FQHC Vision Services
The Next Essential Service

Dr. Lillian Kalaczinski
Assistant Professor
Ferris State University Michigan College of Optometry
LillianKalaczinski@ferris.edu
Course Objectives

1. Recognize current and emerging vision and eye health disparities.
2. Investigate the FQHC opportunity to reduce these disparities while fulfilling the HC mission and adding a financially sustainable service to the organization.
3. Introduce MPCA technical assistance and future steps.
What is the Problem?
Preventable Vision Impairment

• It is estimated that more than 14.2 million Americans over the age of 40 have vision problems

• In the absence of nationwide efforts to improve eye care, the prevalence of uncorrectable vision impairments could double by 2050. (NASEM)
Vision and Eye Health Disparities

• Refractive Error

• Diabetes

• Vulnerable populations
  • African Americans
  • Hispanics
  • Elders
14 million people in the U.S. are visually impaired. Of these...

- 11 million have visual impairment that **can** be corrected with glasses/contact lenses
- 3 million have visual impairment that **cannot** be corrected with glasses/contact lenses

*JAMA. 2006; 295: 2158-2163.*
Myopia Epidemic

- Nearsightedness is increasing at an alarming rate

- In the 1960s prevalence in the U.S. was only 15-20%

- Uncorrected refractive error burden will INCREASE
Diabetes: U.S. Statistics

• Diabetic retinopathy is the leading cause of new cases of legal blindness among working-age Americans

• The prevalence rate for retinopathy for adults with diabetes (age 40 and older) in the United States is 28.5% (4.2 million people)
Diabetes in Michigan

• In 2014, an estimated 10.4% (799,350 people) of Michigan residents had diabetes

• At least 27.8% of those with diabetes are undiagnosed (cdc)
### Prevalence of Complications in Adults with Diabetes

<table>
<thead>
<tr>
<th>Condition</th>
<th>Frequency in 100</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>27.4</td>
<td>(25.7-29.2)</td>
</tr>
<tr>
<td>Retinopathy</td>
<td><strong>18.7</strong></td>
<td>(16.7-20.8)</td>
</tr>
<tr>
<td>Depression</td>
<td>12.0</td>
<td>(8.9-15.9)</td>
</tr>
<tr>
<td>Disability</td>
<td>45.7</td>
<td>(43.6-47.8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cases per 1,000</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Failure</td>
<td>10.3</td>
<td>(10.1-10.5)</td>
</tr>
<tr>
<td>Lower-limb amputation</td>
<td>3.9</td>
<td>(3.8-4.0)</td>
</tr>
</tbody>
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http://www.michigan.gov/mdhhs
## Self Reported Dilated Retinal Exams

### Preventive Care Practices Among Michigan Adult Persons with Diabetes (PWD)

10.5% of Michigan adults (18+ years) reported ever being told that they had diabetes in 2012. Among these adults, the proportion who reported that they followed selected preventive care practices.a

<table>
<thead>
<tr>
<th>Preventive Care Practice</th>
<th>Healthy People 2020 Target (%)</th>
<th>Michigan % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seen doctor for diabetes in the past year</td>
<td>NA</td>
<td>90.9 (88.0-93.1)</td>
</tr>
<tr>
<td>Ever had diabetes education</td>
<td>62.5</td>
<td>61.8 (56.3-67.0)</td>
</tr>
<tr>
<td>Self-monitors glucose at least once daily</td>
<td>70.4</td>
<td>79.5 (75.0-83.3)</td>
</tr>
<tr>
<td>Self-examines feet at least once daily</td>
<td>NA</td>
<td>68.9 (63.0-74.3)</td>
</tr>
<tr>
<td>Two A1C tests in the past year</td>
<td>71.1</td>
<td>73.3 (67.9-78.1)</td>
</tr>
</tbody>
</table>
| Dilated eye exam in the past year              | 58.7                          | **64.2** (58.2-69.7)
High Risk for Vision Impairment

- Individuals from low socio-economic backgrounds are less likely to have had an eye exam in the last two years
- Black and Hispanic Americans are at least twice as likely to go blind from diabetes and glaucoma when compared to other groups
- Older Americans have a significantly higher risk of vision impairment due to macular degeneration, glaucoma, cataracts and diabetes
Number of Michigan Residents Utilizing Eye Exams vs. Total Medicaid Enrollees by Age

Source: MDHHS
Vision Staff (FTE) in MI Health Centers

- **Ophthalmologist FTE**
- **Optometrist FTE**
- **Other Vision Care Staff FTE**

Health Centers reporting:
- 2010: 3
- 2011: 4
- 2012: 6.17
- 2013: 12.69
- 2014: 14.99
- 2015: 19.6

Source: UDS
Eye Care Services in Michigan Health Centers

Total Vision Staff (FTE) in MI Health Centers

Source: UDS
Utilization: Eye Care Services in MI Health Centers

Total Comprehensive and Intermediate Eye Exams in MI Health Centers

<table>
<thead>
<tr>
<th>Year</th>
<th>Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>3457</td>
</tr>
<tr>
<td>2014</td>
<td>4108</td>
</tr>
<tr>
<td>2015</td>
<td>4668</td>
</tr>
</tbody>
</table>

Source: UDS
Vision Services: The Basics

• Size and scope of vision clinic varies by organization
• Doctors of Optometry (O.D.) diagnose, treat and manage diseases, injuries and disorders of the eye and visual system.
• By definition O.D.s are primary care vision providers
• O.D.s prescribe spectacle lenses, contact lenses, topical and oral medications, vision rehabilitation and perform minor surgical procedures
• O.D.s also identify systemic conditions affecting the eye and vision
Productivity Expectations

• Forecast at year three is 10% of total CHC visits
• Demand is shaped by scope of services offered and integration into organization
• Annual Provider productivity will average 2400-2800 depending on many variables including number of exam rooms, support staff and services offered.
Planning Considerations

• Space
• Staff
• Equipment
• Optical (Frames and Lenses)
• EHR
• Operations/Administrative Budget
• Forecasting Revenue
Sustainability Outlook

• Payer Mix
  • Medicaid eligible
  • PPS Covered Service in MI

• Needs assessment of your community is essential!
  • “If you build it-they might not come”
Challenges

• Start up costs
• Provider recruitment
  • Not NHSC Eligible
• Billing
• Sliding Scale
• Optical
MPCA will host a Learning Collaborative. Using a multi prong approach to include expert technical assistance in services to support the expansion and sustainability of Vision Services in Community Health Centers.

MPCA Training and TA
Phase 1: July 2017 – June 2018
• Planning/Design T/TA
• Resource mapping
• Partner recruitment
• Recruitment of Health Centers

Phase 2: July 1, 2018 – June 2019
• On-site assessment of health centers
• Community and partner mapping
• Build workplan
• Commence targeted TA

Phase 3 – July 2019- June 2020
• Collect data on progress to goals
• Refine clinical, operations and financial model
References


Q and A

Contacts:
Lynda Meade, Director of Clinical Services
lmeade@mpca.net
517-827-0470

Dr. Lillian Kalaczinski
Assistant Professor
Ferris State University Michigan College of Optometry
LillianKalaczinski@ferris.edu