

SUPPORTING THE VISION NEEDS OF YOUNG ORANGE COUNTY STUDENTS



Marc Lerner, M.D.
Medical Officer

VISION ASSESSMENT AND INTERVENTION: PROGRAMMING GOALS

Broad footprint

High quality

- Appropriate tools
- Appropriate staff
- Appropriate information management

Significant impact

- Future Vision (sight loss)
- Future learning

Efficient / Cost effective

Connected (to medical homes, schools, PHRs)

Building OC capacity



FOOTPRINT (PROGRAMMATIC REACH)

Total number of OC children per annual cohort

Assessments done by:

- Primary care providers and staff (including Clinics)
- Eye care professionals and staff
- School readiness nurses
- Head Start personnel
- Bridges Maternal Child Health Network
- Family Support / Homeless Prevention Services



OC VISION SCREENING

The total number of vision screenings completed in 2011/12 was 20,752

The largest portion were done by School Readiness Nurses: 18,987

Although providers track data, Countywide and Initiative-wide data is not available on follow up or referrals completed and outcomes

Data on health staff of Head Start not available, but all preschool students are screened



FROM VISION SCREENING TO VISION CARE: BARRIERS TO COMPLETING THE JOB

As many as 80 % of children who fail a vision screening do not receive the recommended follow-up care

- Parent need to take off from work for appointments
- When screening concerns are identified early, families may be referred to providers who don't see young children

Parents do not understand the importance of addressing vision / risk of preventable blindness

- The eye professional can give instructions on how to treat amblyopia, but it is up to parents to carry out this treatment
- Children do not like some eye treatments (patching, glasses) and parents must convince child to cooperate
- Successful treatment depends on gaining a child's cooperation



YOUNG CHILD VISION PROTOCOL & THE VIP STUDY

Nurse screeners and lay screeners performed equally well in administering Retinomax and SureSight

The tests performed similarly well among 3, 4 and 5-year-old preschoolers
Positive predictive value is approximately 50-60% for each of the tests evaluated

Unsuccessful Tests:

SureSight 1.27%

Retinomax 0.35% ($P < 0.0001$)

OC SRN's worked with SureSight to update the device programming, which has made the device more accurate



MOST ACCURATE PRESCHOOL VISION TESTS (VIP)

For amblyopia:

- Non-Cycloplegic Retinoscopy
- Retinomax Autorefractor
- SureSight Vision Screener

For strabismus:

- Monocular HOTV VA testing
- Retinomax Autorefractor
- Stereo Smile II test

For significant refractive error:

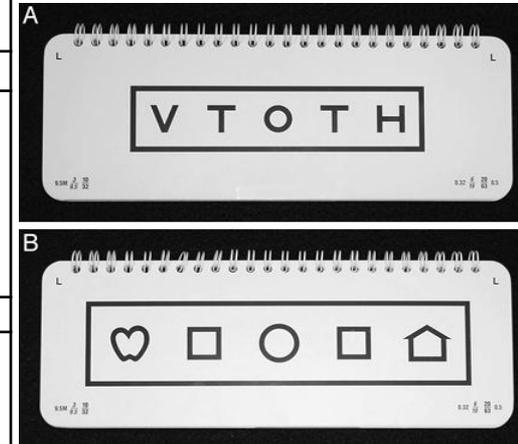
- the most accurate tests were same as for amblyopia



SRN VISION SCREENING PROTOCOL 2012

TOOLS	USED TO MEASURE	COUNTING FOR GEMS
Sure Sight	Hyperopia (near) Myopia (distance) Amblyopia (lazy eye) Astigmatism	Counts as 1 for acuity
OR		
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HTOV Symbols



LEA Symbols



QUESTIONS FOR UCSD GROUP

In 2008 study, cycloplegia (eye drops to dilate the eye) was used

- “After waiting a minimum of 30 minutes, all of the children received retinoscopy under cycloplegia and most had autorefraction”
- Tool chosen: Nikon Retinomax K-plus 2

Is this needed? Is there the possibility of expanding workforce / scheduling options by inclusion of UCSD screening days and SRN work?

Best of both linked to same data base and referral process

What are OC pediatric optometric and ophthalmologic resources and do they fit into the second level assessments?



CALOPTIMA VISION PROGRAM

Providers: Via preferred provider group or via Kaiser system

Benefits for preschool-aged children:

- Routine eye exam every 24 months, or as medically necessary
- Eyeglasses are covered every 24 months
 - Definition of ‘medically necessary’
 - Concern re: vision change/lost glasses
 - Concern over child’s cooperation with wearing glasses



ADDITIONAL ISSUES, PER UCSD

Doctors traditionally declined to prescribe glasses for this age group because:

- Eyeglasses are expensive
- The child won't wear them
- The child involuntarily relies on their abundant accommodation (near focusing power) to provide clear focusing

In UCSD study, 1/7th lost or broke their glasses in a 6 week study

- How do families access their glasses continuously?
- In study, 35 out of 35 were wearing glasses most of the time, how was that accomplished?
- Average age: 4.7 years; How can OC vision screeners reach children before 4?



ACA AND PEDIATRIC VISION CARE

All health plans in the nation will be required to include coverage for pediatric vision in 2014

Each state will separately define “pediatric vision,”

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VISION AND SB 951

With respect to pediatric vision care, the same health benefits for pediatric vision care covered under the Federal Employees Dental and Vision Insurance Program vision plan

- There are no copayments for covered eye examinations, standard eyeglass lenses, plan frames, or contact lenses in lieu of eyeglasses. There may be copayments for optional lens types and treatments
- Standard Option: one routine eye examination every calendar year; one pair of standard eyeglass lenses or contact lenses every calendar year; one frame every other calendar year



FEDERAL VISION PLAN EXCLUSIONS

Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care or treatment of a covered condition

Medical treatment of eye disease or injury

Visual therapy

Replacement of lost or stolen eyewear



QUESTIONS:

What is the capacity of the information system of the UCSD Group and can it be a joint resource for vision screening vans and others (SRNs, Schools) or for related screening services?

How does or might the UCSD Screening program communicate with medical homes?

How can the Commission and CalOptima support the screening needs of young children and support their needs for diagnostic evaluation and treatment?

Can vision care coverage criteria be modified to allow for replacement for lost / broken glasses for young children?





**Agenda Item No. 4
October 3, 2012 Meeting**

DATE: September 24, 2012
TO: Children and Families Commission of Orange County
FROM: Christina Altmayer, Interim Executive Director
SUBJECT: Follow-up from Commission Planning Meeting

A handwritten signature in black ink that reads "Christina Altmayer".

SUMMARY:

The Commission held the first of two planning sessions scheduled for Fiscal Year 2012/13 at its September 5 Commission meeting. The focus of the meeting was Health Education and Prevention. In response to Commission direction, staff has initiated planning and feasibility analysis for adapting a pediatric vision program in Orange County and expanding the use of mobile and other innovative technologies for health education purposes.

Opportunities to adapt a pediatric vision care program in Orange County will be reviewed and presented for further discussion, including options to utilize existing platforms that have been created through the Commission's investments in mobile medical van services and the school readiness nurse program. Innovative programs such as the Text4baby program and others that communicate health information to parents with young children will be assessed to determine the partnering organizations that provide these services and options for implementation or expansion. Updates on both planning efforts will be presented to the Commission no later than January 2013.

Dr. Marc Lerner, Orange County Department of Education Medical Officer, will be presenting at the October meeting on how the Commission priorities can work effectively with other County partnerships (Attachment 1). Additionally, Dr. Lerner has been the advisor to the School Readiness Nurse program and will provide some insights on how these resources could be integrated with expanded vision services.

The next Commission planning workshop will be held at the December 2012 meeting and will focus on Early Math and Literacy investments.

Pediatric Vision Program

At the Commission's September planning meeting, Dr. Stuart Brown presented a collaborative model to increase access to vision services for young children. In follow-up to the meeting, Commission staff has redeployed consultant services to conduct a planning and feasibility analysis for adapting the pediatric vision care program currently in place in San Diego and now also approved for implementation in Los Angeles. The San Diego model was developed to improve vision, school readiness and health for preschool age children in low-income and

Commissioners

Interim Executive Director

underserved communities. The comprehensive program provides vision screening, exams, and referrals for complete eye examinations, glasses, and specialist eye-care as necessary. The planning and feasibility analysis will examine:

1. What are the available community resources? How are the Commission's current investments (i.e. School Nurses and Community Clinics) meeting this need?
2. What are the current gaps in service? How effective is the referral and follow-up care?
3. How could the Commission leverage the resources and expertise of the UC San Diego mobile vision program? How would this link with existing resources? What other mobile resources exist in the community that could be leveraged?
4. What are potential programmatic and funding options to support vision screening and support services?

Text4baby

The Commission also received a presentation by Dr. Diana Ramos on innovative deployment of mobile technologies for health education purposes. Commission staff has begun its review of the Text4baby technology strategy by conducting an analysis of available program data. The review of data indicates that California has the highest number of unique users (8.6%) although the number of users per 1,000 live births is low (15%). Nationally, of the 48,541,833 Text4baby messages sent:

- 60% of users who enrolled since 2010 are still active
- 65.5% of the messages went to women with new babies, 34.5% to women who were pregnant
- Among pregnant women, 46.9% were in their first trimester, 35.5% in the second trimester and 17.6% in the third trimester

Text4baby data for 2010 through 2012 indicates that there have been 2,103 users who enrolled from Orange County:

- Orange County represents .5% of the total users in the United States and 5.8% of the users in California
- 85.6% of Orange County users speak English as their primary language; 14.4% speak Spanish as their primary language
- Women in all 34 Orange County cities utilized Text4baby. The top five Orange County cities using Text4baby include: Anaheim (27.6%), Santa Ana (14.3%), Fullerton (7%), Garden Grove (5.3%) and Huntington Beach (4.9%).

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STRATEGIC PLAN & FISCAL SUMMARY:

The program has been specifically reviewed in relation to the Strategic Plan and is consistent with all relevant goals. No funding action is requested at this time.

PRIOR COMMISSION ACTIONS:

- September 2012 – Received presentations on the pediatric vision program and health education technology.

RECOMMENDED ACTION:

Receive and file status report on opportunities to adapt a pediatric vision program and Text4baby program in Orange County.

ATTACHMENT:

1. Supporting the Vision Needs of Young Orange County Students

Contact: Alyce Mastrianni

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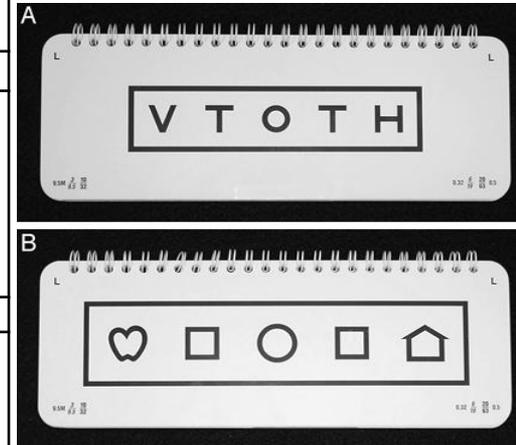
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