



Primary Eye Care in Rural America

NRHA calls upon policy makers and the rural health communities to address the growing crisis in access to eye care services in rural America. Visual health is becoming recognized as a critical unmet need, particularly in rural America.

US Department of Health and Human Services' Healthy People program identified the most significant preventable threats to visual health and established goals to reduce those threats. The program addresses visual impairment due to eye disease including glaucoma, diabetic eye disease and amblyopia; refractive error; regular eye examinations for children and adults; vision screening for preschool children; eye injury prevention; and low vision rehabilitation. These visual health goals can only be achieved when all Americans and, particularly those in rural and frontier areas have access to primary eye care services. Only about 30 percent of all federally qualified health centers provide eye care services, despite the growing disparities that exist for rural Americans.

Policy makers are urged to immediately address the barriers to improving access to eye care services. The barriers to improving visual health in rural areas include the shortage of doctors of optometry choosing to practicing in rural areas; uninsured or underinsured low-income households; the lack of coordinated school-based or community visual health education programs; and other barriers encountered by residing in these areas. The factors which prevent rural Americans from getting eye care that are necessary to prevent vision impairment from such eye conditions as refractive error, glaucoma, diabetic eye disease, and amblyopia can be placed in two categories; factors that limit the number of optometrists currently practicing in rural areas or "provider issues," and factors which impede rural Americans from getting care, or "consumer issues."

Provider Issues

The lack of optometrists limits access to eye care services for rural Americans. Rural Americans are older, sicker and have lower incomes than Americans living elsewhere. The levels of indebtedness of optometric graduates combined with high overhead costs of providing optometric care are disincentives for optometrists to practice in these areas.

Consumer Issues

Because rural residents have lower incomes on average and have reduced access to private insurance, more of them are dependent on Medicaid and Children's Health Insurance Program (CHIP) for coverage. As an outgrowth of reimbursement rates and policies, providers who do practice in the rural may not take Medicaid or CHIP patients, which creates a significant barrier to access for rural Americans who are dependent on these government assistance programs.

Policy Recommendation

Reimbursement rates for optometrists in Medicaid and CHIP programs should be raised to levels that reflect local eye care market conditions including all costs associated with providing optometric care. This should be accompanied by policies and procedures that reduce optometrists' administrative burdens.

Efforts should be undertaken for all states to designate eligible optometric HPSAs and identify communities that are in need of eye care services.

Encourage the expansion of optometric services provided by community health centers, recognizing that work force shortages may require unique strategies in rural areas.

To reduce the amount of preventable vision impairment, increased provisions are needed for both school/community

based eye care screening/services with emphasis on prevention. Special attention should be given to reducing vision loss from glaucoma, diabetic eye disease and amblyopia. This can be achieved by translating, implementing, and monitoring the measures addressed in US DHHS' *Healthy People 2010* initiative.

Efforts must be made to attract more optometrists to rural areas through financial incentives such as student loan forgiveness, equipment purchasing grants and loans, tax credits and assistance in establishing clinic facilities. These provisions of the legislation need to be funded at adequate levels to allow the program to succeed.

In addressing shortage area needs, support of funding for the National Health Service Corps is essential to the placement of optometrists in rural and frontier areas.

Encourage US DHHS to establish HPSA designation for primary eye care optometrists.

Increase funding which encourages partnerships among health care providers and other community service organizations that support integration of health care services in a community, including primary eye care.

Provide funding for optometric training and service delivery in the Bureau of Health Professions of the Health Resources and Services Administration, Department of Health and Human Services.

Federal and state governments should encourage visual health education, describing the benefits of regular eye examinations for adults and children, including correction of refractive error and vision screenings for preschool children, eye injury prevention, and low vision rehabilitation.

These efforts should be provided through culturally sensitive and appropriate materials and venues.

Reference

Healthy People 2010 U. S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, October 2000. Rockville, MD

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