INTRODUCTION

With 100 million patient encounters each year, optometrists see more individuals annually than almost any other type of provider in the U.S. healthcare system. This level of patient volume places optometrists in a unique position within newly evolving healthcare delivery systems. As optometrists see a high volume of patients on a regular basis, they can be instrumental in helping close care gaps, identifying health risks, improving patient outcomes, driving down costs, and ultimately, creating value for the entities that participate in value-based care models.

“Five percent of a population typically drives 60 percent of annual healthcare costs,” said Jim Greenwood, CEO of Vision Source, a national network of private practice optometrists. “The diabetic patient costs 2.5 to 3 times more, in terms of healthcare consumption, than someone without diabetes. If care delivery systems can influence a mere fraction of these diabetics to become more engaged with the compliance related to managing their chronic condition, there’s a fantastic opportunity to bend the trajectory of the cost curve.”

Optometricists can help identify and manage over 20 chronic diseases through eye health exams, including:

- Diabetes
- Crohn’s Disease
- High Cholesterol
- Juvenile Rheumatoid Arthritis
- Multiple Sclerosis
- Rheumatoid Arthritis

Optical Coherence Tomography (OCT) is a non-invasive diagnostic technique that provides a cross sectional view of the retina. OCT measurements help diagnose macular swelling in diabetics as well as many other retinal diseases.
CLOSING GAPS IN THE CARE CONTINUUM

While the Affordable Care Act continues to bring more insured patients into the healthcare economy, many patients still avoid physician visits, except when they are experiencing acute illness. Many of those same patients, however, likely visit their optometrist on a regular basis. Individuals generally view optometrists as routine care partners who provide a valuable service in dispensing corrective lenses.

But today’s optometrist is much more than a corrective lens prescriber. The profession’s postgraduate education, which includes general anatomy, physiology, eye anatomy and physiology, and pharmacology, enables these eye care professionals to understand and detect chronic disease processes before the patient has symptoms. Optometric technicians are taking vital signs, obtaining medication lists and documenting patient history for the optometrists to review. In this role, an optometrist becomes a valuable liaison between primary care physicians and patients. Optometrists can identify patients who are not following a medication regimen, not scheduling visits with their primary care physician (PCP) or endocrinologist, or are otherwise disengaged.

“In taking a medical history with our patients, we often hear things like, ‘Oh, I don’t take that blood pressure medication anymore..."
because it was making me dizzy.” Meanwhile, the patient’s blood pressure is elevated.” said Bobby Christensen OD, F.A.A.O, Senior Vice President of Clinical Strategies at Vision Source. “We ask them to follow up with their PCP. Sometimes they don’t have a PCP, and then we can refer them to someone in order to facilitate the necessary care. Subsequent to the patient encounter, a report is sent to the patient’s PCP outlining our findings.”

Most health systems don’t operate optometry clinics to provide wellness exams. Instead, health systems and primary care providers rely on patients to maintain and manage their eye health through optometrists and ophthalmologists outside the network. This presents challenges, as reimbursement tied to quality scores—through third-party payers—depends on routine diabetic eye exams being completed, and specific data points being included in the clinical record during those exams. Documentation also needs to be provided in a timely report to physicians and quality control or care coordination specialists, a process that provides significant room for errors and inconsistencies.

The best optometry organizations help medical groups and integrated health systems proactively address and mitigate each of these potential pitfalls through collaborative relationships. These managed networks of optometrists take steps to engage patients in health by:

• contacting patients with reminders about eye exams, and following up with those who miss a scheduled appointment;

• using advanced technology such as optical coherence tomography, providing near cellular level imaging in the treatment and management of diabetic eye disease, macular degeneration and glaucoma;

• limiting the number of unnecessary referrals to specialists;

• producing standardized documentation that covers all required HEDIS data points and is easy for physicians to scan and interpret as well as HCC claims data;

• sending concise reports to the appropriate quality control/coding person(s) in the partner organization.

Each of these steps closes gaps in the care continuum and contributes to improved quality and patient outcomes.

“Our patients appreciate the coordination between offices, because we reach out to them by telephone from their PCP’s office to schedule their eye exams,” said Lawrence Blosser MD, Medical Director of Central Ohio Primary Care. “This proactive approach makes them feel very cared for.”
Improving Population Health

In addition to closing care gaps through increased patient engagement, optometrists can directly improve population health through collaboration with other healthcare providers. How? Through early identification of certain health risks and chronic diseases in patients, and by providing cost-effective monitoring.

There are 20 chronic diseases that optometrists can identify—many in the early, more treatable stages. If an optometrist identifies a potential disease process in a patient, the patient can be referred for appropriate medical testing or treatment. When patients receive early treatment, healthcare costs can be contained.

“Instead of waiting until a problem becomes a big issue, we can address it early on,” said Ken Peach, Executive Director of the Health Council of East Central Florida, which provides data and outcomes evaluations to health systems throughout the southeast region.

Diabetes care is one of the most significant areas where optometrists can contribute to enhanced levels of population health. According to the Centers for Disease Control and Prevention, 1 in 3 American adults are considered pre-diabetic. Of those, 90 percent are unaware.

“The human and societal cost of diabetic retinopathy and blindness is huge,” said Stephanie Copeland, MD, Chief Quality Officer of USMD Health System. Diabetic retinopathy is a major cause of blindness in the United States. “The biggest clinical benefit of partnering with an optometrist for eye care is keeping this population healthy,” she said.

Through early detection of retinal changes in people who may not know they have blood sugar problems, optometrists can positively impact the health of this population: Early detection can lead to early treatment and improved patient compliance, sparing people’s vision and reducing medical expenses across a patient’s lifetime.

But first, some patients must be convinced they are actually at risk for a chronic disease like diabetes. With new technologies, optometrists not only can detect even subtle changes to the retinal tissues, but they can share these images with patients immediately.

“Because diabetes can progress for years without symptoms, a patient might not believe they have this chronic disease. We can engage with these patients, show them the images of their retina and explain the changes to them, and thus influence them to see
a primary care provider,” said Paul Williams, OD, F.A.A.O. of Parkland Eye and Vision, an optometric center in Tacoma, Wash. “The lightbulb really comes on for some of these patients, and if they don’t have a primary care provider, we can refer them to someone specific.”

After optometry refers a patient to a primary care physician or specialist, there is an annual opportunity to re-engage. If the patient has stopped seeing a doctor or is not adhering to certain regimens, an optometrist again has the chance to exert friendly influence on the patient and shepherd him back on track. This cycle of re-engagement can help keep patients healthy—and drive value for providers that need more and better insight into the comprehensive picture of their patients’ health.

Driving Value

One of the most significant contributions optometrists can make is driving value for health systems and other primary care providers, as well as patients, who increasingly share a financial responsibility for their healthcare. They bring value by making early treatment of chronic diseases possible, allowing health systems to appropriately allocate resources and deliver high-quality services at a low cost.

“We don’t want to focus solely on the aftermath of chronic diseases. Instead, we want to help systems get ahead of it. Optometry can play a key role, in this respect, by providing early identification of health problems.”

Ken Peach, Executive Director of the Health Council of East Central Florida

Early intervention reduces the costs associated with chronic diseases. For example, reducing hemoglobin levels in diabetic patients can decrease medical utilization and produce an annual savings of $1,200 to $1,872 per patient.

When these figures are extrapolated to a population of 10,000 such patients, the savings reach at least $12 million. Each time an optometrist manages to
get his or her diabetic patients more engaged with the compliance associated with their disease state, cost savings will follow.

Another way optometrists help drive value is through the appropriate allocation of healthcare resources. In the past, diabetic patients were referred to ophthalmologists for routine retinal monitoring. However, this can be inefficient and unnecessary. Optometrists can perform many of the same functions as an ophthalmologist, enabling patients to see the right provider at the right time. Directing patients to optometrists as a gateway for routine screenings, exams, and disease state monitoring allows ophthalmologists and retinal surgeons to practice at their highest level of licensure by focusing on patients who require advanced treatments.

“Optometrists really lack the perverse incentives to operate on patients,” Copeland said. “Because they’re about keeping patients well and out of surgery, optometry’s objectives align well with value-based care.”

Ophthalmologists don’t always have the capacity to see patients for routine screenings and monitoring. And if these physicians are not able to see diabetic patients at the 24-month intervals mandated by healthcare quality standards for diabetes, then patient outcomes could diminish.

Equally important to driving healthcare quality scores is the documentation provided by the optometrist. Provider systems should look to partner with optometrists who fully understand the complexities of HEDIS or HCC reporting to ensure their records provide adequate information. Failure to do so can be catastrophic for providers overseeing at-risk populations in the Medicare Advantage space, since reimbursements are often tied to performance.

“We have worked with provider groups who believed their documentation would pass audit, but it turned out they were relying on clinical summaries or receiving notes that did not have the backing of the clinical record for their claims,” Williams said. “When we explained this to these groups, they realized they need to have a coordinated, collaborative program that gave them high-quality reports that could pass an audit.”

Providers can avoid a false sense of security about their eye health documentation by partnering with an optometry practice that offers standardized reports covering each required data point. This documentation should be presented in a consistent fashion on the page so it is easy for the physician to interpret for clinical decision-making purposes, or for a population health team to properly
The ultimate goal of any healthcare provider is to keep patients healthy. Despite this, eye care for patients with chronic conditions often falls through the cracks. Primary care providers lack the time, equipment and specialized expertise to perform comprehensive eye exams on every patient each year. Yet without this crucial screening, many patients with the beginning stages of chronic disease are at risk of losing part or all of their vision, as well as experiencing more rigorous and costly treatments down the road.

Optometrists stand at the forefront of engaging patients, detecting signs of systemic disease early and positively impacting population health. At the same time, eye care professionals deliver strong value in a healthcare system that now rewards outcomes and performance over volume.