

Preparing Optometry for the Accountable Care Era

# The Optometrists' Guide for ACO Participation



American Optometric Association

# Preparing Optometry for the Accountable Care Era

## I. INTRODUCTION

The Accountable Care Guide<sup>®</sup>, which is provided as a tandem ACO toolkit document to this Guide describes what it takes to create a successful ACO and the steps to get there. Since it is fundamental that an ACO be a win/win for all involved, it applies whether one is a primary care physician, specialist physician, other licensed health care provider, or hospital executive.

This document, The Optometrists' Guide for ACO Participation, spells out specific strategies for the optometrist. Optometrists have critical roles to play. After all, sight is precious; it is fundamental to our connection to the world around us, and it is integral to the achievement of a high quality of life. Over 150 million Americans require some sort of vision correction. Vision disorders are the fourth most common disorder in the United States. The Center for Disease Control estimated that the average lifetime economic cost is over \$500,000 for a person with visual impairment. Poor vision and blindness impair mobility, make education more difficult and expensive, and are closely correlated with poverty. In the past ten years there has been a sharp increase in the prevalence of age related eye disease, with an 89% increase in diabetic retinopathy, a 24% increase in age-related macular degeneration, a 22% increase in glaucoma, and a 19% increase in cataracts. The annual cost of adult vision problems in the United States is over \$50 billion. Optometrists play an important role in the overall health and well-being of the patient by providing primary eye health and vision care. In an ACO setting, this care will be delivered in a coordinated, collaborative manner with primary care physicians and other selected specialists. Optometrists also play an important role in early, cost-effective detection of numerous costly medical conditions, such as diabetes, hypertension, and vascular disease. As recently documented, optometrists can help achieve significant cost savings if non-emergent eye care is diverted from emergency departments and primary care physician settings to eye care professionals, including optometrists, in their office setting.<sup>1</sup>

As fee arrangements shift from traditional fee-for-service to rewarding quality and efficiency, optometrists must redefine their role, broadening the scope of their focus in several directions through: (1) forging close alliances with primary care providers so that they can more effectively and efficiently provide frontline, primary eye care; (2) improving their accessibility and increasing their availability to handle urgent and minor-emergent eye care needs as well as routine eye problems for which many patients currently visit emergency departments or their primary care providers; and (3) becoming familiar with the ocular manifestations of chronic systemic health conditions, particularly those that result in high medical and societal costs, so that they can fully integrate eye health into a more comprehensive, coordinated care continuum focused on the whole-health needs of their patients.

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<sup>1</sup> Recommendations throughout are general and subject to local circumstances, an individual's training, and state and federal laws, including certificate of need and scope of practice.

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## II. COULD ACCOUNTABLE CARE BE A GOOD THING FOR OPTOMETRISTS?

In The Accountable Care Guide<sup>®</sup>, we learned what an ACO is, that it will not be going away, and how to know if one stands to be successful. But what, specifically, will this mean for optometrists?

### A. Pros

A well-organized ACO leverages optometrists' power to heal by providing a fertile platform for collaboration with primary care physicians, ophthalmologists, and other specialists; increased patient contact; and richer access to patients' clinical information. With these developments, optometrists can help both improve care and increase efficiency by reaching a broader array of patients, treating their eye problems more effectively than other providers, increasing their satisfaction, and helping to preempt more serious medical problems through early diagnosis. Optometrists can serve alongside primary care physicians in an ACO, focusing their attention on eye health and vision. Moreover, because many systemic diseases have ocular manifestations (ex: diabetes, hypertension, hypercholesterolemia) optometrists are ideally positioned to provide an early warning of multiple chronic conditions, resulting in the potential for significant savings and improved outcomes. The new value-based incentive system will allow a more natural "downstream" working relationship with ophthalmologists where interests are aligned to provide the best care by the best person at the best time.

"I have worked for the past two years to develop a positive working relationship with a physician-owned IPA that is running a medical home project. They recently approached me with the goal of integrating optometry into their new ACO project. They expressed an understanding of the fact that optometry is THE primary eye care provider and understand fully that there is value in developing a more synergistic working relationship" (Stephen M. Montaquila, O.D., F.A.A.O., West Bay Eye Associates, Warwick, RI).

Optometrists, who have worked long and endlessly to provide cost-effective care in a deeply fragmented system, will find a value-based model designed to gauge and value their contributions both professionally and personally rewarding. Once health care transitions fully into the value-based reimbursement model, optometrists' involvement in a successful ACO will be important to provide professional economic reward. Failure to plan could render optometry as a marginalized commodity. The stakes are high; the risks of failing to act are higher.

"When OneCare Vermont was in its formative stages, Eyecare of Vermont, our 5-doctor optometrist group with two locations, was sent an invitational letter and contract package.

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After reviewing the materials, it was clear to us that this was intended to be a collaborative effort among selected providers in our area who agreed to work in a well-coordinated care delivery system focused on providing the highest quality health care services in the most cost-effective manner. We were pleased that we were being asked to participate and practice at our full professional scope as licensed in Vermont. We felt that the ACO leaders recognized optometrists as valued members of the ACO provider team – team members who could help the ACO achieve higher quality care and overall cost savings. We were also pleased to be included in OneCare Vermont’s shared savings incentive program for participating providers. So, for us, it was an easy decision to join and assess the situation as it unfolded instead of waiting to see how things worked out later” (John Eriksson, OD, Eyecare of Vermont).

### B. Cons

Optometrists have seen the “next big thing” before and it didn’t work out as advertised. They have little experience and less spare capital to undertake something this complex. Most ACOs do not currently include optometry. Further, it is difficult for currently independent optometrists to give up independence and become interdependent with physicians and hospitals. For optometrists, this interdependence and expanded role will mean being available 24/7 or making after-hours arrangements for their patients to be seen by colleagues on-call 24/7 to treat urgent eye problems.

## III. A RECOMMENDED APPROACH FOR DEVELOPING PROVIDER ACCOUNTABLE CARE STRATEGIES

In the value-based reimbursement era, each provider group is rethinking its role. Some of the questions confronting them are: What is our maximum value-adding contribution across an entire patient population? How can we generate quality and savings improvements for the ACO and thus maximize performance rewards for our specialty? This rethinking is perhaps most dramatic regarding savings. The gain will not be from seeing a patient cheaper or quicker, but from reducing costs for a patient population over a given period of time, often one to three years. For example, some physicians in highly specialized disciplines have found their greatest initial opportunities as multidisciplinary care team coaches or as educators across our currently fragmented system. Quality metrics exist to measure the quality of care rendered by that physician to that patient. In addition to quality, it is just as fundamental for any specialty to focus on excising avoidable waste across the continuum of care for the entire patient population. New coaching, transition, education, and engagement metrics will need to be developed and properly weighted by peer clinicians. Ideally, this process should be led by a group of like-minded clinicians, the AOA “ACO Work Group,” or a work group from the state

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affiliate. Because ACOs are typically locally developed and managed, local advocacy is most likely to be the most effective approach.

The following is a list of the top five high-yield targets for ACOs, providing an indication of what should be the current focus of provider specialties:

- Wellness/prevention
- Chronic care management
- Reduced hospitalizations
- Care transitions
- Multi-specialty coordination of complex patients.

From these, which ones are likely to have the quickest and largest impact, proven metrics, and community champions for optometrists? What is working elsewhere? This should reveal for optometry its potential prioritized list of value-add ACO initiatives.

Once this list is in hand, the last step is to marry them in a particular locale through a gap analysis to the areas of avoidable waste in that region. Optometrists can then make a compelling case that an area of the patient population's greatest need is matched with Optometry's greatest strengths.

Optometry can also benefit from ACO negotiation and marketing tips, knowledge of how to assure fair savings pool distribution, and what clinically valid metrics should be used to accurately measure their performance.

Ideally, this process should be led by a well-respected and diverse peer "ACO Work Group" of a national or state professional society for Optometry.

## IV. THE PROCESS FOLLOWED FOR CREATION OF THE OPTOMETRISTS' GUIDE FOR ACO PARTICIPATION

The American Optometric Association ("AOA") believes that optometrists should be prepared for the approaching accountable care era. Following initial guidance from members of the ACO Work Group, the accountable care consulting team at the Smith Anderson law firm conducted a national literature search, with emphasis on value-based care and benchmarking recommendations.

Potential initiatives underwent further review by AOA's ACO Work Group, with the Smith Anderson support team directed to perform more in-depth analysis of select possible target areas. These findings were further reviewed and revised by the ACO Work Group and were presented to the AOA. Macro predictive cost savings estimates were made, but a refined financial predictive modeling analysis,

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though needed, is beyond the scope of this project. Likewise, while guidance on the nature and type of performance metric selection is provided, the actual full mapping of those metrics is beyond the scope of this project.

The researchers and optometrist peer reviewers are comfortable that this represents a useful start in this important and rapidly evolving market development. This Guide is a beginning, not an end, to the process.

### V. RECOMMENDED ACCOUNTABLE CARE INITIATIVES FOR OPTOMETRISTS

In the accountable care context, optometrists' tight integration with primary care and select ophthalmologists will be important for fully leveraging their potential to improve the lives of patients and drive down costs. Such tight integration has not been the norm for optometrists and the cultural changes that it represents are significant. Optometry has the potential to be the right hand of primary care physicians for eye health and vision care, and to do so, as with all providers in the accountable care era, they must practice to the full extent of their education, training, and licensure. Optometrists also have the potential to take on the role of trusted advisor both to primary care physicians and to their patients.

#### A. Awareness/Leadership/Urgency: Optometry's Role in Guiding Change

Optometry needs to know what an ACO is, how to recognize one with a likelihood of success, and the professional opportunities and risks involved (the purposes of this Optometrists' Guide for ACO participation). Thought leaders in optometry need to acquire the knowledge and skills necessary to be catalysts for this transformative change. These champions deserve to act with the confidence derived from understanding and preparation, but also with a sense of urgency. Awareness is mentioned as a strategy in and of itself because the biggest risk of failure of the value-based health care model (and consequent default to Draconian alternatives) is lack of informed provider leadership. If you do not become involved early, there is a good chance that the significant potential role for optometry within this new paradigm will be missed and, like some early ACOs, optometrists will not be in a position to steer and guide the coming changes—or to be involved in the shared savings pool distribution. As Bert Coffey, M.D. said: "If you don't have a seat at the table, you are on the menu."

#### B. Eye Care – the Right Care at the Right Time at the Right Place

Research sponsored by the AOA shows that in more than 75% of the cases analyzed, there is a clinically significant change in diagnosis during a follow up visit to an eye care professional within 14 days after an initial visit to an emergency department or primary care physician. A similar correction percentage arises with prescription drugs – the wrong ocular drugs are prescribed for the clinical presentation in emergency departments or primary

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care physician's office. Ensuring that patients have good information and are encouraged to seek care from an optometrist, and ensuring that optometrists are available and their access is convenient can result in significant savings through diversion of inappropriate cases from the emergency department and primary care physician's office as well as fewer medical visits and elimination of duplicative drug costs through more accurate diagnosis. The quality of patient care also improves as patients are provided with the proper treatment on their initial visit at a relatively low cost, high quality setting. To complete the vision care team, ophthalmologists are added for appropriate "downstream" referrals for surgeries and other medical matters outside the professional scope of optometrists in accordance with evidence-based best practices with all providers incentivized to practice to the full extent of their education, training, and licensure since both quality and efficiency are necessary for success. Both a missed referral and an inappropriate or too early referral may result in a lesser quality or higher cost episode of care.

As a foundation for assuring best practices are followed for providing high-quality care more efficiently, the AOA is revising 20 clinical practice guidelines to conform to the Institute of Medicine's evidence-based process, through the AOA's Evidence-Based Optometry Committee.

### C. Preventative Medicine / Early Diagnoses / Chronic Disease Management

Whether or not the eyes are the window to the soul, the pupils do provide the body's best window to its blood vessels and nerves. Optometrists' view of these blood vessels and nerves afford them the opportunities to observe, and record through three-dimensional photography, numerous chronic conditions in their earliest stages. These conditions include diabetes, hypertension, hypercholesterolemia, thyroid dysfunction, elevated intracranial pressure and pituitary tumors. Early diagnosis and appropriately referred care can result in significant cost savings and improved outcomes.<sup>2</sup>

Regular comprehensive eye health and vision examinations, which can be coordinated through ACO patients' primary care physicians or their care coordinator, also lead to early detection of eye health and vision disorders. Such early detection and treatment by optometrists is useful to prevent conditions which can lead to severe visual impairment and even blindness. Early detection of associated systemic disease allows for the possibility of earlier intervention and improved health outcomes.

For patients already diagnosed with chronic conditions known to have ocular manifestations, such as diabetes, continuous follow-up care is critical to preventing visual impairment. Such care can be coordinated through the tracking of such patients and scheduling of regular comprehensive eye health and vision examinations by an ACO's patient care coordinators working closely with affiliated

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optometrists. To make effective use of such examinations, clinical data and demographics of the ACO patient population must be carefully monitored and patient care coordinators must be ready to reach out to patients who could benefit from timely interventions. Optometrists can educate referring providers, patient care coordinators, and patients regarding risk factors and appropriate timing for examinations.

### D. Physician Engagement

In The Optometrists' Guide for ACO Participation context, continuous engagement with primary care physicians is essential. To provide the best possible care, optometrists must be viewed as frontline contacts and trusted advisors on patients' eye health and vision care. Synergies may be achieved by optometrists providing services at the offices of the primary care physician or by seamless communication with other members of the health care delivery team. For instance, routine comprehensive eye health and vision examinations can accompany annual physicals. Optometrists should be available to provide training and education to primary care physicians on the ocular manifestations of common chronic conditions. Optometrists also need to work with referring physicians to answer any follow-up queries and to inquire after the well-being of the patient. Such follow-up increases the satisfaction of the referring physicians in the care provided by the optometrist.

### E. Patient Engagement

In an ACO context, patient contact should be maximized in order to integrate an optometrist's care as far upstream as possible – toward prevention, early detection, and disease management. Such patient interaction also helps engage patients, and ensure attendance and proper follow-up. Optometrists should be prepared to provide patient education on the signs and symptoms of the visual effects of common diseases. For instance, an educational evening could be provided for diabetic patients in an ACO, both providing an overview of how diabetes affects eye health and vision and inviting patients to share their own experience on this issue with one another. Additionally, taking the time to explain the purpose and mechanics of eye health and vision examinations, as well as following up to respond to any questions and explain outcomes, increases patients' satisfaction and encourages them to take control of their own health care—a critical component in the ACO context.

## VI. WE'VE GOT SOME GREAT ACO CONTRIBUTIONS—NOW WHAT?

As noted, there are some very clear strategies for improving care and reducing overall costs for commonly occurring disorders, which are ideal for accountable care's emphasis on collaboration and value-based reimbursement. But how does an optometrist find the right ACO partner, mesh these initiatives into programming, and be rewarded fairly?



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## A. Pick the Right ACO

As detailed in the companion white paper, *The ACO Guide*<sup>®</sup>, there are 8 elements essential for every successful ACO. They are agnostic as to who or what owns or hosts the ACO, but they must all be present.

Culture will usually be the tell-tale indicator on whether any ACO has a chance for success.

- **Physician-Led** – Longstanding habits of individualism and competition among individual physician groups will have to transform to a culture of cooperation and collaboration. Physicians have not led complex change, are resistant to capital risk, and worry that fewer tests and procedure will lower incomes.
- **Hospital-Led** – Hospitals need to change focus from the current business model of providing acute inpatient care and address head-on the operational impact of decreased admissions. Hospitals need to adopt a partnering culture with physicians and depart from a command and control approach encouraged by the bureaucratic fee-for-service system.
- **Optometrist-Led(?)** – Theoretically, an ACO can be sponsored by optometrists, but since ACOs require a primary care physician core, it is not expected that such ACOs will be developed.

Remember, even if an optometrist performs perfectly, he/she will still fail if the rest of the ACO is flawed.

The 8 elements will determine the attractiveness of the ACO regardless of whether it is part of a hospital system, under the roof of a large multi-specialty clinic, or a network of small practices. However, each model has its nuances and present different strengths and weaknesses. Available ACO options will, of course, be different in metropolitan and rural settings. The presence or absence of large optometrist practices affects ACO partnering options.

### **OneCare Vermont (<https://www.onecarevt.org>)**

Fletcher Allen Health Care and Dartmouth-Hitchcock Health created OneCare Vermont—an ACO that will work with a network of providers to coordinate the health care of approximately 42,000 of Vermont's 118,000 Medicare beneficiaries. According to Martita Giard, Director of Accountable Care Networks for OneCare Vermont, they decided to invite optometrists as participants to collaborate with physicians and

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other clinicians in the network to provide high quality professional eye care services to the Medicare population attributed to OneCare Vermont. The invited optometrists had previously participated in Fletcher Allen Health Care's PHO, Vermont Managed Care, and were sent OneCare invitational letters and contracts along with other providers across Vermont who were offered participation in the ACO. As apparent from the provider directory (viewable in the OneCare Vermont link above), optometrists are well represented in the ACO provider network.

### B. You Have Picked a Winning ACO, Now Have the ACO Want to Pick You

1. Build Relationships – optometrists should be engaged with all the medical specialties with emphasis on primary care, and the local health system. This is a first step to team-building and readiness to partner.
2. Have a Compelling Story – We have all heard of the “elevator pitch” for startups, whereby the entrepreneur can tell a convincing reason to invest in their company in the length of the time it takes to ride an elevator. Optometrists have a great story and should reduce it to one or two pages. These initiatives are simple “plug and play” add-ons to the ACO's existing activities, are synergistic, and will help the ACO meet quality and savings goals.

Strategic Note: Start simple. Start with your one or two best initiatives, and then expand later.

3. Primary Care Is the Client – In the new era, success will depend on the patient-centered medical home, or rather neighborhood. Though primary care in many cases has abrogated its decision-making authority to health systems, payors, and large clinics, at the end of the day, primary care is your client.

“After being denied hospital privileges for years, I contacted the hospital-based ACO administration. By demonstrating optometry's participation in a board certification process, the ACO was actually aggressive in pursuing several optometric practices in our state” (Harvey Richman O.D., F.A.A.O., F.C.O.V.D).

## VII. WHAT ARE THE RELEVANT METRICS?

You will need baseline data, of course, to create the comparison point on quality, efficiency, and patient satisfaction “before” the ACO took over so you can compare it to what happened “after.” Hopefully, some of this data will also be useful to determine local gaps in care to help you pinpoint initiatives to pursue. These need to match your initiatives that were selected. There is no “one-size-fits-all” set of metrics. They will need to cover quality, efficiency, and patient satisfaction. There will be some that are

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conclusory in nature and some over which you have minimal control. The AOA is working to develop and have recognized nationally optometry-appropriate quality and efficiency metrics. The National Quality Forum, National Committee for Quality Assurance, and the metrics required for the CMS MSSP are recommended sources for nationally validated metrics.

There are currently seven clinical quality measures that optometrists report through the Physician Quality Reporting System (“PQRS”) that specifically relate to eye care. (There are actually nine measures that optometrists often report, but only seven are specific to eye care. All of these measures have received NQF endorsement. Compared to a number of other provider groups, this is a rather large number of measures that are available for reporting. Optometrists are also participating in PQRS at a rate higher than many other health care providers. PQRS participation is something that all practitioner types could improve on, but the AOA is encouraged by the numbers of our members who have taken the time to participate in this CMS-operated quality improvement initiative.

Like nearly all other provider types, there is a lack of outcomes measures available for optometrists to report. This is an issue that the AOA is working to address. AOA has also dedicated resources to develop a clinical quality registry to collect data that can be used to develop and improve evidence-based clinical care guidelines. Such guidelines are key to measuring development and improved outcomes. Additionally, the registry will also help with quality reporting and measurement.

## VIII. HOW DO I ASSURE THAT THE SAVINGS POOL DISTRIBUTION IS FAIR?

1. Must Be Merit-Based – As mentioned in the accompanying Accountable Care Guide, some of the savings pool distributions should be used to maintain the ACO infrastructure, to “prime the pump” as it were. As much as possible should go to incentivize providers and facilities for the extra management time, practice pattern changes, and effort to create those savings. To create maximum motivation and trust, presumably the proportion of distributions should be in proportion to the relative contributions to the pool. The more incentive, the greater the odds of increasing the size of the savings pool going forward. Do not sign an ACO contract without assurance of a merit-based incentive payment distribution formula.

Strategic Note: Some ACOs may choose to use a portion of their shared savings to partially compensate hospitals and specialists who are seeing revenue reductions due to changes in practice patterns (which is not offset by increase in market share and overhead reductions). Some ACOs will distribute savings to capital investors. We caution that such tactics will slow the transformational changes needed, sap motivation, and ultimately challenge the competitive viability of the ACO altogether.

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2. Contracting Do's and Don'ts – Earlier in this white paper, you have learned how to choose and then maximize your potential in an ACO. But you also need to have your contributions recognized and protected. The AOA encourages members to seek appropriate guidance from their trusted legal counsel and business advisors before signing any new contractual arrangement.

### IX. CONCLUSION

It is well established that in its current state, America's health care system is unsustainable and will soon become unaffordable absent major change. The accountable care movement holds promise to address runaway costs and must thus be taken quite seriously. There are opportunities for professional and financial reward for the informed optometrist. Put another way, the risks of passivity are just too great. All the alternatives are unacceptable to a system of providing the highest quality at the lowest cost. Optometrists have skills and experience that position them to be an integral part of the success of ACOs, but this is not widely recognized yet within the health care community.

This Guide is intended to illustrate the significant opportunities for optometrists in accountable care, to assist optometrists in avoiding the pitfalls, and for the development of accountable care strategies for optometrists in different settings. For further information, contact the AOA Third Party Center by e-mailing [TPC@AOA.ORG](mailto:TPC@AOA.ORG) or calling (703) 837-1011