



OUR VIEW

on the AOA's

SPECIAL EDITION: Washington Office Health Care Reform Update

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Disclosure: The authors are involved in the sales and marketing of health IT software solutions that fall within the domain of this report. We attempt, in our statements herein, to provide non-partisan insights for the benefit of the eye care industry, however some bias is acknowledged.

View #1

The AOA's **Special Edition: Washington Office Health Care Reform Update** is an important report worthy of the attention of *every* eye care professional. While there remains much debate and uncertainty around health care reform and value-driven health care (VDHC), there is no question that VDHC is here to stay. We agree, "... change will be coming to health care in the United States this year."

View #2

Health Care Reform vs. Value-Driven Health Care. The changes occurring across health care are confusing at best. At the core, we must see the distinction between health care reform and value-driven health care. Whether these two movements are separate movements or one is a subset of the other is academic. Health care reform describes a general change process arising from the obvious conclusion that health care as we know it isn't working. Medicare is in crisis and we need to change it, we must reform health care.

Value-driven health care, on the other hand, refers to the specific direction away from the current fee-for-service model towards a pay-for-performance model. PQRI, as an early reporting mechanism, will naturally evolve into a health care model that drives evidence-based clinical outcomes and rewards those who achieve best-practice standards.

In our view, health care reform is not all good. Value-driven health care, by contrast, is a worthy pursuit that will defend the best interests of the optometry profession.

View #3

With this statement, we respectfully disagree ... in part. **"Yet, the growing likelihood of this outcome has placed a new urgency on our efforts to be prepared for major changes coming even faster than most health policy and political experts could have predicted a year ago."**

Signs of major change have been evident for several years already. The key then and now is to look outside eye care as well as within. The AOA has fought successfully for optometrists to be recognized as "Medicare physicians". Now part of that community, we must always read the indicators from the broader medical community. No one needs a crystal ball to see where health care, and consequently eye care, is going. The logical progression of current events has been and remains quite predictable, provided we accept that not all our objections will be effective in stopping the tides of change.

Appendix A provides excerpts from our white paper published two years ago, **Medicare Pay-for-Performance & Value-Driven Health Care © June 2007**. The full paper is available for download at <http://www.emrlogic.com/about-us/white-papers.htm>. We believe that this paper, as well as our sequel white paper published a year later, **Getting Under the Hood: Eye Care Perspectives on Value-Driven Health Care ©March 2008** provide important and beneficial insights for industry leaders and members alike.

Having taken exception to the question of predictability, we certainly agree it is time for eye care providers to cease and desist the prevalent wait-and-see approach, to get off the proverbial fence and take action. It is certainly time to get educated, to make business decisions and, not least of all, to pay your AOA membership and support your state association. There is indeed a fight for the profession's future, and numbers count!

Read on! The adversary is neither Obama nor Washington.

View #4

Seeing clearly to fight the real fight. It is all-too-easy to point the finger at the President and Congress. Value-driven health care, we all understand, pre-dates the new President by far. So, shall we simply point the finger at his predecessor or at Congress? In reality, while Washington may impose legislative change, the true driver behind reform is industry itself. The quest for value-driven health care is currently led by purchasers of health care, especially large companies and the federal government whose resources are stretched by the rapidly escalating cost of health care. Ultimately however, the quest will be led by consumers who expect the benefits of value-driven health care to be available to them.

The following paragraph is taken from *Value-Driven Health Care - A Purchaser Guide*, available through the Leap Frog Group to members and all companies that purchase health care for employees.

“Value-driven health care employs standardized methods for measuring health care quality and pricing information and then puts this information into the hands of consumers, empowering and motivating them to make informed decisions about their health care. Informed consumers are able to seek the best available care, which stimulates the entire health care system to provide better quality, more efficient care. High quality, efficient health care translates into savings in terms of both lives and dollars.”

Seeing clearly to recognize the enemy within. Apathy toward our changing industry is indeed part of the challenge for optometry. While we have, generally speaking, sat back and waited, our ophthalmology colleagues have been busy, happily establishing the initial criteria by which eye care will be evaluated in the value-driven health care world. Though there has been recent progress in this area, through the efforts of the AOA, it is a battle that needed not be fought.

One of the main reasons that optometrists need to take action, to fight for the profession, is because early-intervention preventive care must be represented in the political maneuverings that determine

the core eye care measures to be tracked and evaluated. We know that acute care is more readily tracked and funded than preventive care. If we sit back, or get diverted in the wrong pursuits, we risk being excluded or, at least, minimally represented.

View #5

Cost crisis, health IT solution. The report has rightly identified that the Medicare crisis is a crisis of escalating health care costs driven by inefficiencies in care delivery systems. As noted above, this is the primary complaint of the health care purchaser groups like Leap Frog – that the lagging technology of health care is largely responsible for escalating costs. The new Stimulus Bill bears testimony to the understanding of the President and Congress that new standards of health IT are a big part of the answer.

Therefore, while Maintenance of Certification (MOC) is an element of the solution – an element likely to pass and be “imposed” – we believe health IT to be the more urgent need today, at the grass-roots level. MOC will undoubtedly be debated for some time to come. It is an important debate but risks to be a diversion when the vast majority of ECPs need to get about the business of:

- (i) engaging in PQRI
- (ii) initiating e-prescribing
- (iii) increasing their level of Medicare billings
- (iv) assessing & implementing software solutions that will meet the criteria of a qualified or certified electronic health record
- (v) becoming “meaningful users” of such health IT solutions
- (vi) understanding the big picture of connected care

2009 is the year. Yes, it will be a year of significant change in health care. Big decisions will be made that affect the future of the profession. At the practice level, 2009 is the year when many optometrists will change the course of their businesses. Those who wait until 2010 and beyond will face what we have called “rush hour in Beijing”, the frantic push to get on board with software and IT upgrades alongside hundreds of thousands of others doing the same thing. All the EHRs companies combined will be unable to meet the demand. Proactive business people will move both to beat the rush and to ensure their qualification for the greatest possible stimulus incentive.

View #6

Qualified EHRs and the Practice Performance Assessment. We’ve all seen the stimulus incentive summaries and know that there’s a whole lot of money promised for “meaningful use” of a “qualified electronic record”. While it may already be obvious, note that the incentive funds are strictly for EHRs not PMS solutions. Fortunately, given the lower costs of software solutions in optometry’s marketplace, the stimulus may well pay for much more than just the EHRs.

Branding aside, the software solution should be a fully-integrated one. The qualified or certified electronic health record – from a practical point of view not a legislative one – must interface fully with the optical and billing aspects of the software. Beyond that however, it is advisable also to seek out a solution that can assist in practice performance assessment.

As identified in the report, “Qualified MOC practice assessment would mean an initial assessment of a participant's practice, designed to demonstrate the physician's ability to use best evidence and practices in comparison to peers and national benchmarks, and apply best evidence and consensus recommendations to improve quality care using follow-up assessments.”

Contact the authors to find out more about:

- **ActiveEHRs**
- **ActiveCE**
- **ActiveAnalytics**

View #7

Connected care. At the end of the day, value-driven health care is about connected care. As we indicated earlier with, “The key then and now is to look *outside* eye care as well as *within*...” health care reform is less about specialists and silos in health care and more about a team approach. The recent advent of Co-ordination & Continuity of Care teams for chronic patients is one example. When we read about portability (the P in HIPAA) and interoperability, we are reading about connected care.

Optometry cannot afford merely to be about the “technology integrated practice”; the fight for our profession must be about the **technology *connected* practice, patients and providers.**

We strongly encourage practitioners wishing to understand their role in connected care to consider participating in the **National Clinical Outcomes & Connected Care Project** being co-sponsored by the Illinois Eye Institute of ICO and EMRlogic Systems. For more information, see a press release, summary and registration form at <http://www.emrlogic.com/contact/news/NCOCC.html>

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Appendix A: Excerpts from ...

A White Paper for Optometry: Medicare Pay-for-Performance & Value-Driven Health Care © June 2007

Health care reform is upon us like a storm in the night. Portability & interoperability, transparency & value-driven health care, clinical outcomes & evidence-based medicine. What are these concepts and why should optometrists pay attention?

...

The new realities of pay-for-performance health care are here to stay. Change for eye care is inevitable as we transition from Medicare's voluntary pay-for-performance program, beginning July 2007, to a full-blown value-driven health care system. EHRs and communications technologies are revolutionizing eye care across the nation. Despite a shrinking health care budget, new opportunities exist for those who understand and take action. The optometric voice, to date, only whispers but the profession *will* speak up to raise the bar on optometric best practices.

...

The voluntary Physician Quality Reporting Initiative (PQRI) initiated by Medicare for July through December 2007 is often referred to as pay-for-performance. In reality, it is a precursor, a "pay-for-reporting" project. True pay-for-performance will compare what a provider did against an expected outcome. The current Medicare program simply requires a provider to report on activities not yet correlated to clinical outcomes.

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However, the Medicare Pay-for-Performance measures seen of late represent a major change in the position of Congress to address this issue. Every sign in the political arena points to rapidly growing support for health care reform as a renewed national priority.

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We might easily conclude that the health care reform process has stopped and therefore we need not be concerned with it. On the contrary, the financial crisis in health care is growing rapidly and, with federal funding stalled, insurers and organizations responsible for health care have begun themselves to initiate cost and quality control measures.

...

The second movement driving portability is **payer groups** such as Leap Frog. Independently, payers have been ineffective at forcing cost-saving steps. As a coalition of purchasers representing tens of billions of dollars of health care purchasing power, they have found ways to force health care to participate voluntarily in cost-saving steps. ***Although these groups do not have the legislative capacity***

to force healthcare providers to change and participate in quality and cost reviews, they have the practical ability to do so; they represent a significant portion of health care purchased. They push for portability so they can implement quality review systems to reduce medical errors and facilitate cost reviews. A favorite method is to advise the people for whom they purchase health care which providers and facilities have the best record of safety, quality and cost savings. Provider and facility quality scoring is being used right now with hospitals and is planned for private-practice physicians in the near future.

...

The following paragraph is taken from ***Value-Driven Health Care - A Purchaser Guide***, available through the Leap Frog Group to members and all companies that purchase health care for employees.

“Value-driven health care employs standardized methods for measuring health care quality and pricing information and then puts this information into the hands of consumers, empowering and motivating them to make informed decisions about their health care. Informed consumers are able to seek the best available care, which stimulates the entire health care system to provide better quality, more efficient care. High quality, efficient health care translates into savings in terms of both lives and dollars.”

Four Cornerstones of Value-Driven Health Care

- 1) Utilizing health information technology to ensure that all patient health information is electronic and can be efficiently and effectively moved anywhere the information is needed
- 2) Measuring and publishing health care *quality* information
- 3) Measuring and publishing health care *pricing* information
- 4) Creating incentives for high-quality, efficient health care

...

Selecting Optometric Pay-for-Performance Outcomes. We have discussed the relative ease of identifying measurable outcomes at the secondary and tertiary levels of care. Emphasizing clinical outcomes only at these levels, however, means we are paying attention to the *advanced* condition rather than to early detection and intervention.

...

Admittedly, when we consider early-phase outcomes of eye diseases, results take longer. However, ***best practices that slow or prevent early stages of disease progression are clearly in the interest of the patient. For the health care system as a whole, it is obviously less expensive to care for the patient whose condition does not progress.***

...

The optometry profession today finds itself in a unique and important place. The domain of our expertise and best practices – early detection and preventive care of eye disease – is one that the developing pay-for-performance system seems to have overlooked and that the public needs.

...

Optometry must engage in the process and point to the benefits of early-stage outcomes. Our intervention will not only enjoy support by administrative agencies tasked with developing outcomes but will also position optometry better to contribute to the overall success of the current health care reform process. Without question, Optometric organizations and associations are the only source from which such critical insights may come.

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Summary of Key Understandings & Actions

Understand ...

1. Understand that most of what we have considered above is here to stay and *will* affect your eye care practice.
2. Understand that we have written about health care and eye care reform, about changes taking effect now, being careful to avoid alarmist tones. We do not believe pay-for-performance and value-driven health care are to be feared, only that being involved in the change process and prepared for it is the prudent course of action.
3. Understand that if value-driven health care becomes a reality you are already building your quality and cost reporting profiles through your insurance billing.
4. Understand the value of identifying the new opportunities and being the first in your area to position your practice for those opportunities.
5. Understand that health care reform will affect you but also your patients. They will look to you as a trusted advisor.
6. Understand that clinical (or external) best practices will be, for the most part, determined and dictated to you through prescribed outcomes, programs and contracts. Internal best practices, however, are yours to control and can have a significant impact on how patients perceive the care you provide.
7. Understand the importance of utilizing EHRs and that they will be critical in helping you position your practice to take advantage of new opportunities. Understand that your EHRs software will not operate in isolation from the rest of your practice; you need an integrated solution.
8. Understand that *interoperability* is not a feature on the screen, rather a technical platform “under the hood” of your software solution. *Portability* likewise. You can see signs of it but the most important aspects of the technology cannot be seen. (You’ve heard of *Intel Inside* but you probably haven’t seen it!)
9. Understand that successful transitions arise out of planned, incremental change. Change requires not only planning, but good leadership as well. Transitions should be led by someone not heavily involved in the learning curve who can continue taking care of business.
10. Understand the storm test. Times change. Rules change. The winds of change pass. As you consider policies and procedures, resources and acquisitions to meet the demands of a new environment, the storm test is to see your business through the eyes of your patients. Think Transparency.

Do ...

- Take a position.** Promote discussion among your colleagues and staff. Spend time reading and participating in programs so you can decide for yourself if the move to value-driven health care is real. View the following links used as source material for this white paper:

www.leapfroggroup.org/media/file/Employer_Purchaser_Guide_05_11_07.pdf

www.hhs.gov/transparency/index.html

www.whitehouse.gov/news/releases/2006/08/20060822-2.html

www.cms.hhs.gov/PQRI/Downloads/PQRIMeasuresList.pdf

www.hhs.gov/transparency/fourcornerstones/quality/

- Help create a voice for optometry** in Medicare’s outcome selection process. Understand the terminology so you can identify and support significant legislation that affects optometry. Speak up for your profession locally and nationally.
- Get involved** with the CMS Pay-for-Performance voluntary program starting July 2007. Make it your training ground for the next steps coming January 2008.
- Educate your patients.** Give them reasons to come to you and not to look elsewhere. Start with transparency about your own quality measures and cost of care.
- Discuss internal best practices with your staff:** what do they look like for your practice?
- Start your search for EHRs.** Look for yourself at exam forms and communications functionality but engage IT professionals in looking “under the hood” at the solution’s technical platform for compliance with interoperability and portability standards.
- Plan your transition in phases.** Allocate resources, including your own time and energy.
- Read our white paper follow-up series, “**Optimizing your Eye Care Practice for a New Era of Information Technology & Value-Driven Health Care**”, available for download at <http://www.emrlogic.com/about-us/eye-care-articles.htm>
- Read our EHRs Selection Guide,** also available for download at <http://www.emrlogic.com/about-us/eye-care-articles.htm>