"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)

<table>
<thead>
<tr>
<th>Locations</th>
<th>Borough</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York City</td>
<td>Manhattan</td>
<td>39%</td>
</tr>
<tr>
<td></td>
<td>Bronx</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Queens</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Brooklyn</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Staten Island</td>
<td>1 %</td>
</tr>
<tr>
<td>New York State (Except NYC)</td>
<td></td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Connecticut</td>
<td></td>
<td>&lt;1%</td>
</tr>
<tr>
<td>New Jersey</td>
<td></td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>2%</td>
</tr>
</tbody>
</table>
## Patient Demographics - 2014

<table>
<thead>
<tr>
<th>Age</th>
<th>Total Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>2032</td>
<td>9%</td>
</tr>
<tr>
<td>10-19</td>
<td>2835</td>
<td>13%</td>
</tr>
<tr>
<td>20-29</td>
<td>2495</td>
<td>12%</td>
</tr>
<tr>
<td>30-39</td>
<td>2573</td>
<td>12%</td>
</tr>
<tr>
<td>40-49</td>
<td>3236</td>
<td>15%</td>
</tr>
<tr>
<td>50-59</td>
<td>3596</td>
<td>17%</td>
</tr>
<tr>
<td>60-69</td>
<td>2625</td>
<td>12%</td>
</tr>
<tr>
<td>70-79</td>
<td>1515</td>
<td>7%</td>
</tr>
<tr>
<td>80 and Above</td>
<td>742</td>
<td>3%</td>
</tr>
</tbody>
</table>
# Patient Demographics by Insurance - 2014

<table>
<thead>
<tr>
<th>Patient Mix</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Pay</td>
<td>20%</td>
</tr>
<tr>
<td>Medicare</td>
<td>7%</td>
</tr>
<tr>
<td>Medicaid – Traditional and Managed Medicare</td>
<td>33%</td>
</tr>
<tr>
<td>Managed Care</td>
<td>40%</td>
</tr>
</tbody>
</table>
Total Encounters in the UEC

UEC Total Patient Encounters by Year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2005</td>
<td>59,250</td>
</tr>
<tr>
<td>2005-2006</td>
<td>65,305</td>
</tr>
<tr>
<td>2006-2007</td>
<td>69,582</td>
</tr>
<tr>
<td>2007-2008</td>
<td>70,938</td>
</tr>
<tr>
<td>2008-2009</td>
<td>74,285</td>
</tr>
<tr>
<td>2009-2010</td>
<td>73,061</td>
</tr>
<tr>
<td>2010-2011</td>
<td>72,117</td>
</tr>
<tr>
<td>2011-2012</td>
<td>75,795</td>
</tr>
<tr>
<td>2012-2013</td>
<td>73,225</td>
</tr>
<tr>
<td>2013-2014</td>
<td>69,458</td>
</tr>
</tbody>
</table>
New Patients seen in the UEC

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>No. of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2006</td>
<td>10,000</td>
</tr>
<tr>
<td>2006-2007</td>
<td>8,000</td>
</tr>
<tr>
<td>2007-2008</td>
<td>6,000</td>
</tr>
<tr>
<td>2008-2009</td>
<td></td>
</tr>
<tr>
<td>2009-2010</td>
<td></td>
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<td>2010-2011</td>
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<td>2011-2012</td>
<td></td>
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<tr>
<td>2012-2013</td>
<td></td>
</tr>
<tr>
<td>2013-2014</td>
<td></td>
</tr>
</tbody>
</table>
UEC - Public Service

<table>
<thead>
<tr>
<th></th>
<th>FY 13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homebound Visits</td>
<td>199</td>
</tr>
<tr>
<td>Patients at Vision Screenings</td>
<td>1938</td>
</tr>
<tr>
<td>Patients in Support Groups</td>
<td>403</td>
</tr>
<tr>
<td>Patients in Community Lectures/Events</td>
<td>381</td>
</tr>
</tbody>
</table>

**UEC Public Service – Number of Patients**

- **Homebound Visits**: 199
- **Patients at Vision Screenings**: 1938
- **Patients in Support Groups**: 403
- **Patients in Community Lectures/Events**: 381
Medicaid Patients Seen in the UEC – Past Two Years

- Manhattan: 19923
- Bklyn: 16889
- Bronx: 10064
- Queens: 7993
- Other: 1517
- Staten Island: 567
Medicaid – unique patients seen in the past two years

<table>
<thead>
<tr>
<th>Region</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manhattan</td>
<td>19923</td>
</tr>
<tr>
<td>Bklyn</td>
<td>16889</td>
</tr>
<tr>
<td>Bronx</td>
<td>10064</td>
</tr>
<tr>
<td>Queens</td>
<td>7993</td>
</tr>
<tr>
<td>Other</td>
<td>1517</td>
</tr>
<tr>
<td>Staten Island</td>
<td>567</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Annual Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY07-08</td>
<td>624</td>
</tr>
<tr>
<td>FY08-09</td>
<td>3,839</td>
</tr>
<tr>
<td>FY09-10</td>
<td>4,285</td>
</tr>
<tr>
<td>FY10-11</td>
<td>5,338</td>
</tr>
<tr>
<td>FY11-12</td>
<td>7,834</td>
</tr>
<tr>
<td>FY12-13</td>
<td>10,395</td>
</tr>
<tr>
<td>FY13-14</td>
<td>11,273</td>
</tr>
</tbody>
</table>
New Referring Providers

By Year

<table>
<thead>
<tr>
<th>Year</th>
<th>New Referring Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY11</td>
<td>297</td>
</tr>
<tr>
<td>FY12</td>
<td>370</td>
</tr>
<tr>
<td>FY13</td>
<td>472</td>
</tr>
<tr>
<td>FY14</td>
<td>408</td>
</tr>
</tbody>
</table>
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 (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.
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Referring Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy &amp; Immunology</td>
<td>Optometrist</td>
</tr>
<tr>
<td>Audiology</td>
<td>Otolaryngologist</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Pathologist</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>Pediatrician</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Physiatrist</td>
</tr>
<tr>
<td>Ear, Nose, &amp; Throat</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Gynecology</td>
<td>Podiatrist</td>
</tr>
<tr>
<td>Legal Medicine</td>
<td>Primary Care Physician</td>
</tr>
<tr>
<td>Neuro-Psychologist</td>
<td>Psychiatrist</td>
</tr>
<tr>
<td>Neurologist</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>Neuromusculoskeletal</td>
<td>Rheumatologist</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>Social Worker</td>
</tr>
<tr>
<td>Nurse</td>
<td>Speech &amp; Language Pathologist</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>Surgery</td>
</tr>
<tr>
<td>Ophthalmologist</td>
<td>Technician</td>
</tr>
</tbody>
</table>
Total Revenues - UEC

Add 1.5 million to the above numbers – Clinic Pledge
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
    • OCNY 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?

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

No Quality Measurement  More Quality Measurement

No Financial Risk  More Financial Risk

LP Definition: Accountable Care

- Improve the individual experience of care
- Improve population health
- Reduce the cost of health care for populations

Outcomes

- Oversee the provision of clinical care
- Coordinate the provision of care across the continuum of health services
- Invest in and learn to use appropriate IT to manage population health

Processes

- Bear financial risk for the measured health of a population
- Align incentives to encourage the production of high quality health outcomes

Structure
Value

Quality → Outcomes → Customer Experience
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
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