

Envisioning Good Vision Care for Philadelphia Children



Survey Results of Parents and Eye Care Providers about Vision Care
Benefits in Medical Assistance and The Children's Health Insurance Program

About PCCY

Public Citizens for Children and Youth (PCCY) serves as the leading child advocacy organization working to improve the lives and life chances of children in the region.

Through thoughtful and informed advocacy, community education, targeted service projects and budget analysis, PCCY watches out and speaks out for children and families. PCCY undertakes specific and focused projects in areas affecting the healthy growth and development of children, including child care, public education, child health, juvenile justice and child welfare.

Founded in 1980 as Philadelphia Citizens for Children and Youth, our name was changed in 2007 to better reflect our expanded work in the counties surrounding Philadelphia. PCCY remains a committed advocate and an independent watchdog for the well-being of all our children.

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Introduction, Background & Survey Results

Introduction

Introduction

Since 2009, PCCY has helped convene Philadelphia's Children's Vision Care Coalition, a network of concerned stakeholders working to improve children's visual health in Philadelphia. Its initial focus was to address the large number of children in Philadelphia failing school vision screenings but not receiving follow up care. Since its formation, the coalition has provided vision services to children through its signature "Give Kids Sight Day," a day of free eye exams and glasses for Philadelphia children. After two years and serving over 2,500 kids, the coalition continues to seek out innovative ways to improve vision care services for children.

In surveying parents who participated in Sight Day 2010 and eye care providers, PCCY identified several common barriers to children's vision health such as low levels of knowledge about vision health insurance benefits, parent's difficulty finding an eye care provider and limitations in the vision benefit package. This brief presents strategies that can be applied to overcome such barriers. These initial steps will set forth positive movement in order to achieve the coalition's mission of reducing the number of children who suffer from vision impairments but do not seek follow-up care.

Background

Children & Vision Problems

Between 20-25 percent of children between the ages of one and 17 have a problem with their eyesight^{1,2,3,4}. Vision disorders are the most prevalent handicapping condition in children⁵, and untreated vision problems can lead to physical discomfort, permanent vision loss and limitations in academic performance². Eighty percent of children's learning is achieved through their visual processing of information⁶; therefore, those who have difficulty seeing are more likely to struggle with tasks such as reading, making mistakes copying notes, misaligning numbers in columns, and struggling with filling out Scantron forms to record answers to standardized exams^{2,7,8}. Underscoring the importance of vision to academic achievement, a study conducted in the Oklahoma Public School District among elementary school students found that visual acuity was a greater predictor of performance on specific standardized tests than race or socioeconomic status⁹.

Similarly, a constant strain on the eyes can lead to tension in the face, neck and shoulders. Students who experience vision impairments often develop headaches, and blurred vision further contributes to nausea and dizziness. These physical discomforts can decrease a child's ability to concentrate in school as well as contribute to safety concerns such as falling, tripping and running into objects². Consequently, children may act out or misbehave because of their struggles to see and focus on their school tasks¹⁰.

Vision problems diagnosed and treated early lower the potential to negatively affect a child's development^{5,11}. The American Academy of Pediatrics recommends that children receive a comprehensive eye exam by a vision professional (optometrist or ophthalmologist) upon entering kindergarten and every two years thereafter. However, various barriers keep this from occurring; only 33 percent of young children across the country actually receive eye exams before starting school¹².

Identifying Problems: Vision Screenings

Vision screenings have long been used as the first step in detecting any abnormal visual acuity; they have been able to accurately detect potential vision problems in over three-fourths of children screened¹³. Vision screenings are an efficient and cost effective strategy to reach large groups of children to detect the existence of potential problems. Pennsylvania, along with thirty-eight other states, requires an annual vision screening for school age children¹⁴.

Although vision screenings are successful in detecting the majority of visual problems, they are not a diagnostic tool; therefore, follow-up for failed vision screenings is necessary to identify the cause of poor vision and provide treatment. Studies have found that follow-up for failed school vision screenings has been low, particularly in poor urban settings where children have over twice the normal rate of vision problems¹⁵. Common barriers to follow-up care noted by parents include limited time and/or financial resources, inadequate insurance coverage, deficient notification and outreach mechanisms in school districts and children's refusal to wear eyeglasses²⁻¹⁶.

Pennsylvania's school screening requirements are more extensive than that of many states, requiring school nurses to screen for both near- and far-sightedness, lazy eye (amblyopia), cross-eye (strabismus), color blindness and depth perception¹⁷. Data from the School District of Philadelphia has shown consistently high percentages of students being screened annually. Over the last four academic school years, over 80 percent of students were screened, and numbers from the 2008-09 and 2009-10 school years show that some students were screened twice (Table-1).

Despite the increased number of children being screened, reports indicate that the percentage of children who failed a screening but did not receive a follow-up exam has remained unexpectedly high in these last four years. From the 2006 to the 2009 school year, the percentage of children who did not receive follow-up eye exams after a vision screening has increased from 60-66 percent. This increase presents a persistent and perplexing concern – particularly as new programs have been undertaken by a variety of stakeholders to help connect children who fail screenings to follow-up care.

Table 1: Vision Screening Results for Philadelphia Public School Students in Academic Years 2006 - 2009

	2006 - 2007		2007 - 2008		2008 - 2009		2009 - 2010	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Children Enrolled in the District	174,034	n/a	164,775	n/a	153,865	n/a	154,290	n/a
Children Screened	151,307	87%	134,112	81%	164,320	107%	162,781	106%
Children Failed Screening and Referred for an Exam	19,920	13%	22,055	16%	23,855	15%	23,942	15%
Children Who Received a Vision Exam	8,003	40%	8,221	37%	8,735	37%	8,063	34%
Children Who Did Not Receive a Vision Exam	11,917	60%	13,834	63%	15,120	63%	15,879	66%

Give Kids Sight Day 2010

In response to the large proportion of children not receiving follow-up vision exams after a failed school screening, the Children's Vision Care Coalition established "Give Kids Sight Day," a day of free vision screenings, eye exams and glasses for Philadelphia children. Give Kids Sight Day took place at the Wills Eye Institute and the Jefferson Medical College of Thomas Jefferson University.

In its first year (2009), 1,200 children received care and nearly 470 received glasses. In 2010, 1,400 kids were screened and 595 received glasses.



Among the children who participated in Sight Day 2010, 65 percent reported not having been seen by an eye care provider within the last year. Regarding their health insurance status, about 26 percent had no insurance and of the remaining 74 percent who had insurance, about 30 percent indicated that their children's coverage either did not include vision care (20 percent) or they did not know if their insurance covered vision (10 percent) (Table-2). Uninsured or underinsured (i.e. no vision benefits) children were the very ones Sight Day wanted to attract as it was presumed they were among those most unlikely to access care because of cost concerns.

No Health Insurance	26%
Had Health Insurance	74%
Had Health Insurance That Did Not Cover Vision Care Or Parent Unsure If Vision Care Was Covered	30%

Because most children who came to Sight Day had insurance – and insurance with vision benefits – we were curious as to why they participated in the day of free eye care when vision services were covered by their insurance plans every day of the year.

Children's Health Insurance

In Pennsylvania, virtually every child (born in the United States or who has documentation) is eligible for either Medical Assistance (MA) or the Children's Health Insurance Program (CHIP); four of five children in Philadelphia have public health insurance – either MA (263,000 children) or CHIP (26,000 children). Both MA and CHIP provide vision benefits for children which include eye exams and glasses.



Children with MA are eligible for any vision care services deemed medically necessary; children with MA who lose their glasses or whose vision changes during the year can obtain replacement glasses. If their glasses break, they are to be repaired at no cost. MA approves a specified selection of frames, so if a child wants glasses not available in this selection, his or her parent must pay out of pocket.

Children who have CHIP are entitled to emergency, preventive and routine vision care including one eye exam a year. Children insured through CHIP are entitled to one pair of glasses each year and one additional set of lenses if the child’s vision changes during the year or the lenses are broken. Replacements for lost or stolen glasses are not covered (Table-3).

Table 3: Medical Assistance (MA) and Children’s Health Insurance Program (CHIP) Vision Coverage Benefits		
	MA	CHIP
Eye Exams	At least 1 exam/year *	1 exam/year
Eyeglasses	At least 2 pairs/year *	1 pair/year
Replacement glasses (lost or stolen)	Yes	N/A **

*Prior-authorization by a child’s health insurance company is needed after the first exam within a year or a request for a second pair of glasses within a year.

** CHIP covers up to two sets of lenses but only one eyeglass frame.

Survey of Parents

Methodology

To better understand what motivated families to come to Sight Day, PCCY conducted phone surveys with a sample of families who went to the event and whose child received glasses. We were primarily interested in knowing more about why families who already had insurance came to the event when vision care is ostensibly free to their children every day of the year.

We wanted to know more about families’ barriers to vision care and what could improve their access to care. Five hundred and ninety five children received glasses on Sight Day; we surveyed 91 of these families, representing 120 children who received glasses. Although the findings are not extensive since we talked with such a small sample of parents, they do provide a baseline understanding of the experiences of the families that sought out services on Sight Day.



Insurance Status

About two-thirds of the parents we surveyed reported that their children had health insurance on October 31st, Sight Day 2010, with the majority having public health insurance (MA 30 percent, CHIP 11 percent) that includes vision care (Table-4). Twenty three percent of parents reported that their children had private insurance with 77 percent of these parents stating that their coverage included vision.



Sight Day was designed to provide care to children who had previously failed a vision screening but had not obtained follow-up care – and specifically for children who were uninsured or underinsured (i.e. no vision benefit). Of the 91 parents we surveyed, 62 parents (68 percent), had a child who failed a vision screening prior to Sight Day. This subgroup’s children had a similar insurance status as all of the parents we surveyed (Table-4).

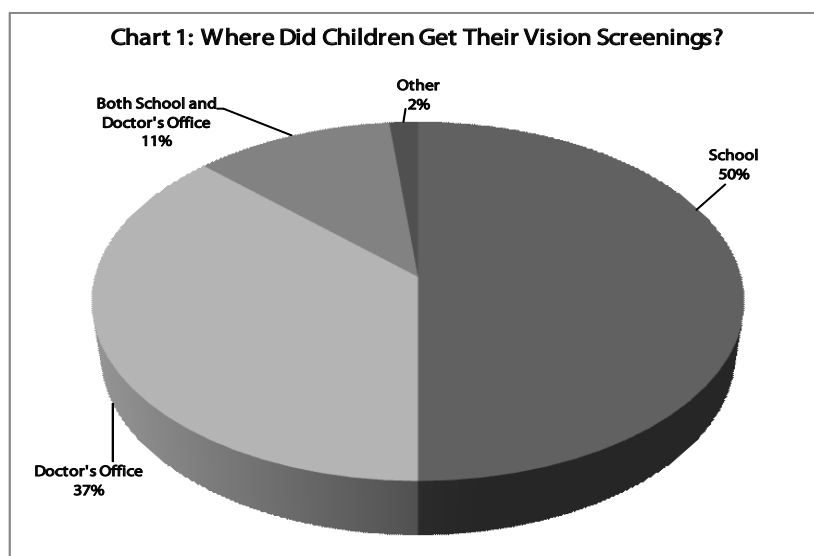
Table 4: Health Insurance Status of All Children Surveyed and of Children Who Failed a Vision Screening Prior to Sight Day

	All Parents (91 responses)	Parents Whose Child Failed A Vision Screening Prior To Sight Day (62 responses)
Insurance Status on Sight Day		
MA	30%	26%
CHIP	11%	11%
Private	23%	29%
None	34%	32%
Don't Know	2%	2%

About two-thirds of the children in our survey had health insurance, the majority having public health insurance – either Medical Assistance (MA) or the Children’s Health Insurance Program (CHIP). One third of the children did not.

Vision Screening

Sixty-two parents surveyed (68 percent), reported their child had failed a vision screening before coming to Sight Day. The most common places where children obtained their screenings were at school and their doctor’s office (Chart-1). These results highlight the great efforts schools are undertaking to conduct vision screenings for their students.



Much work remains to be done, however, to connect children who fail a screening with follow-up care because almost half the parents we surveyed reported they did not take their child to an eye doctor. We did not ask parents why their child had not received a follow-up exam, but from research conducted for a previous publication on children’s vision care we learned that common reasons include not understanding the significance of a failed vision screening, limited access to care and inadequate insurance coverage¹⁸.

Almost half the parents we surveyed reported not getting their child follow-up eye care after they received notice that their child had failed a vision screening.

Reasons for Coming to Sight Day

In designing Sight Day, organizers tried to make the event as convenient for families as possible which included scheduling the event on a single day, in one location, offering free services and not requiring verification of insurance status. Families were also invited to bring all of their children at one time while some vision care offices only allow parents to bring one or two children at a time, potentially requiring some parents to make multiple visits. When asked about their reasons for coming to Sight Day, the main responses among all survey participants were free glasses and exams (45 percent), failing a vision screening (27 percent) and needing replacement glasses (23 percent) (Table-5).

	Free Exams and Free Glasses	Child Failed Screening	Needed Replacement Glasses	Vision Complaint	School Nurse Recommendation
All	45%	27%	23%	14%	14%
MA	48%	19%	22%	15%	4%
CHIP	60%	20%	40%	0%	0%

Replacement Glasses



About 44 percent of the parents surveyed reported that their child had needed replacement glasses in the past. A common concern among parents was the cost of replacing lost and/or broken glasses – although the majority of their children had health insurance.

Fifty percent of these parents reported they got replacement glasses at Sight Day (Chart-2). Some also received replacement glasses from private eye care providers (25 percent) or from another source (2.5 percent). Among the latter two groups, half paid out of pocket for their replacement glasses; about a third used their insurance and got the glasses

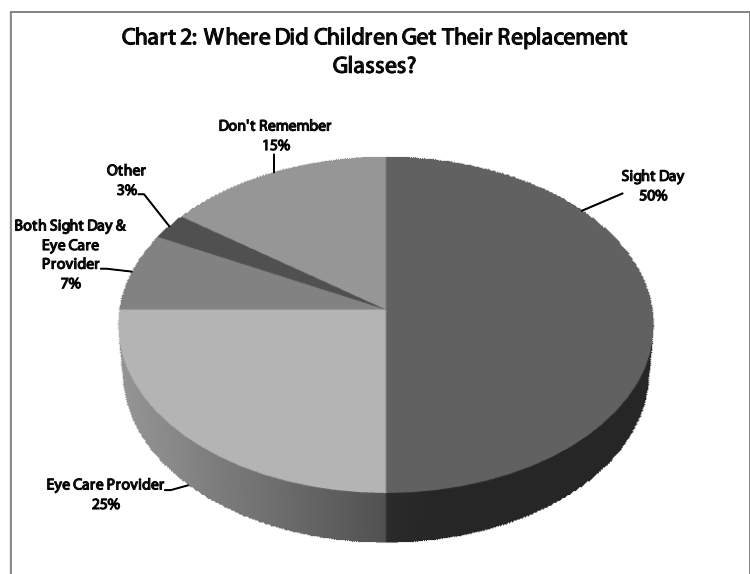
at no cost, and the rest used other free services but not Sight Day. Among the parents who paid out of a pocket, half were covered by MA or CHIP.

All of the MA parents that reported paying out of pocket for replacement glasses said they did so because their eye care provider or insurance company told them their health plan did not cover replacement glasses. Children covered by MA have access to replacement glasses at no out of pocket cost if their glasses are broken or lost. Therefore, the MA parents we talked to were misinformed about their coverage.

CHIP does not cover replacement glasses, yet parents thought it did and explained that they thought they were paying out of pocket for replacements because their child chose frames not covered by CHIP. CHIP parents were also misinformed about their children's vision benefits.

Parents we surveyed told us their eye care providers were the main source of information about their plan's replacement glasses policy. This is a critical piece of information because it appears that eye care staff may be misinforming parents about replacement glasses policies, "forcing" or directing parents to pay out of pocket when that benefit is actually covered under their plan.

Misinformation about benefits may lead families to pay for services that are covered under their insurance.



Overall Parental Knowledge of Covered Benefits

To gauge their level of understanding about the vision benefit, we asked the parents who had MA or CHIP for their children direct questions about what their plan covered. Around two thirds of these parents knew eye exams were covered and more than half knew that eye glasses were covered, but only 15 percent of parents with MA knew that replacement glasses were covered (a benefit not covered by CHIP) (Table-6). More education is needed to support parents in understanding their benefits to facilitate access to services that meet the vision health demands of their children.

	MA	CHIP
Eye Exams	63%	70%
Eyeglasses	52%	60%
Replacement Glasses (lost/broken/stolen)	15%	N/A

Survey of Vision Care Providers

Knowledge of Vision Benefits

Because vision care providers are an important source of information for patients, we also surveyed them about their experience with and knowledge of children’s public health insurance vision benefits. We collected responses from 13 vision care offices in Philadelphia, all of whom accept MA and CHIP. Although the survey group was not large in number, it did provide us a sense of the obstacles and barriers they face when delivering vision services to their young patients.



Staff from almost every office reported that they educate their patients about their vision benefits. Only a small number of offices, however, were able to accurately define the vision benefits in the MA and CHIP programs: Four of 13 staff were able to correctly answer all our questions about MA coverage . The remaining staff inaccurately reported the number of exams and glasses covered by MA and CHIP in a calendar year. They also inaccurately described when prior authorization from the child’s insurance company is required to approve replacement glasses that are lost or broken.

From this small sample of eye care providers, we obtained a sense that some staff/offices have difficulty identifying MA and CHIP benefit packages and distinguishing between the two programs. Consequently, staff may not be providing patients with accurate benefit information, leaving some parents with a false understanding of the services they can access for their children with public insurance.

Conclusion & Recommendations

Conclusion & Recommendations

From these two surveys, we have identified four main concerns that need to be addressed:

1. A large portion of children who fail school vision screenings are still not receiving follow up care;
2. Most children who came to Sight Day had health insurance, but many were not using their vision benefits;
3. Many parents whose children have MA and CHIP do not know which vision services – particularly replacement glasses policies – are covered by their insurance;
4. Parents said that vision care providers were their primary source of information about their children's vision benefits, yet most vision care staff could not accurately describe MA and CHIP vision benefits, therefore, likely misinforming parents.

To address these concerns, we recommend the following strategies:

1. Develop new/alternative failed vision screening notices and outreach efforts.

For the schools:

- a) Ask parents to sign and return the school notice informing them that their child failed a vision screening.
- b) With the notice informing parents their child failed a screening, enclose paper glasses for them to try on with blurry, fake lenses simulating a vision problem to get a sense of what their child may be experiencing. Also enclose information about MA and CHIP vision benefits and a list of vision care providers where they can obtain follow-up care.

For primary care offices:

- a) Ask offices to track and conduct outreach to children who fail a vision screen.

For HMOs:

- a) Identify and track children who fail screenings conducted by primary care providers and follow-up/outreach to these children to assist them in obtaining a vision exam.

For vision care offices:

- a) Have vision care offices provide parents with a note to return to their school documenting that the child received follow-up care (exam, glasses, etc.). Many primary care and dental offices provide par-

ents with a record of their visit to take back to their school. The goal is to make this form a standard in vision care.

2. Mount a public awareness campaign about MA and CHIP vision benefits, including the replacement glasses policy.

- a) Engage the PA Department of Welfare (the agency overseeing MA) and the PA Insurance Department (overseeing CHIP) to raise awareness.
- b) Engage the Southeastern Pennsylvania CHIP and MA insurance plans to launch awareness campaigns.
- c) PCCY and the Philadelphia Children’s Vision Care Coalition undertake a “second wave” multi-media campaign directed at parents and working through school nurses and primary care providers in particular.

3. Clarify MA and CHIP benefits among vision care providers.

- a) Urge the MA and CHIP health plans to take steps to ensure their vision subcontractors and vision care providers accurately understand the benefit packages.
- b) Develop a one page flier clarifying MA and CHIP vision benefits for vision care providers.

4. Conduct a third “Give Kids Sight Day” in 2012.

- a) While simultaneously working on all of the above strategies to increase children’s access to vision care every day, continue to support a large, one-day event to raise the visibility of the importance of children’s vision care and deliver needed follow-up vision care services to hundreds of children.

Maintaining good vision is an important part of keeping children as healthy as possible and promoting child development. Children with unaddressed vision problems are at a disadvantage in school, at home and in the community. In the last several years, PCCY, along with members of the Philadelphia Children’s Vision Care Coalition, have made some strides in addressing the barriers that prevent kids from accessing vision services. However, many children still need help.

Improving parents’ and vision care providers’ understanding of MA and CHIP vision benefits hopefully will result in more children utilizing the services available to them. For those children who have limited or no vision coverage, continued efforts to connect them to care through an event such as Sight Day remain an important avenue.

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