Children’s Vision and Eye Care: Coverage, Communities, and Accountability
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ACCESS AND EQUITY
Right resource, Right person, Right time, Right way

RIGHT RESOURCE
- Holistic admissions for health professionals
- Expand paraprofessional role in eye health
- Optimize payment streams
- Evidence-based guidelines

RIGHT PERSON
- 0-3 year old assessment
- Preschool and school-age sustainable programs
- Children with special healthcare needs

RIGHT TIME
- Periodicity and evidence-based guidelines
- Timely access
- Responsive and resourceful care

RIGHT WAY
- Accountability
- Culturally and linguistically appropriate services
- Improved scheduling and care options
- Family and community centered
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Medicaid: Vision Services for Children
Medicaid:
Publicly funded health insurance for people with lower incomes
Medicaid: Who’s eligible?

- Children & pregnant women
- Caretaker relatives
- People over age 65
- People with disabilities
- Expansion
Medicaid: What’s covered?

Early & Periodic, Screening, Diagnostic & Treatment (EPSDT) for children up to age 21
“The goal of EPSDT is to assure that individual children get the health care they need when they need it—the right care to the right child at the right time in the right setting.”

CMS, EPSDT – A GUIDE FOR STATES: COVERAGE IN THE MEDICAID BENEFIT FOR CHILDREN AND ADOLESCENTS (June 2014)
EPSDT Requirements - Periodic Screening

- Medical and developmental
- Hearing
- Dental
- Vision, including eyeglasses
EPSDT Requirements – Treatment

- All Medicaid-covered services necessary to “correct or ameliorate physical and mental illnesses and conditions,” even if the service is not covered under the state plan.
EPSDT Requirements
Outreach and informing

• Oral, written, translated, targeted
• Transportation and appointment assistance (prior to screen due date)
• Coordination with other entities
60%

**Most Medicaid Children in Nine States Are Not Receiving All Required Preventive Screening Services**
Legal Requirements for Medicaid Coverage-NHeLP Reviews

• 2015 Review Laws & Policies, e.g.:
  • NPHL & NHeLP, Survey of Medicaid Managed Care Contracts (May 2015)
• Spring 2017 Reassessment
Vision Law & Policy: Periodicity & content of the screen

- 2015: ~33% of states – AAP, Bright Futures
- 2017: ~50% of states – AAP, Bright Futures

Examples of 2017 Laws & Policies:
- Provider qualifications
- Children with special needs
- Tracking
Maryland

- AAP, *Bright Futures*
- Objective screening requirements
- Treatment options: qualified providers, eyeglasses, contact lens coverage
Illinois

- AAP, *Bright Futures*
- Screening Content Described
- Attention to vulnerable children, *e.g.*
  - CFS requires children in their legal custody to have a vision screening annually beginning at age 3 years until the child reaches age 21 or is no longer in DCFS custody.
  - Vision screening procedures are applicable to children with special needs, including children with developmental disabilities, learning disabilities and hearing impairment, as well as children who use English as a second language. Many should have an optometrist/ophthalmologist on IFSP or IEP team. Refer child to trained optometrist/ophthalmologist if screening difficult.
Minnesota

- AAP, *Bright Futures*
- Objective Screening Criteria
- Difficult to screen:
  - Rescreen untestable children
  - Children who resist having their eyes covered should always be suspected of having a visual deficit in the eye not being covered.
Pennsylvania

- AAP, Bright Futures

- Children with Special Needs:
  - If Network Provider is unable to render an eye exam, in a child age 9 or older, because of the child’s inability to read a chart or follow directions, refer to a participating ophthalmologist.
Florida

- AAP, *Bright Futures*
- Tracking:
  - Providers sent monthly membership list which specifies the health assessment eligible children who have not had an encounter within one-hundred twenty (120) days of joining MCO or are not in compliance with the EPSDT Program.
  - Provider compliance with tracking and follow-up assessed through random medical record review audits conducted by the Quality Improvement Department.
  - Corrective action plans will be required for providers who are below eighty percent (80%) compliance with all elements of the review.
Contact information

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Responding to Significant Public Health Events Impacting Vision:

Congenital Zika syndrome (CZS): a New Syndrome

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• Vision involves more than the eyes, we “see” in our brains
• So when there is an event that affects the brain, especially of a developing infant, first it needs to be recognized, then a response to the needs of the child and family for assessment and appropriate interventions instituted
USA system

- Part C under IDEA
- Referral to infant toddler program for developmental delay or disability determined by each state
- If the delay, for example in visual function is not suspected, the proper referral may not be made.
- Often physical disabilities that can be seen are more easily identified, and the visual impairment may go undetected.
- Vision screening in birth to 3 programs is not consistent
Visual Functioning

• Research and funding may go to characterizing disease processes, prevention, and cures, but not how the disease affects *functioning* of the child and family quality of life, nor what interventions may be appropriate.
The Congenital Zika Syndrome

- March 2015: Zika first noted in Brazil
- October of 2015: First babies born with Congenital Zika Syndrome (CZS)
- The association was made between the severe microcephaly and prenatal infection of mothers from the Zika virus
- eventually a causal relationship was determined.
Characterizing the syndrome

- Subcortical brain calcifications
- Neurological, ophthalmological, motor, auditory/speech-language, cognitive, and other developmental challenges as would be expected as a result of severe congenital brain infection with resulting malformations
• This is a spectrum disorder as are most medical conditions, with the opportunities for the earliest intervention possible to improve developmental outcomes.

• Collaborative assessment is needed in a multidisciplinary manner
Formulating a Plan

- January 2016: CZS associated with ocular lesions and developmental challenges as expected.
- April 2016: it was recognized that there could be an association with CVI given the severity of the congenital brain malformation.
- April 2016, the babies were now 5-7 months, and more in-depth study began at Altino Ventura Foundation (FAV) in Recife, Brazil, to characterize the visual developmental challenges, independent of ocular pathology, and how these may be unique to the CZS.

CDC recommendations

• June 2016: The need to assess babies with CZS not only for ocular lesions, but also for cerebral/visual impairment (CVI) was presented at the CDC and integrated into recommendations for assessment and intervention services.
• Refractive errors were corrected, and poor accommodation in those who could be assessed was corrected with +3.00 overcorrection.
• Assessment/institution of patching was performed.
• Strabismus surgery has not yet been able to be performed, because of the medical fragility of the babies.
• Use of residual vision integrated into all therapies by the early intervention team.
What we learned from Brazil Experience

• Visual impairment may be both ocular and brain based

• Proper assessment must be performed to characterized the VI in new etiologies.

• Accommodations and/or strategies for learning need to be provided to enhance developmental outcomes for the child, as well as provide family support
OVERVIEW

Access to healthcare services for pregnant women and infants affected by Zika virus is critical to help ensure they receive the coordinated care they need. Improved access to care can facilitate early identification of developmental delays in infants and children, potentially reduce the long-term effect of Zika on children and families, and give children the best chance to reach their full potential.

Zika Care Connect (ZCC) aims to improve access to specialty healthcare services for the management of Zika virus infection during pregnancy and outcomes in infants caused by Zika. The program will target the most important and removable barriers to care, as identified by maternal and pediatric care experts. ZCC focuses on women infected with Zika during pregnancy, as well as infants born to mothers with Zika during pregnancy. ZCC and its partners work with communities, families, and patients to ensure they receive the best healthcare possible.

ZCC Provider Referral Network Specialties

- Maternal fetal medicine
- Pediatric neurology*
- Pediatric ophthalmology*
- Radiology*
- Audiology*
- Mental health services

*This includes providers who care for infants, whether or not their scope of practice is exclusively pediatric.
Additional Reading:

**Congenital Zika Syndrome**
3. Zika Care Connect

**Cerebral/cortical visual impairment (CVI)**
1. CVI Scotland with Blog and one hour webinar by Dr. Gordon Dutton
   [http://cviscotland.org](http://cviscotland.org)
2. CVI Sharon Lehman: downloadable PowerPoint On Perkins website
3. AAPOS [https://www.aapos.org/terms/conditions/40](https://www.aapos.org/terms/conditions/40)

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