



American Optometric Association



National Association  
of Community Health Centers, Inc.®

# Community Health Center Optometry



**Roger Wilson, OD**  
**APHA Annual Meeting**  
**November 6, 2007**



## National Association of Community Health Centers (NACHC)

“For over 40 years, health centers have provided high-quality, affordable primary care and preventive services to the nation’s most vulnerable populations – people who even if insured would nonetheless remain isolated from traditional forms of medical care because of where they live, who they are, the language they speak, and their higher levels of complex health care needs.”

Source: NACHC Health Center Fact Sheet, United States, 2006.

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# What Are Health Centers?

- ❑ CHCs are local, non-profit, community governed health care facilities
- ❑ Created as a 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



# Health Centers are Designed for Accessibility

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

**Rural** – collaboration of 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



# Services Delivered at CHCs

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



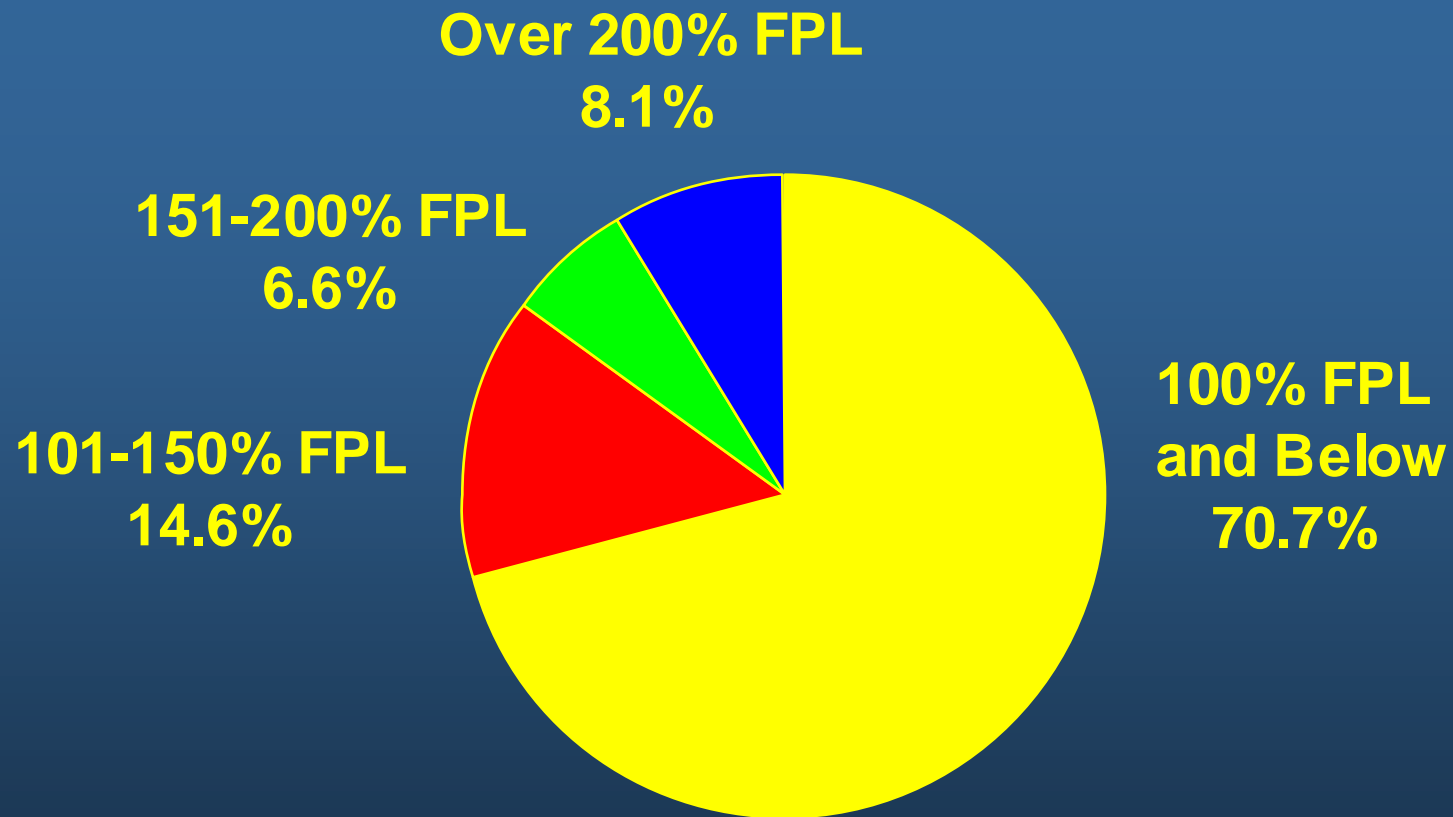
## CHC Patient Visits 2006

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- **Nearly 16 Million Unique Patients**
- **Accounting for 60 million visits**
- **Medical (combined) = 42 million**
- **Dental (combined) = 6 million**
- **Eye Care (estimate) = 522,000 (<1%)**

# Health Center Patients Are Predominately Low Income, 2006

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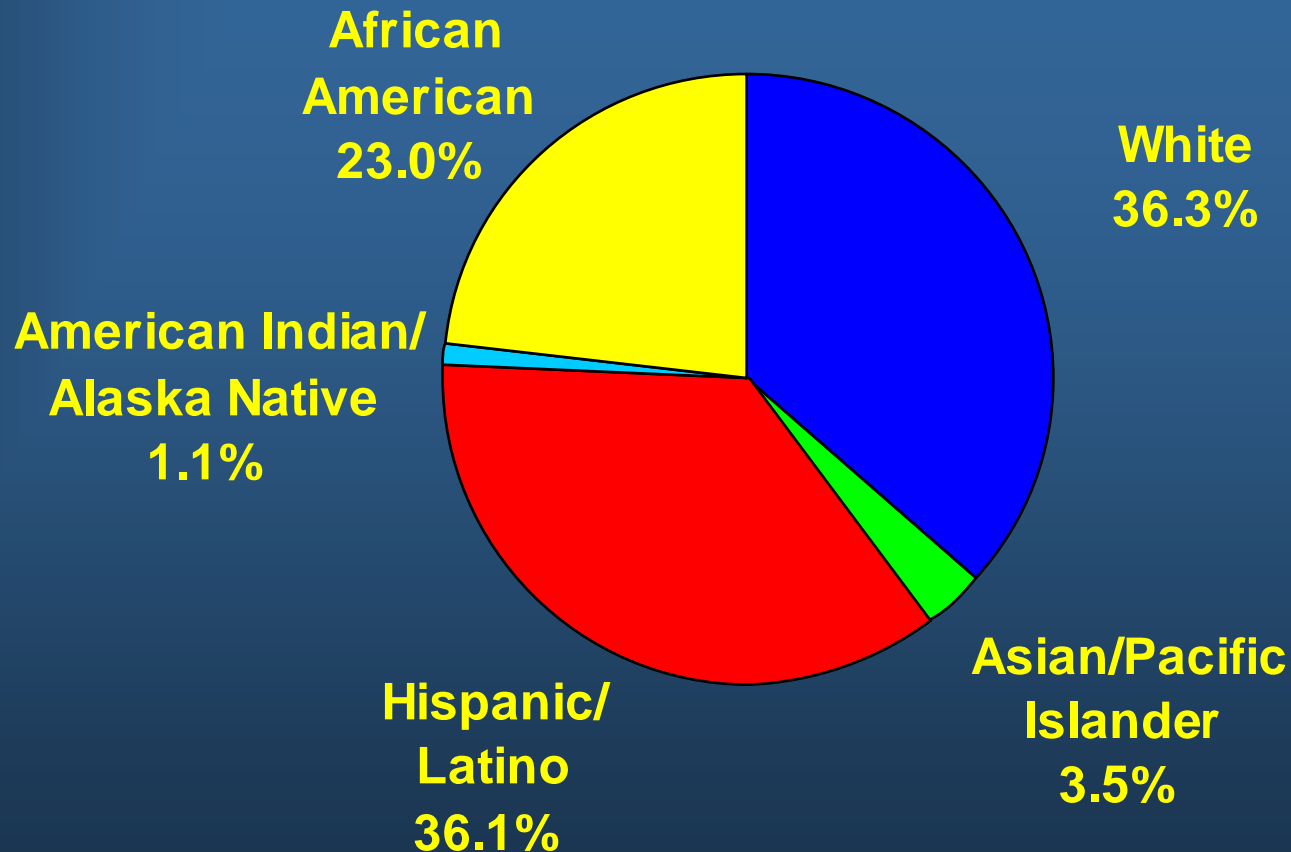


Note: Federal Poverty Level (FPL) for a family of three in 2006 was \$17,170. (See <http://aspe.hhs.gov/poverty/06poverty.shtml>.) Based on percent known. Percents may not total 100% due to rounding. <sup>8</sup>  
Source: Bureau of Primary Health Care, HRSA, DHHS, 2006 Uniform Data System





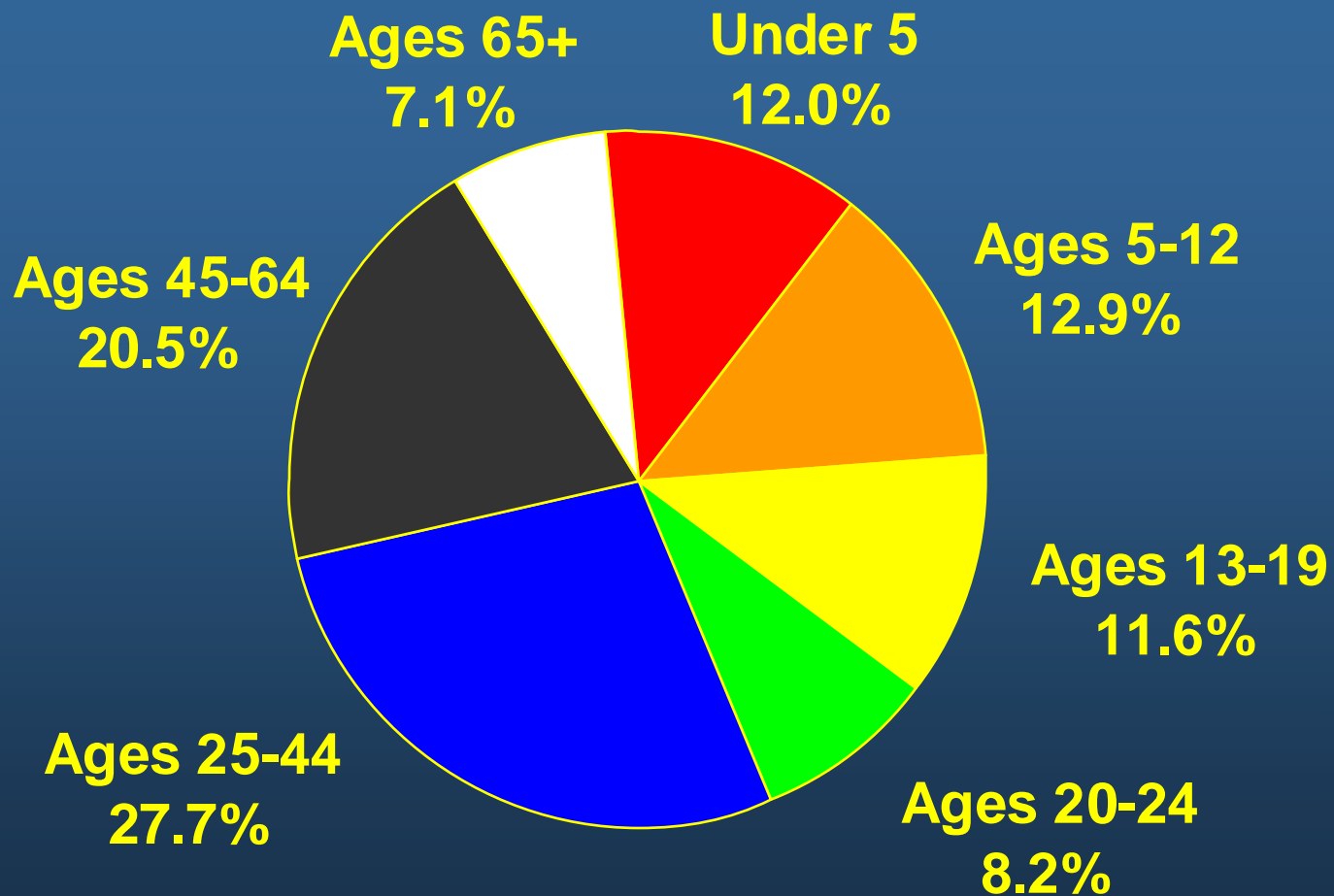
# Health Center Users By Race/Ethnicity in 2006



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

Source: NACHC, 2007. Based on 2006 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

# Health Center Patients By Age, 2006



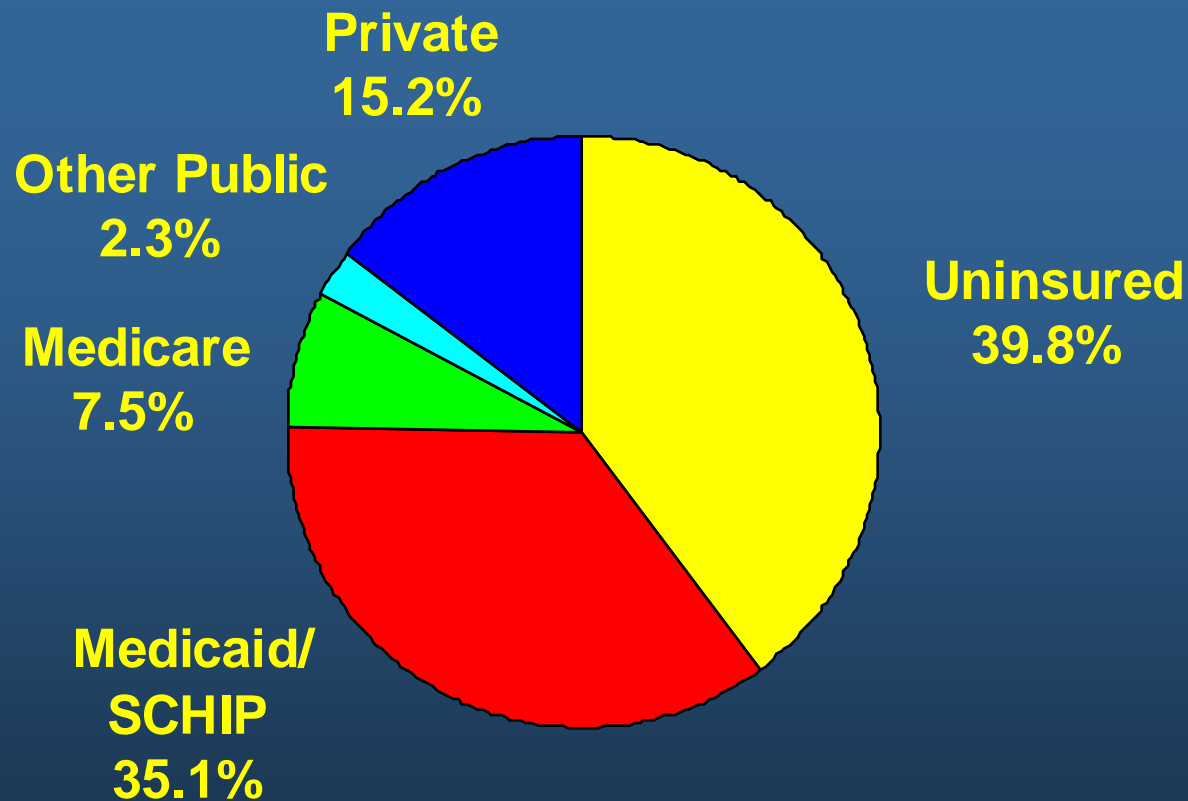
Note: Percents may not total 100% due to rounding.

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Source: NACHC, 2007. Based on 2006 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

# Health Center Patients By Insurance Status, 2006

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

Source: NACHC, 2007. Based on 2006 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

# How CHCs Address Disparities

*(Source: NACHC Sept 2005 Fact Sheet #0405)*

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- ❑ **Located in federally designated high-need underserved areas**
- ❑ **Governed by community boards, majority of whom are patients at center - unique structure**
- ❑ **Open to all residents, regardless of income or insurance status, sliding fees**
- ❑ **Provide comprehensive health and enabling services (e.g. translation, advocacy, travel)**
- ❑ **Tailor services to community, culturally and linguistically competent (care management)**
- ❑ **Follow rigorous performance and accountability requirements clinically, operationally and financially**

# Why Eye Care in a CHC?

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- ❑ Wellness Care - improve vision function at home, school, work place, recreation, and activities of daily living
- ❑ Disease Management – eye care is part of total patient care for patients with ocular and systemic diseases, such as diabetes
- ❑ Prevention Services – diagnosis of conditions leading to vision impairment
- ❑ Special Populations Care – individuals with disabilities, frail elders, children, homeless
- ❑ Rehabilitation Services - improve quality of life (mobility, independence, socialization)

# What is Possible for the Scope of Eye Services at CHCs?

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- Comprehensive diagnostic and therapeutic primary eye care – visual health/function assessment, refraction, assessment of ocular health
- Treatment of ocular and related oculo-systemic diseases, pre/post-operative care (glaucoma, diabetic retinopathy)
- Full service optical with eye glasses, contact lenses, vision therapy and low vision devices
- Specialty care – provided by both optometrists and ophthalmologists

# Who Staffs an Eye Service?

## Professional Provider Staff

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- Optometrist (OD) – diagnose and treat disorders and diseases of the eye and related systemic diseases; comprehensive eye care; prescribes glasses, contact lenses, low vision devices, vision therapy, medications, limited ‘surgical’ procedures
  - Defined as “physician” under Medicare and most insurance plans
  
- Ophthalmologist (MD or DO) - physician; performs ophthalmic surgeries and laser procedures; diagnose & treats eye and related systemic diseases; prescribes medications; may prescribe glasses and contact lenses

# Disparity in Access to Eye Care (2006 Data)

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

|                          |             |
|--------------------------|-------------|
| <b>Primary Medical</b>   | <b>100%</b> |
| <b>Behavioral Health</b> | <b>76%</b>  |
| <b>Dental</b>            | <b>73%</b>  |
| <b>Substance Abuse</b>   | <b>51%</b>  |
| <b>Pharmacy</b>          | <b>35%</b>  |
| <b>Optometry</b>         | <b>18%</b>  |

Source: NACHC, 2007. Based on 2006 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.





## Staffing at Federally Qualified Health Centers in 2006

- **Primary Care Physicians = 7,359**
- **Other Primary Clinicians = 13,066**
- **Dentists = 1,911**
- **Pharmacy Clinicians = 2,025**
- **Optometrists (estimate) = 174**

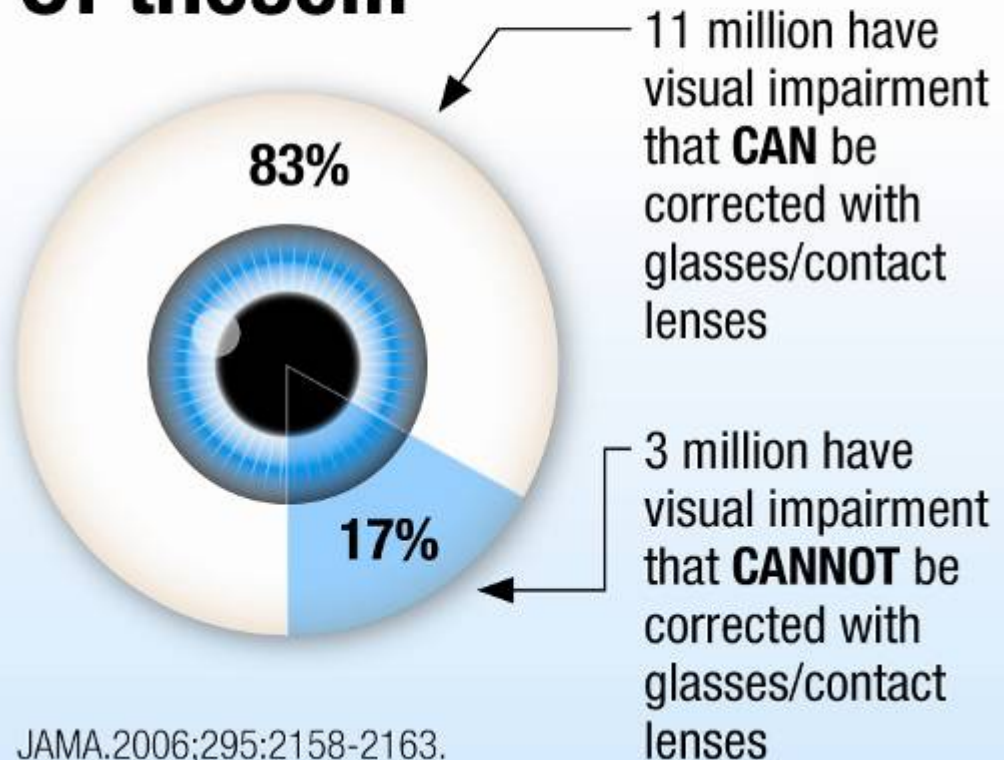
Note: Numbers rounded.

Source: NACHC, 2007. Based on 2006 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

**UNMET NEED:** Vitale S, et al. Prevalence of visual impairment in the United States. JAMA 2006; 295:2158-2163

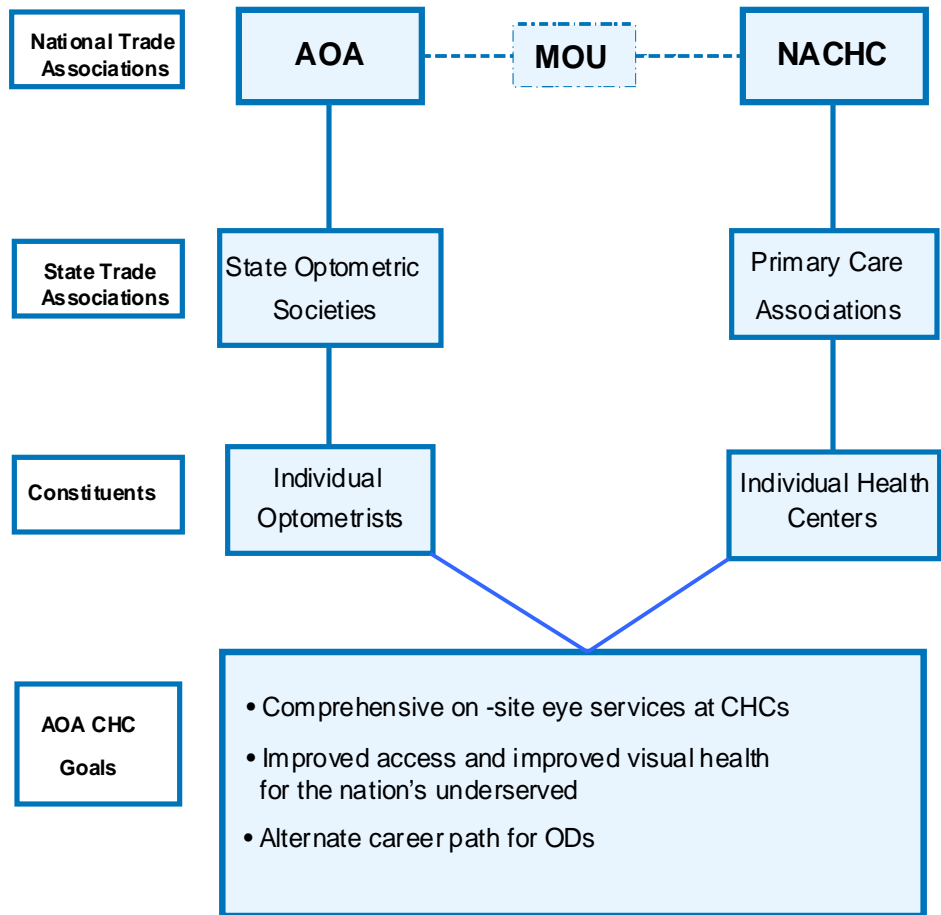
“Rates of visual impairment were highest among Hispanic...or other ethnicity, were poor, had diabetes..., lacked private health insurance or had fewer years of education.”

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





AOA and NACHC Collaborating to Advance Eye Care at CHCs



# Optometry's CHC "Market Share"

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## 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

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**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

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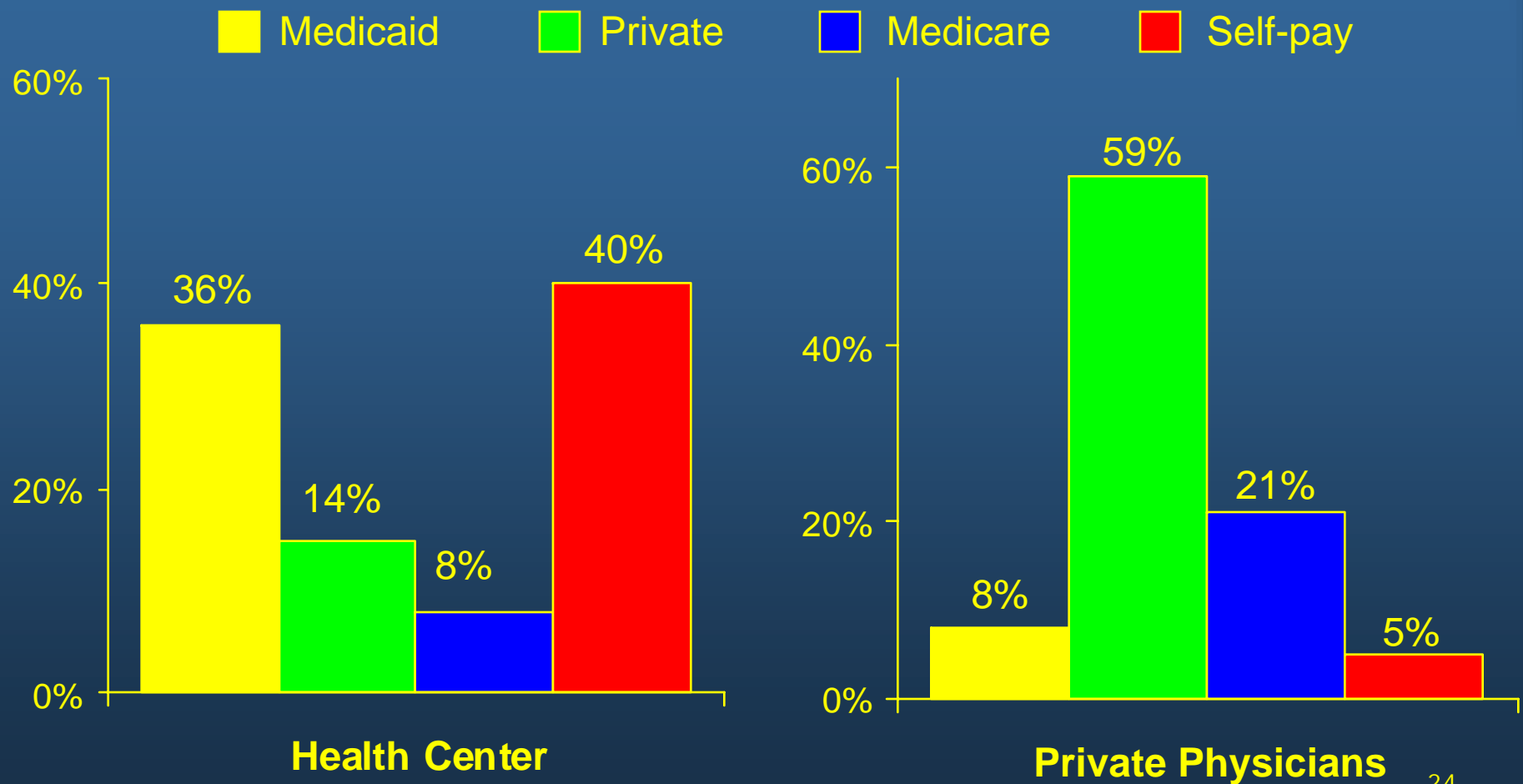
- **Form affiliations with local CHCs**
- **Establish clinical rotations & residency programs**
- **Teach community health principles via front line multi-disciplinary care management**
- **Learn collaborative approaches to care**
- **Contribute to workforce development**

# Dispelling Myths about CHC Optometry

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- **“I’m in private practice - I can’t see CHC patients and besides I won’t be paid”**
  - 14% of CHCs outsourced eye care in 2006 and ODs 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
  - If optometry is reinstated into NHSC, eligible for \$50,000 loan repayment (pending legislation)
- **“CHC Eye Care Services will compete with me”**
  - CHC patients are a different demographic with a different insurance status

# Health Centers' Revenue Sources Do Not Resemble Those of Physician Practices



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Source: Center for Health Services Research and Policy Analysis with 2004 UDS (patients) and 2002 National Ambulatory Medical Care Survey (visits)



# The Excitement of CHC Optometry

**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.**



Karen R. Chester, OD – A Community Health Center Optometrist

“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.”

# Advantages of CHC Optometry

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- ❑ 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



American Optometric Association

# CHCs = Major Opportunity for Optometry

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