

**Eye on Education:** What was the purpose of the [National Eye Care Workforce Study](#)? What were you hoping to find? Why now?



**Dr. Heath:** Workforce studies provide information that support informed decision-making on all levels. Unfortunately, optometry is generally not included in federal and state-level health workforce studies and, as a result, it has fallen to the profession itself to assure that reasonable and objective data regarding the optometric workforce is available. The last study was conducted in the late '90s (the Abt Workforce Study of Optometrists) and so much has changed since then that obtaining updated information was critical.

With the implementation of the Affordable Care Act (ACA), optometry is very much at a crossroads with the full integration of the profession into the healthcare delivery system at stake. This study is the first time that optometry and ophthalmology have been looked at together relative to the projected demand for eye care services. In the past, each was analyzed in isolation. This would only be appropriate if the two professions were providing distinctly different services. This is clearly not the case as both provide broad-based medical eye care. As a result, understanding the ability of the two professions to meet the eye care needs of the public is critical in workforce planning and the development of healthcare policy and regulation nationwide.

**EonE:** What do the findings say about the future of academic optometry? For future Doctor of Optometry students?

**Dr. Heath:** First, it is important to consider what the findings say or don't say. Workforce studies by nature are prone to being politicized, with many jumping to conclusions not supported by the data. We'll see this whenever someone chooses to embrace the most unlikely of the scenarios. In this study, that would be either assuming the extreme in demand or in supply. In the first, we would find a dramatic shortage of providers if every child, every diabetic patient and all of the increasingly elderly

population made full use of eye care services – an unlikely proposition. In the second, on the supply side, the expectation that every Doctor of Optometry would be fully booked and every patient would show up is equally folly. As a result, the conclusion that we probably have an adequate number of providers based on current trends is reasonable, but it will need to be actively monitored to assure the growing demand for services is met.

That said, this study needs to serve as a catalyst to a reasonable profession-wide dialogue on the future of optometry, and as a resource for our advocacy efforts.

In terms of our academic institutions, I'm not sure the study changes much. I personally continue to believe that ours is a great profession with unlimited opportunities. That said, I do believe that we need to increase our efforts to provide career planning programs for our students (and graduates) so they can make wise decisions regarding where and how to practice. A critical issue that is not addressed by the study is the distribution of providers. In health care, even when there appears to be a surfeit of providers, there are often large underserved communities both within our cities and among our rural communities. These shortage areas are often what drive federal debate.

It is important to stress that as the ophthalmology workforce is not expected to grow, it will clearly be our graduates who will step in to meet increased demand for services in the future.

**EonE:** What is your overall sense of the study? How it was conducted? The questions asked? The results?

**Dr. Heath:** These studies are quite difficult to develop and execute. There are many more questions than can be reasonably answered, and once completed, many of the unanswered questions appear to be the most important. I think the study team undertook a monumental task and I understand it took them a long time to develop some consensus about what the most critical questions were. (Indeed they deserve our thanks for their dedication and efforts on our behalf.) Given the challenge of these studies, rather than find fault with the research, I think we need to use it to refine additional questions to be investigated. Indeed this is an area where the schools and colleges of optometry could play an important role.

One of the more controversial elements of the study is the question of “excess capacity.” The finding that optometrists report “being able to see 19.8 more patients per week” if every appointment slot is filled and every patient shows up will be attractive to many as the silver bullet to meet increasing demand. Unfortunately, it is also highly unrealistic to expect that to happen. However, I do think we can conclude that there is some degree of unused capacity, but the questions of how much and how to access it are begging to be answered. This is an area where ASCO and AOA working together could support our doctors by investigating what that capacity really is and what are the best practices

through which we can realize that potential.

Other potential questions include workforce distribution, which is very critical from an advocacy standpoint, and gender differences.

**EonE:** Will another study be conducted in the future?

**Dr. Heath:** It needs to be. To validate any of the projections, we need to conduct follow-up studies every five years or so. They may not need to be as comprehensive, but we do need to monitor some of the more critical numbers.

I would suggest that, alternatively, we need to use this study as an advocacy tool for the inclusion of optometry in healthcare workforce studies whenever they are conducted by federal and state agencies. I would look to see where dentistry is included and work towards adding optometry.

My experience in New York State is that if your data is not included in state-mandated workforce analyses, you are excluded from critical policy discussions. Health departments want large, single sets of data from commonly cited sources. When an alternative data set is offered, they will not use it – too different – too difficult to merge – and (if from the profession itself) too suspect.