



CARE LEAD ADVANCE

2018-2023 STRATEGIC PLAN



SERVICE TO OUR PATIENTS AND COMMUNITY

Goal 4: Deliver unparalleled care to our University Eye Center patients

- Increase access to current UEC services and expand services as appropriate to better meet the needs of our patients and educational programs
- Improve the quality of care
 - Continued integration of new and emerging technologies into patient care
 - Increased emphasis on best practices and evidence-based medicine
 - Expanded use of interdisciplinary, team-based care (collaborative practice) strategies
 - Improved care coordination and patient advocacy programs
 - Expanded patient access to educational information about their eye care, health and health-related behaviors
- Develop strategies to enhance the patient experience and increase patient satisfaction
 - Develop additional methods for patients to provide feedback about the services we provide and the care they receive
 - Implement training programs to improve efficiency and the patient experience
 - Streamline patient flow within the clinical services
 - Facilitate the exchange of patient information between providers and with patients via patient portals and health information exchanges



- Communications
 - Increase awareness in the medical community about the services we provide and how we can complement the care of other professionals
 - Develop a communications strategy to create a more positive narrative for the UEC on social media
 - Communicate the successes and value of the College and clinic to the community
 - Develop communications strategies to enhance visibility of the UEC and the services offered which improve access to care for the uninsured and underinsured
- Improve operations to enhance the quality of care and patient outcomes
 - Ensure operational consistency with reporting and reimbursement models under health care reform
 - Explore and expand as indicated the use of ancillary personnel to improve efficiency and patient satisfaction

Goal 5: Provide service to the greater community

- Expand outreach programs for underserved populations
- Further develop our role within Medicaid Redesign (DSRIP) landscape
- Expand relationships with key health care organizations and continue efforts to increase the College's footprint in the New York metropolitan area
- Support and facilitate student involvement in service learning projects locally, nationally and internationally

Activities and Initiatives...

- Increasing access and improving the quality of care
- Developing strategies to enhance the patient experience
- Service to the greater community
- Expanding relationships/increasing our footprint in NY
- Developing/implementing a communication strategy

Increasing access and improving the quality of care

Increase/expansion of services

- ✓ SLT/YAG laser procedures
- ✓ LipiFlow Treatment fee decrease
- ✓ TrueTear device
- ✓ Plastics procedures
- ✓ Myopia control
- ✓ RPE 65 genetic testing
- ✓ Home ICare
- ✓ Developing plan for intra-vitreal injections

Evidenced-based practice & Interdisciplinary care

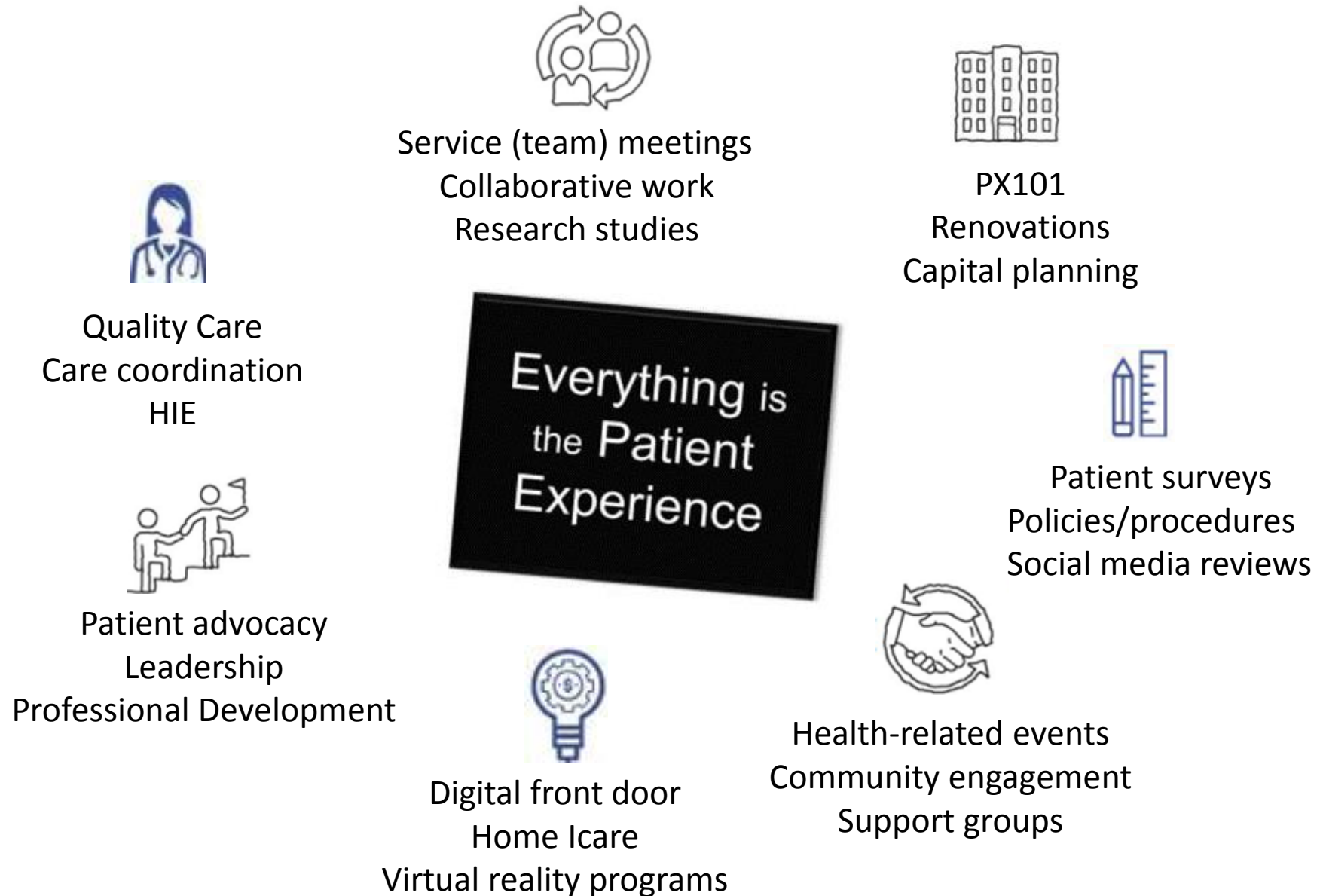
- ✓ OSDI based on DEWS2 study
- ✓ Diabetic eye exam report
- ✓ NYCT Coordination of Care grant
- ✓ Social work intakes for LV & HT
- ✓ CUNY SPS nurses
- ✓ Collaborative/interdisciplinary care integrated into construction designs

Technology

- ✓ Topcon mini digital refracting lane
- ✓ VEP/ERG (pattern ERG)
- ✓ Humphrey visual field with 24-2 Sita Faster-Central
- ✓ Anterior segment OCT
- ✓ Exploring use of AI in QA
- ✓ Optical VR program (eye alignment and amblyopia)
- ✓ Right Eye program (quantify eye movements)
- ✓ HIE

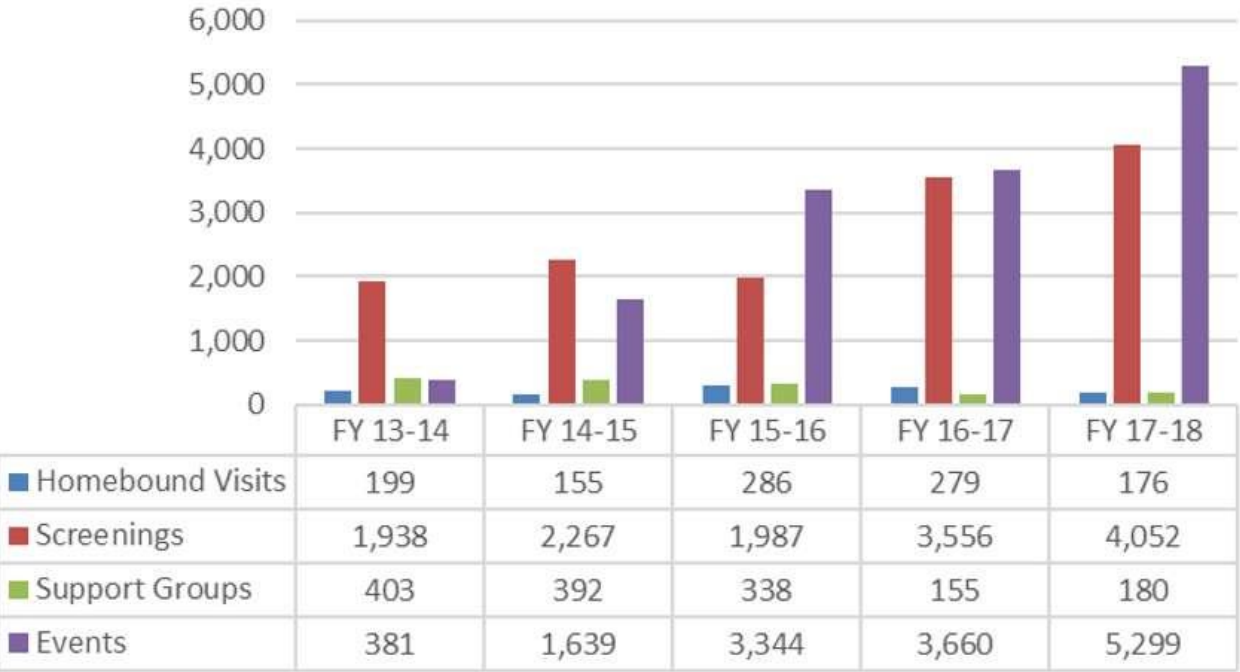


Enhancing the patient experience

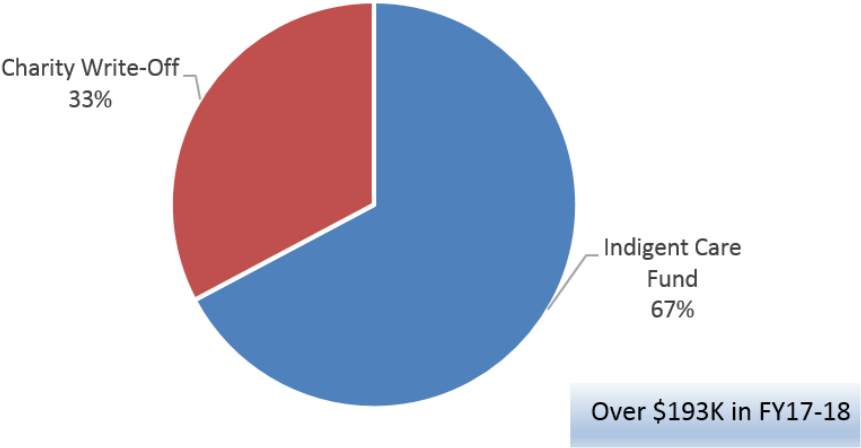


Service to the greater community

Public Service Participants



Charitable Care



GUTTMAN COLLEGE

Please donate the following food items:

- Soup (Ramen noodle/Can)
- Granola Bars
- Oatmeal
- Instant/Microwaveable Foods (ravioli, mac and cheese, etc.)
- Canned fruits and Vegetables
- Canned beans
- Pasta
- Juice boxes
- Cereals
- Nuts or trail mix (individually packaged)
- Apple Sauce
- Fruit Cups

CLINICAL ADMINISTRATION WILL ACCEPT DONATIONS



Expanding relationships/increasing our footprint in NY

Serving the Community

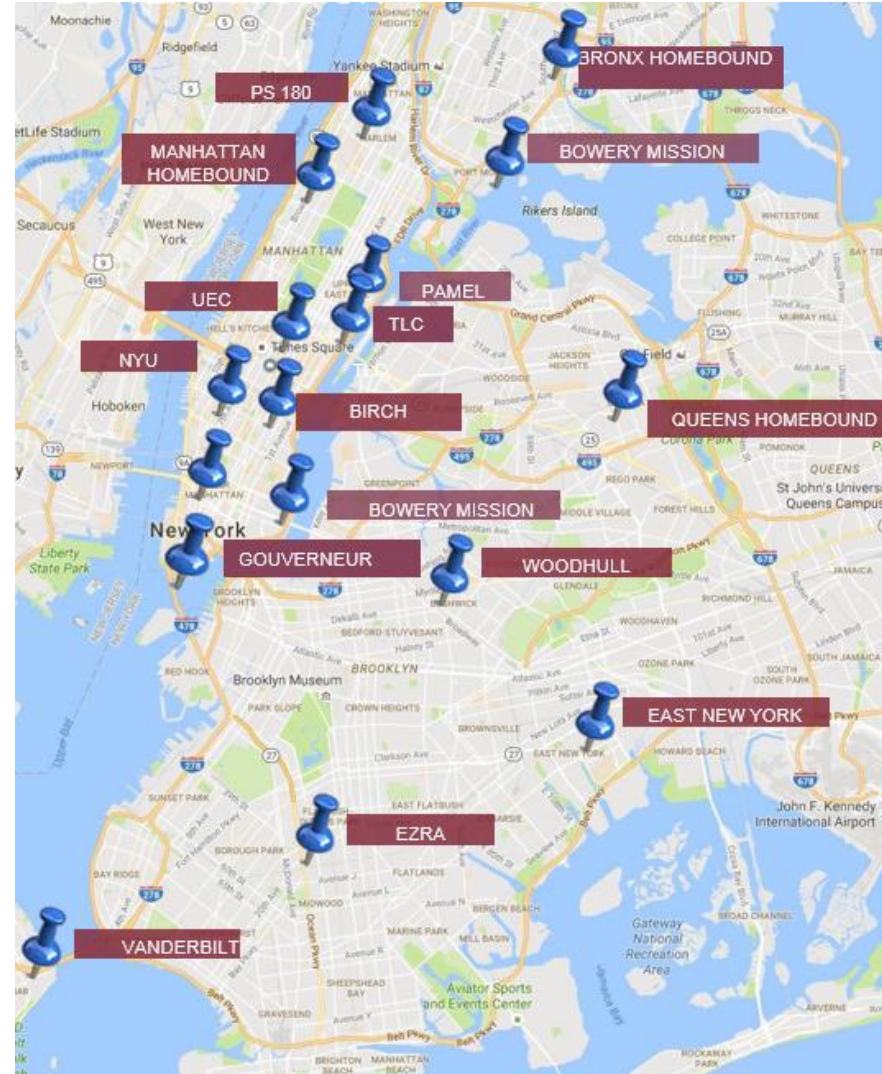
SUNY:
UEC CLINIC

Hospital Affiliations

Community Health
Centers, Clinics, Etc.

School Based
Programs and
Screenings

Bowery Mission
Homebound



Expanding relationships/increasing our footprint in NY

Hospitals and Clinics – H + H Corporation/Gotham
All serve the underprivileged and underinsured



Woodhull



Gouverneur



East New York



Vanderbilt

Master Service Agreement with H+H/Gotham

Expanding relationships/increasing our footprint in NY

Community HealthCare Network – 12 Health Centers



Bowery Mission – Two Locations



Developing/implementing a communication strategy



Proactive, targeting pitching

- ✓ Initiatives
- ✓ Partnerships
- ✓ Outreach programs
- ✓ Resource and information
- ✓ Added value

Target Audience

Students

Patients

Alumni

Referring Providers

Community

Healthcare Trends

We have a choice...



OR

Embracing Change



The Future of Optometry
is in Innovation

Healthcare Trends

- Healthcare reform and reimbursement methodologies
- Consumerism in healthcare
- Social determinants of health and population health
- Telemedicine/Telehealth

Healthcare Reform and Reimbursement Methodologies

Critical Challenges For New York Health Care

COVERAGE

Over 1 million New Yorkers remain uninsured

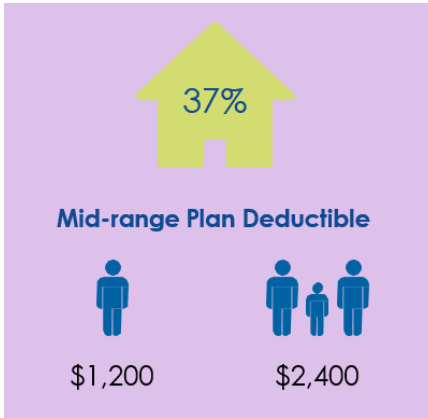
New York Uninsured by Assistance Eligibility, 2016

QUALITY

Uneven quality and patient experiences throughout the health system

HEALTH OUTCOMES

Wide disparities in health outcomes by neighborhood



Changing Reimbursement Methodologies

- Value-Based Reimbursement will grow –
 - Shift from “fee-for-service” to “fee for value” and more evidence of providing “quality care”
 - Is there a sustainable model for eye care?
- MIPS (Merit Improvement Performance System)
 - Medicare fees frozen unless you participate
- Bundled payments
 - Glaucoma and Macular Degeneration?
- Medical Home
 - Is there a role for optometry?
- New Primary Care Model
 - risk sharing?

Consumerism in Healthcare

What is influencing today's healthcare consumer?

- 24/7 access to information
- Rising out of pocket costs
- Shift to value based care
- Technologies shortening the path to care
- Competition is the norm
- Demand for convenience and flexibility
- Retail-ization of healthcare



People expect convenience, quality and transparency when choosing how to spend their time and money—and they're looking for the same from their healthcare providers/organizations.

Consumerism in Healthcare

re-tail

/'rē,tāl/

noun



Retail health emerging as a means of delivering quality, convenient care to consumers while creating in-store and online experiences to engage shoppers with their brand

Consumerism in Healthcare

“Know me”

Capture and incorporate preferences

- What’s my history?
- What are my preferences?
- How will I respond?
- What will motivate me?
- Respect my privacy



“Engage me”

Personalize offerings and services

- Engage in the preferred dialog
- Be relevant (“right information”)
- Be consistent across touch points
- Show sincerity -- “you care”
- Give me the information I need
- Shared Decision Making
- Collaborative Care Planning

“Empower me”

Innovate to deliver quality, convenience and total experience

- Connect me with relevant communities and chronic care networks
- Demystify; simplify control and access
- Enable action and convenience
- Provide transparency in both clinical and financial
- Promote home care and telehealth

Social Determinants of Health and Population Health

Social determinants of health encompass a wide range of factors



Housing instability/homelessness
Having difficulty paying rent or affording a stable place of one's own; living in overcrowded or run-down conditions



Food insecurity (hunger and nutrition)
Lacking reliable access to enough affordable, nutritious food



Transportation
Lacking affordable and reliable ways to get to medical appointments or purchase healthy food



Education
Experiencing access barriers to high school or other training that might help someone gain consistent employment



Utility needs
Not being able to regularly pay utility bills (e.g., electricity, gas, water, phone), and/or afford necessary maintenance or repairs



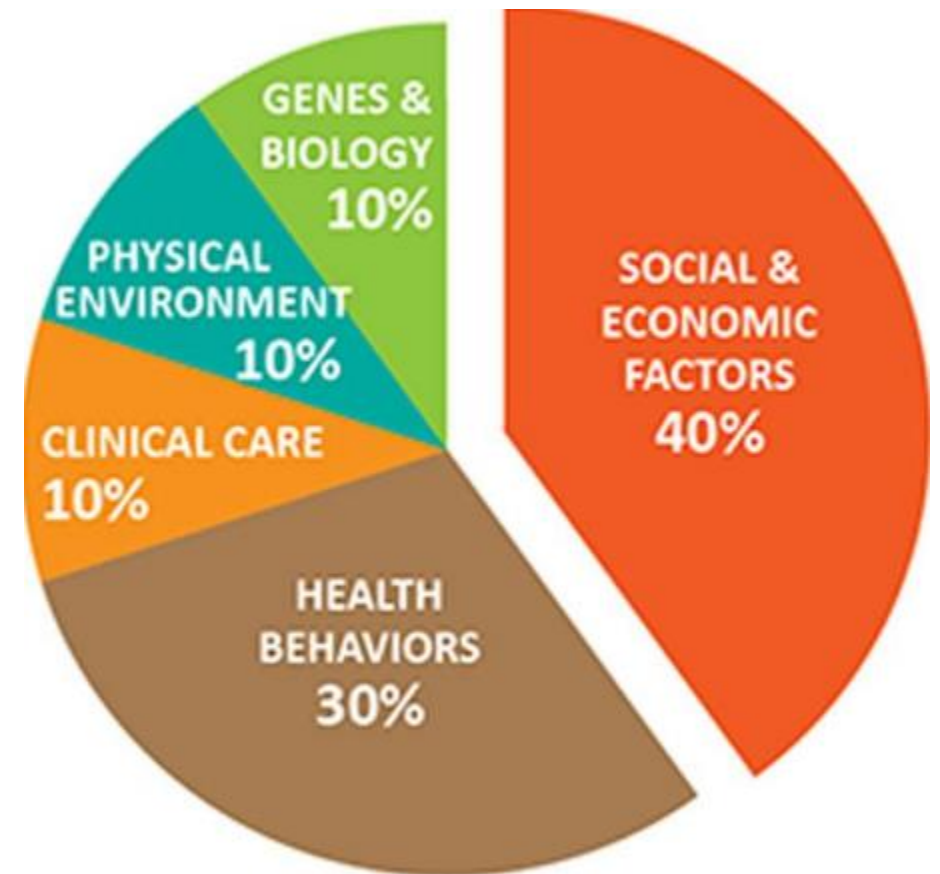
Interpersonal violence
Being exposed to intentional use of physical force or power, threatened or actual, that resulted or could result in injury, death, or psychological harm



Family and social supports
Lacking relationships that provide interaction, nurturing, and help in coping with daily life



Employment and income
Lacking the ability to get or keep a job, or gain steady income



DETERMINANTS OF HEALTH

Source: Deloitte analysis.

Social Determinants of Health

Source: Healthcare Finance

“Nearly 80% of what influences a person’s health relates to non-medical issues such as food, housing, transportation, and the financial means to pay for medications, utilities, and other services, according to a Robert Wood Johnson Foundation analysis.

Yet the healthcare system doesn’t have a consistent, organized way to capture those needs and then incorporate the data in a person’s overall care plan.

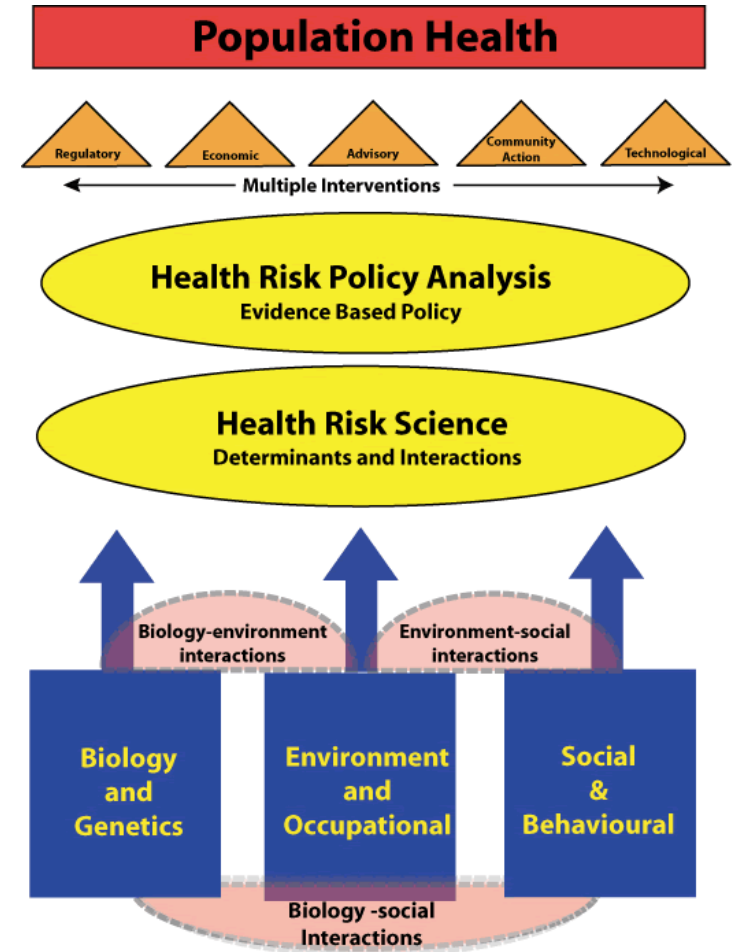
Population Health

Population health is “the health outcomes of a group of individuals, including the distribution of such outcomes within the group” (Kindig and Stoddart, 2003). For the family physician, the most obvious “group of individuals” is their patient panel.

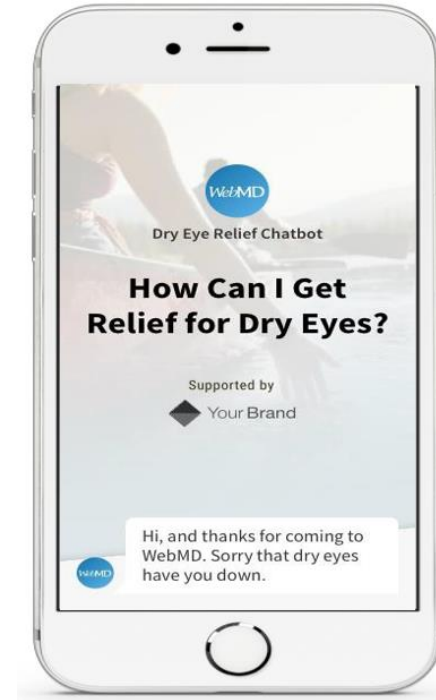
Population health includes health outcomes, patterns of health determinants, and policies and interventions that link these two.

Goals of population health may include:

- Coordinate care with community stakeholders and other key partners through mature collaborations;
- Increase preventive health services through coordinated care across the health care continuum;
- Provide culturally and linguistically appropriate care;
- Promote healthy behaviors; and
- Track population health metrics against dashboard targets.

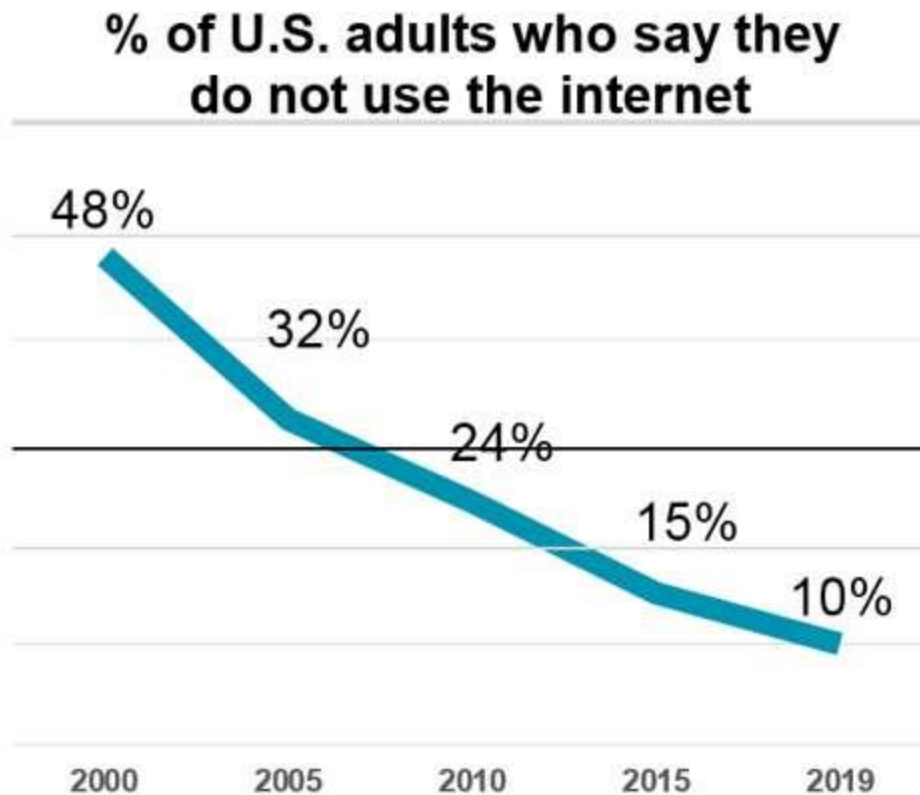


Telemedicine/Telehealth



Telemedicine/Telehealth

The offline population has declined substantially since 2000



IN 2000

86% of adults ages 65+ did not go online

IN 2019

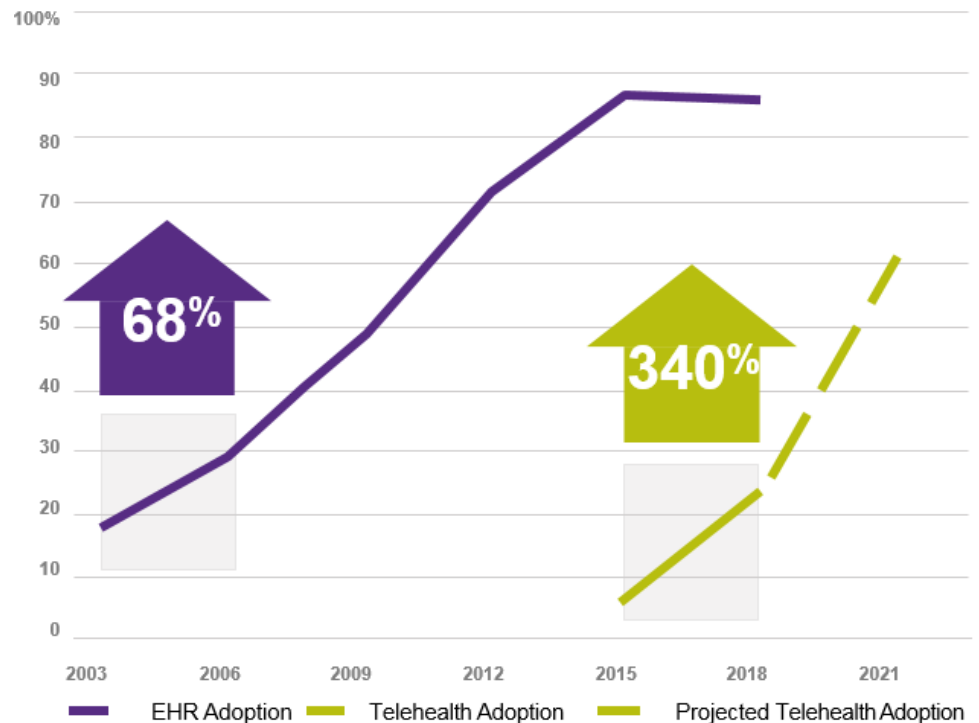
that figure has been reduced to **27%**



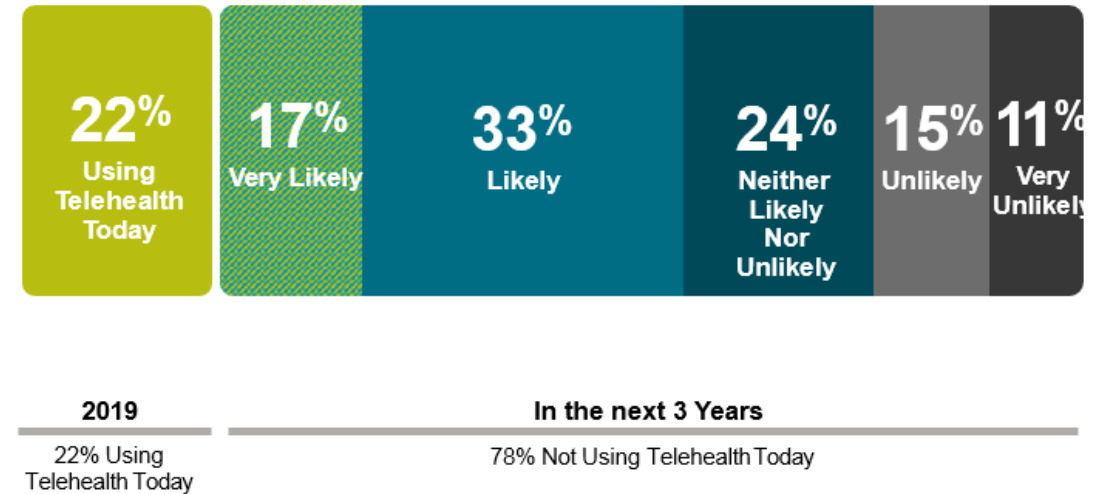
Telemedicine/Telehealth

Telemedicine on the rise
Both adoption & willingness to use

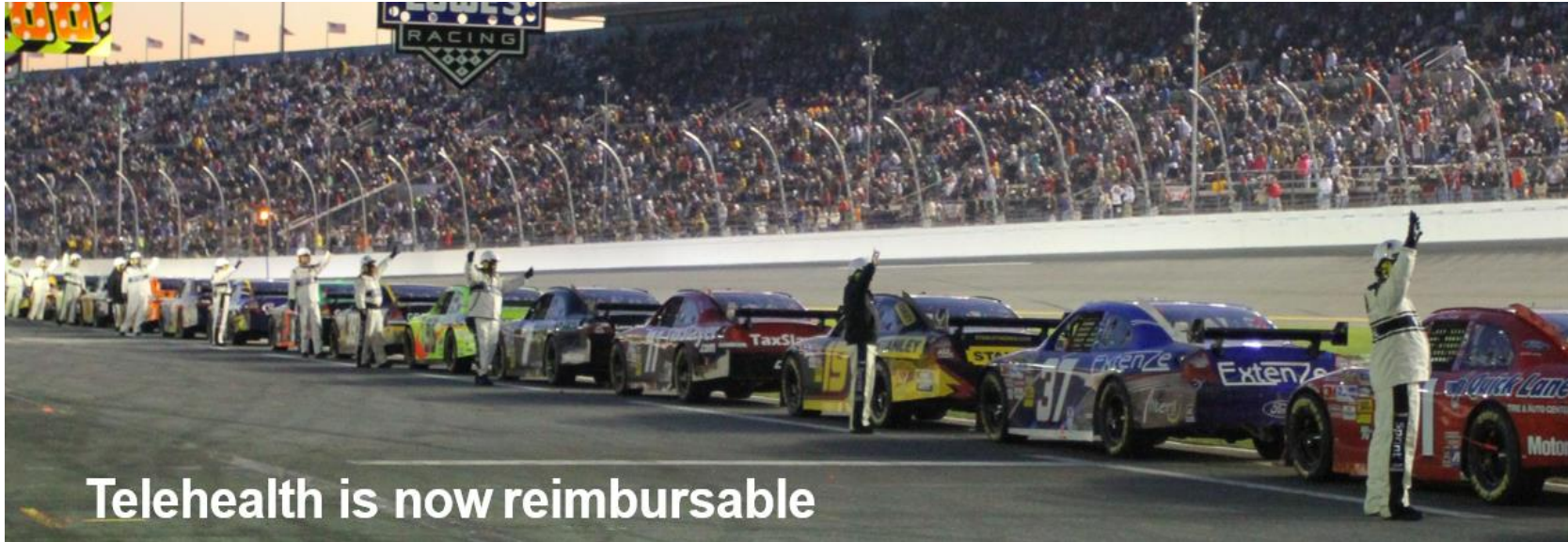
Comparing EHR and Telehealth Physician Adoption Rates



Growth of Physician use of Telehealth



Telemedicine/Telehealth



Telehealth/Medicare Reimbursements

Physicians will be paid for checking in with Medicare beneficiaries via telecommunication devices

This includes the time it takes to review a video or image sent by a patient to assess whether or not a visit is necessary



Additional telehealth services covered

Medicare is expanding the list of covered telehealth services. e.g. Virtual patient check-ins, Consultations between physicians, Evaluation of remote pre-recorded images/video)

The Future ??

