



Children's Access to Vision Care in California

A summary of recent effort to address this Health Care Inequality

And a request for support from the Board of Optometry

By the California Children's Vision Now Coalition



CALIFORNIA: CHILDREN'S EYE CARE **CRISIS!**

Tens of thousands of children don't have the tools they need to succeed at COVID-caused online school. Thousands more will wait for over 6 months to receive their prescribed glasses!




20/20 IN 2020									
10'	L	P	E	D	88 PCT	4			
6'	P	E	C	F	D	48 PCT	5		
3'	E	D	F	C	Z	P	38 PCT	6	

Another Unseen Casualty of 2020

Loss of academic opportunities for thousands of online learners might be the biggest lingering legacy in the challenges faced in 2020.



 After almost a year into the current crisis, the DHCS and CALPIA respond. Instead of allowing the remaining at will local provider to use their existing sources to immediately provide care to these children, the CALPIA has tried to contract out the optical fabrication to seven “backup” optical labs, 4 out of state! COA and managed care groups requested a temporary voucher system as an immediate fix, they were reprimanded. Demonstrating this is not an issue of money or good patient care, it is an issue of Sacramento control.

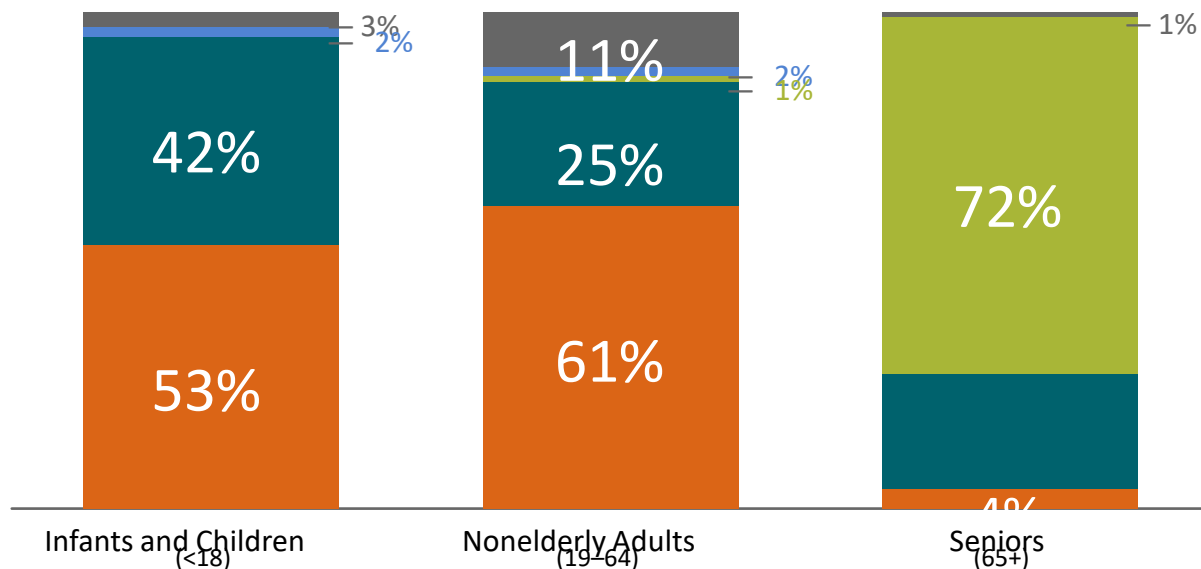


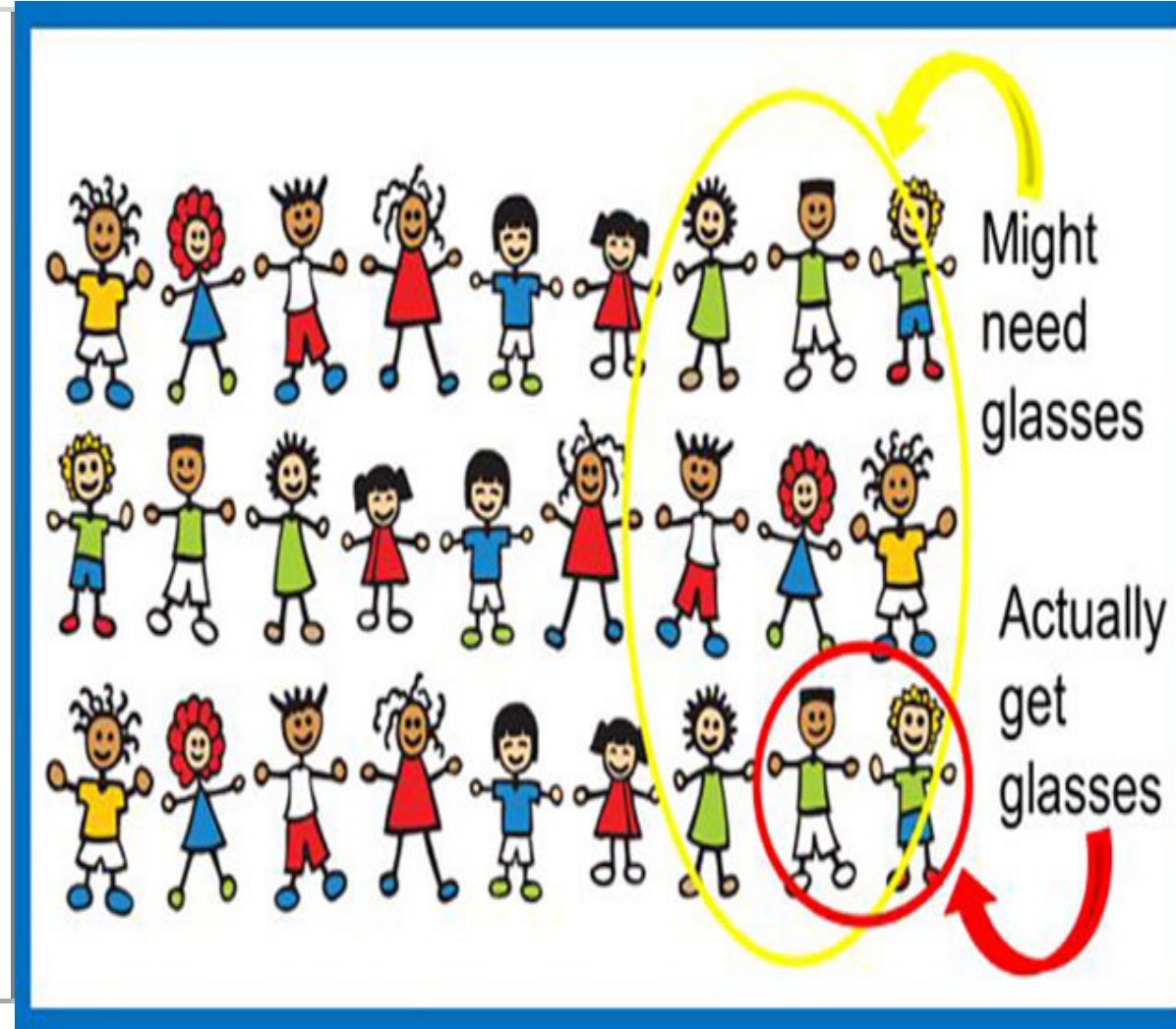
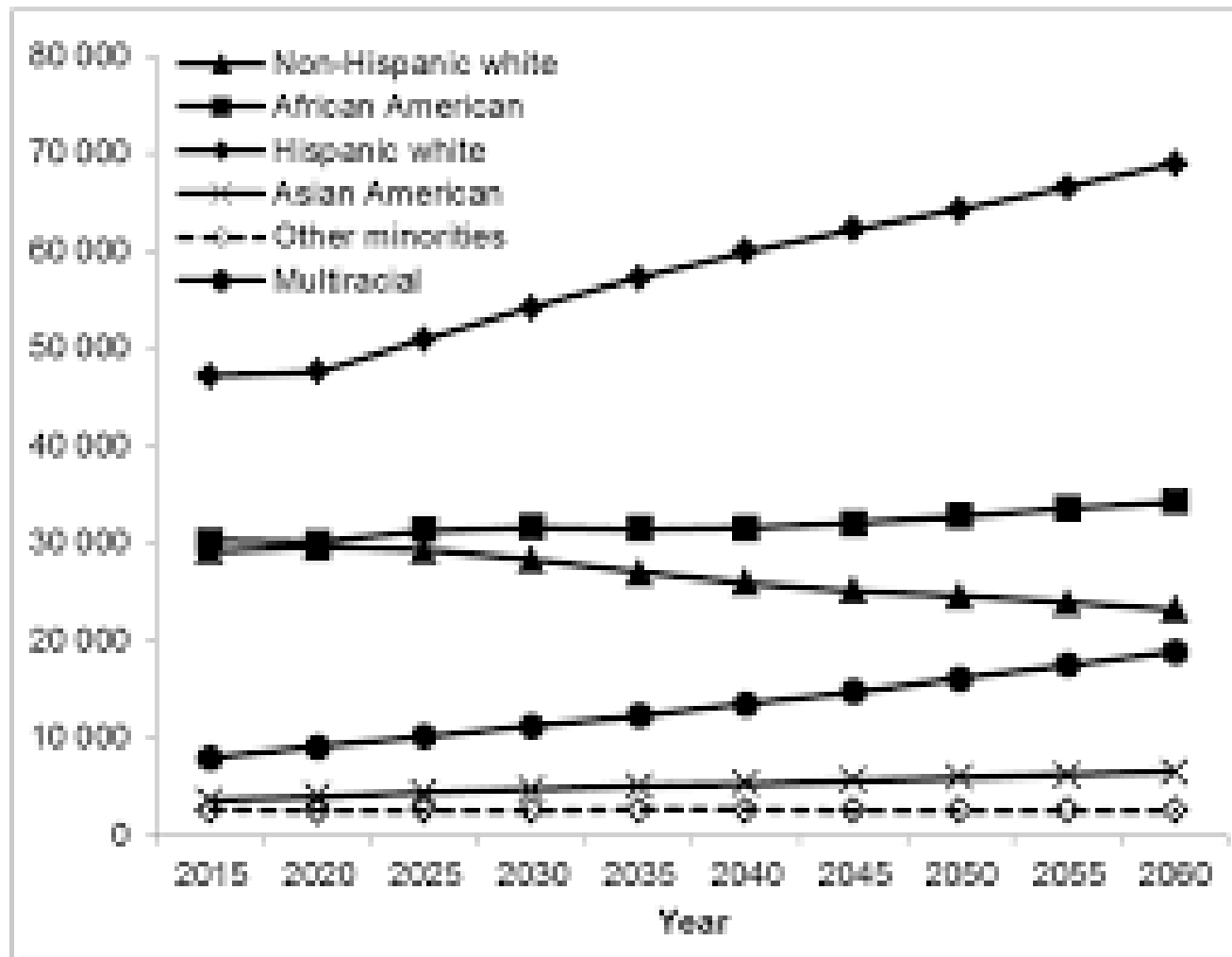


5,400,000+ CHILDREN

ALMOST 50% of CAL KIDS OVER 85% KIDS of COLOR

California, 2017





.000144% spent on our children's optical lenses
14.4 cents on every **\$1,000.00** spent.





- Memo January 1, 2020. All the coastal counties are required to the PIA as the sole-source provider of optical fabrication to “unify” the state.

- **100%** DHCS children’s glasses are fabricated by CAL PRISON INDUSTRY AUTHORITY. Exclusive sole provider, no bids, no competition, no choice. An Economists nightmare!



DHCS Policy vs CA Children

IMMEDIATE EFFECT of the January 1, 2020 CALPIA Expansion



In San Mateo County, Number of willing provider of glasses who signed up for the PIA collapsed to just 4 mostly Community Health Centers. Willing providers of eye exams was also reduced.



In Santa Barbara and San Luis Obispo Counties, CenCal Health leadership valiantly fought the expansion by self-funding the fabrication of lenses for 6 months. They watched as 60% to 100% of willing providers left the panel in Santa Barbara and those serving the tribal areas.

SAN MATEO COUNTY Eyecare/Post PIA JAN 1 2020 Survey (DONE 3/19,20/2020)

- Methodology: Using the on-line publicly available Eye Care panel list for San Mateo Medi-Cal providers, every Doctor/Optical site was called and ask these three questions:
 1. Do you currently serve Medi-Cal (San Mateo Health) patients?
 2. Do you provide optical service for these patients?
 3. How has the change of PIA only lens fabrication affected you practice? (if they are dispensers)



Soss: NO OPTICAL, refers to Eye Catchers Optical, “can’t afford to do those glasses here” Friend of Assemblyman Speaker Pro Temp Kevin Mullin.

Holland Medical Eye Center/Brosnan: No NEW patients, plan to stop PIA glasses

Koutoulas: Limit 10 a week, investigating the change, didn’t realize he was no paid for the fabrication.

Martindale: NO OPTICAL

San Bruno Eye Center, Ha: TAKING patients, problems with PIA lab, considering stopping, most cases in SM

Wong: Reviewing stopping all SMHealth cases.

Coastside Eye Care, Gould stopped when PIA only policy came on line.

Klufas Eye Care: Still does a few cases a week “don’t send expensive frames to PIA, they lose them” STOPPED post PIA

San Mateo Medical Center (county run) Yee, Nguyen, Delos, Chen, Hwang, Banh, Yee, Moshasha

Rajagopanian, “PIA GLASSES Horrible” NO **OPTICAL** refers to Savada & Adamich/Eye Catchers Optical in Belmont and Redwood City.

Palo Alto Medical Foundation: Swanson, Wong, Nguygen, Athens, Ma, Ng, Seabolt, Yu, Assar,

NO OPTICAL, refers all glasses. Now **STOPPED Taking New Medi-Cal Patients for exams**

Lucile Packard Children’s Hospital Medical Group: Warner, Roberts, Bansai, Bloom

NO OPTICAL

Ravenswood Family Health CHC: Menchavez, Ho

CHC OPTICAL “IF I had a choice, I would drop PIA, very poor customer service, we do 30-40 jobs there a week”

DHCS Policy vs CA Children

January 1, 2020 CALPIA Optical Finished its California Monopoly



In San Mateo County, population 762,000

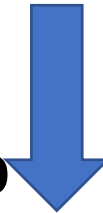
Willing provider of glasses reduced to **3.**



**CenCal
HEALTH**
Local. Quality. Healthcare.

In Santa Barbara and San Luis Obispo Counties

Willing provider of glasses drop **60% to 100%**



Prison Industry Authority becomes the Sole Fabricator

Access to vision care for children drops **60% to 100%**



**CDCR
PRISONER**

ZOMBIE PROVIDER PANELS!

On the Provider Panel list but do not provide eye care, and/or eye wear and do not accept new patients.

Savada & Adamich/Eye Catchers Optical in Belmont and Redwood City. Was closed during the sheltering and just reopened 2 weeks ago. Since this group is the key provider of eye wear in San Mateo, I have requested that they send a written statement of how this PIA expansion has affected them. 18+ local doctors refer their patients to this optical.

SURVEY UPDATE 7/21/2021. It has gotten worse. A domino effect of loss of access.

Called N Savada, July 21, 2021. Does not use the PIA optical, it would be impossible to stay in business. But to serve these patient, they give a deep discount price for those on Medi-Cal.

Palo Alto Medical Foundation: 9 optometrists with, *NO OPTICAL*, STOPPED Taking All New Medi-Cal Patients for exams. Latest PIA optical jobs done data show just 607 glasses done in 2020 for 160,000 covered. 248 in one office.





AMERICAN ACADEMY
of OPTOMETRY



Diplomate,
American Board
of Optometry





The Orinda Study, the first comprehensive and systematically validated off site children vision assessment. Called the Modified Clinical Technique (MCT) published in 1959. With its high sensitivity (98%) and specificity (99%) it is still considered the “gold standard” of care



APHA

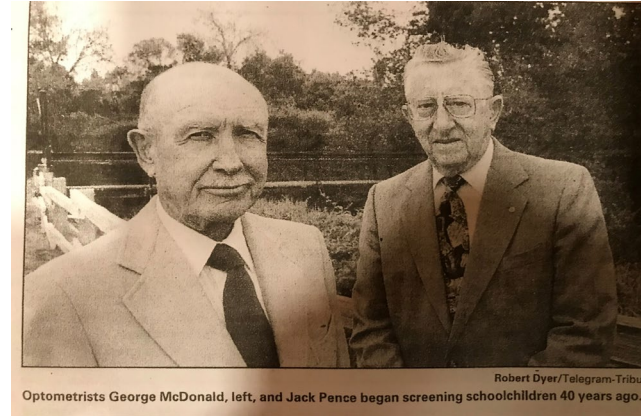
AMERICAN PUBLIC HEALTH ASSOCIATION

For science. For action. For health.



Berkeley

UNIVERSITY OF CALIFORNIA



Armed with this research, many school nurses and local optometrist started applying this information for the benefit of local children

The mayor of Pismo Beach and vice mayor of Arroyo Grande California start a vision care outreach from a request from school nurses.

This was the beginning of what is now called SLOLIONSEYES.org



**Welcome to
SLOLionEyes.org!**

This Program has continued for the past 60 years, upwards of 55 public and private schools serviced with funding by local Lions Clubs.

With now over a million encounters, this is possibly the largest continuous vision outreach in the United States.

Prevalence data on 400,000 cases is available for summary:

Confirms the data from MEPEDS about the huge demography shift in California and the high prevalence of astigmatism with hyperopia in latinx children

Demonstrates the early intervention, and annual training of school nurses reduces untreated children to less than one in ten in most schools. Almost 100% of local children have been diagnosed and received treatment for farsightedness with/without astigmatism before 3rd grade when the first myopic cases show up.

Reveals the lack of diagnosis and treatment with just pediatric well child exams even with notification and training



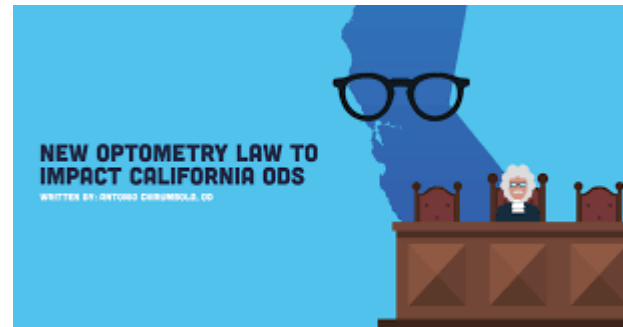
El Paso da robles vision therapy program 1988-1991

Paso Robles, California, Drs. Doug Major and Karen Kudija and Therapist Nancy Major and others participated in this outreach funded by the OCJD to provide visual care for wards of the state as well as do a single blind controlled study of the effectiveness of developmental vision care in this population. From 9/1988 to 11/1991 over 2000 ward received a vision screening and were assigned to control or treatment groups by the Research department of the CYA. They were match using visual skill measures and the TABE reading scores. 560 ward were chosen to participate in the study and 276 have completed vision treatments.





DHCS has only 2 lower positions out of a staff of 4000 that have a role in vision, and they are not available!

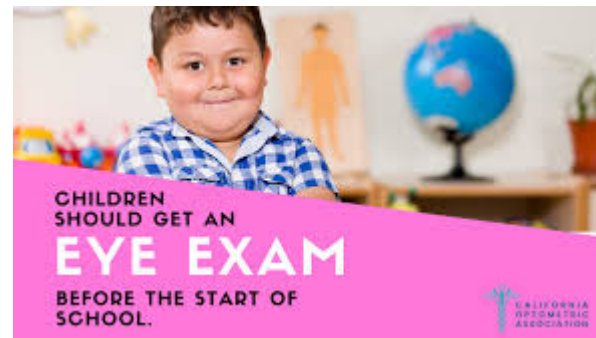


Medi-Cal Children's Health Advisory Panel (MCHAP) Meeting

June 24, 2021



Children Now



Medi-Cal Children's Dashboard

Linette T Scott, MD, MPH, FACPM
Chief Medical Information Officer, DHCS

Children's Vision Now California Coalition

- **Advisors:** Dr. Bruce Moore, co-chair of the Massachusetts Children's Vision Coalition, retired Harvard University
- Susan Cotter OD, MS, is president-elect of the American Academy of Optometry. Dr. Cotter is the Co-Chair of the Pediatric Eye Disease Investigator Group (PEDIG), Professor at SCCO
- **Clinical/Scientific Members:**
 - Tawna Roberts OD, Ph.D., assistant professor of ophthalmology Stanford
 - UC Berkeley, Debora Lee Chen OD, MPH, Assistant Clinical Professor UC Berkely
 - JT Tassinari OD, Chief of Pediatric Clinical Services, Western University
 - Reena Patel OD, Angela Chen, OD, Jullian Youngerman ,OD and Allegra Burgler OD Assistant Professors Ketchum University
- **Stakeholders Members:**
 - Vision to Learn CEO Damian Carroll
 - Janelle Shumaker, Hero Practice Service, Outreach Director
 - Dr. David Maxwell-Jolly recently retired Chief Executive Director at Covered California
 - Clinic supervisor for the UCLA Mobile Eye Clinic, Kara Mondino
 - Clinical Director for the UC San Diego Shiley Eye Mobile for Children, Iliana Molina
 - Dr. Rebecca Dudovitz at the Mattel Children's Hospital, UCLA researcher
 - Stanford Economist Scott Rozelle founded the Rural Education Action Program
 - Chris Micheli, of Aprea & Micheli Lobbyist Sacramento

Lack of Access to Vision Care is Now State-wide.

- “If deeply rooted poverty and an underperforming public education system strike you as intractable problems, think again. ... a simple, yet powerful tool to kids in need. The tool? A pair of eyeglasses.”

- **Austin Beutner**
Founder, Vision to Learn
LAUSD Superintendent (retired)
- **Virginia Beutner**
Chair

Children now rely on charity but they most have DHCS coverage
VTL has a staff of 29 OD giving
On-site exams in LA



Von Miller #40 Superbowl 50 MVP Defense for our children's access to vision care!



STOP the LOSS of all this HUMAN CAPITAL!



Vision Care needs a place on the DHCS Medi-Cal Children's Dashboard

No Measurement , No Data, No Pediatric Priority given to the Economist proven, highest leveraged tool you can give a child, access to eye care and glasses. The numbers show that this is DCHS's most widespread healthcare disparity.

Children's Vision Care is a forgotten Essential Health Care Benefit in CA.

A Call for Action

Board should request that the DHCS should include vision care metrics as a part of evaluation of primary health care for all Managed Care Groups. MCHAP should include vision care metric on their children's health dashboard.



A Call for Action

Board should enforce penal code 2808(i) and don't allow CALPIA to directly competition with local small business providers of vision care. Encourage the CALPIA to update their provider relations and to constrict their optical footprint as the prison populations constrict.





Kenneth Hempstead, MD,
Pediatrics, Chair of MCHAP



Richard Pan, MD,
Pediatrics, State Senate
Committee on Health, Chair



Joaquin Arambula, MD
State Assembly, Health and
Human Service
Emergency room doctor

A Message to the Sacramento Decision Makers in Health Care Time to Update Vision Care for California Children



California Health and
Human Services Agency
(CHHS). Mark Ghaly, MD,
MPH, Pediatrician

- Lets do the right thing for our children, make it not only accessible but easy to obtain the tools and resources to succeed in school. Providing access to vision care truly should be the easiest and the cost effective high leverage way to help children's chances for reaching their full potential.

*“This research is a bellwether that visual impairment in young children can be Lets do the right thing for our children, make it not only accessible but easy to obtain the tools and resources to succeed in school. Providing access to vision care truly should be the easiest and the cost effective high leverage way to help children's chances for reaching their potential. **prevented or treated with low-cost solutions if we intervene at an early age, ... if we don't, the long-term effects of impaired vision at early childhood that can adversely impact academic and social achievements will put our future generations at a distinct disadvantage. This is a population health transformation imperative.**”*

Contact the California Optometric Association for further research and data. This presentation represents the research of the producer not that of any non profit or the COA.





**Welcome to
SLOLionEyes.org!**



Questions?