

The University Eye Center Strategic Plan Assessment

Liduvina Martinez-Gonzalez, M.S.

Vice President of Clinical Administration
Executive Director of the UEC

Michael J. McGovern, O.D.

Chief Medical Officer

April 12, 2016



SUNY COLLEGE OF OPTOMETRY
UNIVERSITY EYE CENTER

Our Mission....

- Improving patients' lives by providing exceptional general and specialized optometric care
- Developing outstanding optometrists and vision scientists
- Enhancing public health through education and service to a broad range of communities

Our Goals....

- Deliver competency-based clinical training that is founded upon evidence-based practice and anticipated future practice trends
- Make the University Eye Center (UEC) more accessible to the public

Our Goals...

- Increase UEC patient visits and develop new revenue streams while providing the highest quality patient care
- Strengthen workforce engagement

The University Eye Center

- Patient care
- Education
- Research
 - Where are we now?
 - Where are we going?
 - Where do we need to go?

Got Change?

ICD 10

DSRIP
Delivery System Redesign
Incentive Program

Interprofessional
education and care

Health Information

Patient Portals

CCD

HIE

**Accountable
Care Act**

Patient Experience

Consumerism

PPS

Performing
Provider System

Social Media

Facebook

Yelp

Twitter

Infrastructure

Capital

Technology

**New
Reimbursement
Models**

Compliance
Privacy
Business Integrity
Information
Security

HQM

Meaningful Use

PQRS

Volume to Value

Population Health

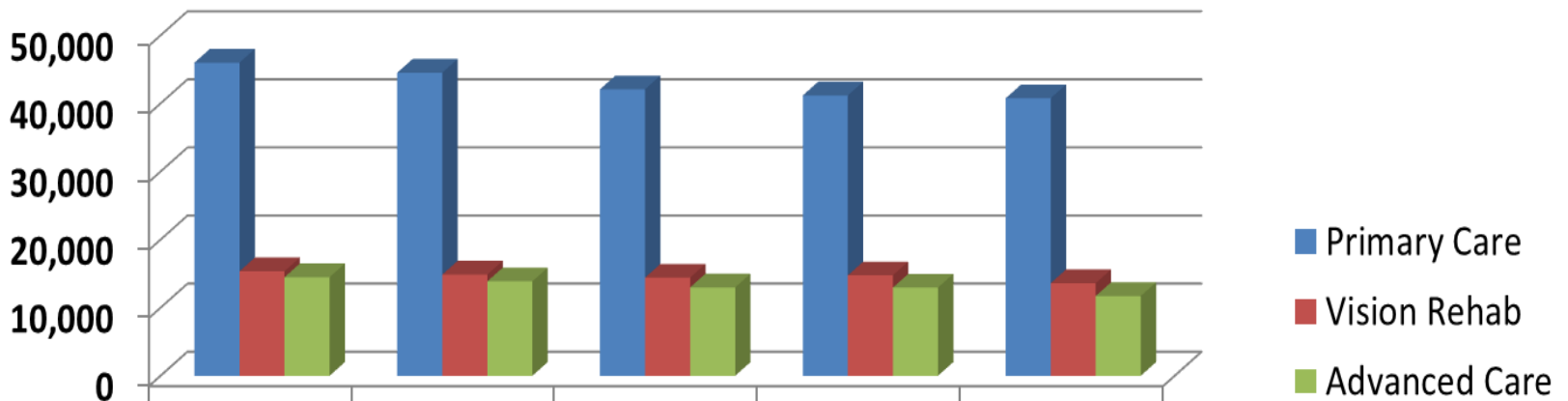
The UEC...

New Administration



The UEC...

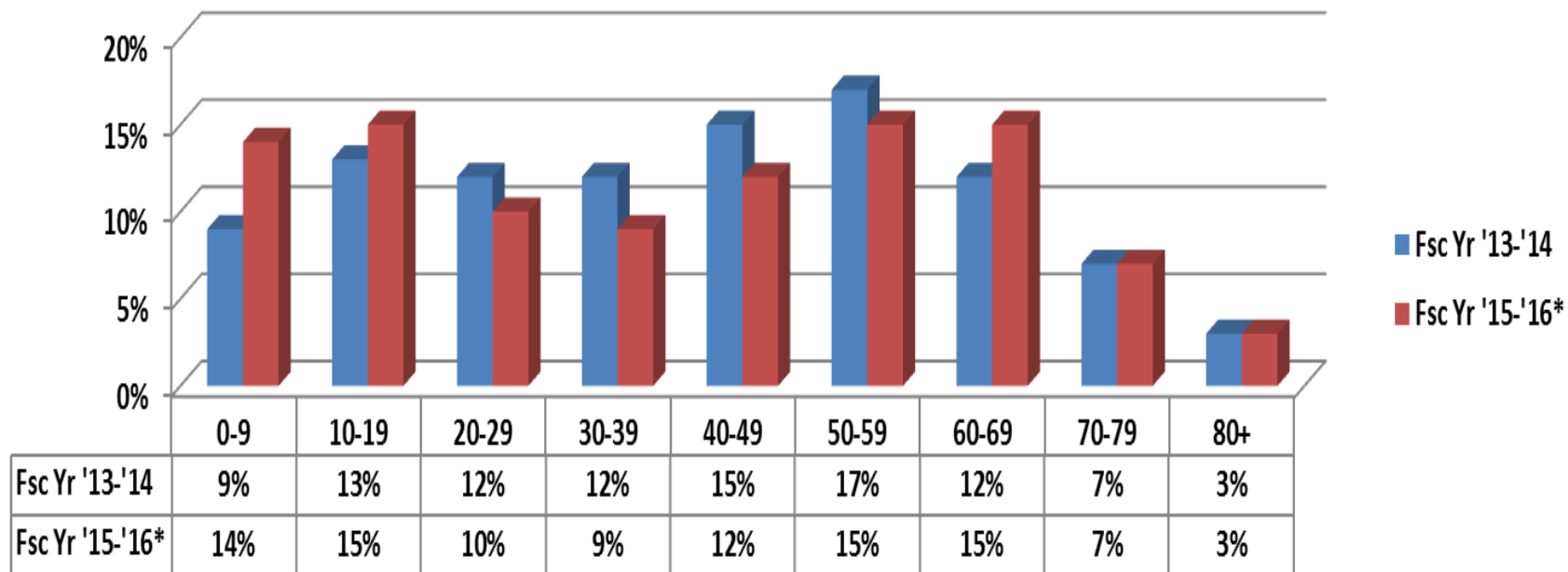
Encounters by Service



	FY11-12	FY12-13	FY13-14	FY14-15	FY15-16*
Primary Care	45,982	44,505	42,070	41,171	40,744
Vision Rehab	15,338	14,856	14,413	14,744	13,592
Advanced Care	14,475	13,864	12,975	12,947	11,712

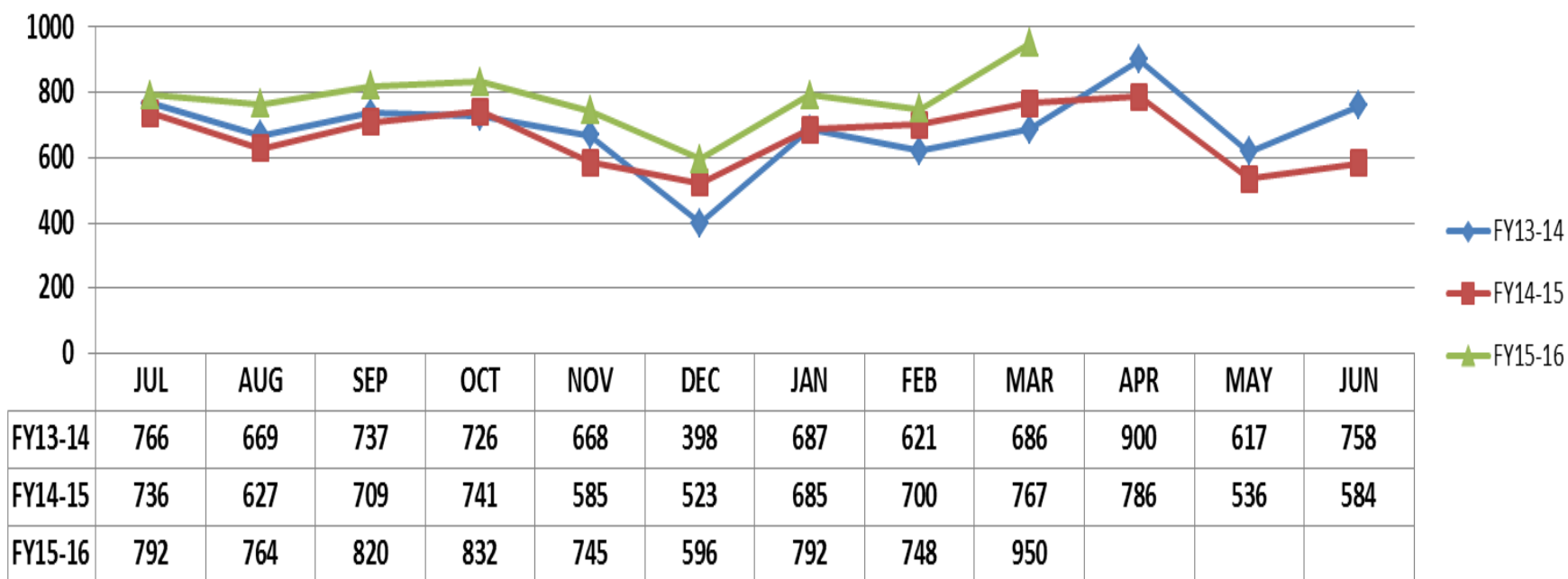
The UEC...

Age Distribution of Patients



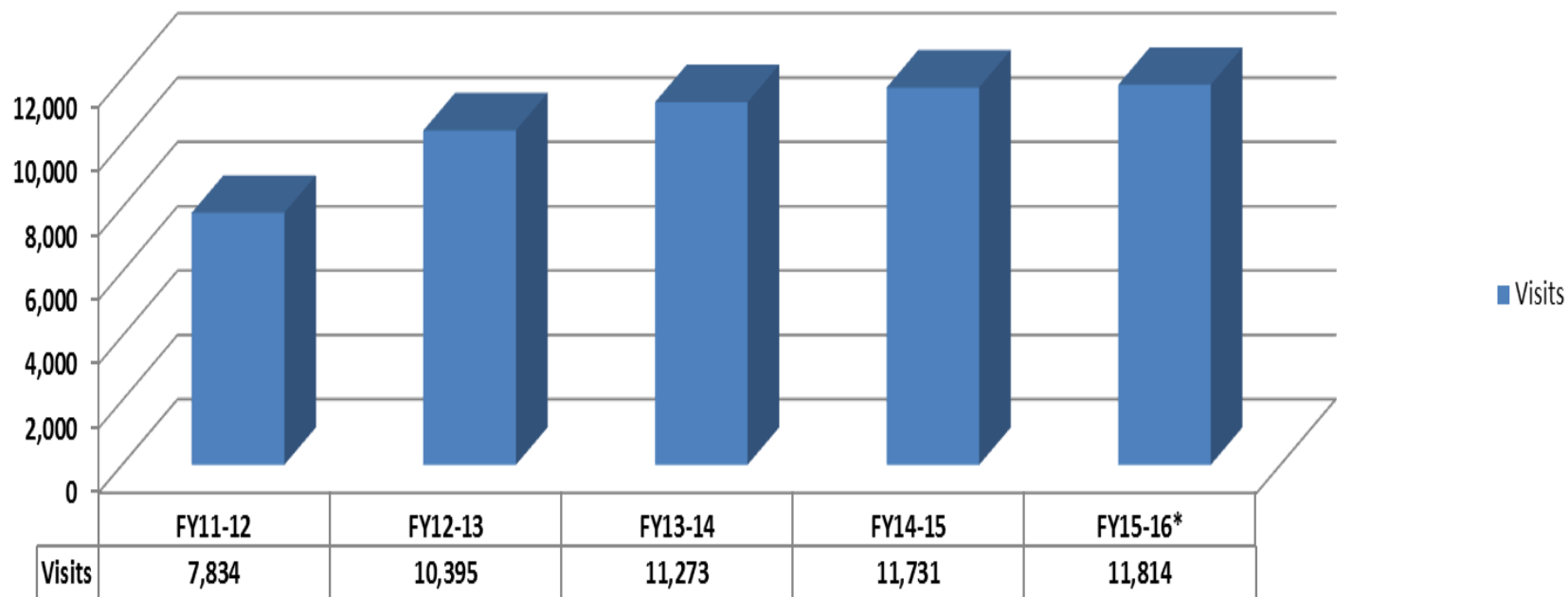
The UEC...

New Patients



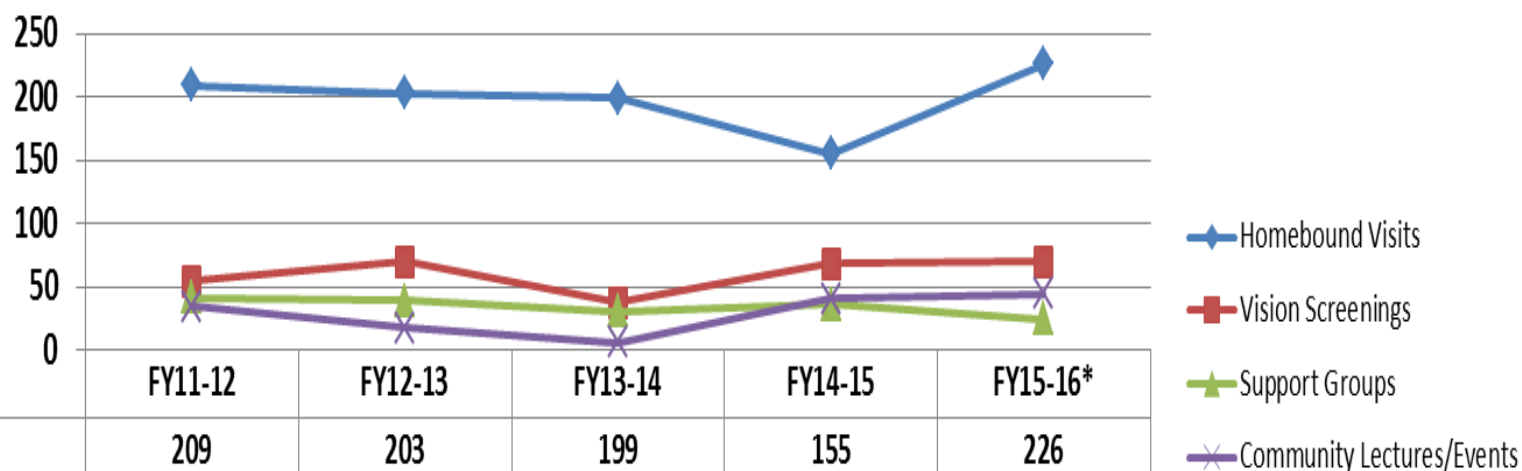
The UEC...

Referral Visits



The UEC...

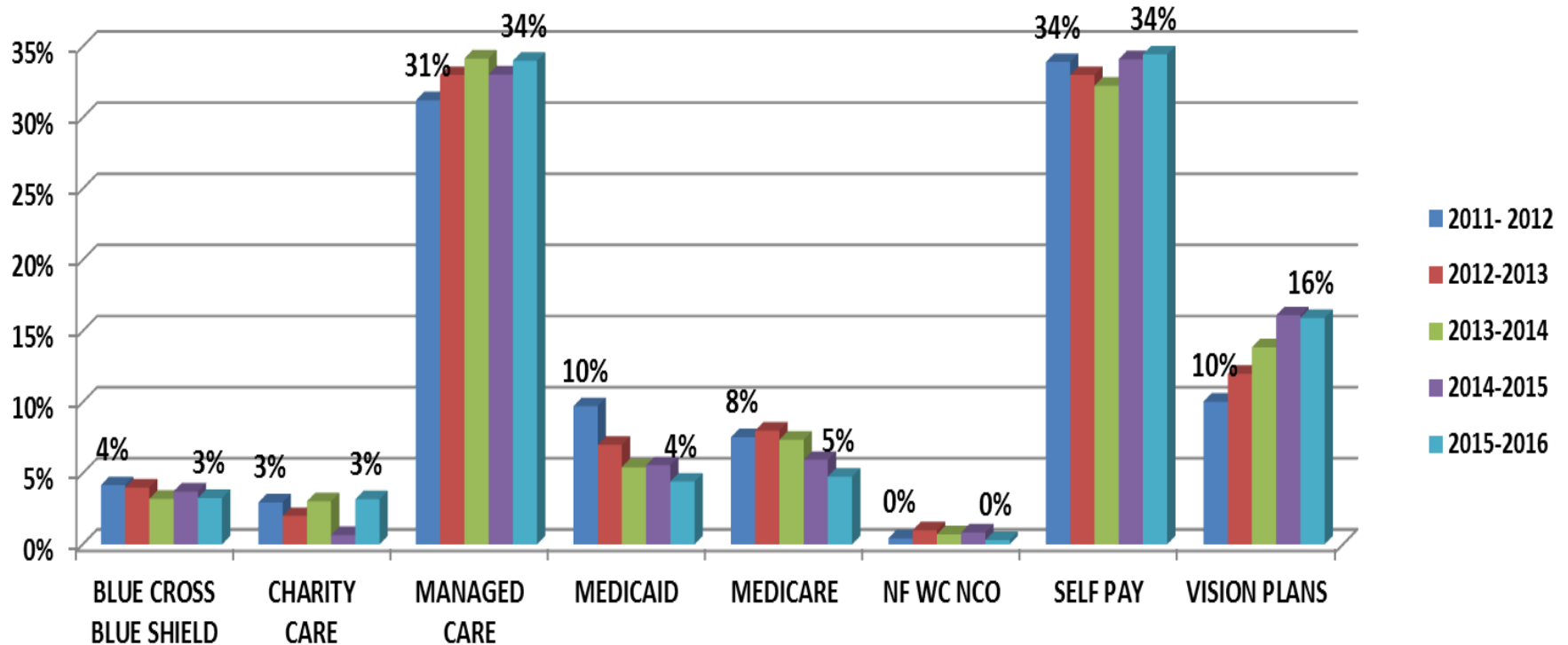
Public Service Events



	FY11-12	FY12-13	FY13-14	FY14-15	FY15-16*
Homebound Visits	209	203	199	155	226
Vision Screenings	54	70	37	68	70
Support Groups	41	39	30	36	24
Community Lectures/Events	34	17	6	40	44

The UEC...

Payor Mix



The UEC... a candid assessment

- A steady decline in patient numbers in all three services over the last four years
- A demographic shift away from 20-60 year olds with an an increase in patients at each end of the spectrum
- A healthy increase in new patients and referrals

The UEC... a candid assessment

- Revenue
 - Decrease in traditional medicare / medicaid
 - Increased in managed medicare / medicaid
 - Increase in vision plans
 - Self-pay consistent at 34%
- Increase in homebound visits, vision screenings and outreach

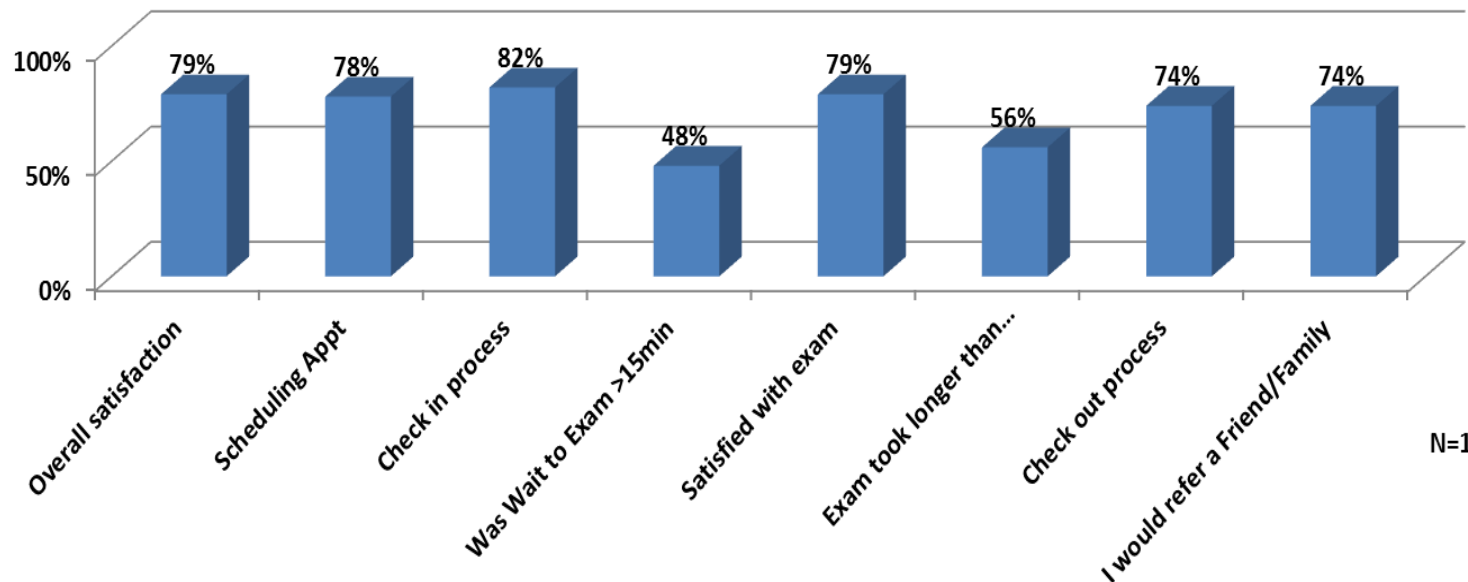
The UEC... a candid assessment

- Possible reason for these trends
 - Patient satisfaction
 - Why are new visits/referrals on upward trend but overall visits in decline?
 - Why are patients not returning?
 - Aging infrastructure
 - Changes in healthcare / insurance plans
 - Changes in our clinic schedules / size of UEC staff
 - Changing administration

The UEC...

Satisfaction Rate 2015-2016

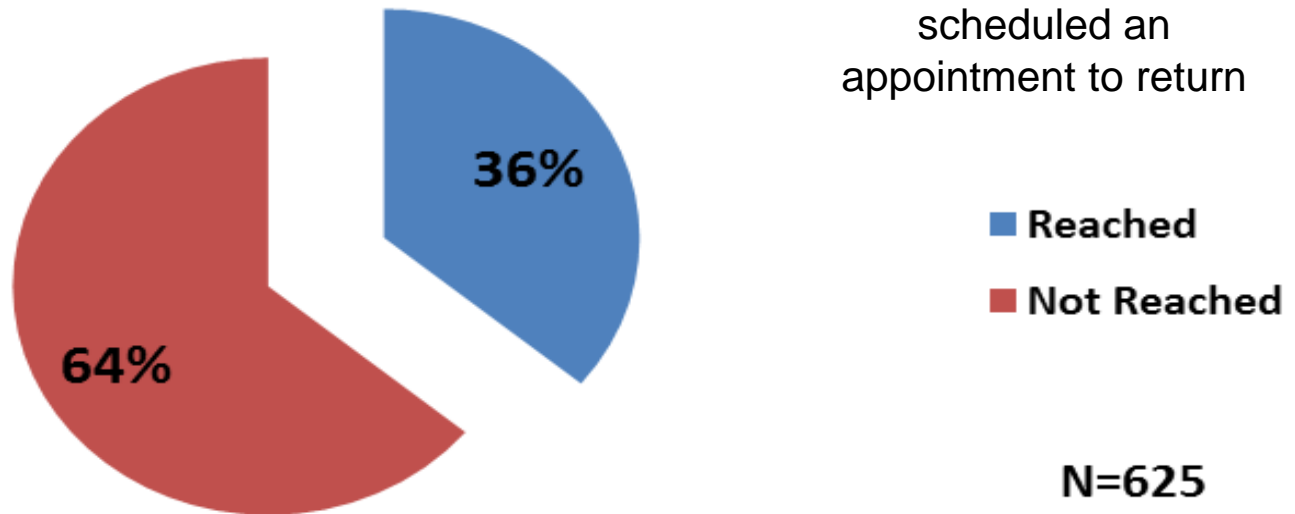
(Strongly agreed/Agreed)



N=150

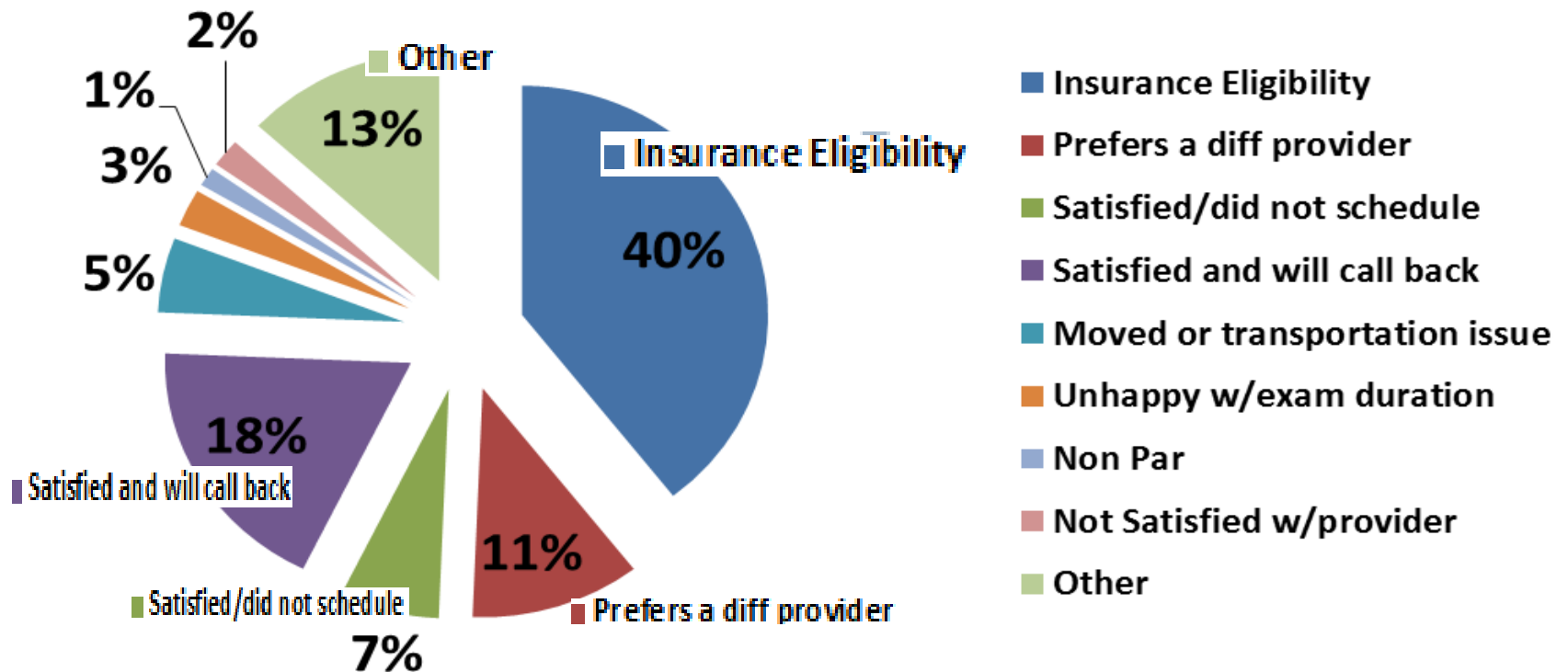
The UEC...

Calls to over 2yrs not seen



The UEC...

Reasons Given by Patients



The UEC...

- Clinical information systems
 - ✓ EHR, PM, Optical
 - ✓ E-prescribe
 - ✓ PACS
- Communication with patients
 - ✓ Patient Portal
 - ✓ West (Televox)
- Marketing campaigns
- DSRIP



The UEC...

- UEC policies that comply with healthcare reform
 - HIPAA
 - Meaningful Use
 - PQRS
 - Compliance officers
 - Business Integrity / HIPAA and privacy / Information Security

The UEC...

- Revenue streams
- Increased referrals
- Primary Care Advisory Board
- Social Work

Our Students and Residents...

- Earlier entry into UEC / patient care
- Quality education in a cost-effective manner
- Exposure to new technologies
- Evidence-based practice
- Interprofessional education
- Research and subject recruitment



Our Faculty...

- Recruit faculty who enhance the college's ethnic, cultural and experiential diversity
- Performance reviews
- Encourage scholarly pursuits
- Growth opportunities for future leaders
- Succession planning

Our Support Staff...

- Values centered on the patient experience, satisfaction and loyalty
- AIDET training (April 2016)
 - Acknowledge, Introduce, Duration, Explain, and Thank
- Performance expectations
- Culture of community spirit
- Staff – faculty interaction

Our Patients...

- Increasing accessibility
 - Patient portal (Fall 2016)
 - Provide onsite 24/7 care for emergencies
 - Limited English Language – verbal and written



Community outreach, screenings and educational seminars

- CBO's
- Lunch & Learns and Live Streams



Our Patients...

- Website redesign
- Social media/digital content
- Health promotion/wellness
- Point of service interfaces
 - ECHO
 - Phreesia
- Express pick up



Where we need to be...

Our future reality

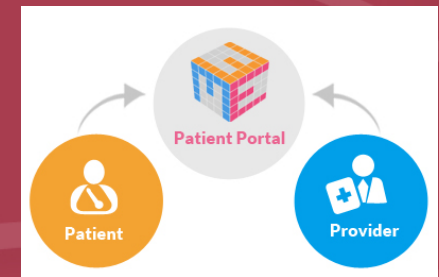
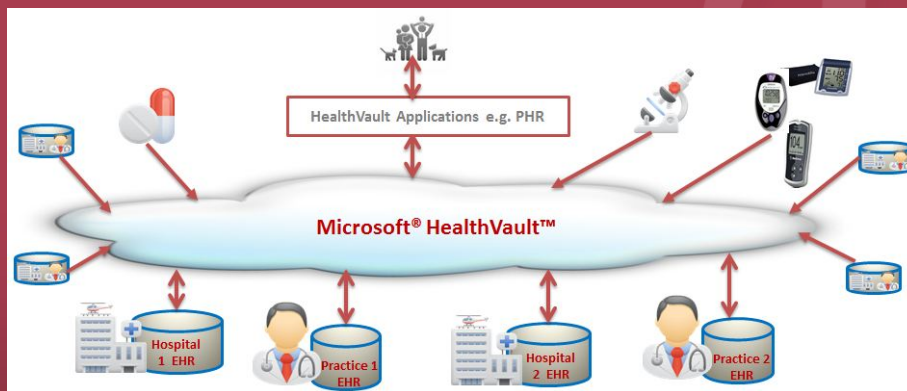
- Ancillary staff
 - OD's with more support staff involved in patient care
 - More medical emphasis as a primary eye care provider
 - Blood pressure
 - BMI
 - Smoking cessation



Where we need to be...

Our future reality

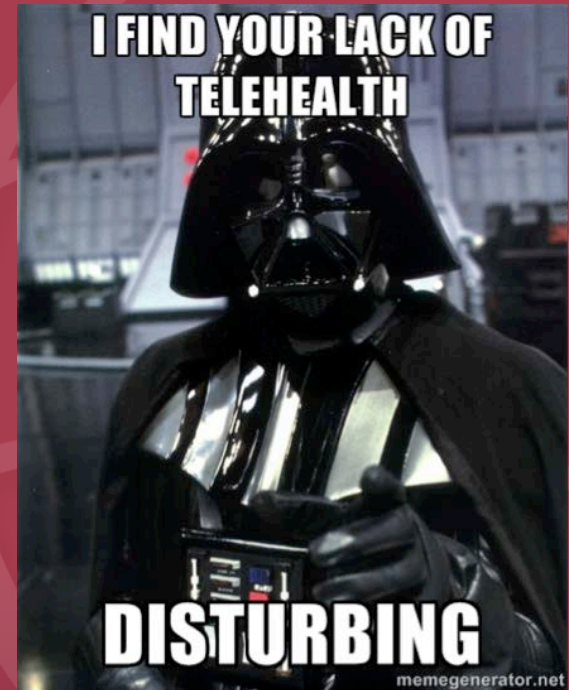
- Interprofessional practice
 - OD's truly working collaboratively with other disciplines
 - Health Information Exchanges



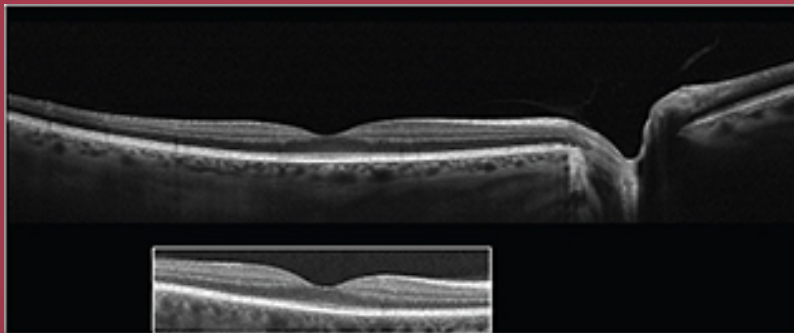
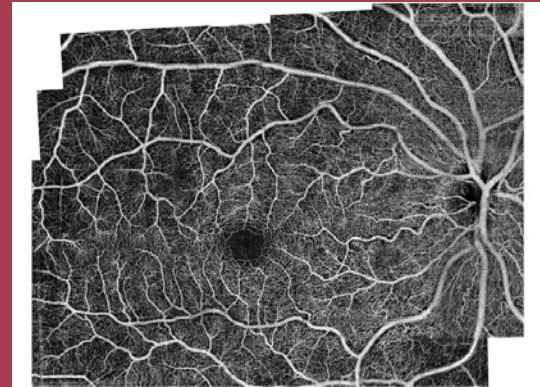
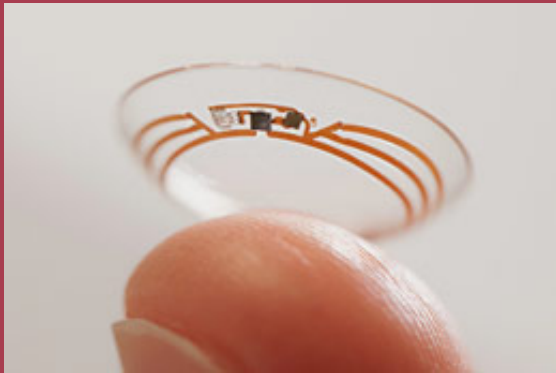
Where we need to be...

Our future reality

- New technology
 - Diagnostic equipment
 - Disruptive technologies
 - Telehealth



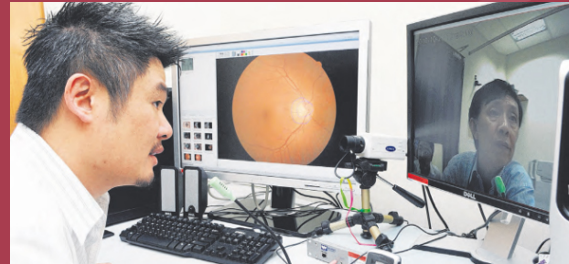
Technology ... the good stuff



Technology... the stuff we consider “disruptive” but can’t ignore



Technology... telehealth



Where we need to be...

Our future reality

- Reimbursement:
 - current model is not sustainable
 - quantity vs. quality of service
 - from “fee-for-service” to “fee-for-value”

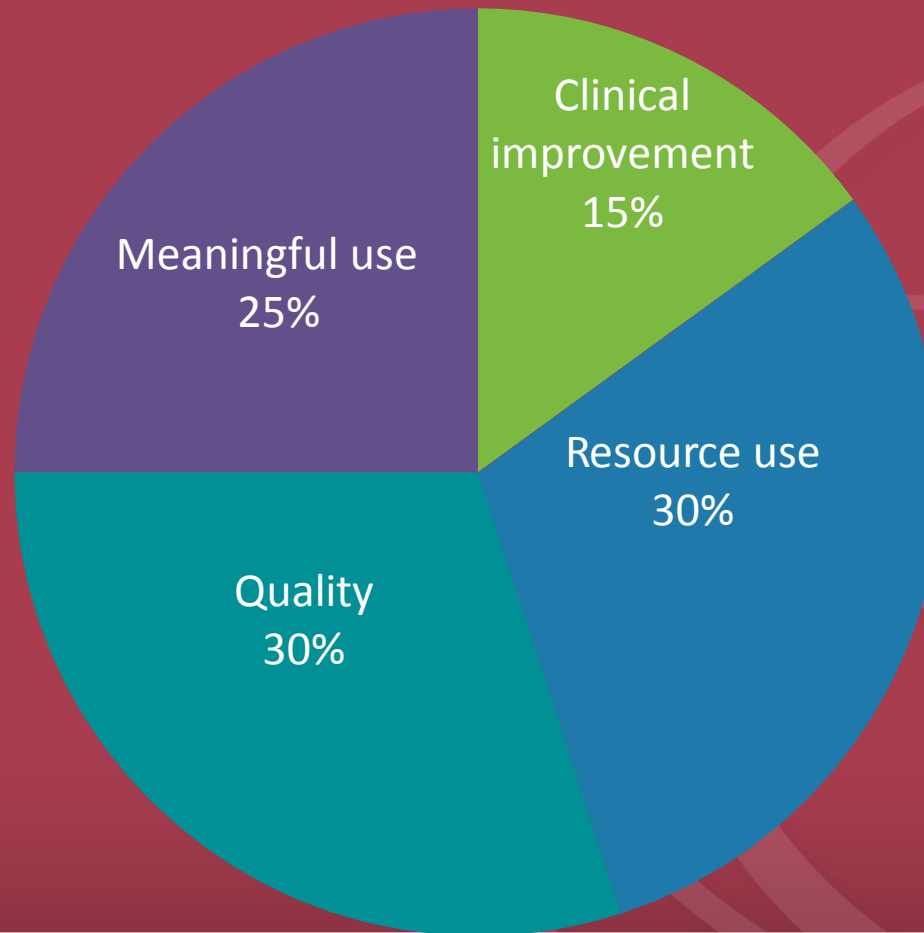
Our Future...

New Reimbursement Models

- Medicare FFS is changing in two ways:
 - a) From now to the end of 2018 = PQRS + VBM (Value Based Modifier)
 - b) From 2019 forward = “MIPS” Merit-Based Incentive Program (Medicare Improvements for Patients and Providers Act of 2008)
 - a) ODs could earn significant bonuses, based upon a 100 point scale that reflects performance on quality, resource use, clinical practice improvement activities and meaningful use of certified health technology

By 2019, 85 - 90% of payments will be linked to quality outcome based care

Merit Based Incentive Payment System (MIPS) Scoring



Our Future...

New Reimbursement Models

Upcoming Medicare Penalties

Program	2015	2016	2017	2018	2019	2020
Physician Quality Reporting System (PQRS)	-1.5%	-2%	-2%	-2%	TBD	TBD
Value Based Modifier Program (VM)	-1%	-2%**	-2% or -4%***	TBD	TBD	TBD
Meaningful Use/EHR Incentive Program	-1% or -2%*	-2%	-3%	-4%	TBD	TBD
Penalty	-3.5% or -4.5%	-6%	-7% or -9%	TBD	TBD	TBD

Dealing with constantly changing laws and regulations...

MIPS

*The Medicare Access and
CHIP Reauthorization Act of
2015*

Meaningful Use

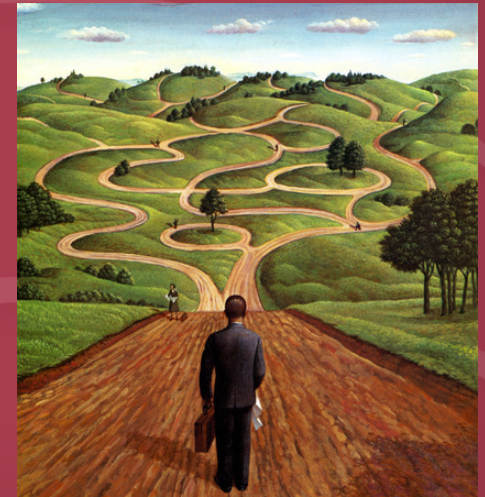
Who you going to call?

PQRS



PPACA: Patient Protection and Affordable
Care Act 2010

Physician Value-Based Payment Modifier



The UEC...

- Big picture: We are really good at what we do with regard to patient care and clinical education
- Most concerning current challenge: We are faced with declining patient numbers and an aging infrastructure
- We are in the midst of a rapidly changing healthcare system – coding, EHR-related technology, models of delivery, paradigm change in payment structure
- New UEC leadership – with a realistic perspective on where we are, performing due diligence by assessing current deficits/challenges and formulating a strategic plan to get us to where we need to be

And so it goes....

- Thank you
- Questions?

