AMERICAN OPTOMETRIC ASSOCIATION
1505 PRINCE ST., STE. 300, ALEXANDRIA, VA 22314 | 800.365.2219

Roger Jordan, O.D., F.A.A.O.
Chairman, Federal Relations Committee

January 26, 2016

The Honorable Orrin Hatch
Chairman, Committee on Finance
United States Senate

The Honorable Ron Wyden
Ranking Member, Committee on Finance
United States Senate

The Honorable Johnny Isakson
Co-Chair, Chronic Care Workgroup
Committee on Finance
United States Senate

The Honorable Mark Warner
Co-Chair, Chronic Care Workgroup
Committee on Finance
United States Senate

Re: December 2015 Bipartisan Chronic Care Working Group Policy Options Document

Submitted electronically via chronic_care@finance.senate.gov

Dear Chairman Hatch, Ranking Member Wyden, and Senators Isakson and Warner,

The American Optometric Association (AOA), representing more than 33,000 members nationwide, thanks you for your ongoing efforts and the work of the entire Senate Finance Committee aimed at exploring pathways to improve care for Medicare patients and other Americans with chronic conditions. We appreciate this opportunity to offer our insight on this critically important topic, as doctors of optometry already play a key role in helping to identify, treat, and coordinate care for a range of chronic conditions affecting millions of seniors. We look forward to working with you and other leaders in Congress on these serious issues and we stand ready to do even more to help ensure that our nation's Medicare beneficiaries live healthier and more independent lives.

Overall, doctors of optometry play an essential role in the care of chronic conditions, both ocular and systemic. Primary and preventive eye and vision care is a cost-effective way to identify many chronic conditions in their earliest stages, it can help ensure timely treatment, and can play a key role in preventing costly complications while improving quality of life through better vision and the preservation of essential activities of daily living. To help add to your ongoing discussion, the AOA has identified strategies that we believe would save costs for the Medicare program while providing greater access to high quality and quality-of-life improving care. We thank you for your interest in this important topic and look forward to continuing to work with you and other leaders in Congress as you consider strategies aimed at better meeting the health care needs of seniors in communities across America.

Doctors of optometry are eye care professionals who diagnose, treat and manage diseases, injuries and disorders of the eye, surrounding tissues and visual system; which in itself ties to many other systemic systems and diseases. Examination of the eye and associated structures by doctors of optometry thereby plays a major role in a patient's overall health and well-being by detecting and helping to prevent complications of systemic diseases such as hypertension, cardiovascular disease, neurologic disease, connective tissue diseases, arthritis and diabetes - the leading cause of acquired blindness. Doctors of optometry practice in a range of diverse settings and serve patients in nearly 6,500 communities across the country, and in 3,500 of those communities we are the only eye doctors available.

Providing more than two-thirds of all primary eye health and vision care in the United States, doctors of optometry deliver up to 80 percent of all primary vision and eye health care provided through Medicaid. Recognized as Medicare physicians for more than 25 years, doctors of optometry provide nearly six million Medicare beneficiaries with medical eye care services each year. Increasingly through Medicare Advantage plans, doctors of optometry provide seniors with regular comprehensive dilated eye examination – recognized by both the Centers for Disease Control and Prevention as well the National Eye Institute as the only way to detect numerous vision problems and eye diseases in their earliest and most treatable stages.

The optometrist, as the primary eye care physician, understands how a patient's medical eye care needs are intertwined with complex chronic care needs. For example, doctors of optometry are key players in the diabetes care management team and play an important role in early detection and continued monitoring of hypertension and thyroid dysfunction. In fact, doctors of optometry provide key treatment for a range of conditions that impact America's seniors and are essential to the success of any program aimed at providing better care at lower costs to patients with chronic conditions. A dramatic number of systemic diseases affect ocular heath and vision, requiring primary eye care to have an important role in the overall health care of our aging community. For many Americans, optometry is often the entry point into the health care system, making doctors of optometry true, first-contact primary care providers.

To be sure, the aging process can have a devastating impact on ocular health and vision making the maintenance of good ocular health and vision vital in the geriatric population. As people age, the occurrence of eye disease increases. Age-related macular degeneration is the leading cause of vision loss in the aging population. Glaucoma and cataracts are quite common among this population, as well, but can be treated in most cases if found in a timely manner. But when left untreated, these diseases can cause irreversible vision loss, a loss of independence and often worsening health. Being that ocular disease cannot be observed by lay or medical providers and are usually asymptomatic and not painful, most patients may not be able to tell that something is changing until significant visual function is lost. All of these factors make regular ocular health and vision care in the geriatric population vital in maintaining the quality of life, in maximizing activities of daily living and in the prevention of injury, such as falls and in reducing hospital readmission due to self-medication errors.

AOA Policy Recommendation: Advancing Team-Based Care

-Reducing Medicare Costs and Improving Seniors' Lives by Preventing and Ensuring Early Diagnosis and Treatment for Diabetic Eye Diseases

Today, nearly 30 million Americans are thought to be suffering from diabetes, with nearly 8 million unaware that they even have the disease. Among the Medicare population, the prevalence of diabetes is growing at an alarming rate, with nearly 12 million seniors affected by

the disease. According to the Centers for Medicare and Medicaid, at least 32 percent of overall Medicare spending is attributed to the diabetes population. In Americans under the age of 74, diabetes is the leading cause of vision loss. Often there are no visual symptoms in the early stages of many diabetic eye diseases, including diabetic retinopathy – the leading cause of blindness among diabetics.

Additionally, seniors and others with diabetes are at higher risk for a range of related eye diseases, including cataract and glaucoma. That is why it is important that those diagnosed with diabetes have an initial comprehensive dilated eye examination performed by an eye doctor after the onset of diabetes and regular comprehensive dilated eye exams performed by an eye doctor thereafter. Early detection and treatment can limit the potential for significant vision loss and even blindness while saving Medicare and other health care efforts from costs associated with delayed diagnosis and treatment.

As part of any legislation aiming to help address the needs of seniors with chronic conditions, the AOA urges lawmakers to consider the inclusion of language that would create a national diabetic eye disease prevention project – to amplify what is currently being done on a limited basis through the Physician Quality Reporting System (PQRS) and Accountable Care Organizations (ACOs) through the Shared Savings Program. Based on the existing model, such an effort would incentivize primary care providers to refer patients newly-diagnosed with diabetes and diabetic beneficiaries who have not had an eye exam within five years to local eye doctors for comprehensive dilated eye exams.

Recognizing the importance of preventive eye care in helping to ensure early diagnosis and treatment of eye diseases in patients with diabetes, there are quality measures that currently exist to evaluate the eye care provided to those patients. These measures seek to evaluate not only the care provided to the patient, but also whether there is adequate care coordination and communication among the diabetes care team members.

Current PQRS measure 19 (NQF 0089) “Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care” captures whether clinicians who provide the primary management of patients with diabetic retinopathy appropriately communicate to the physician who manages the ongoing care of the patient. PQRS measure 117 (NQF0055) “Diabetes: Eye Exam” seeks to capture whether patients diagnosed with diabetes receive necessary retinal or dilated eye exams.

Additionally, beginning this year, ACOs participating in the Medicare Shared Savings Program are being held accountable to make sure Medicare patients with diabetes have annual comprehensive dilated eye examinations. While these quality measures are a step in the right direction to ensuring that patients with diabetes receive timely diagnosis of diabetic eye diseases and necessary follow-up eye care, it is clear that more needs to be done to ensure that the millions of Americans who currently have diabetes and are not impacted by these ongoing efforts receive the diagnosis and treatment that they need.

According to the most recent data from CMS, only 51 percent of eligible professionals are participating in PQRS and a much smaller number of providers are ACO participants. This means that the Medicare program is now missing important diagnosis and treatment opportunities for a large percentage of beneficiaries already at a higher risk for a range of diabetic eye diseases. This creates higher costs for the Medicare program and low quality of life for America’s seniors.

As such, the AOA believes that lawmakers should consider including within any chronic care legislation a national demonstration project that would provide incentives for primary care providers to refer Medicare patients diagnosed with diabetes for comprehensive dilated eye exams performed by an eye doctor. Such an effort could require a report from the eye doctor back to the primary care provider with the results of the findings within a set amount of time. A MedPAC/GAO study could also be completed to assess progress with the demonstration project and strategies for ensuring that all Medicare patients diagnosed with diabetes receive annual comprehensive dilated eye exams to help limit the potential for significant vision loss and even blindness among Medicare beneficiaries.

AOA Policy Recommendation: Expanding Innovation/Technology/etc.

-Ensuring Appropriate Telehealth Services and Protecting Patients from Inappropriate Use

Telehealth services may be beneficial to patients and providers. When used appropriately, the technology can offer new access points for those living in remote or other underserved areas, where providers are often scarce or non-existent. It can help health care providers better communicate with their patients and with their colleagues as well as the broader interdisciplinary health care team. And, it can also help doctors monitor patients with a diagnosed disease, meaning closer and more convenient observation of disease and the impact of treatment. In fact, the AOA supports the use of telehealth to provide greater interaction between patients with diagnosed disease and their eye care provider. For instance, optometry has long- participated in telehealth efforts to monitor diabetic patients for progression of diabetic retinopathy. However, while telehealth may offer benefits, it also has serious drawbacks when it is not used appropriately, including the potential for disrupting the doctor-patient relationship and putting patients at an increased risk for delayed or even completely-missed diagnosis and care opportunities. This is especially true when telehealth is used as a replacement for an in-person comprehensive eye health and vision exam provided by an eye doctor. Only a preventive and primary eye health and vision care intervention that can diagnose and ensure treatment for the complete range of vision and eye health issues that may impact a patient.

The AOA supports appropriate use of telehealth services within the Medicare program, especially when augmenting services that can be easily interchanged with little or no patient impact. We believe that telehealth has great potential to better serve the needs of the public and that it should be encouraged, but only when used appropriately. However, we strongly believe that telehealth should never be used as a substitute for an in-person comprehensive eye health and vision exam provided by an eye doctor nor to bypass doctors who are available to the patient to provide face-to-face care. It is best used to help monitor diseases including eye diseases, though only for those with diagnosed disease and between regular comprehensive eye health and vision exams. The only way to truly ensure a patient's vision and eye health is through regular comprehensive eye health and vision exams, which cannot be substituted by a telehealth service.

We believe that Congress must make it clear that the telehealth service can only substitute for an in-person visit when those services are interchangeable and will not negatively impact the patient, or when there is no possible access to a provider who can provide the service face-to-face. Any decisions to supplement healthcare and professional service delivery outside the in person care continuum should only be made by the doctor of optometry after in person vision and eye care is provided to the patient, and in a manner that maintains consistency with evidence-based guidelines (EBGs), all the while assuring patient adherence to recommendations made by their doctor of optometry. For example, when a disease specific telehealth eye screening - such as a limited glaucoma screening - is done in place of a comprehensive eye health and vision exam provided in-person by an eye doctor, the patient may lose out of the

opportunity for identification and early treatment of many other eye and vision problems that they may not know that they have, including a wide range of eye disease that can be successfully diagnosed and treated. We feel that this point must be clearly defined to ensure that the delivery of a lower level of care is what is best for patients and not simply a lower level of service or simply a less costly but not appropriate service.

As you continue working toward solutions aimed at improving care for Medicare patients with chronic conditions, the AOA urges you to consider the key role that the range of eye health and vision care services provided by doctors of optometry can play in preventing disease, improving quality of life, and saving money for the Medicare program. As such, we urge you to consider including within any legislative package a provision to better ensure that Medicare patients with diabetes receive cost-saving and quality of life-improving primary and preventive eye and vision care and language which guarantees that inappropriate uses of telehealth do not disrupt the doctor-patient relationship and place patients at greater and unnecessary risk for delayed or even completely-missed diagnosis and care opportunities.

On behalf of our membership and the millions of patients that doctors of optometry serve each year, we thank you for considering these comments and using our feedback to inform your ongoing considerations. Please contact me or Matt Willette of the AOA's Washington office at mwillette@aoa.org or (703) 837-1001 if you have questions or need additional information about these comments.

Sincerely,

Roger Jordan, O.D., F.A.A.O
Chairman, Federal Relations Committee
American Optometric Association

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