

State Stories for Children's Vision and Eye Health

ARIZONA: Eyes On Learning

Background

Arizona's Eyes On Learning is dedicated to ensuring that young children with vision disorders have early detection and treatment. The Eyes On Learning Vision Coalition consists of state, local, and national organizations that share a commitment to vision health and learning success for all Arizona children. An advisory board provides leadership for Coalition activities. The Coalition was part of NCCVEH's Improving Children's Vision: Systems, Stakeholders & Support Collaborative project (QI Project) and participates in the Better Vision Together (<https://nationalcenter.preventblindness.org/better-vision-together/>) Community of Practice.

Aim: During the development of the QI Project, Eyes On Learning focused on engaging two primary groups:

culturally appropriate parent and caregiver education messaging on children's vision.

1. **Primary care providers.**

The project engaged federally qualified health centers (FQHCs) and primary care practices serving vulnerable populations to improve vision screening and care.

2. **Families.** The project engaged families in focus groups and teamwork to ensure the development of

Leadership and Expertise: The team included three data team members from the Frameshift Group (an organization that specializes in quality improvement [QI] methods), an optometrist, parents, the Chief of the Office of Children with Special Health Care Needs at the Arizona Department of Health; a children's vision health researcher, two family representatives, and the Director of Eyes On Learning.

Companion to *Children's Vision and Eye Health: A Snapshot of Current National Issues, 2nd edition*, which can be accessed at <https://preventblindness.org/wp-content/uploads/2020/07/Snapshot-Report-2020condensedF.pdf>. For more information contact info@preventblindness.org

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Strategies:

- **Instrument-based vision screening.** The Arizona team provided vision-screening training for instrument-based assessments. They also increased access to vision-screening instruments for pediatric practices via a device grant program funded by community foundations.
- **Data collection.** The Arizona team worked with participating primary care sites to collect and report data for the three vision-related measures (the number of children screened, referred, and receiving treatment).
- **Reimbursement for vision screening.** Children's health advocates worked with the state Medicaid agency in 2014 to create a policy for a one-time enhanced payment for automated vision screening for children aged 3 to 5, citing the objectivity and efficiency of using instrument-based screening with young children who are not yet able to cooperate with chart-based acuity screening.
- **Outreach through federally qualified health centers (FQHC).** FQHCs have tested ideas to encourage families to take their children for an eye examination following a vision screening referral. For example, one site tested caregivers' use of impaired vision simulator glasses to demonstrate their child's current blurred vision status. The team also created a colorful one-page flyer that provides information on vision services covered by various types of insurance plans and resources for low-cost or no-cost care. This flyer is available online at <http://eyesonlearning.org/resources/> and can be easily printed in health care provider offices.
- **Parent Partnerships.** The Arizona team created relationships with parents of vision-challenged children to better understand gaps in the current system of care and to vet the feasibility of "change ideas" prior to testing and implementation.
- **Awareness Campaign.** The team partnered with a professional market research firm to create an awareness campaign, "Children Don't Know What They Can't See." The campaign tested images and messages with parent focus groups around the state and aimed were primarily at families and caregivers in vulnerable communities and rural locations. Messages raised awareness of children's healthy vision and encouraged action by asking health care providers about regular vision

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screening during well-child visits.

- **Community Network and Resources.** The team recognized the existing network of pediatric eye care providers and resources for children who are visually impaired or blind and their families. This created a foundation for future outreach programs.

Successes:

- **Instrument-based vision screening.** In participating practices, there were significant increases in vision screening.
- **Data collection.** Data collection led to the development, testing, and distribution in a Photoscreening Implementation Checklist (<https://www.bestcare4kidsaz.com/>)³⁸ in 2018 for health care settings that guided providers on implementing a quality screening and referral process, as well as support, and resources for families for their child's vision health.
- **Reimbursement.** Vision screening for children aged 3 to 5 in the state Medicaid program was made accessible through implementation of a separate reimbursement code and a one-time enhanced reimbursement rate for instrument-based screening. Use of this code provided a minimal level of surveillance in the target population. Further, the enhanced reimbursement rate was nearly four times higher than the normal reimbursement rate and helped to offset the high cost of instrument purchases. With this code, the Medicaid agency created a regular data report for monitoring instrument-based screening use. From 2013–2018, the use of instrument-based screenings increased over 1200% according to Medicaid claim data.
- **Parent Partnerships.** The establishment of parent partnerships was a critical and successful element of this improvement effort. The work resulted in a significant improvement in the engagement of parent/family partners to guide and test messaging to improve parent education about children's vision.
- **Awareness Campaign.** In 2019, the campaign launched with social media messaging (<http://www.eyesonlearning.org/resources/>) and print media. Videos are being developed in 2020.

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Challenges:

- **Data Systems for Tracking.**

The FQHCs recruited by the Arizona team reported that they were performing vision screening for children aged 3 to 5 but had no system to track referrals for follow-up care. The FQHCs had no established data systems that allowed them to easily gather vision screening and referral data to identify gaps and areas requiring improvement. This issue was only resolved in a clinic that still used paper patient records. Clinics using electronic health records could not reliably extract vision data from the system without incurring extensive cost and additional staff time.

- **Systems Improvement.**

The Arizona team engaged three pediatric primary

care practices (including one FQHC) that wanted to improve their systems and outcomes for children's vision. The pediatric practices recognized gaps in their system for tracking child vision assessments along the continuum of care—from office-based screenings through referrals and treatment. The participating offices also had difficulties tracking the completion of vision screenings as well as ensuring that their referred patients followed up with an eye care provider. These office-based settings focused on improving overall rates of vision screening for children aged 3 to 5 and improving children's vision care education for office staff, pediatric providers, parents, and children.

