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

June 22, 2015

The Honorable Johnny Isakson
Co-Chair, Chronic Care Workgroup
U.S. Senate Finance Committee
219 Dirksen Office Building
Washington, DC 20510

The Honorable Mark Warner
Co-Chair, Chronic Care Workgroup
U.S. Senate Finance Committee
219 Dirksen Office Building
Washington, DC 20510

Re: May 15 letter regarding pathways to improving care for Medicare patients with chronic conditions

Submitted electronically via chronic_care@finance.senate.gov

Dear Senators Isakson and Warner,

The American Optometric Association (AOA), representing more than 33,000 members nationwide, applauds your ongoing efforts and the work of the entire Senate Finance Committee aimed at exploring pathways to improve care for Medicare patients with chronic conditions. We appreciate this opportunity to offer our insight on this important topic, as doctors of optometry already play a key role in identifying, treating, and helping to coordinate care for a range of chronic conditions affecting 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 our nation's Medicare beneficiaries.

Overall, doctors of optometry play an essential role in care of chronic conditions, both ocular and systemic. The AOA has identified strategies to save costs for Medicare while providing greater access to high quality care. Primary and preventive eye and vision care identifies chronic conditions in their earliest stages, ensures timely treatment, and can prevent costly complications while improving quality of life through better vision and the preservation of essential activities of daily living. We thank you for your interest in this important topic and look forward to continuing to work with you and other leaders 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 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 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 numerious vision problems and eye diseases in their early 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 among numerous other diseases and disorders. In fact, optometrists 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.

<u>The Role of the Optometrist in Treating Patients with Chronic Conditions:</u>

-Doctors of Optometry are Adequately Distributed throughout the Country to Treat Patients with Multiple Chronic Conditions

- Prevalence rates of Medicare fee for service beneficiaries with six or more chronic conditions in 2011 ranged from 7% (Alaska and Wyoming) to 18% (Florida and New Jersey). [i] It is critical to ensure that these patients have appropriate access to care.
- 18,976 ophthalmologists were enrolled in Medicare in 2011 compared to 32,404 optometrists.

-*Doctors of Optometry are on the front line treating patients with multiple chronic conditions*

- According to Medicare claims data, elderly individuals with non-proliferative diabetic retinopathy (NPDR) and proliferative diabetic retinopathy (PDR) may be at higher risk of age-related macular degeneration compared to those without diabetes mellitus or diabetic retinopathy.
- A 2009 study found that "Adults with visual impairment and severe depressive symptoms were more likely than adults with neither condition to smoke, be obese, be physically inactive, have fair-poor health and have difficulties with self-care and social participation."[ii]
- A 2006 study found that "Of the 5.7 million people who are estimated to have vision loss, 3.2 million report risk of mild-to-moderate depression, 350,000 report risk of severe

depression, 1.2 million have vision loss and diabetes, and 3 million report both vision and hearing loss."[iii]

-Doctors of Optometry are Key Players in the Diabetes Care Management Team

- 10.9 million, or 26.9% of people age 65 years or older have diabetes.[iv]
- In 2025, 6,600,000 Americans are forecasted to have diabetes related vision impairment.[v]
- Pre-diabetes, which often progresses to type 2 diabetes within 10 years if preventive action is not taken, affects 79 million Americans.[vi] Optometrists play a critical role in detecting pre-diabetes and in contributing to the coordination of care that is essential to prevent the development of overt Type 2 diabetes.
- Early detection of pre-diabetes and diabetes, including, appropriate team care management is critical to reducing and curtailing this epidemic.
- Optometrists perform the majority of comprehensive, dilated eye examinations for people with diabetes in the United States and are well versed in the treatment and management of diabetic eye disease.
- Comprehensive eye exams can help about 65% of adults with diabetes and poor vision through appropriate eyeglasses.[vii]
- Dilated eye exams can detect early warning signs of diabetic eye disease to help preserve an individual's sight.
- Optometrists are committed to educating their patients about ways of preventing type 2 diabetes and minimizing eye complications caused by diabetes.
- People with diabetes are at a significantly higher risk for developing eye diseases including glaucoma, cataracts and diabetic retinopathy.
- People with diabetes are 60% more likely to develop cataracts. They also tend to get them younger & have them progress faster.
- Those with diabetes are 40 percent more likely to suffer from glaucoma resulting in gradual peripheral vision loss.
- The risk of glaucoma among people with diabetes increases with age and duration of the disease and by 2050 the current rate of glaucoma among individuals with diabetes is expected to rise by a factor of 12 times the current rate.[viii,ix]
- If current trends continue, experts predict that 1 in 3 U.S. adults will have diabetes by 2050.[x]

-Doctors of Optometry Play an Important Role in Early Detection and Continued Monitoring of Hypertension

- 67 million American adults (1 in every 3 American adults) have hypertension.[xi]
- Since the 1970's the optometric profession has acknowledged the significant public health concern that is hypertension and has worked to identify ways to help decrease the prevalence of this condition.[xii]
- Optometrists are critical for early detection of hypertension as ocular changes can be the initial finding in an asymptomatic patient with hypertension.[xiii]
- Patients who are found to have ocular changes related to hypertension are routinely referred to other health care providers for additional treatment.
- Patients with diagnosed hypertension also require monitoring for changes in vision health as high blood pressure can damage the blood vessels in the retina.[xiv]

- *Doctors of Optometry Provide Key Treatment for a Range of Conditions that Impact America's Seniors*

- In addition to their important role in identifying and monitoring conditions such as diabetes and hypertension, optometrists can assist in early detection and management of immune system disorders such as Sjögren's syndrome[xv], rheumatoid arthritis (RA)[xvi] and systemic lupus erythematosus (SLE)[xvii] which often have ocular manifestations.
- Optometrists are also essential to reducing the number of falls in the elderly through early detection of visual impairments.[xviii]

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, 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.

Some seniors might not feel the need to see an eye care provider yearly or ever, despite the fact that most ocular disease cannot be observed by lay or medical providers and are usually asymptomatic and not painful. Patients may not be able to tell you 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.

Systemic diseases, other than diabetes, can impact ocular health and visual function as well. These diseases range from strokes to cardiovascular disease impacting blood flow to thyroid function. In addition to disease processes, falls can result in serious bodily as well as ocular injury- injury to the orbit, the globe itself or even the displacement of an intraocular lens. Though it may be obvious that eye health is an important aspect of healthy aging, ocular health and vision are most commonly ignored.

<u>AOA Policy Recommendations:</u>

-*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 demonstration 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 with diabetes 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.

-*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.

-Managing Chronic Care Conditions

Medicare currently allows for reimbursement for certain chronic care management services and the Medicare Access and CHIP Reauthorization Act (MACRA) also provides for reimbursement for practitioners who manage the care of a patient with chronic conditions. Unfortunately, MACRA included a needlessly restrictive policy regarding the practitioner types eligible to report these services. As is noted above, doctors of optometry play a key role in managing chronic conditions and are adequately dispersed throughout the country to treat patients with multiple chronic conditions. The AOA believes that to best serve Medicare beneficiaries, any practitioner who is able to perform the required care management tasks should be eligible for reimbursement for providing these services, regardless of their licensure type. By limiting the practitioner types who can report these services, Congress limits a patient's choice in selecting a practitioner with whom they may feel most comfortable serving as their care manager. We encourage Congress to remove these types of unnecessary barriers as you continue your work in this important area.

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

[i] http://cms.gov/mmrr/Briefs/B2013/MMRR2013_003_03_b02.html
[ii] http://www.ncbi.nlm.nih.gov/pubmed/19469606
[iii] http://www.afb.org/jvib/jvib001307.asp
[iv] http://www.diabetes.org/diabetes-basics/diabetes-statistics/
[v] http://www.altfutures.org/diabetes2025/
[vi] Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.
[vii] See reference #6
[viii] Vision problems in the U.S.: prevalence of adult vision impairment and age-related eye disease in america. 2008. Prevent Blindness America. http://www.preventblindness.net/site/DocServer/VPUS_2008_update.pdf?docID=1561
[ix] NHIS/US Census Data; *Arch Ophthalmology*, 2008; 126 (12)
[x] See reference #6
[xi] CDC. Vital signs: prevalence, treatment, and control of hypertension—United States, 1999-2002 and 2005-2008. *MMWR*. 2011;60(4):103-8.
[xii] http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.67.10.977
[xiii] http://emedicine.medscape.com/article/1201779-overview#showall
[xiv] http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001994/
[xv] http://www.pneumonologia.gr/articlefiles/20060516_Kassan_et_al.pdf
[xvi] Fujita M, Igarashi T, Kurai T, et al. Correlation between dry eye and rheumatoid arthritis activity. Am J Ophthalmol 2005;140:808-13
[xvii] http://rheumatology.oxfordjournals.org/content/46/12/1757.full
[xviii] http://ageing.oxfordjournals.org/content/32/1/26.full.pdf