



More Than Meets the Eyes

Eye medical/surgical vs. routine vision insurance plans

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A comprehensive eye care program has a greater effect on patient health, continuity of care, and cost to the health plan.

Vision benefits have, historically, been a standalone benefit, separated from the medical management of comprehensive ocular health. Not only does this create a confusing distinction, but it often results in inefficiency and negative effects on a patient's long-term health.

An easy strategy is an eye medical/surgical program, which allows the eye care practitioner to offer continuity of care. The doctor, able to schedule and often administer treatment on the spot, does not have to pass the patient off to yet another doctor, which costs more time and more money and creates more barriers to care. In other words, eye medical/surgical plans help ensure greater patient compliance, which improves overall patient health—and the bottom line of the health plan.

Access to Care

If you're reading this, you've probably had at least one routine eye exam. You've told the eye doctor about your vision, and the doctor has looked deep into your eyes. Your pupil responses, visual field perception, and near and far subjective refraction were tested, as were your binocular and ocular mobility. Depending on your age and vision deficiencies, your pupils were dilated, and you were tested for glaucoma by a device (tonometer) that blows a puff of air into your eye to gauge the pressure inside it.

But according to the National Academies of Sciences, Engineering and Medicine, 16 million people still have vision problems that can be corrected with glasses, contact lenses, or surgery, yet many cases remain undiagnosed due to lack of insurance.¹

In the world of government managed-care programs, many beneficiaries don't get the eye care they need, and it's not by choice. For those of an age when eye health is most at risk, Medicare specifically excludes vision coverage. And among the more than 72.5 million people (one in five) enrolled in Medicaid and CHIP⁴, only those under age 21 (about 35 million) are guaranteed at least minimal coverage for vision as part of the essential pediatric benefit.⁵

According to the Bureau of Labor Statistics, 23 percent of workers have access to a vision benefit offering, but only 18 percent participate.² And that's a curious statistic—not only because about 75 percent of adults need some sort of vision correction³, but also because commercial vision insurance costs members as little as a few dollars per month for, potentially, hundreds in annual savings.

Routine vision coverage provides great benefits for those who require standard eye care needs such as glasses, contact lenses, and traditional vision aids. But it's just a steppingstone to comprehensive eye care. Full eye medical/surgical coverage includes that routine care, but it also allows the doctor to perform to his or her scope of practice and, most important, enables the patient to more easily follow through with treatment. For government beneficiaries, eye medical/surgical coverage can have the greatest impact on the health plan's bottom line and on the health—and life—of its members.



One in five is enrolled in Medicaid and CHIP⁴

That's more than 72.5 million people in the U.S.

Only half are guaranteed vision coverage⁵

Only those under age 21 (about 35 million) are eligible for the essential pediatric benefit.

Vision and Health

For anyone still unsure whether eye health coverage is a crucial benefit for everyone, let's look at how overall health is affected by or affects the eyes.

An old proverb says the eyes are the window to the soul. They are also a window to the rest of the body. Dilated eye exams can detect more than 30 systemic diseases, including:¹⁰

- Hypertension
- High Cholesterol
- Nerve Disorders
- Stroke
- Drug-Related Maladies
- Graves' Disease
- AIDS
- Herpes
- Autoimmune Diseases
- Certain Cancers

Regular eye exams uncover diabetes, diabetic eye diseases, and a number of other vision issues, including age-related macular degeneration (AMD), lazy eye (amblyopia), digital fatigue syndrome, and more.

The leading cause of preventable adult blindness in the U.S. is diabetic retinopathy. Nearly half of those with diabetes are in at least the beginning stage of diabetic eye disease, but only half of them are even aware of it because they do not see their eye doctor regularly.⁶

Diabetes contributes to low vision and cataracts, too—important because one person in 10 has diabetes.⁷ That ratio increases to more than one in four in those people over age 60.⁸ In 2017, prescriptions for diabetes medications rose 40 percent over previous years among Medicaid beneficiaries.⁹ So if age alone increases the risk of diabetes and the degradation of sight, age and diabetes are a problematic combination.

Further, vision loss affects a person's quality of life, contributing to depression and anxiety. Those with failing vision are less likely to be able to perform basic tasks on their own such as driving, shopping, and housework—called Instrumental Activities of Daily Living (IADL)—leaving them dependent on others.¹¹ In fact, those with reduced IADL performance were shown to have a 31 percent higher mortality risk.¹² They are also at greater risk for falls.¹³

Lest we think this is a worry only for the elderly, here's a quick reminder about those 16 million people with undiagnosed/uncorrected vision errors. And we haven't yet touched on the recent epidemic of children's eye health issues. Screen time has been blamed for computer vision syndrome (digital eye strain) and a rise in dry eye and progressive myopia in children.¹⁴ Vision problems put their learning, socialization, and long-term health at risk.¹⁵

Despite all this evidence to the contrary, few people consider vision issues to be "life threatening," so even the simplest treatments are often eschewed in place of other time or financial needs.¹⁶

Glaucoma: a Case Study Sheila Gowdy, O.D.

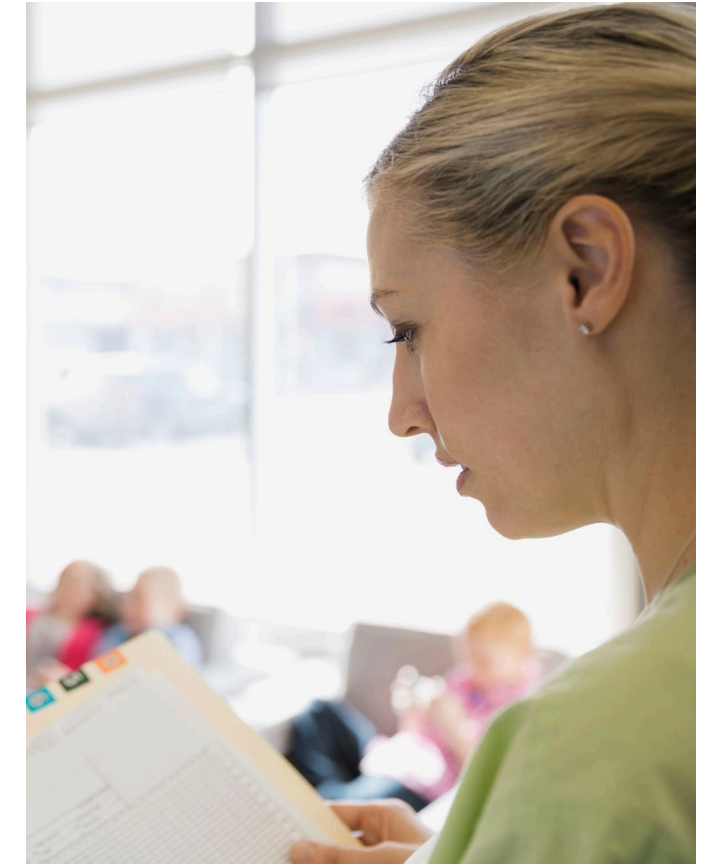
R.C. came into our office for a routine eye exam and had only one vision complaint. His best corrected vision was 20/30 right eye and hand motion left eye. He said, "I hate taking medications, and I'm fit as a fiddle."

R.C.'s intraocular pressure was higher than normal at 24/26 mmHG OD/OS. While this was important, it was not alarming. Dilating R.C. proved to be a challenge because he did not like medications. After being dilated, however, his optic nerves revealed advanced cupping in both eyes, with little to no nerve fiber layer or optic nerve rim present in the right eye, a condition we typically call "cupped out." His left eye was not far behind.

When pressed for more information, R.C. revealed that he may have taken "some drops" but decided to stop on his own because he couldn't "see" how they were useful.

R.C. required very gentle handling and soft communication. He was clearly a man who had always been in charge. After a 40-minute discussion, he was persuaded to see a glaucoma specialist and resume his drops. Visual field and fundus photos were taken in order to allow R.C. the opportunity to "see" the significance of his vision loss and need for care.

R.C. will be followed by me every three months, not just for his glaucoma work up, but also for his compliance check and big-sister talk.¹⁷



Diabetes care, STAT

Patients seeking routine vision care should look no further than their regular eye doctors for prevention and treatment of diabetes-related eye disease.

1 in 10

people have diabetes⁷



1 in 4

people over 60 have diabetes⁸



1 in 20

people have diabetes, and are in the beginning stage of diabetic eye disease⁶



1 in 40

people with diabetic-related eye disease aren't aware they have it⁶



Diabetic Retinopathy

Leading cause of preventable blindness⁶

Vision vs. Eye Medical: Patient Compliance

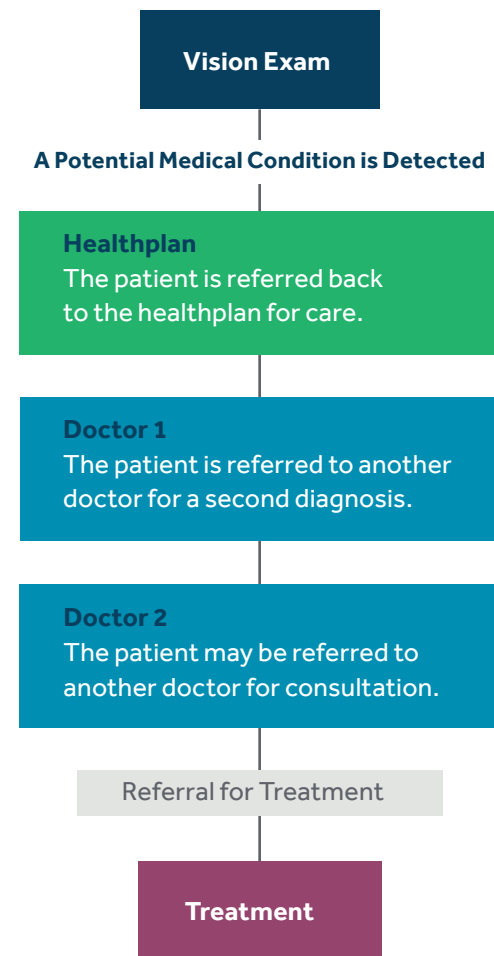
The relationship between the eyes and the body makes clear the importance of vision care to overall health. But is vision insurance enough?

The typical plan provides little more than a savings on the cost of vision aids such as glasses and contact lenses. But what if, in the course of an eye exam, a doctor discovers something more serious—diabetic retinopathy, skin cancer on the eyelid, retinal detachment, or another condition that requires medical/surgical intervention? The patient will then be referred back to the health plan and to a different doctor for a second diagnosis, possibly another referral, and then, finally, treatment, putting in serious jeopardy the patient's ability and desire to comply.

In a 2003 study on the "challenge of patient adherence," the authors found that "[q]uality healthcare outcomes depend upon patients' adherence to recommended treatment regimens. Patient nonadherence can be a pervasive threat to health and wellbeing and carry an appreciable economic burden as well."¹⁸

Almost fifteen years later, the problem is still pervasive, and the cost is still high: "Patients who don't listen to their doctor—whether it's a choice or for reasons out of their control—put their health in jeopardy and create enormous costs for the health care system."¹⁹

A patient's journey with a vision plan



Obstacles to care

Dr. John Meigs is a family doctor in the small, rural town of Centreville, Alabama. About half of his patients are covered by Medicare or Medicaid and are noncompliant due to factors outside their control. "From food scarcity to environmental factors, there are countless barriers to health and wellness that our patients face every day," he says. "Being in a rural area adds another layer of complexity on top of the significant role social determinants of health play in affecting patient health outcomes."²⁰

Likewise, patients on government assistance across the country may lack coverage or be unable to afford their copays. Transportation to and from a doctor's office or for a test may be an obstacle, as may missed work time. Patients "must routinely make tough choices about how to spend their money, and medical care often has to wait behind food, shelter and other necessities."²¹ Other barriers include language, education, mental illness, or, most likely, some combination of these.

Vision vs. Eye Medical: Continuity of Care

Research confirms that continuity of care "helps the patient in the long run with consistent health care."²² But what exactly is it?

The American Academy of Family Physicians defines it as "the process by which his/her physician-led care team are cooperatively involved in ongoing health care management toward the shared goal of high quality, cost-effective medical care. ...[It] reduces fragmentation of care and thus improves patient safety and quality of care."²³

According to the NIH's Library of Medicine, having the same provider produced a greater level of patient satisfaction. "The importance of staying with one doctor for care becomes evident when we talk about 'hand-offs' in medicine...there is always the possibility that something will get missed or forgotten when someone new takes over."²⁴

In an *Annals of Family Medicine* study, a team led by Dr. Andrew Bazemore used Medicare claims data to determine whether there were, indeed, connections between higher physician continuity and lower healthcare costs and hospitalizations. Patients treated by doctors who scored high for continuity spent 14.1 percent less on healthcare (about \$1,000 per year) and were 16.1 percent less likely to need hospitalization.²⁵

Care continuity and patient health²⁵

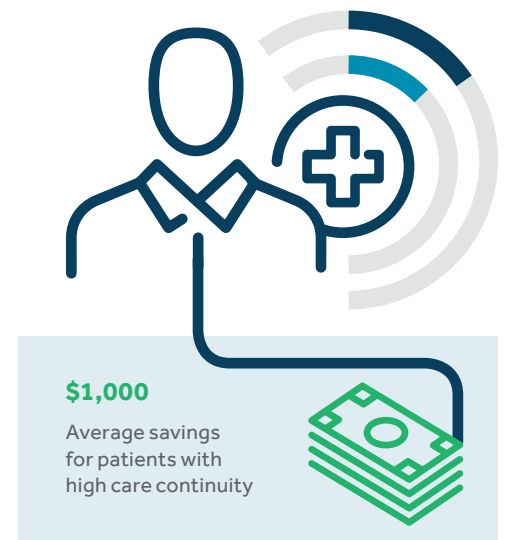
For patients who scored high for care continuity:

14.1%

less was spent on their healthcare

16.1%

were less likely to need hospitalization



Ophthalmologists, Optometrists, and Opticians

Who does what?

Ophthalmologists

are eye doctors who practice medical and surgical eye care. They can give eye exams and diagnose and treat eye diseases, care for eye trauma, and perform some plastic surgeries related to the eyes.

Opticians

are not doctors. They are the pharmacists of the vision care world, working with patients to choose, repair, adjust, and measure for vision correction devices like glasses and contact lenses.

Optometrists

are eye doctors who perform vision exams and tests and can treat vision-related conditions. They can also detect and treat eye diseases and injuries.

Vision vs. Eye Medical: Health Plan Dollars

So we see that continuity of care results in less spending for the health plan and the patient due to reduced physician visits and diminished need for hospital visits. But there are other ways to decrease the amount a health plan spends on its members.

For instance, health plans that divide their eye coverage in two, with routine vision and eye medical/surgical care delivered by different insurers, can find themselves delivering duplicate eye exams, duplicate eyewear, and duplicate testing. Paying duplicate claims is avoided when one plan covers all, regardless of who actually pays these claims.

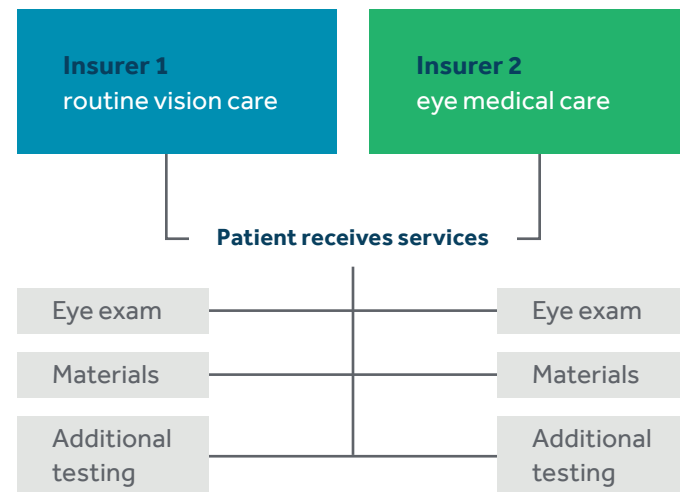
As with every commodity, if something costs more for the supplier, those costs will be passed through to the consumer. If the insurance industry raises premiums, all who benefit from insurance will pay, creating additional stress for our already-taxed government assistance programs.

Another opportunity for the health plan to save money is with fewer administrative deficiencies. One insurer is the sole administrator for services—whether professional or materials—and claims. It improves medical management and keeps a closer eye on fraud, waste, and abuse.

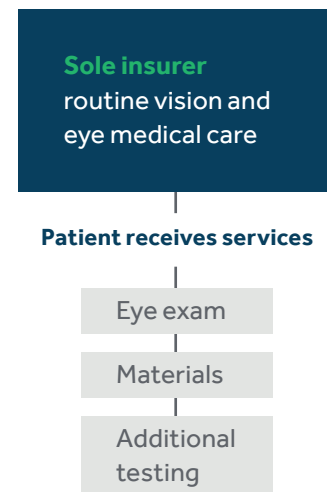
Finally, when one administrator is the sole custodian of eye medical data, that administrator can do trend analytics to determine whether patients are getting the appropriate care.

Continuity of care results in less spending for the health plan and the patient.

Two separate carriers



One carrier



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