



Workforce Series: Primary Eye Care

Recruitment and Retention of Quality Health Workforce in Rural Areas: A Series of Policy Papers on the Rural Health Careers Pipeline, Paper #8.

National Rural Health Association (NRHA) calls upon policy makers and rural and frontier communities to address the growing crisis in the Recruitment and Retention of quality health workforce of primary eye care providers in rural and frontier America. Unmet eye and vision care needs among millions of children, working poor, elderly people, and veterans in rural America can significantly impair learning, job performance, employment opportunities, and home safety. Visual health is a critical unmet need, particularly in rural America. The U.S. Department of Health and Human Services' (US DHHS) Healthy People program identifies the most significant threats to visual health and established goals to reduce those threats. However, these goals can only be achieved when all Americans and, particularly those in rural areas have access to eye care services. Only about 20% of federally qualified community health centers provide eye care services. NRHA works to address the barriers to improving access to primary health care services, including primary eye care services. Efforts must be made to attract more optometrists to rural areas. Support to rural health centers for the provision of patient services, funding for optometric training through the GME program, including optometrists in the National Health Service Corps, coordinating and overseeing that rural veterans receive needed care are potential means to address recruitment and retention of primary eye care providers to rural Americans, thereby enhancing access to needed eye care services.

Issues

1. A National Model of Community Based Eye Care and Education

Access to eye care services is limited in most rural areas as demonstrated by only 20% of community health centers (CHC) providing eye care services, despite the growing disparities that exist for rural Americans.

2. Graduate Medical Education (GME), Medicare and Optometry-Federal Financing of Optometric Clinical Training

Optometry has been included in Medicare since 1987 and currently provides nearly \$900 million in services annually to Medicare beneficiaries. However, optometry is excluded from the Graduate Medical Education (GME) program, the educational support component of Medicare. With the aging population and the projections for rising numbers of Medicare beneficiaries, optometric clinical teaching facilities will be providing significantly more care to the elderly and disabled. With increasing clinical training requirements and training costs, more than ever, there is a need for federal support for optometric clinical training. The inclusion of optometry in GME addresses: the need for workforce development (supply), the growth of the population demand for eye care services and increasing clinical training requirements and costs. All are consistent with current financing policies of Medicare that are intended to anticipate and address these issues.

3. Inclusion of Optometrists in the National Health Service Corps (NHSC)

Visual health is recognized by US DHHS as a critical unmet need, particularly in rural areas. However, optometrists are reluctant to practice in rural areas because of high levels of graduate indebtedness combined with high overhead costs of providing optometric care. Efforts must be made to attract more optometrists to rural areas through financial incentives such as student loan forgiveness, equipment purchasing grants and loans, and support to the health centers in establishing eye care clinics.

4. Veterans (VA)/Department of Defense (DOD) -Combat Eye Trauma and Vision Impairment Caused by Traumatic Brain Injury

Serious combat eye trauma is now the third most common injury only behind Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injuries (TBI). Of the service members with TBI, many have post-traumatic visual

impairment (PTVI) as well. An overall plan needs to be developed and implemented that ensures a seamless transition from DOD facilities to the VA for those with eye trauma and visual impairment caused by TBI. Initial care must be timely and comprehensive and follow-up care monitored and assured for all servicemen and women with eye trauma and vision impairment. Too often well-developed plans do not have accompanying evaluation processes and mechanisms to take corrective action once the plan is implemented. The effectiveness of the plan needs to be evaluated by a continuum of outcome measures both in DOD and the VA.

5. State Children Health Insurance Plan (SCHIP) to Require Comprehensive Vision Exam

Having Medicaid or SCHIP increases the likelihood that a child will receive services as basic coverage when vision care is required by the state. This is especially pronounced in rural areas. More than 28M children are enrolled in Medicaid and an additional six million are enrolled in SCHIP, which account for one in four of the country's children. However, due to varying state coverage rules under Medicaid and SCHIP, this results in a considerable percent of children who do not have access to eye care professionals for comprehensive eye examinations and treatment.

Recommendations:

- 1. National Rural Health Association strongly recommends expanding optometric services and training in and emulating the highly successful national model of community based eye care and education.**
- 2. National Rural Health Association recommends that to improve rural American's access to care that the Social Security Act be amended to include optometry in the GME program of Medicare.**
- 3. National Rural Health Association recommends that in addressing barriers to improving access to eye care services in shortage areas that inclusion of optometrists in the National Health Service Corps is essential to attract optometrists to these areas. Health Services Resource Administration (HRSA) and US DHHS need to amend their policies and regulations to include optometrists in the NHSC and to provide funding for equipment and facilities costs.**
- 4. National Rural Health Association recommends that an overall plan needs to be developed and implemented that ensures a seamless transition for our veterans from DOD facilities to the VA for those with eye trauma and visual impairment caused by TBI. Identified areas of concern need to be promptly and decisively addressed by a single office vested with the power to take corrective action whether problems exist in DOD or VA.**
- 5. National Rural Health Association recommends that the State Children's Health Insurance Program (SCHIP) include optometry as a basic service required as part of the scope of health insurance coverage provided.**

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