

# University Eye Center IRP Presentation May 18, 2015



*“We are the ONLY Academic Optometric Center in New York”*

# Goals of today's presentation

- **Three (3) Goals:**

1. To update the committee on UEC patient demographics and key data
2. To update the committee on the goals delineated in the current strategic plan
3. To present UEC challenges and opportunities

# What is the UEC?

- The purpose of the University Eye Center is:
  - to provide quality optometric care to ambulatory patients, including health education, prevention of disease and early diagnosis and treatment of ocular disease and visual disorders;
  - to provide clinical education for optometric interns, externs and residents;
  - to promote clinical research;
  - to serve as a state, national, and international resource on clinical, teaching, and research issues related to eye and vision care

# Strategic Plan: “*Creating a Legacy of Leadership*”

## Mission:

*The State University of New York State College of Optometry excels, innovates and leads in optometry and vision science by:*

- Developing outstanding optometrists and vision scientists;
- Making new discoveries that advance vision science and patient care;
- **Improving patient’s lives by providing exceptional general and specialized optometric care;**
- Enhancing public health through education and service to a broad range of communities.



# Patient Demographics – Where Do Our Patients Come From?– (2014)

Locations	Borough	Percentage
New York City	Manhattan	39%
	Bronx	20%
	Queens	4%
	Brooklyn	30%
	Staten Island	1 %
New York State (Except NYC)		<1%
Connecticut		<1%
New Jersey		6%
Other		2%

# Patient Demographics - 2014

Age	Total Number	Percentage
0-9	2032	9%
10-19	2835	13%
20-29	2495	12%
30-39	2573	12%
40-49	3236	15%
50-59	3596	17%
60-69	2625	12%
70-79	1515	7%
80 and Above	742	3%

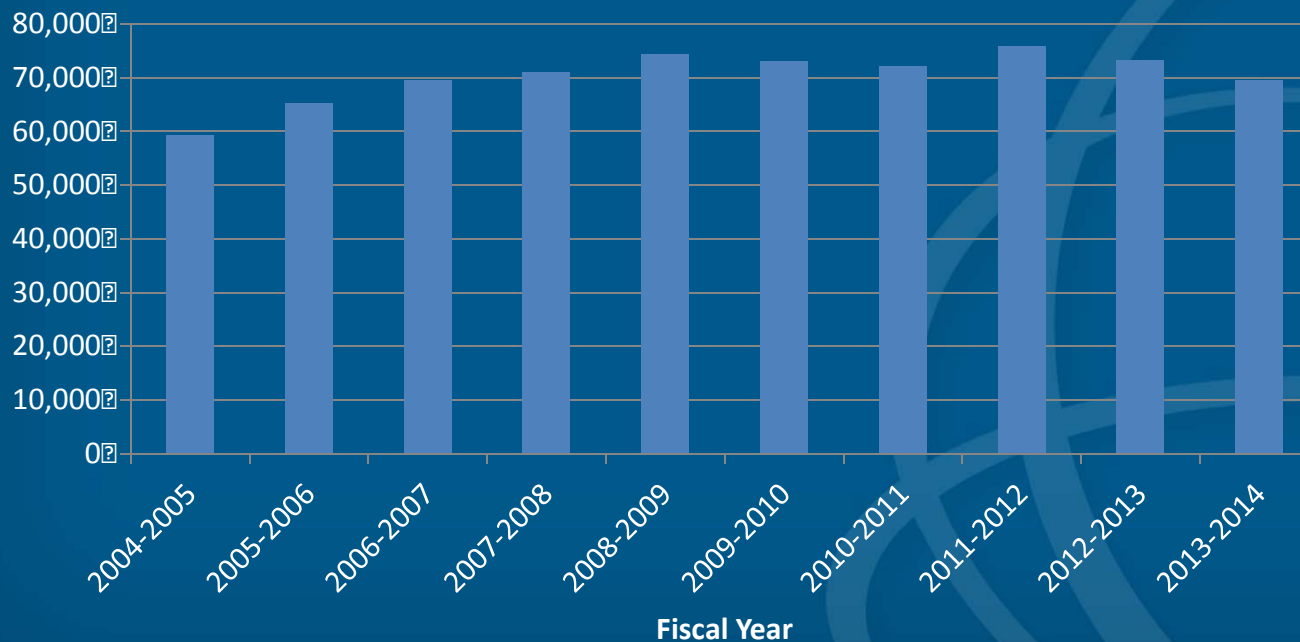
# Patient Demographics by Insurance - 2014

Patient Mix	Percentage
Self Pay	20%
Medicare	7%
Medicaid – Traditional and Managed Medicare	33%
Managed Care	40%



# Total Encounters in the UEC

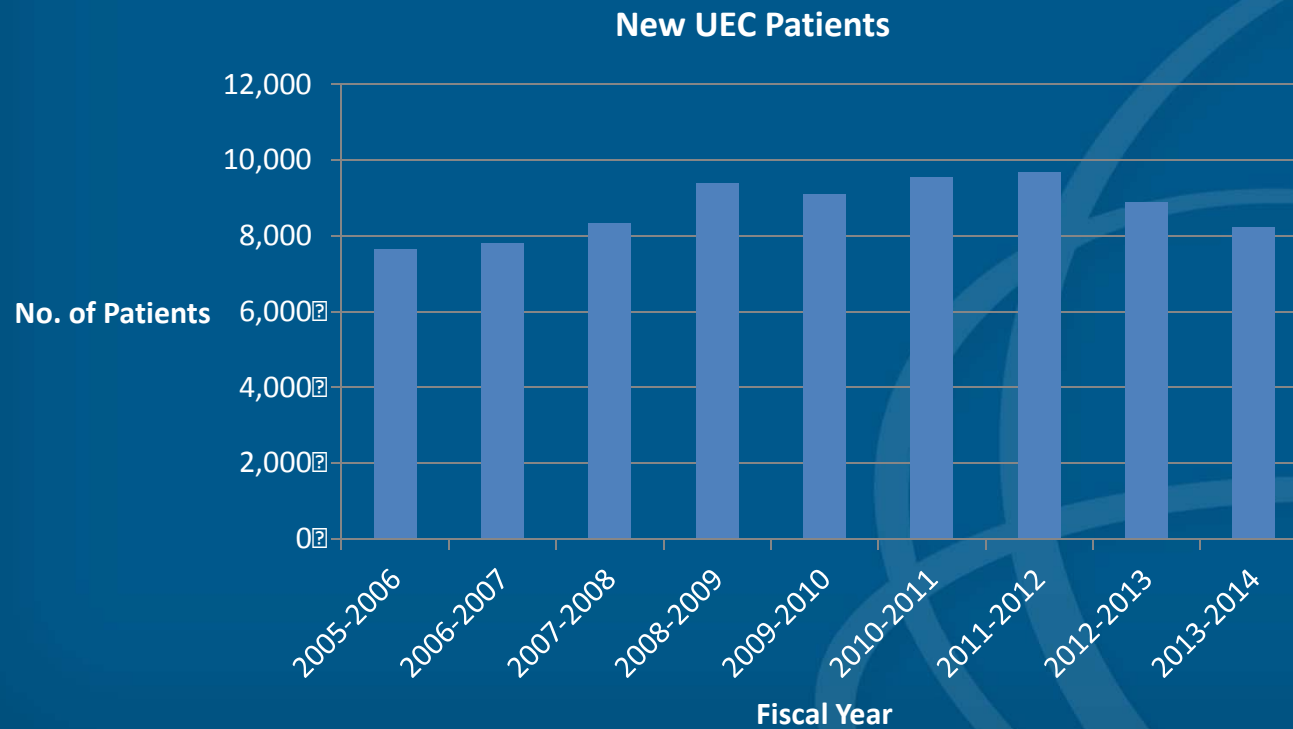
UEC Total Patient Encounters by Year



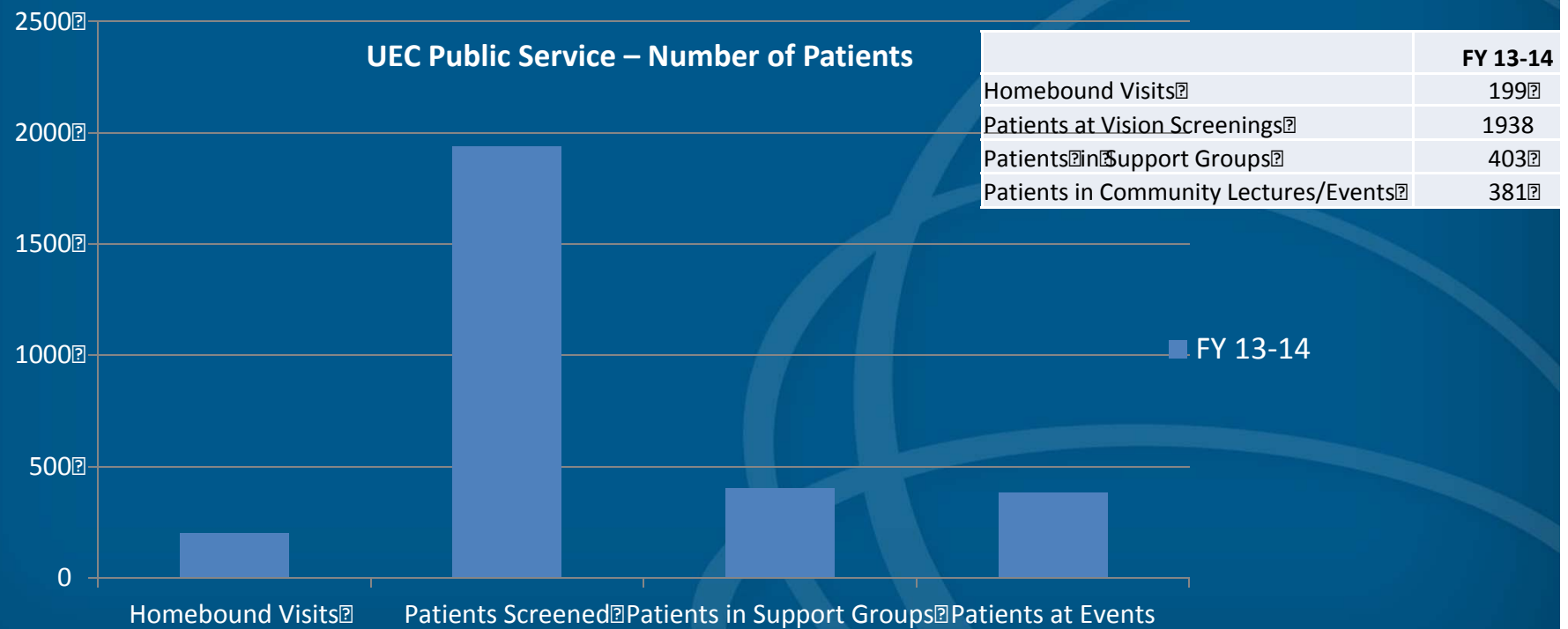
Fiscal Year	Encounters
2004-2005	59,250
2005-2006	65,305
2006-2007	69,582
2007-2008	70,938
2008-2009	74,285
2009-2010	73,061
2010-2011	72,117
2011-2012	75,795
2012-2013	73,225
2013-2014	69,458



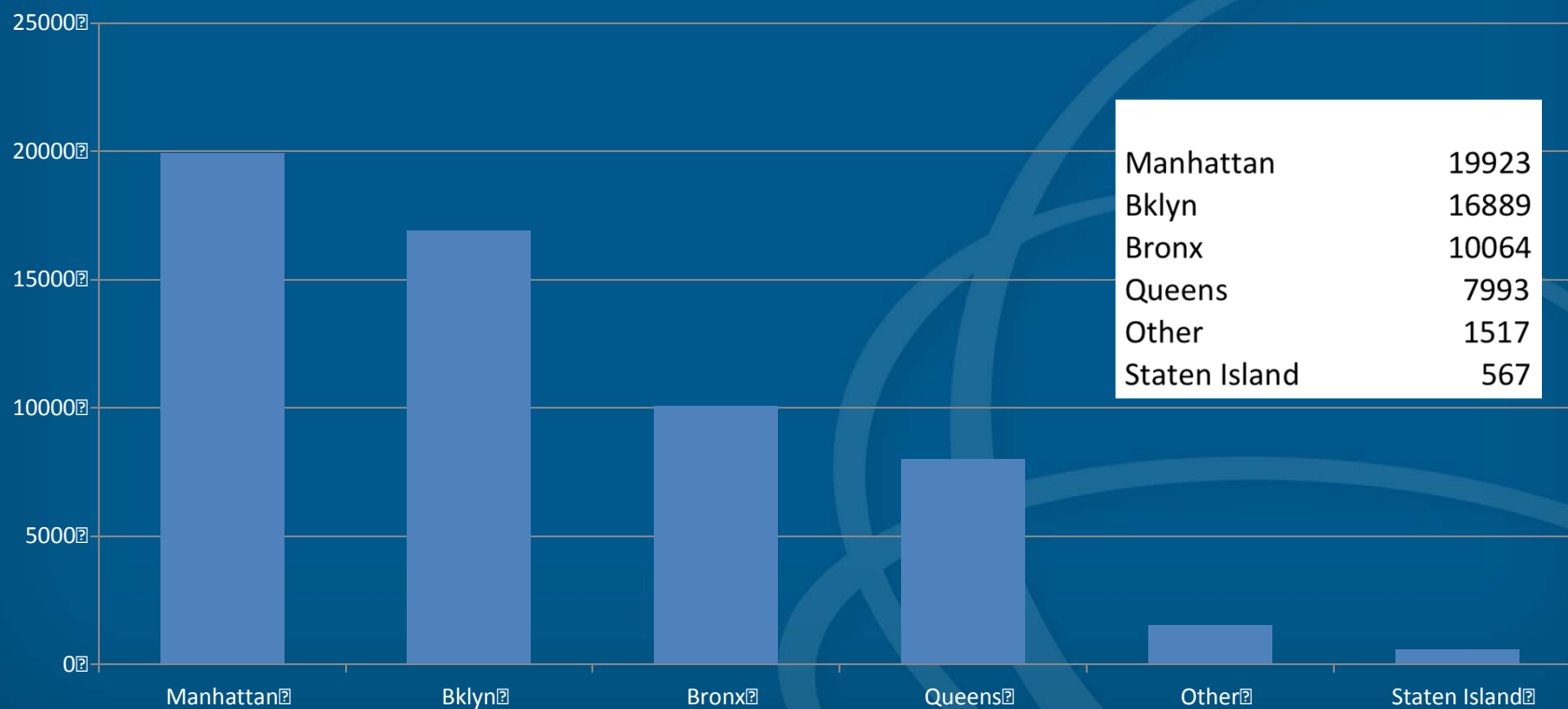
# New Patients seen in the UEC



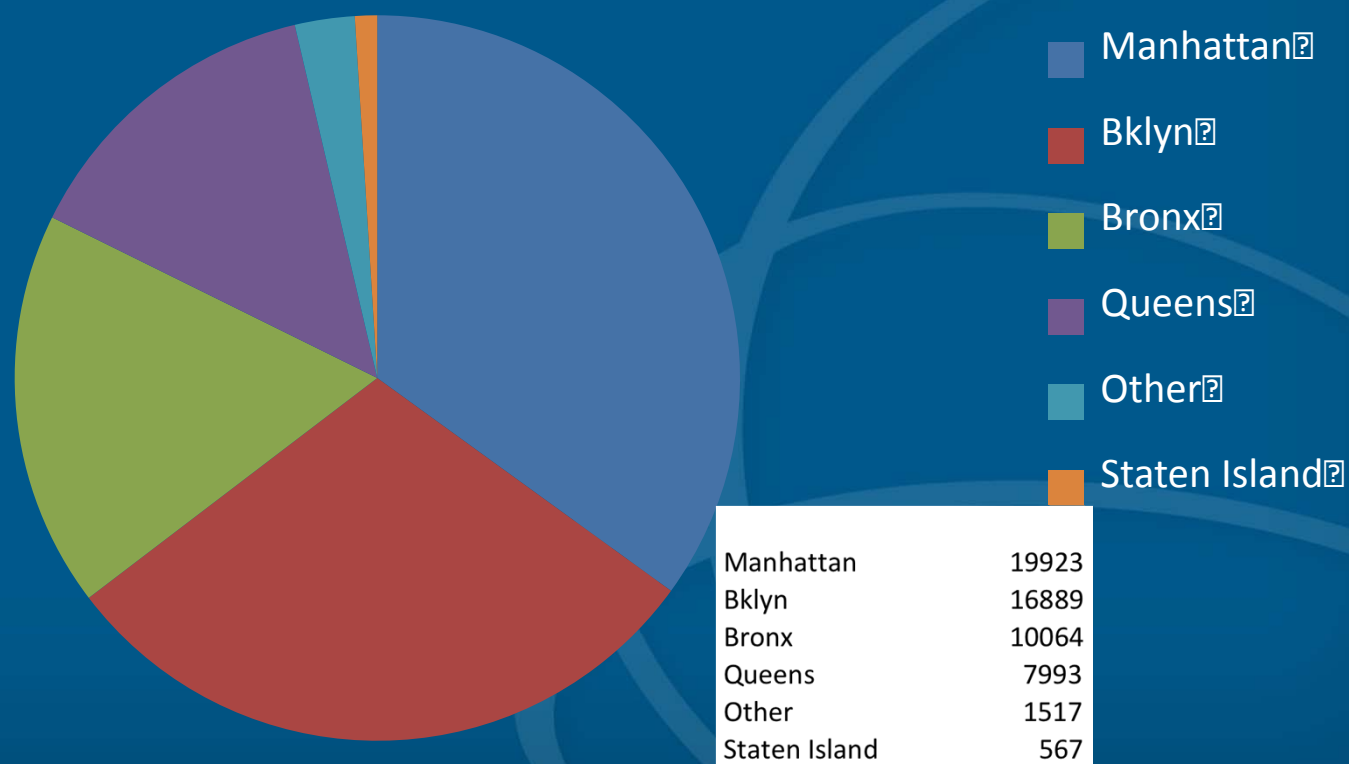
# UEC - Public Service



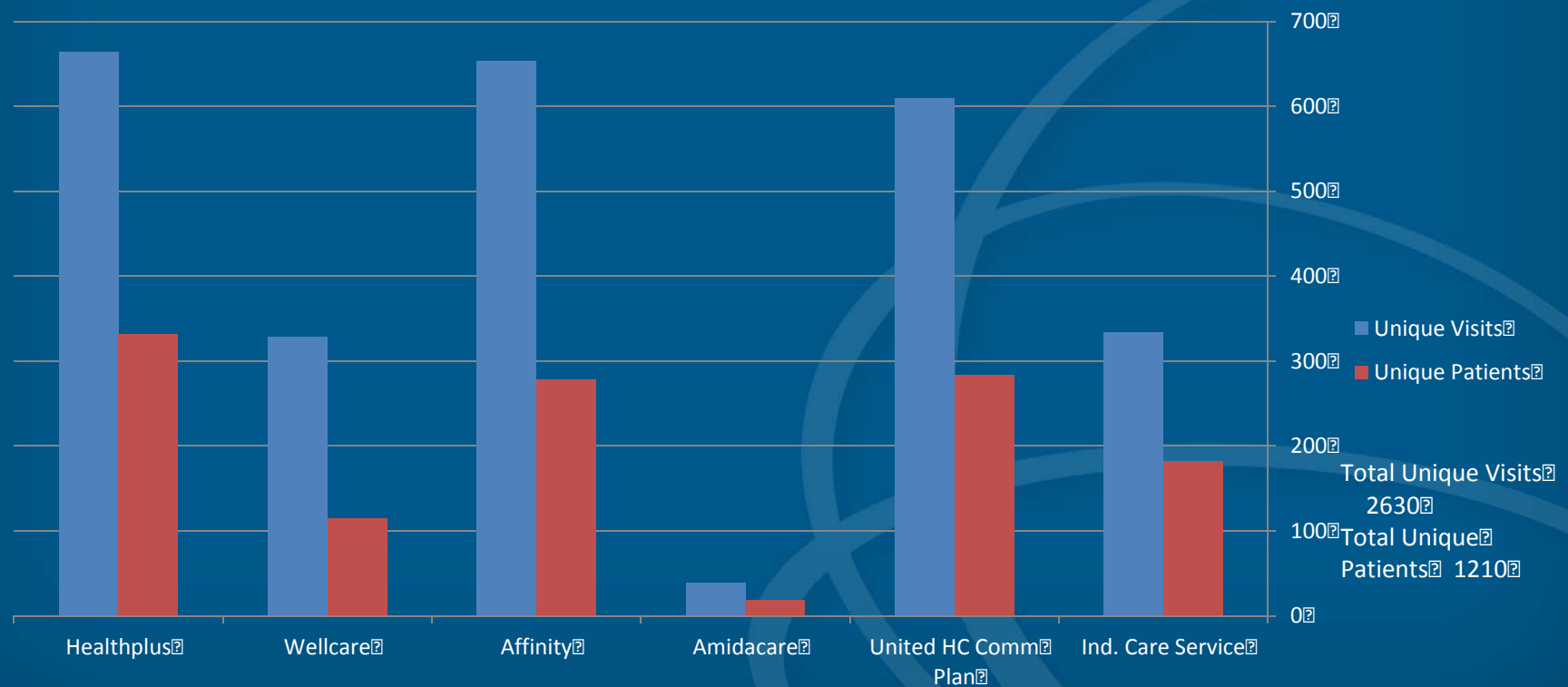
# Medicaid Patients Seen in the UEC – Past Two Years



# Medicaid – unique patients seen in the past two years



# Impact of Carve Out Bill- Unique Visits/Unique Patients (01/01/12-12/31/13)

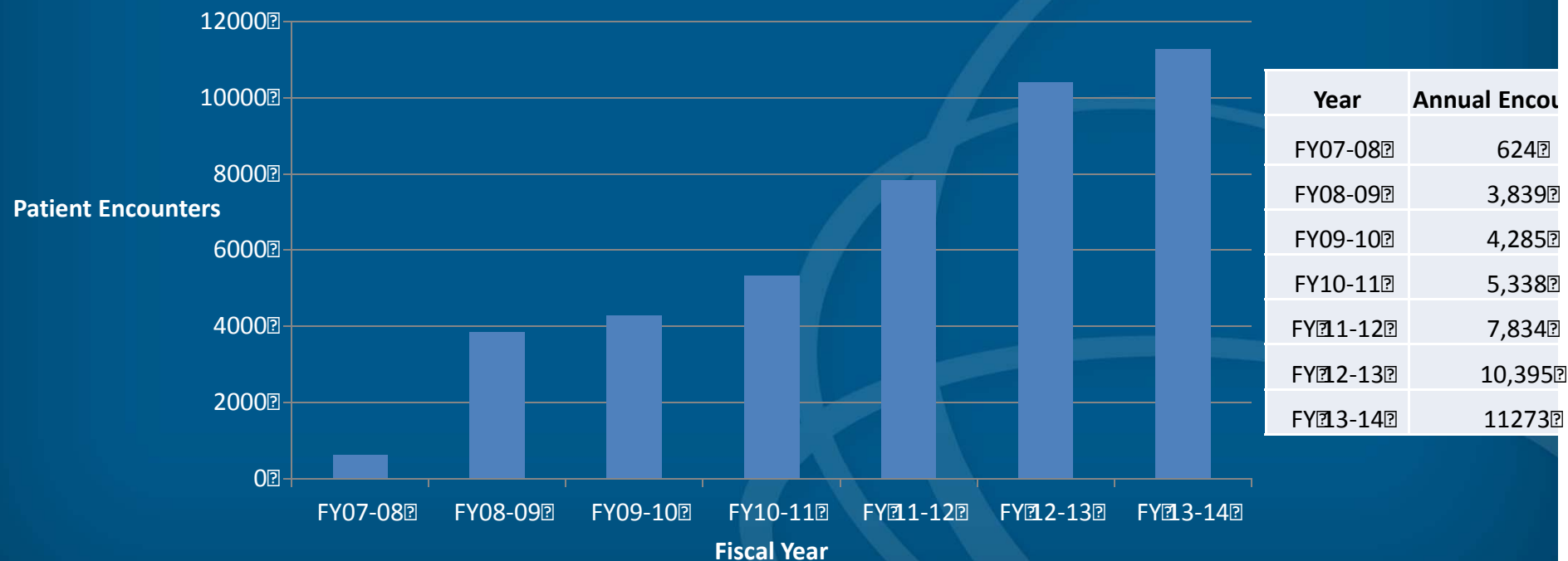


# UEC - Referral Service

- Community service – established about 6 years ago
- Facility for the eye care community to refer complex cases for secondary and tertiary care



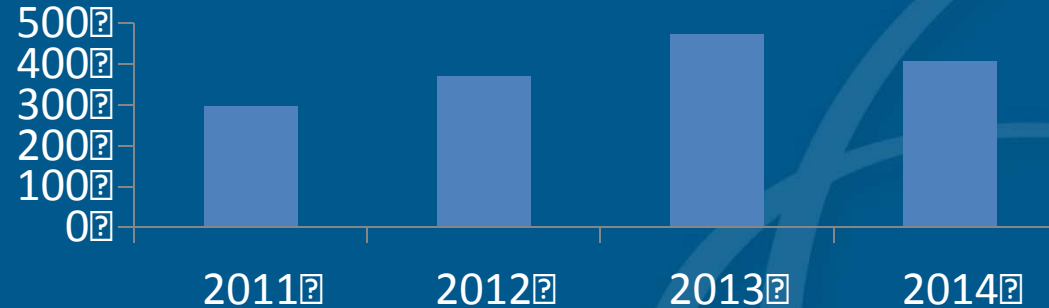
# UEC Referral Service – Total Encounters Patients





# New Referring Providers

By Year

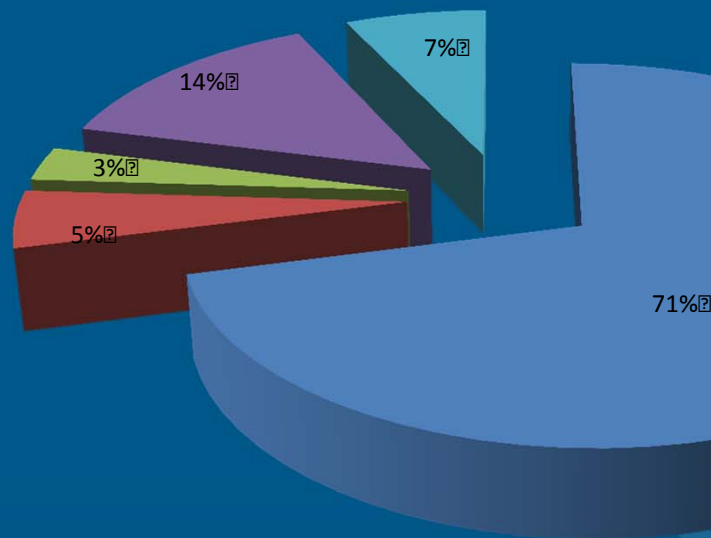


Year	New Referring Providers
FY11	297
FY12	370
FY13	472
FY14	408

# DISTRIBUTION OF SPECIALTY REFERRALS (FY13-14)

The above data reflects referrals logged by the Referral Service from July 2013 - June 2014. During that time, a total of 3,801 referrals were received as follows:

■ OPTOMETRIST ■ OPHTHALMOLOGIST ■ PEDIATRICIAN ■ PCP ■ OTHER



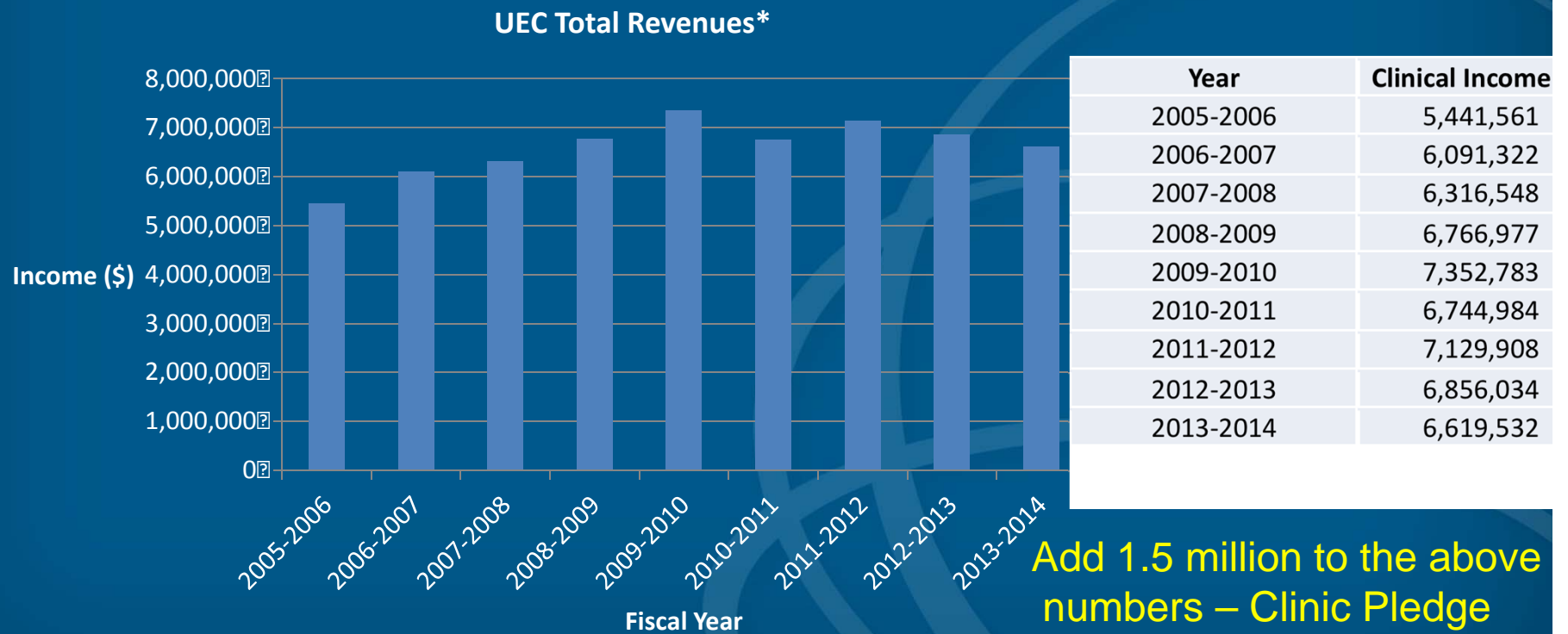
- Optometrist (2,706)
- Ophthalmologist (191)
- Pediatrician (102)
- Primary Care Provider (522)
- Other (280): Reflects referrals received from Rehab Medicine, Neurology, OT, Psychology, Ear, Nose, & Throat, Nursing, etc. Since Rehab Medicine and Neurology appear to be the predominant specialties in this category, we plan to monitor those groups to determine whether there is an uptick in the number of referrals received.

# Who Refers Patients to the UEC?

ALLERGY & IMMUNOLOGY  
AUDIOLOGIST  
CARDIOLOGIST  
CHIROPRACTOR  
DERMATOLOGIST  
EAR, NOSE, & THROAT  
GYNECOLOGIST  
LEGAL MEDICINE  
NEURO-PSYCHOLOGIST  
NEUROLOGIST  
NEUROMUSCULOSKELETAL  
NUCLEAR MEDICINE  
NURSE  
OCCUPATIONAL THERAPIST  
OPHTHALMOLOGIST

OPTOMETRIST  
OTOLARYNGOLOGIST  
PATHOLOGIST  
PEDIATRICIAN  
PHYSIATRIST  
PHYSICAL THERAPY  
PODIATRIST  
PRIMARY CARE PHYSICIAN  
PSYCHIATRIST  
REHABILITATION  
RHEUMATOLOGIST  
SOCIAL WORKER  
SPEECH & LANGUAGE PATHOLOGIST  
SURGERY  
TECHNICIAN

# Total Revenues - UEC



# Strategic Plan: Clinical Care Goals

- To provide clinical programs that attract a large diverse patient population to support clinical education and enhance the visual welfare of the community;
- To provide clinical care that is contemporary, efficient, ethical and of the highest quality;
- To train interns, residents and faculty to function as members of an integrated health care team

# Goal: Make the UEC more accessible to the public

- Develop a patient internet portal that allows new and current patients to request and/or schedule appointments online and better facilitates communications with patients
  - Awaiting our new EHR
- Enable patients to make self-referrals to a variety of clinical units
  - Awaiting our new EHR
- Provide patients and the public with on-site 24/7 care for ocular emergencies
  - Awaiting lobby redesign

# Goal: Make the UEC more accessible to the public

- Continue to provide community outreach, including screenings and educational seminars, to the community
  - New Outreach Coordinator
  - Student involvement
- Ensure that the UEC website and other official communication vehicles present current, updated patient educational material
  - Periodic review
  - Working with Director of Communication



# Goal: Make the UEC more accessible to the public

- Revise UEC policies to comply with health care reform as they relate to increasing patient access
  - Ongoing
    - New health care plans – Exchange Products
    - PQRS
    - OCNYS Board Fund
- Develop a communication/marketing campaign
  - Working with Director of Communication
  - Waiting room videos

**Goal: Increase UEC patient visits, improve patient retention and develop new revenue streams while providing the highest-quality patient care within the context of the Accountable Care Act of 2010**

- Deliver patient care services efficiently and cost-effectively
  - Collaboration with Clinical Council & CEC
- Increase patient volume in fee-for-service specialties
  - Sports Vision
  - Laser Center RFP
- Increase the number and type of referrals from community eye care providers for patient consultation/clinical care
  - Ongoing

**Goal: Increase UEC patient visits, improve patient retention and develop new revenue streams while providing the highest-quality patient care within the context of the Accountable Care Act of 2010**

- Ensure compliance with the health care models that may add additional revenue to the UEC [e.g. “Physician Quality Reporting System” (PQRS) systems and Evidence Based Medicine]
  - On-going – Lectures planned
  - ICD-10
- Render student and residency education cost-effectively
  - Collaboration

**Goal: Increase UEC patient visits, improve patient retention and develop new revenue streams while providing the highest-quality patient care within the context of the Accountable Care Act of 2010**

- Incorporate new clinical technologies into patient care
  - Marco Equipment
- Implement a new EHR and patient management system
  - Go Live: April-May 2015

# Key Performance Indicators - UEC

- charitable care
- new referring provider
- payor mix
- public service by year
- number of screenings/educational seminars per month
- referral center encounters by year
- total, new and established patient encounters by year
- total revenues by year
- new UEC patients by year
- patient visits by service by year
- provider participation in MCPs
- number of peer-reviewed articles and presentations by clinical faculty members\*

# *University Eye Center: Impact*



- 70,000 patient visits per year
- 11,000 referrals
- Expansion of *rehabilitative, geriatric and diagnostic services*
- Center for clinical research
- Patient support programs
- Outreach service expansion
- 24/7 on-call access
- Improved quality indicators
- New collaborations

# Challenges: Regulations, Regulations, and More Regulations

A look at meaningful use from the patient's perspective...





# Challenges:

- Enhancing the patient experience
- Enhanced PR effort: branding & communications
- Overcoming limits of managed Medicaid and DSSRP
- Implementation of the new EHR
- Implementation of 24/7 on-call access
- Facilities capital improvement projects
- Enhancement of quality assurance and compliance programs
- Increase in collaborative relationships with NYC medical centers, hospitals and community health centers
- Increasing our capacity to provide care to the indigent population

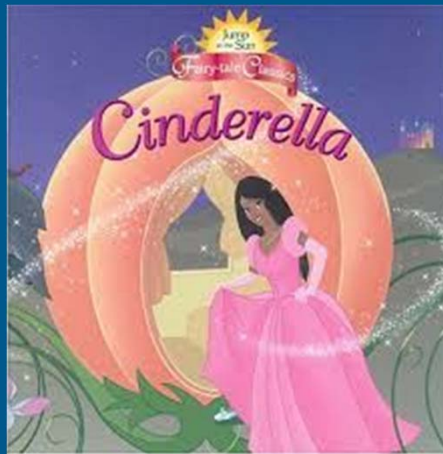
# Keys: Goals of the ACA of 2010

- Three Core Goals:
  - Insure all Americans
  - Lower the Cost of Health Care
  - Improve the Quality of Health Care
- All of these will pose both challenges and opportunities to the UEC

# Will the ACA changes be?



Comedy or Tragedy



Fairytale



Death calls –  
Pulling the Plug

No matter what, the UEC will face many challenges, threats, opportunities, and increased financial needs

# Challenges and Opportunities: patient access

- Under ACA:
  - Expansion of Medicaid
  - Coverage of the current non-insured patients
  - Discrimination by plans against optometrists
  - Pediatric Vision Benefit
  - Medicare expansion – the “Aging of America”
- Fiscal implications
  - More staff to better understand these plans
  - Lower fees

# New York Medicaid – A System in Flux

- DSSRP
  - Delivery System Reform Incentive Payment
- PPS
  - Performing Provider System
- Will it serve as a model for all?



# Medicaid Reform and the UEC

- Approximately 1/3 of our patients are Medicaid patients (traditional and managed Medicaid)
- Will they still be able to receive their care here or will they be directed somewhere else?
- Will the reimbursements change?

# Challenges: Discrimination

- Harkin Amendment
  - A new health care provider nondiscrimination provision that is critical for optometry
  - Goes into effect in 2014
  - This amendment also applies to **existing insurance programs**





# Immediate Benefit

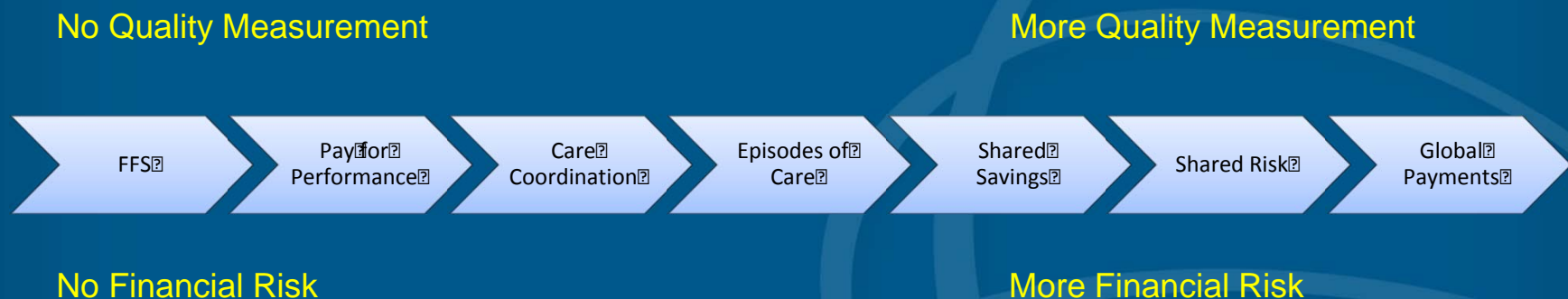


- Good news:
  - We contracted with a major company to provide care to its employees
- Bad news:
  - We contracted with a major company to provide care to its employees
  - Fee schedule

# Challenge: What changes will be made to the UEC fee schedules?

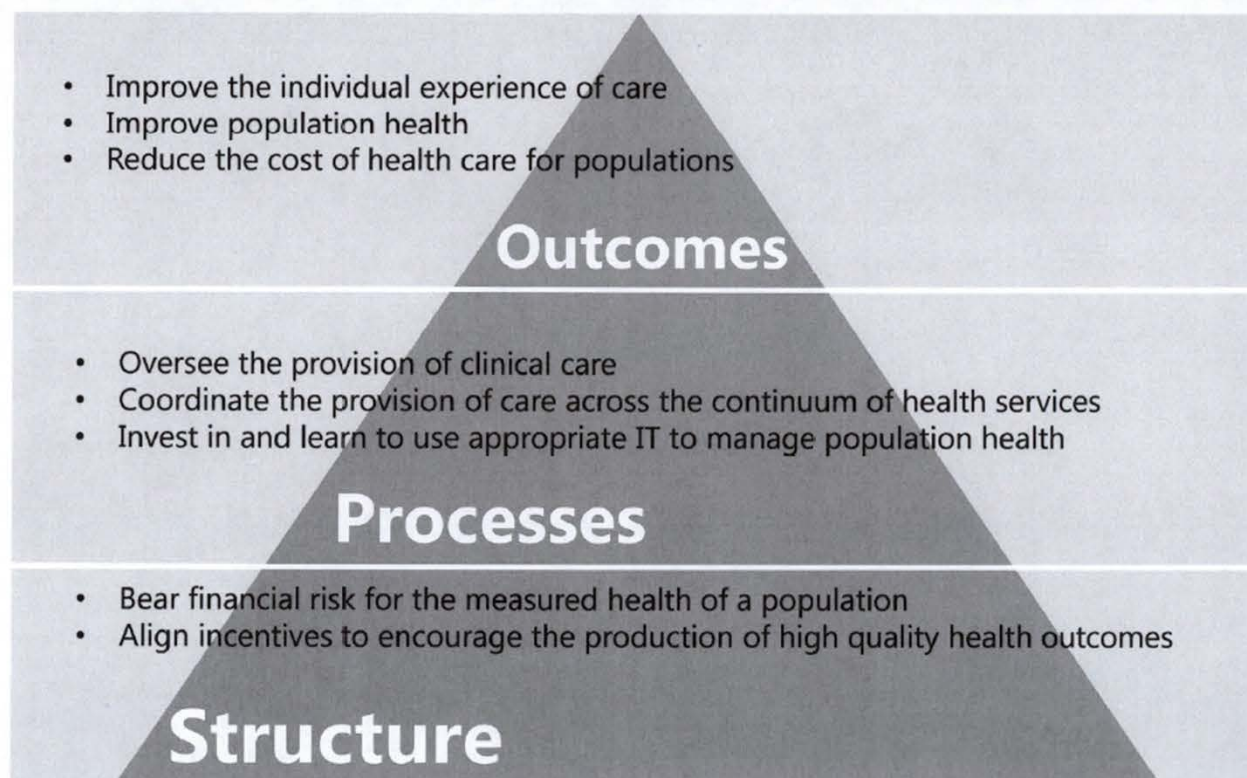
- With the ACA:
  - Fees will be based upon:
    - Fee Schedules that will incorporate *Value and Quality*:
      - Examinations and procedures performed will shift to “Value-Driven Care”
    - *Alternate Delivery Models*
      - Medical Homes or Home Model
      - Accountable Care Organizations (ACO’s)

# Evolving Payment Methods for Health Care



Source: NYS Dept. of Financial Services. July 2014. *New York Health Care Cost and Quality Initiatives*. Available at [www.dfs.ny.gov/reportpub/payment-reform-report.pdf](http://www.dfs.ny.gov/reportpub/payment-reform-report.pdf).

## LP Definition: Accountable Care

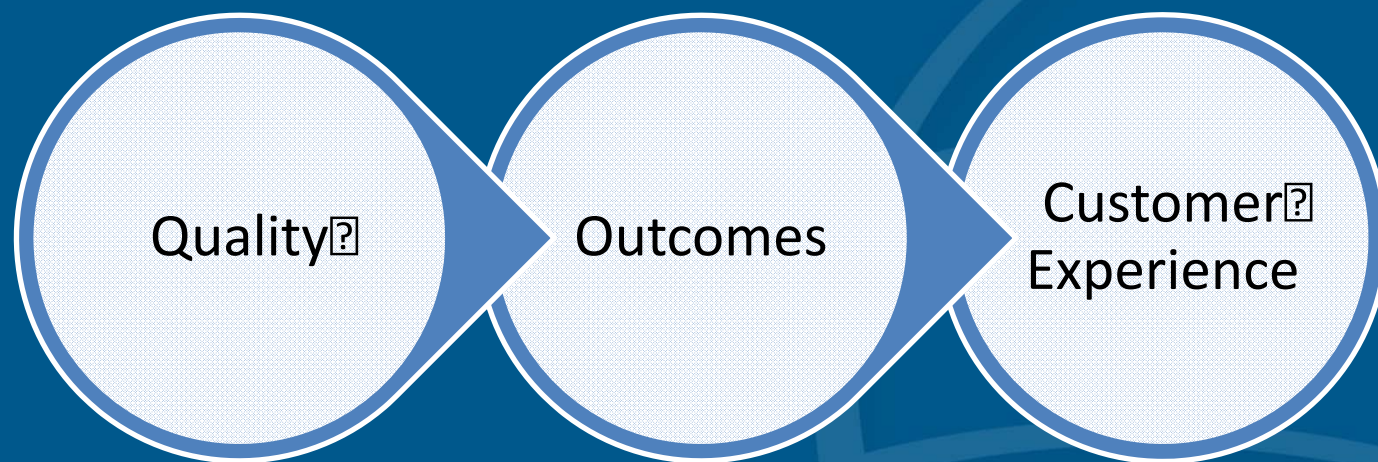


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LP

# Value





## Bundled Payments

A single, comprehensive payment that covers all of the services involved in the patient's care over a defined period of time

Essential attributes for bundling payments include:

- Administrative capacity to collect and dispense income in a transparent manner as well as determine what patients' continuing care needs may be
- Ability to effectively work with other care providers to hold them accountable for high quality and efficient care delivery
- Information technology systems to track and manage processes

## Challenge: new ways for patients to rate physicians

- "Consumers are doing more shopping, and we're seeing a greater demand for information
- The new insurance exchanges are supposed to be the next step in healthcare consumerism
- Enrollees can compare insurance plans side by side, based on cost and other features, which can't be easily done in the current insurance market.

# Challenges and opportunities:

- The UEC will need to continue to offer **quality care in an educational setting**
- This may affect:
  - our ability to remain as participating providers on health care plans
  - our reimbursement may change
  - our overall satisfaction ratings that will be published on websites
    - [www.physiciansranking.org](http://www.physiciansranking.org)



## Challenges and opportunities:

- The UEC will have to become familiar with:
  - “Health Care Exchanges”
  - “Essentials Benefits”
- The UEC will have to provide care that:
  - “Is “Team Based”
  - “Embraces “New Technology”

# Opportunity: the “Pediatric Benefit?”

- With “ACA:”
  - All children (18 years or less) will receive an annual examination and materials

# Exchanges: Challenges/Opportunities

- Keeping current with these
- Value-based care models
- Narrowing of provider networks
- Downward pressure on reimbursement

# What it all means for the UEC?

- With “new plans and newly insured people,” the UEC is expected to gain new patients over time
  - Pediatric Benefits – potentially millions of new patients will have coverage they did not have before
- However, all of these changes will have fiscal implications:
  - Lower fee schedules
  - Need for more staff
  - Need to “Do Things Differently” and “Embrace Change”

# New Challenges/Opportunities:

- Patient Satisfaction
- EMR and Meaningful Use
- Patient Portal
- And more federal and state Regulations, Regulations, and Regulations:



# Questions

