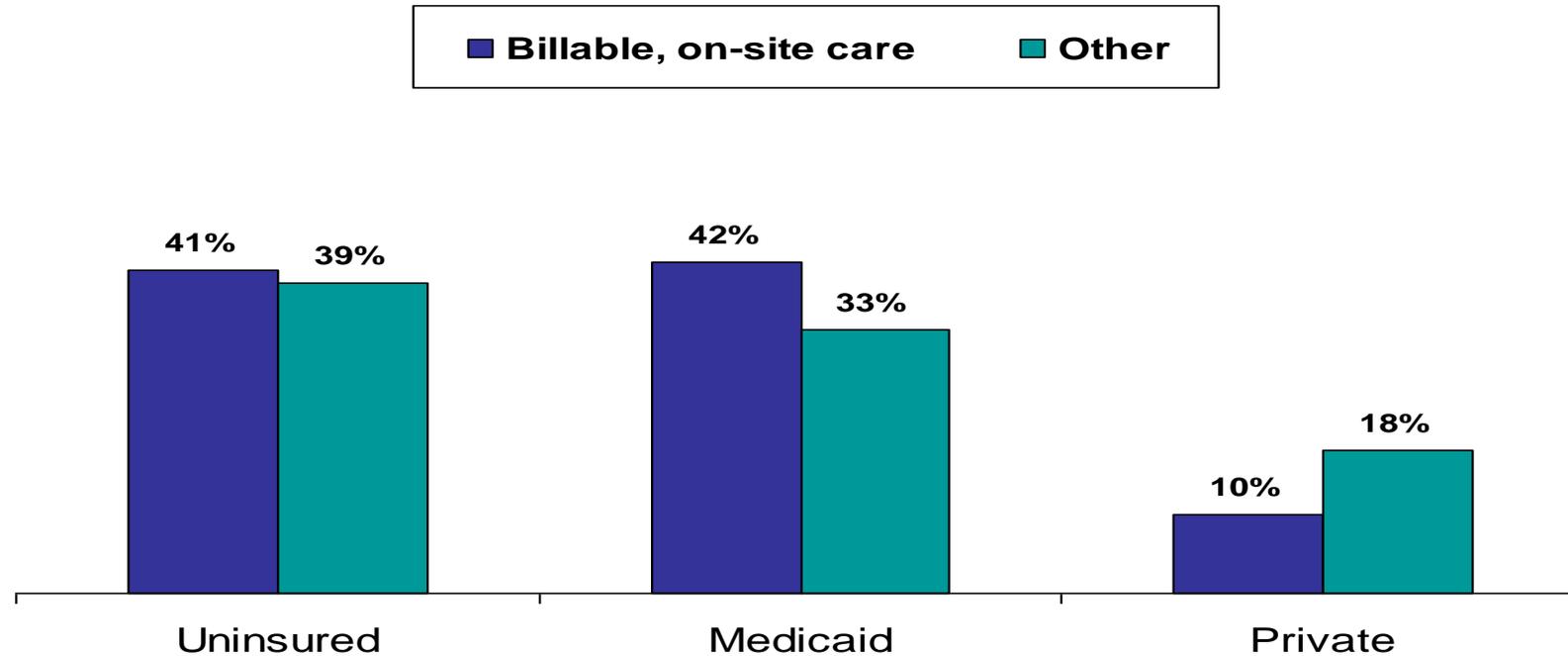
Distribution of Professional Eye Care Services Provided



Source: 2008 survey of vision care in community health centers

Results

Patient Population of Health Centers by Availability of Comprehensive Eye Care

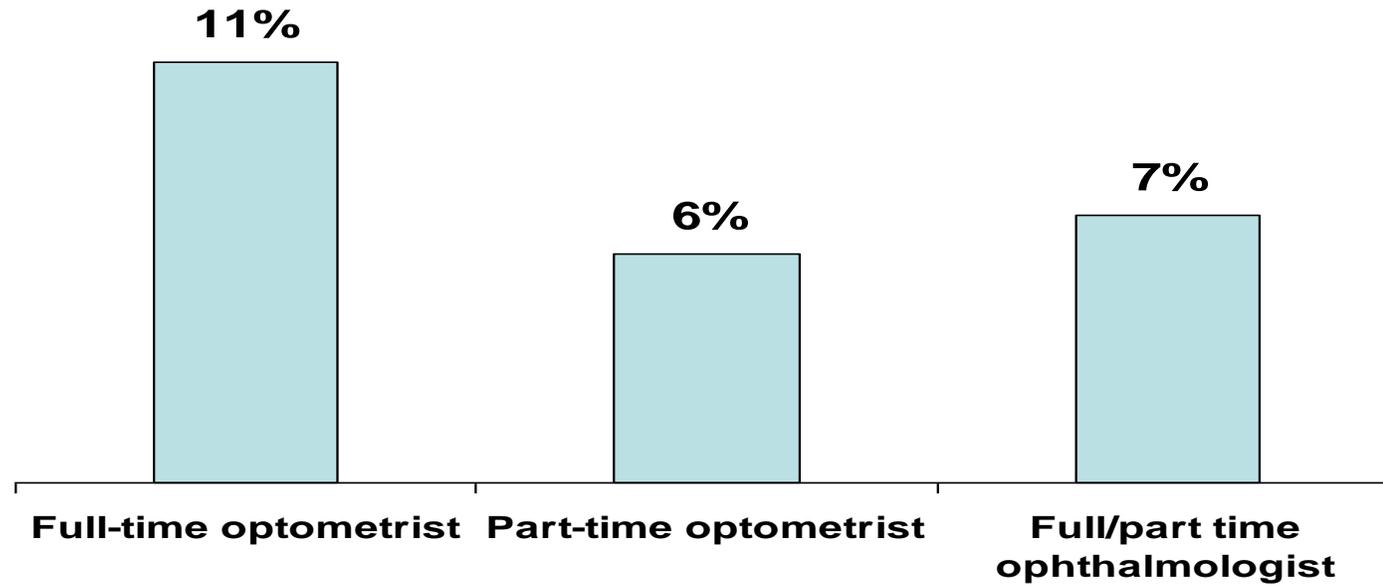


Note: Health centers that provide eye care on a free care basis are include in 'Other.'

Source: 2008 survey of vision care in community health centers, GW Department of Health Policy analysis of 2007 UDS data, HRSA.

Results

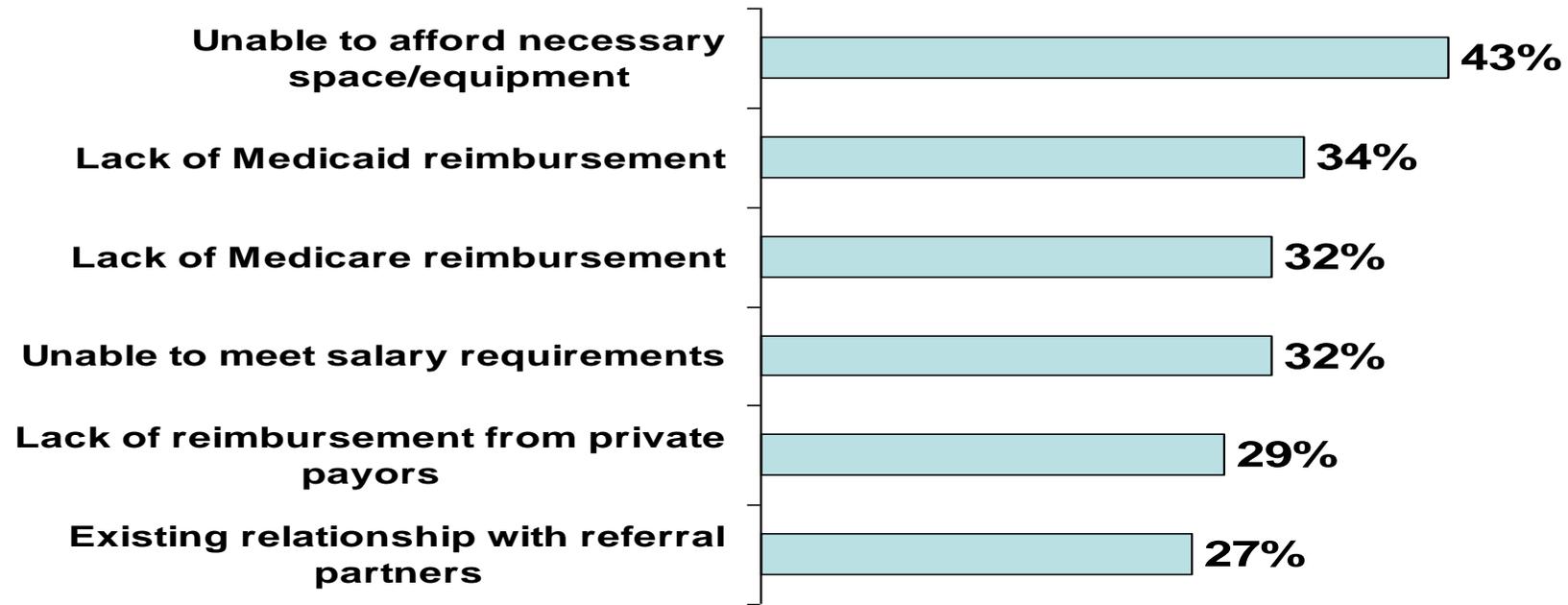
Types of Eye Care Professionals On-site



Source: 2008 survey of vision care in community health centers (Weighted)

Results

Barriers Deemed 'Very Important'



Source: 2008 survey of vision care in community health centers (Weighted)

Increased Pressure on HCs

- ▶ The ACA's health insurance coverage expansion, including the Medicaid eligibility expansion, has resulted in more adults and children gaining health care coverage, including eye care for children through EPSDT.
- ▶ Based on these provisions, several million adults and children across the United States will gain coverage to eye and vision care; community health centers need to be prepared for these new patients.
- ▶ Comprehensive pediatric vision coverage is one of 10 essential benefits of the ACA.
 - ▶ Includes a comprehensive eye examination, follow-up care, treatment, and, if needed, eyeglasses or contact lenses from birth through age 19
 - ▶ Included within all medical plans at every level

Vision Care for the Underserved

- ▶ Only roughly 140 Full-Time Equivalent (FTE) optometrists provide on-site, full-time, comprehensive vision services at health centers nationwide.
- ▶ According to HRSA, About one in five people in the U.S. (21 percent) lives in a primary care shortage area, which means they go without essential health services, or they have to travel long distances to see a primary health care practitioner.
- ▶ “Vision and Eye Health Care (Essential Optometry Services) provides an important link to risk factors associated with chronic disease (e.g. physical inactivity, poor nutrition, and tobacco use) and early detection and control of chronic diseases (e.g. cardiovascular disease, stroke, cancer, hypertension, thyroid disease and diabetes).” - HRSA, Bureau of Primary Health Care (BPHC), 2010.

2012 HEALTH CENTER IMPACT

PROGRAM GRANTEEES

 SERVED **21.1** MILLION PATIENTS

93%  Below 200% poverty

72%  Below 100% poverty

36%  Uninsured

1,121,037 homeless individuals | **903,089** agricultural workers | **219,220** residents of public housing

 PROVIDED **83.8** MILLION PATIENTS VISITS
in 1,198 organizations across more than 8,900 service sites

 EMPLOYED MORE THAN **148** THOUSAND STAFF
including 10,400 physicians, 7,500 nurse practitioners, physicians assistants, and certified nurse midwives

LOOK-ALIKES

 SERVED **951** THOUSAND PATIENTS

91%  Below 200% poverty

72%  Below 100% poverty

32%  Uninsured

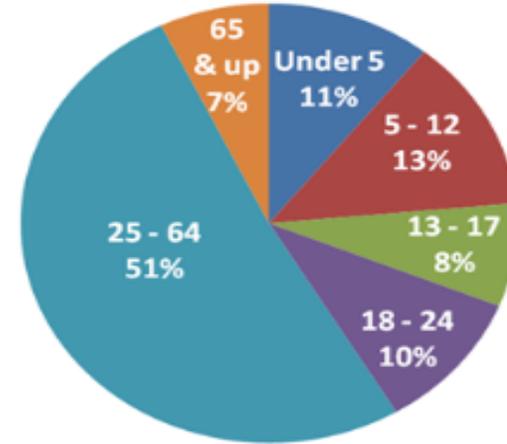
24,412 homeless individuals | **17,946** agricultural workers

 PROVIDED **3.4** MILLION PATIENTS VISITS
in 93 organizations across more than 270 service sites

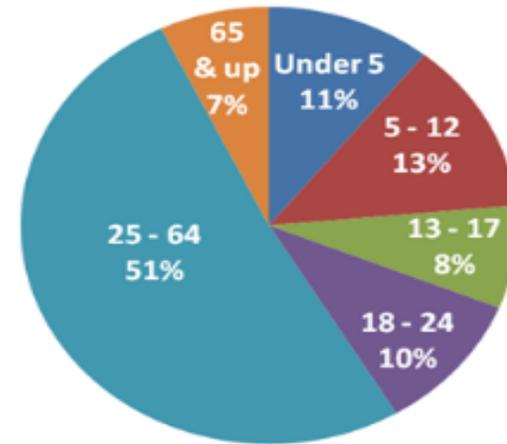
 EMPLOYED MORE THAN **5.7** THOUSAND STAFF
including 568 physicians, 276 nurse practitioners, physicians assistants, and certified nurse midwives

Health Centers Serve All Ages

2012 Program Grantees



2012 Look-Alikes



Source: 2012 Uniform Data System

TRANSFORMATIONAL INTEGRATION

FRAMEWORK: Clinical Care, Environmental Justice and Sustainability

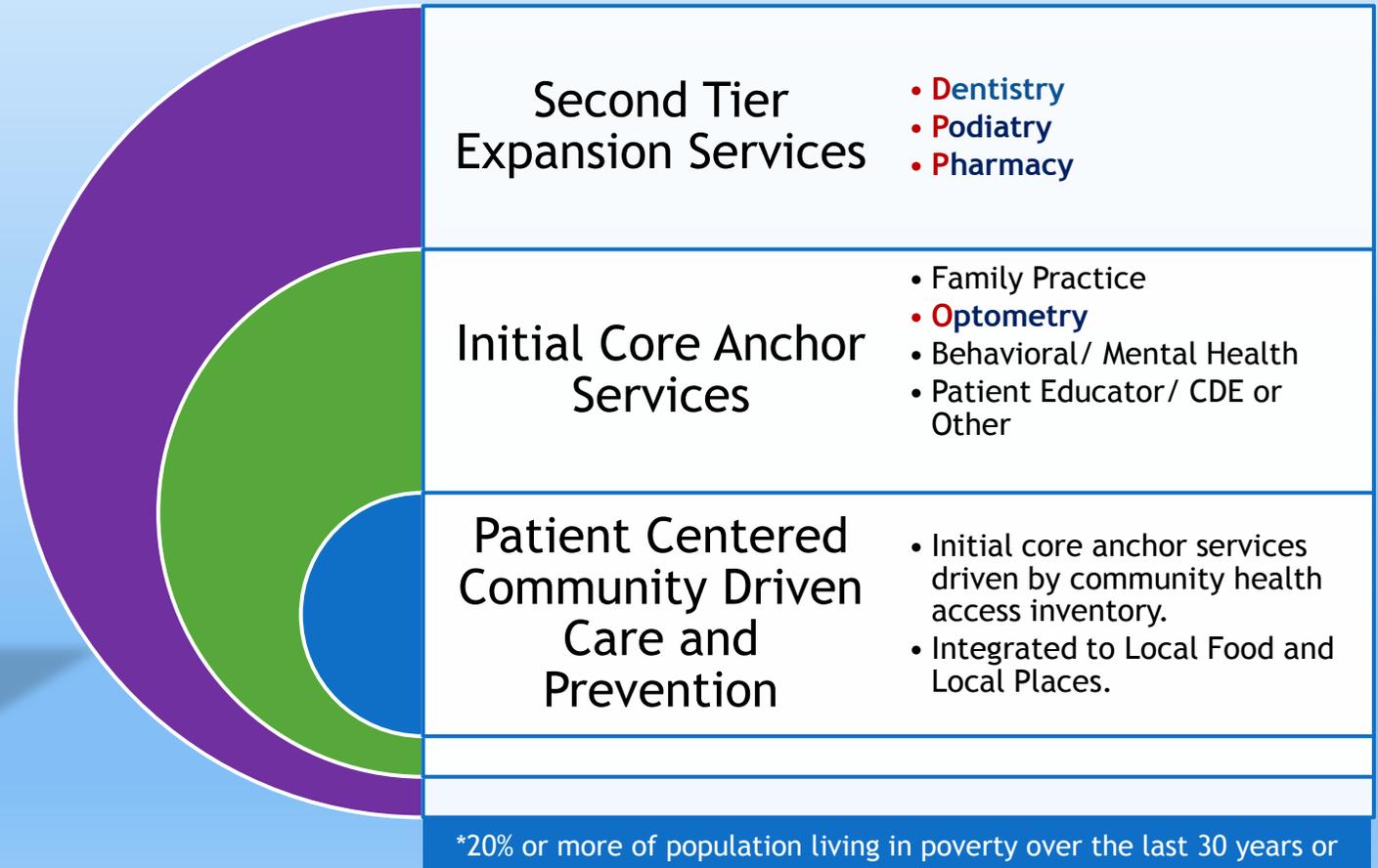
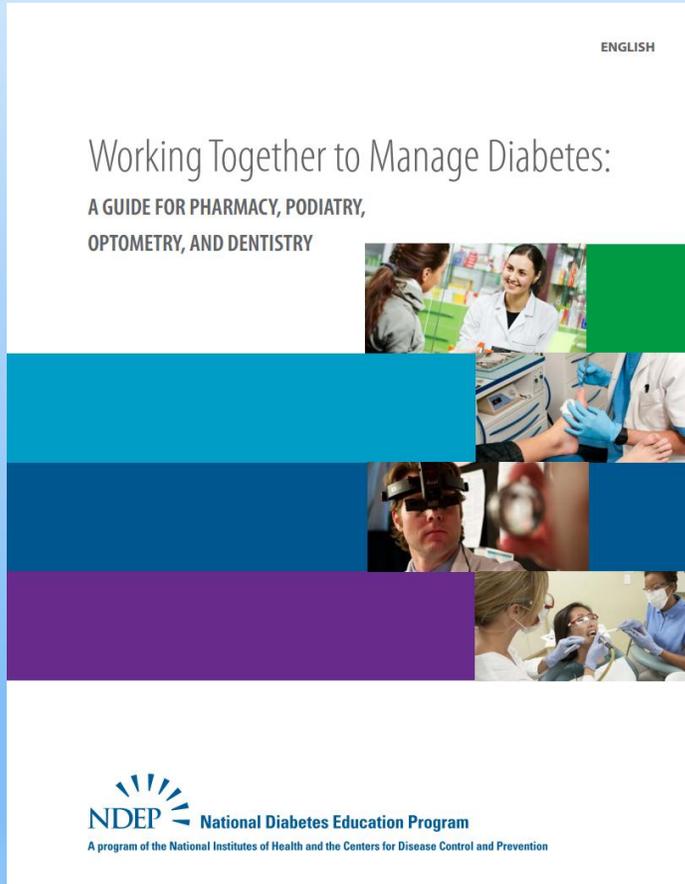
Vision and Eye Health Care Model



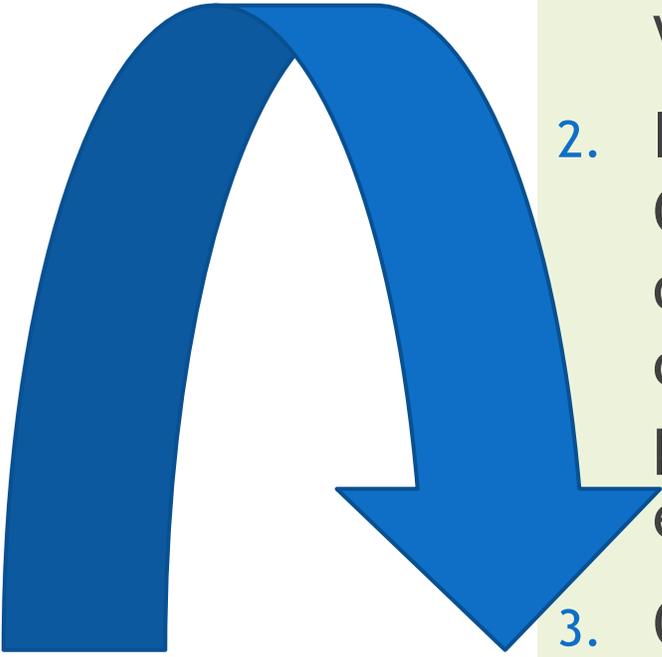
Suzi Ruhl, JD, MPH Senior Attorney Advisor, Office of Environmental Justice, US EPA

PPOD Plus MODEL

Building Integrated Health Care Capacity in Persistently Poor Communities*



Important Policy Changes by HRSA

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1. In early 2010, HRSA added vision care metrics to the Universal Data Set (UDS), an important National Data Set that tracks health care delivery within our Nation's Health Center System.*
 2. In late 2010, HRSA added "vision care" to Health Center (ES) Expansion Services FY 2011 funding opportunities intended to expand primary health care services; including, oral, behavioral, pharmacy, vision and enabling services, at existing health centers.
 3. Optometrists and their assistants are considered in scope providers

*UDS data now allows us to quantify vision care services at health centers and assess the impact of HRSA's policies and funding on the provision of eye and vision care services in our nation's health centers on a State by State basis.

Important Policy Change Needed-NHSC:

- ▶ The full-time National Health Service Corps **Loan Repayment Program** offers up to \$50,000 in tax-free loan repayment for 2 years of service, and up to \$140,000 for a total of 5 years of service.
- ▶ The NHSC **Scholarship Program** pays students' tuition, books, and other costs, and provides a living stipend, while students train to become a primary care provider in an NHSC-eligible discipline. Upon graduation, NHSC Scholars serve as primary care providers in an NHSC-approved site for two to four years, depending on their service contract.

NHSC Background:

- ▶ The Corps is administered by the Health Resources and Services Administration (HRSA), Bureau of Clinician Recruitment and Service (BCRS).
- ▶ Since 1972, more than 40,000 primary care medical, dental, and mental and behavioral health professionals have served in NHSC (including optometrists until 2001).

History of the NHSC



1970s

- NHSC created
- First scholarships
- Grew from 181 providers to over 1,800
- Budget 10 times larger by end of decade



1980s

- Loan Repayment Program (LRP) launched
- Predicted physician surplus—budget reduced
- Field strength at 1,500 by 1989



1990s

- Early '90s— Only 1,000 providers serve
- Mental health disciplines added to LRP
- Over 2,500 providers in service by end of decade



2000s

- Recovery Act and Health Care Reform drastically increased funding
- Unprecedented growth in field strength
- Number of NHSC members doubled from 2008 to 2011

Increased NHSC Funding

The 2010 health reform law contained a total of \$1.5 billion in *new, dedicated funding* for the NHSC over five years. This funding places an estimated 15,000 primary care providers in provider shortage areas. The NHSC Trust Fund is in addition to existing discretionary funding, which was \$142 million in FY 2010.

National Health Service Corps Funding, 2011-2015

FISCAL YEAR	Trust Fund +	Discretionary Funding (est.)	Total Annual Funding (est.)
FY 2011	\$290 Million	\$142 Million	\$432 Million
FY 2012	\$295 Million	\$142 Million	\$437 Million
FY 2013	\$300 Million	\$142 Million	\$442 Million
FY 2014	\$305 Million	\$142 Million	\$447 Million
FY 2015	\$310 Million	\$142 Million	\$452 Million

- ▶ **Optometrists are frontline providers of eye and vision care.**
- ▶ **Optometric inclusion in the NHSC would *NOT* cost any additional money.**
- ▶ **Optometrists would be given chance to compete alongside other primary professions for loan repayment and scholarships.**
- ▶ **Optometry's role in preventive and patient-centered health care INTERSECTS CHRONIC DISEASE IN MEANINGFUL WAYS.**
- ▶ **Optometry's inclusion will increase access to essential preventive primary eye care for the medically underserved.**