

**By Bobby Christensen, OD, FAAO**

The Affordable Care Act (ACA), also known as "Obamacare," went into effect on Oct. 1. Many independent optometric practices are still unsure of how to make healthcare reform work for their practice. Despite the apprehension of many doctors, the Affordable Care Act may work to your advantage over time--if you know how to make the most of it for your practice. Working with a trusted optometric alliance like [Vision Source®](#) can be the first step in understanding what this new law has to offer optometric physicians and how you can best avoid potential pitfalls to move toward greater profitability.

### **What is the Affordable Care Act?**

The ACA is a mandate to provide insurance coverage for all of the uninsured. Optometric physicians need to be positioned to provide care for the new patients seeking care plus those who already have insurance. New patients will be shopping the Marketplace (formerly called Exchange) for health care plans. Optometrists need to be providers in these health plans. Pediatric care is also an ACA mandate that requires the services of the optometric profession. As more pediatric patients enter the Medicaid system, there will be an influx of new patients.

The optometric physician should be the gatekeeper for primary eyecare in the US. Optometric care is available in rural and urban areas providing a wide expanse of coverage across the nation. Care is available for all economic demographics; from the poorest areas to the richest. The broad network of optometric care is the ideal group to provide patients with excellent eyecare in our evolving ACA health care system.

I envision optometric physicians providing a wide scope of primary care services. Again, we should be the gatekeeper and take care of primary care services. Secondly, we will triage patients with tertiary problems so they can be sent to the proper provider reducing costs by making sure the patient sees the correct tertiary provider.

**What Does ACA Mean to Medical Eyecare?** From a medical perspective, ACA mandates yearly exams for diabetics. Optometric physicians can provide dilated examinations, fundus photographs, OCT, cataract

evaluation and glaucoma screening for these patients. The diabetic population will need routine care and the primary care physician or endocrinologist needs prompt, accurate reports on their eye health. These patients will also need refractions for glasses and contact lenses.

Glaucoma diagnosis and treatment is another service that will be within the sphere of care. Macular degeneration, dry eye and glaucoma will increase as the population ages. Management of the patient with cataracts will include pre- and post-operative care allowing cataract surgeons to concentrate on surgery.

## **The Potential for Practice Growth**

I believe there will be numerous avenues for entry as care providers. There will still be private-pay patients and some offices will specialize in concierge care catering to patients willing to pay for excellent service and products. Stand-alone vision care plans will still provide benefits for many patients just like they have for many years. A new entry point into the vision care system will be networks affiliating with Accountable Care Organizations (ACO). As these organizations form, they will need primary vision care providers to care for diabetic and glaucoma patients. Insurance companies will also have panels of providers to care for the influx of new patients. Some optometric physicians will be members of the ACO. As the health care system adapts to the ACA landscape, new opportunities will arise that we have not yet recognized.

## **What Does the Optometric Physician Need to Do to Prepare?**

The optometric physician has to start looking at PCP groups, hospital networks and insurance companies organizing ACOs to bid for patients, groups and employers in the ACA Marketplace. These ACOs may need primary vision care coverage. Calling the medical director of the local group and introducing yourself is a great place to start. Most often they are going to need a network that can provide coverage for their geographic area. So, being affiliated with a local, regional or national group of optometric physicians acting together increases the likelihood of success. Having a spokesperson who understands the nuisances of the managed care landscape is invaluable. Incorporating technical system infrastructure, such as fully implemented electronic health records to communicate examination results and schedule patients, between practices increases the odds of success.

Smaller practices may need to consolidate to have the staffing and equipment necessary to provide the services expected from these organizations. Practices will need to concentrate on becoming more efficient.



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There will probably be more patient visits and reimbursement will probably be less. Practices will need to be efficient and consistent with billing and coding. Staff will need to be well trained and required to take on more responsibilities. Net promoter scores will be used extensively by these organizations to monitor and measure your patient care. Low net promoter scores will be grounds for discontinuation of the contract. Great service will be paramount.

### **Access Opportunity: Your Action Plan**

The first opportunity is being able to have access to a new group of patients. The second opportunity is being able to develop relationships with PCPs and other professionals, establishing new referral sources. Third, we have the opportunity to showcase our training and technology when taking care of medical eyecare patients. The OCT, wide angle retinal imaging and visual fields are the perfect technologies to help diagnosis, monitor and refer diabetic retinopathy, glaucoma and macular degeneration. Fourth, this is an opportunity for optometry to establish the profession as the gatekeeper for primary vision care. We have the training, numbers and demographic distribution to take care of the nation's primary vision care. Last, there are many opportunities that no one has even considered that will emerge from the jaws of this massive change in the way healthcare is provided. By this time next year, there will have been a number of opportunities that will have come and gone. We need to be alert and not let them pass us by.

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