



## Webinar 2: Eyes on Access: Steps for Integrating Comprehensive Eye Health and Vision Services Into Health Centers

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FAAO



# 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.



# Eyes on Access: Comprehensive Vision Services in Health Centers

Workshop #2 – June 9, 2022, 3-4:30pm ET



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

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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.

The webinar recording, handouts, and patient testimonials can be found on the Health Center Resource Clearinghouse.

Visit [www.healthcenterinfo.org](http://www.healthcenterinfo.org) & search “Eyes on Access”

## 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.

# Overview

- Introductions & Review of the Problem
- Review of the Opportunity
- Health Center Staff Panel Discussion
- Q&A
- Summary & Closing Remarks
- Resources & References



# Today's Webinar: Setting the Context

# Who Do Health Centers Serve?

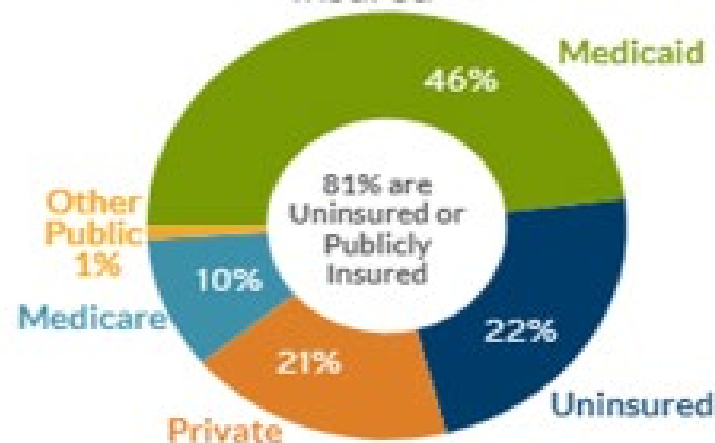
health centers now serve more than

## 28 million patients

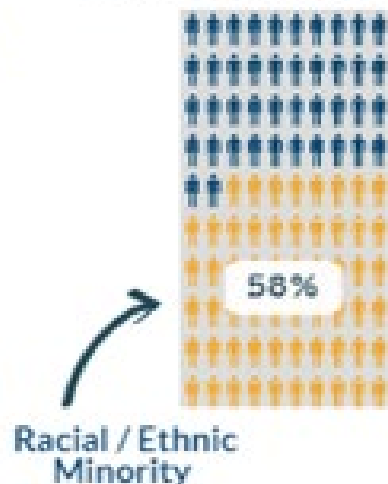
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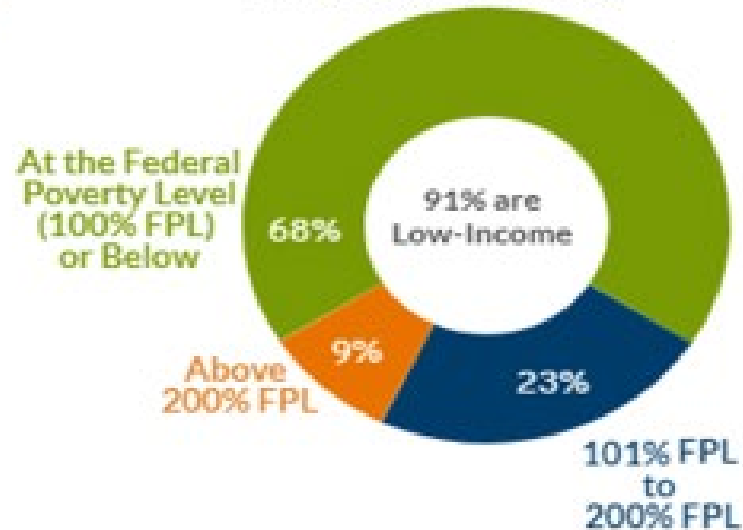
Most Health Center Patients Are Uninsured or Publicly Insured



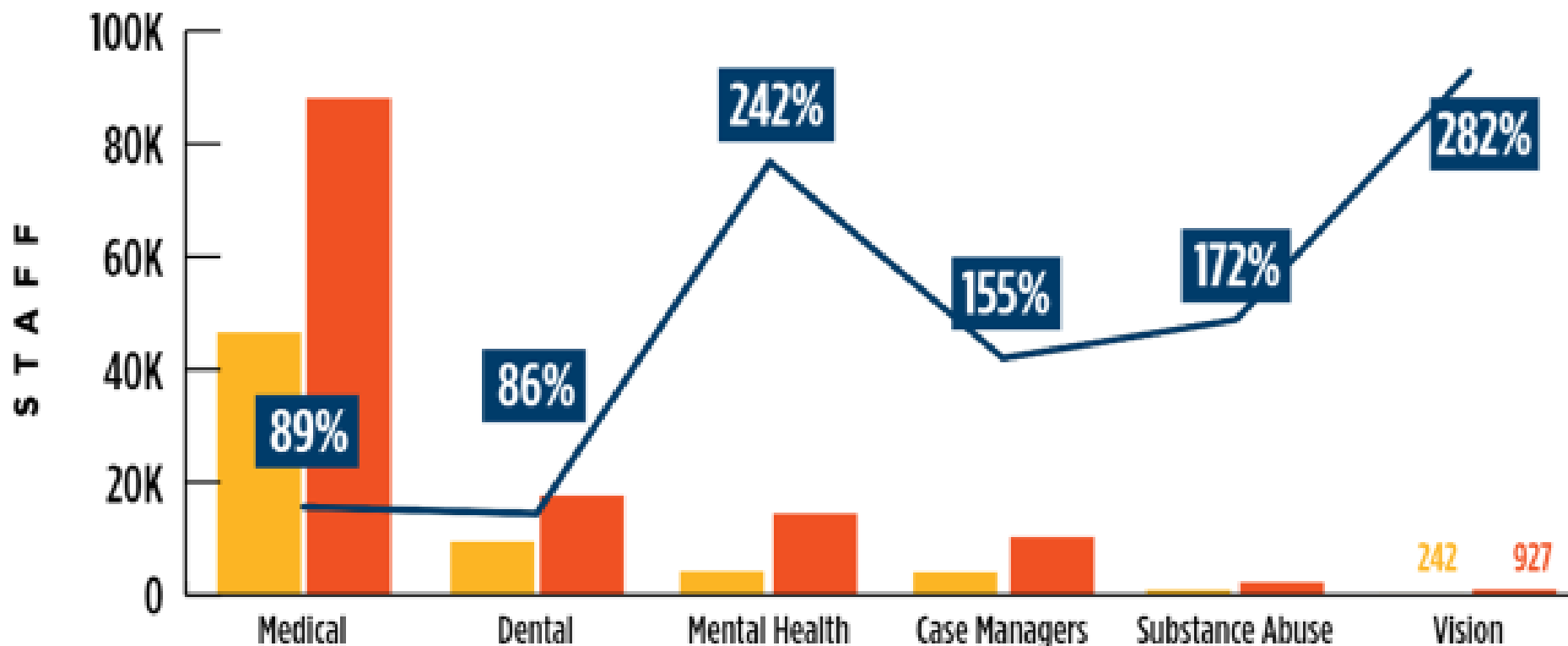
Most Health Center Patients Are Members of Racial & Ethnic Minority Groups



Most Health Center Patients Have Low-Incomes



## GROWTH IN HEALTH CENTER STAFF, 2010-2020

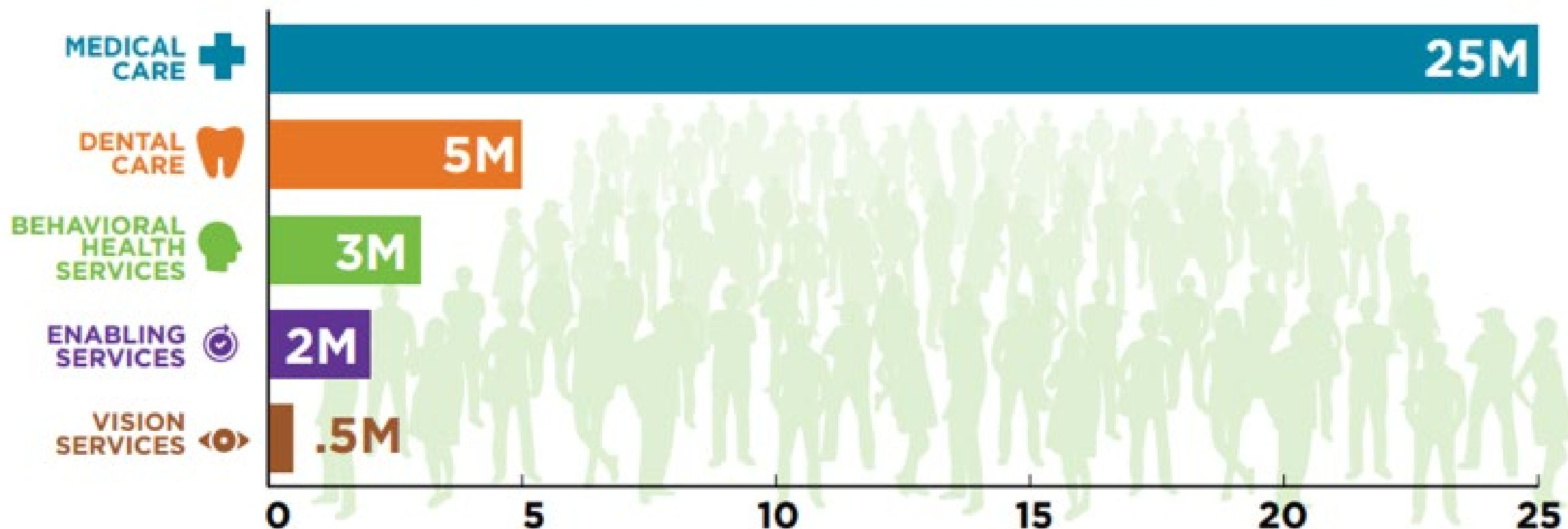


**S T A F F**

**2010**

**2020**

**PERCENT  
GROWTH**



**SERVICES PROVIDED BY HEALTH CENTERS IN 2020**

# 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

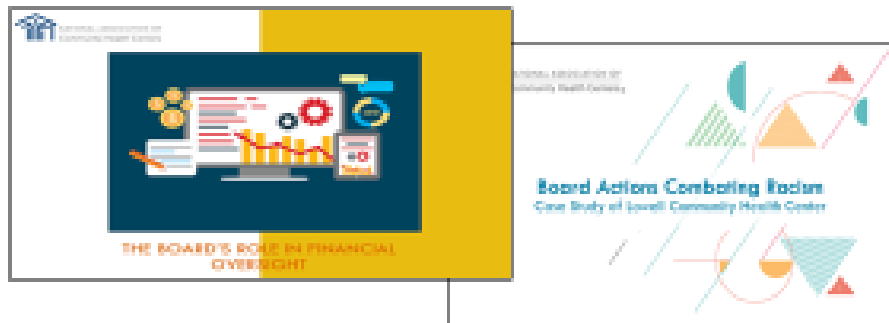
# Health Center Boards and Service Expansion

- 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>



# Association of Clinicians for the Underserved

- Mobile Vision Clinics
- Start up and Expansion Grants
  - 5 grantees for 2022:
    - El Dorado Community Health Center, Placerville, CA
    - Lowell Community Health Center, Lowell, MA
    - Marias Healthcare Services, Inc, Shelby, MT
    - Native Health, Phoenix, AZ
    - Peninsula Community Health Services, Soldotna, AK
- Technical Assistance to Health Centers
  - Vision Services Committee

Find more @ [www.clinicians.org](http://www.clinicians.org)



# Association of Clinicians for the Underserved

Resources Available: From Start-Up to Success!

Vision Services Readiness Assessment Tool



Best practices for integrating vision care into primary care setting



More info @ [www.clinicians.org](http://www.clinicians.org)



# 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

# Mission and Vision

## **Mission**

To prevent blindness and preserve sight

## **Vision**

Envisioning a world where preventable blindness is no longer a public health issue

## **Our Vision IS Vision**

- A vision that all children are afforded the benefits of sight as they grow and learn.
- A vision that all adults are educated about proper eye health care and have access to that same care.
- A vision that necessary attention is provided to issues surrounding the aging eye.
- A vision that no one needlessly loses their sights due to unsafe practices.



**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 knowledge about the levels of comprehensive vision services integration into FQHCs and look-alikes through peer education
- Enhance skills for start-up of vision services in FQHCs (including School-Based Health Centers and Look-alikes)
- Raise awareness of the operational components (i.e., overhead; provider configuration to balance quality, supervision, cost, vision versus medical insurance coverage, volume) needed for vision services integration

# 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

# 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



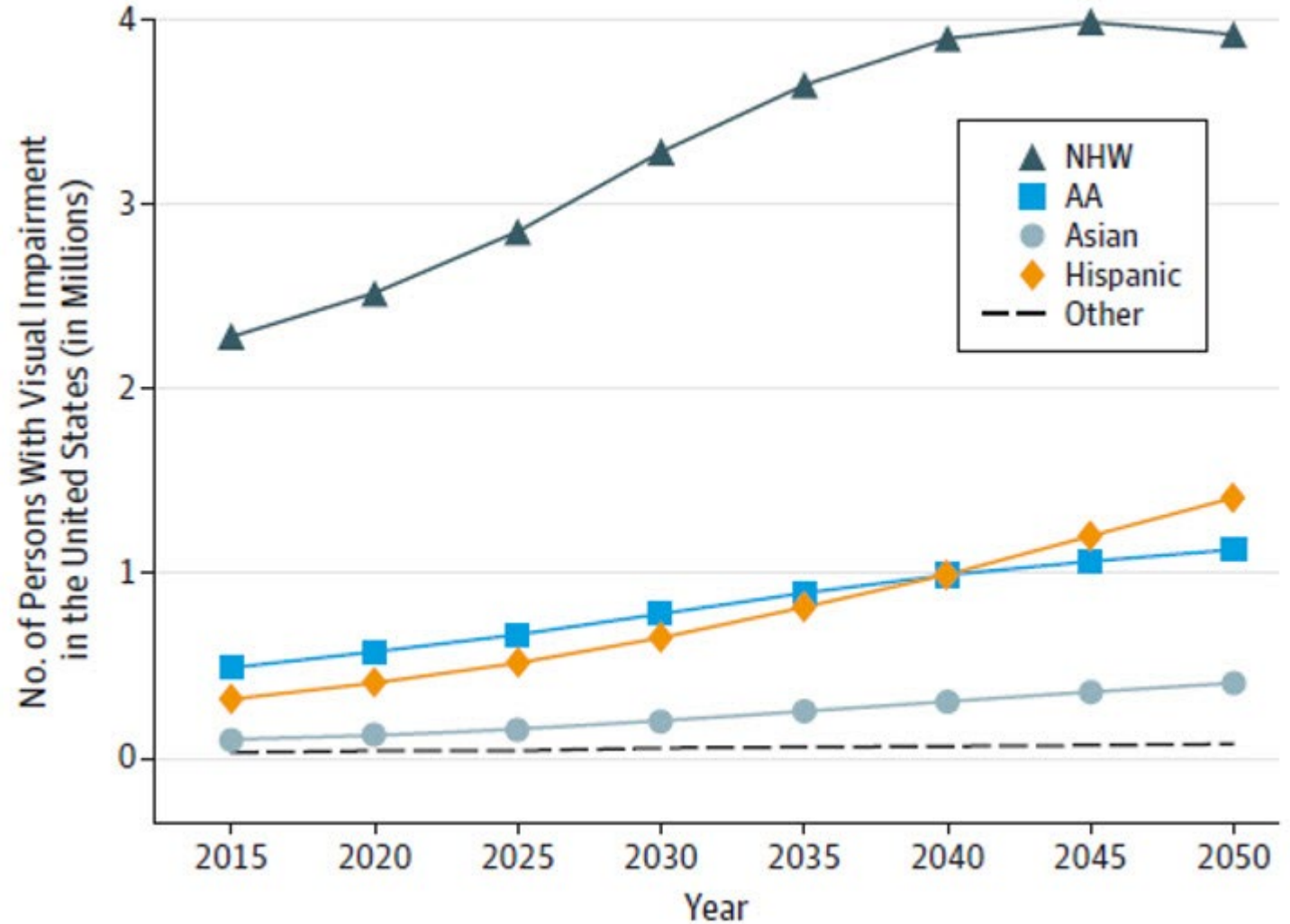
# Webinar 1 Recap

- Statistics of Vision Loss
- Understanding the Professionals
- Models of Service
- Levels of Delivering Eye Care

**Vision loss affects vulnerable populations that may have limited access to eye care.**



**Without corrective actions, vision loss is expected to double by 2050**



# Primary Care for the Eyes

## Optometrists...

- Complete routine comprehensive eye exams, treat and diagnose many eye disorders and diseases
- Work in conjunction with Primary Care, Ophthalmology
- Eye doctors should be included in coordination among all primary care providers in value based care

## Screenings

- Gross vision loss
- Limited on treatment and diagnosis

## Referrals

- >50% of outside referrals are not completed
- CHC will not be able to bill for the exam

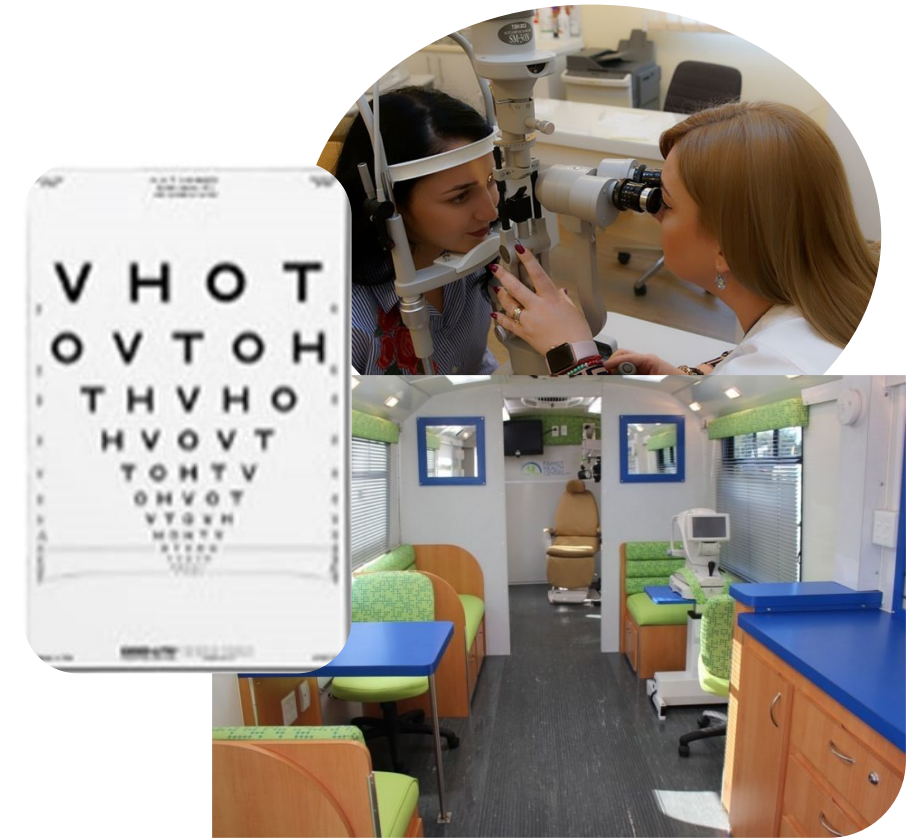
## Mobile Clinics

- Adds Flexibility
- Requires additional coordination and logistics

## On-site Clinics

- Ideal and most effective option
- Convenient for patients
- Comprehensive and emergency eye care services
- Billable encounters

# Models for Vision Services



## Remote Eye Exam

- Asynchronous (Review) or synchronous (Live)
- Remote OD but Tech is present
- Paying vendor
  - Share cost with partner organizations
    - Mobile unit/temporary space
- Not available in many states
- Convenient and accessible for patients
  - No continuity of care
- Advertised as comprehensive
  - Limited on treatment and diagnosis

## Tele-Optometry





## \$ Less upfront investment/space

- Temporary or shared space
- Optometrist only
- Basic equipment and exam

## \$\$ Mid-range investment/space

- Dedicated space
- Optometrist, technician/optician
- Speciality imaging advanced disease
- Small Optical

## \$\$\$ Full investment/space

- Multiple exam lanes/locations
- Multiple optometrists, interns, residents etc.
- Specialty testing and treatments
- Large Optical

# Levels of Delivering Vision and Eye Care



# \$ Less upfront investment/space

- Cost Estimate: \$20,000 (equipment)
- Portable equipment/shared space
- With or without glasses
- Can perform comprehensive exams
- No advanced diagnostic testing or ocular disease management (glaucoma/AMD)
- Optometrist only





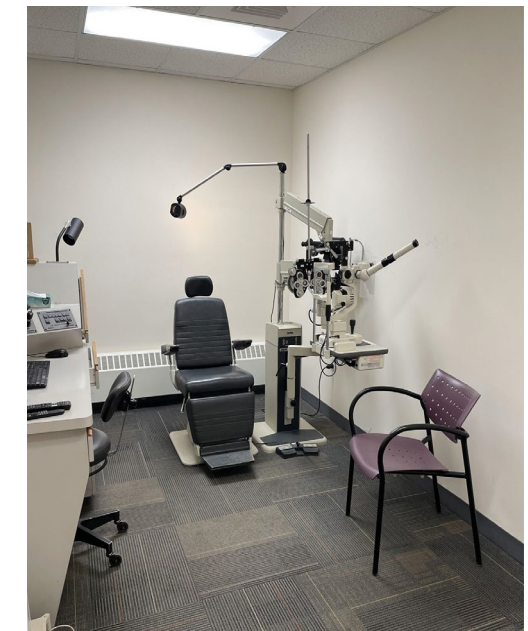
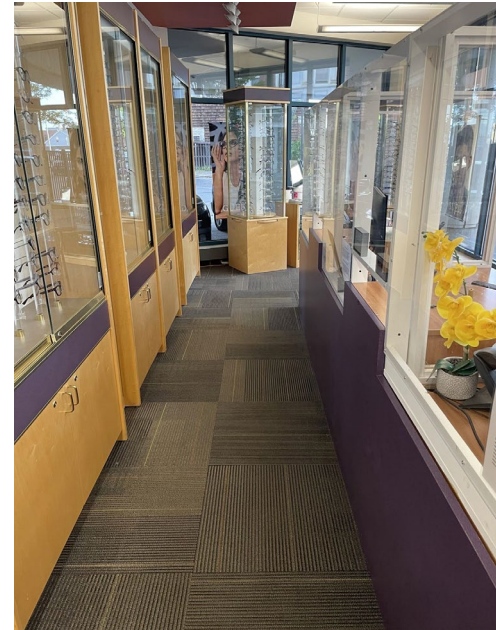
# \$\$ Mid-range investment/space

- Cost estimate: \$50,000-\$130,000 (depends on amount of advanced diagnostic equipment and extent of optical)
- Dedicated exam room
- May have auxiliary room for pre-testing/advanced diagnostic equipment
- Optometrist plus support staff



# \$\$\$ Full investment/space

- Cost estimate: \$260,000+
- Cannot start here
- Affiliated with optometry schools (most likely)
- Multiple subspecialties



# Overview of Operations

- Financials
- Equipment
- Staffing
- Integration/Collaboration

# Financials

- Volume to be sustainable/profitable
- Start- up expenses
- Funding
- Revenue streams
- Insurance billing

# Volume & Sustainability

Number of medical patient encounters per year at the CHC to determine viability	18,000-20,000
Projection of optometry encounters as % of total medical encounters	10%
Number of optometry encounters expected annually per FTE optometrist	>1,500 - 2,000

# Start-up Expenses

Basic Exam Room + pre-testing equipment	<b>\$50,000</b>
Advanced diagnostic imaging	\$20,000 - \$70,000
Optical Dispensary	\$500 - \$25,000
Optometrist Salary with benefits (FTE)	\$160,000
<b>TOTAL START-UP COST (w Dr salary)</b>	<b>\$210,000-\$305,000</b>

# Funding

- American Rescue Plan
- HRSA Service Expansion Grants
- ACU Eye Health and Vision Care Grant (Five \$25,000 grants)
- Local Lions Club
- NEI Grants
- Contact Congressperson for local grants
- Get creative (i.e., donations of equipment from local practices for in-kind)
- Private foundations



# Revenue

## Optometry is a financially profitable service

- Bill Medicaid with same encounter rate as all other CHC departments
- Bill Medicare/medical insurance plans for medical eye exams
- Optical sales of glasses and contact lenses/dispensing fee from public insurance
- Private vision plans (includes health center employees as patients)



# Revenue/Billing

Routine Annual Visits	Medical Eye Evaluations
Comprehensive Eye Exams: includes eye health check & glasses prescription	Medical Eye Exams: Urgent red eye, cataracts, glaucoma, macular degeneration, diabetic retinopathy management, advanced diagnostic imaging, ocular foreign body
Every 1-2 years (usually) depending on insurance coverage	As clinically indicated
Insurance vision benefit utilized	Insurance medical benefit utilized
<b><u>Codes:</u></b> 92014, 92004, 92015, 92013	<b><u>Codes:</u></b> 99212, 99213, 99214, 99215 99202, 99203, 99204, 99205, 92002, 92012

# Logistics

- **Insurance credentialing**
  - Medical insurances already accepted by other CHC providers
  - Vision plans relevant to major employers in region/health center employees as patients
  - Major Medicare supplement plans for your region
- **Fee Schedule**
  - Exam/procedures should cost at least Medicare reimbursement for your area
  - Sliding fee scale available for exams and glasses

# Logistics

- **Equipment**
  - Make plan for day 1; 1 year; 2 years
  - Minimum state requirements
  - Lease or purchase refurbished equipment
  - **Do not need all advanced diagnostic equipment on day 1 of patient care. This can be added once clinic gets more established.**



# Logistics: Space

Can be housed in secondary clinic location

- Rent or buy nearby space
- Plan to incorporate with future renovations
- Be creative
  - Convert a conference room
  - Convert a storage unit
  - Mobile Unit
  - Shared space w other specialty (part-time)
- Co-locate with dental or behavioral health
- Part-time services can help initially for shared spaces





# Logistics: Optical Dispensary

## *What is it and why do we need one?*

- Offering a selection of frames to be either purchased or used with insurance
- Send frames to lab to cut and insert Rx lenses
- Need courier service to bring glasses to/from labs
- Can be low/med/full investment optical dispensary



# Logistics Continued

- **Staffing**
  - 1 Optometrist
  - 1 Receptionist (shared)
  - 1 Billing Specialist (shared)
  - 1 Assistant - Optical/Ophthalmic Technician (depending on space/glasses)
- **Scheduling**
  - Standard CHC OD schedules appts every 30 min
  - 12-14 pts on schedule/day per OD
- **Electronic Medical Records**
  - Ophthalmic templates in current EMR
  - Optical inventory and frame management software

# Integration/Collaboration

- **Internal Integration**
  - Internal referral system with primary care
  - Patient registration/Call center
  - Billing department
  - Medical records
- **Collaboration with community partners**
  - Community Center based
  - School or after school program based
  - Health Fairs
  - Homeless shelter/VA
  - Local ER/Urgent care

# American Optometric Association Business Plan for CHCs

- AOA has created a budgeting worksheet for CHCs
- Can enter average payer reimbursements, equipment, salaries and all other expenditures to determine viability of opening the department

Business Plan for Community Health Center Eye Care Service	
START UP/FIRST YEAR EXPENSES EYE CARE SERVICE	Estimated unit cost (linked to optometry)
<b>STARTING CAPITAL AND IMPROVEMENTS (ONE TIME)</b>	
Ophthalmic Equipment	
Other handheld equipment	
Optical (cabinets, inventory, etc)	
Buildout/Lease Hold Improvements (estimated)	
<b>SUB-TOTAL ONE TIME START UP COSTS</b>	
<b>OPERATIONAL EXPENSES</b>	
Optometrist (with benefits)	
Certified Ophthalmic Assistant (with benefits)	
Optical Assistant/Receptionist (with benefits)	
Billing Clerk	
Clinic Supplies	
<b>TOTAL EXPENSES Year 1 with Start Up Costs</b>	
<b>Note: Assumptions and Business Operations Tabs Need Additional Information from individual CHC to complete plan.</b>	



# Summary

- Health Centers are well positioned to provide access to the growing eye care problem in the US.
- Optometry services can be sustainable and profitable for your health center
- Start somewhere, even if it is a small step in the right direction

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

# Panel Discussion



# Ramona Williams, APRN

Nurse Practitioner

**Coastal Family Health Center**

Vanceleave, MS

No Financial Disclosures



# Ed Farrell, MD

VP of Integrated Health Services  
Clinical Professor, Family Medicine,  
University of Colorado School of  
Medicine

**Colorado Coalition for the Homeless**  
Denver, CO

# Sean Kiley

Director of Client Access

**Colorado Coalition for the Homeless**  
Denver, CO

No Financial Disclosures





# Melissa Mitchell

Chief Innovation and Strategy Officer

**HealthLinc**  
Indiana

No Financial Disclosures



# Beth Wrobel

CEO

**HealthLinc**  
Indiana

No Financial Disclosures



# Clifton Bush, MSM

Chief Operating Officer

**Albany Area Primary Health Care**  
Albany, GA

No Financial Disclosures



# Coastal Family Health Center

## Funding Sources:

- CARES Supplemental Funding
- Healthcare for Homeless
- Ryan White
- Community Resources

# Mid-Range Investment Space

- Dedicated space in three clinics spanning the Mississippi Gulfcoast Region.
- Fulltime staffing in the Biloxi clinic and part time staffing in Leakesville and Gulfport locations
- Staffing includes an Optometrist, Technician/Optician and Clerical Staff
- Services provided include specialty Imaging for advanced disease
- Small Optical

# Personal Story:

In 2011, I lost my mother to uncontrolled diabetes and renal failure. As her disease progressed no one suggested visual screenings and she lost her eyesight two years before her death at the young age of sixty-two years.

It is impossible to forget this personal experience and the devastating impact. I am thankful for the visual services offered by our community health center. Early and regular screening can make the difference.

# Colorado Coalition for the Homeless

# CCH Funding

- Unique “Origin Story” in the mid-1990s
- Volunteer Ophthalmologists → Optometrists, Opticians
- It all started with two RNs – Carol Jenkins and Margie Rodriguez
- Avalanche Effect once Dr. Tarkanian hired
- Continued Eye Clinic oversight by Nancy Sanchez
- HRSA Grantee, donations, plus critical FQ rate for Eye Clinic visits.
- Equipment:
  - Initially → Found used equipment that Opticians refurbished.
  - Currently → Grants from ACU, O’Rourke Grant, ~~American Rescue Plan~~

# Space, Lessons, EMR

- Eye Clinic space prioritized
- Exam rooms, equipment, office, front desk.
- Optician on-site
- Consider Exam Room flexing
- Retinal camera? (Future at CCH)
- EMR Best Practices (Next Gen):
  - Internal referrals in EMR
  - Ophthal notes scanned in chart
  - Op communication back to PCP standardized



## Patient Stories – two quick ones:

- “The Gift of Sight”
- Cataract Cohort with surgery done on the weekend.

# HealthLinc



# HealthLinc -Funding

- Different Funding Acquired
  - Affordable Care Act Capital Grant
  - Porter County Community Foundation
  - Association of Clinicians for the Underserved
  - Local Bank Foundations
  - American Rescue Plan Funding
  - Patient Service Revenue

# HealthLinc -Spacing

- Clinic Plan
  - Consulted with Optometrist Ahead of Time
  - Remodeled Clinics to Support Optometry
  - Two Exam Rooms
  - Equipment in the Hallway – Need to be able to control lights differently
  - Use Mirrors for Distance Exams

# HealthLinc - Patient Studies

- A child was scheduled for an eye exam after being referred by their primary care provider. During the examination, it was found that the child had a pale optic nerve in one eye. Imaging of the optic nerve was completed on site at East Chicago Harbor, further raising the optometrist's suspicion regarding the finding. The patient was referred to a specialist and scheduled for an MRI, with the help and collaboration of the pediatrician, to rule out any insidious causes.
- A patient recently had RetinaVue photos taken for remote reviewing, during their visit with their PCP. The patient had significant diabetic changes present on the photos. A recommendation was made to have the patient referred to an eye care provider for further evaluation. It was confirmed that the patient indeed, did have active macular edema. The patient was referred to a specialist for treatment to hopefully improve and preserve their vision.

# Albany Area Primary Health Care

# AAPHC Funding



- **Received funding from the One Sight Foundation in 2017 to start our vision center in our School Based Health Center program.**
  - Funding included construction of the site, salaries for 1 year (Optometrist, Optician, Optometric Technician, and a Front Desk Receptionist)
  - Free frames for patients that did not have vision benefits for frames and that met the poverty guidelines
  - Allowed AAPHC to also open a community clinic for optometry
- **Also received some funding from the Association of Underserved Clinicians to start another vision center at one of our SBHC clinics**
  - Funding included the equipment for a vision center at Dooly County Elementary and Middle School

# Space/Clinic Layout

- **Used a classroom located within an elementary school for the vision center.**
  - Two exam rooms (Lanes)
  - Pre-Test Room
  - Front Desk Receptionist area
  - Workstation area for the Optometrist and Optometric Technicians
  - Workspace for the Optician
  - Space for the Frames area
  - Small waiting area for the students/patients



# Patient Story/Case Study

- Elementary School Student Story
- 1<sup>st</sup> Month Open- Over 200 students seen with 160 of the students needing glasses
- Have seen over 3,000 patient encounters since the opening of the center at the school and over 13,000 patient encounters within the community clinic since the clinic opening in November 2017
- Transportation services provided to all the students within the school system to access the vision center
- Expanded to our mobile unit with vision services to another school system. Will continue to expand this in the future



# Questions and Answers



# 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](mailto:lertle@clinicians.org).



## FQHC and Community Optometry



# References

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