

Lorain doc: Exchanges imperil eye care

In 2014, Ohio small business employees as well as those who are uninsured will gain access to health care under health care reform — along with more than 30 million other Americans. Regulators and government agencies are working around the clock to define and create insurance exchanges, which will act as a marketplace and provide affordable health insurance options. And they're not alone; health insurance companies, doctors, and medical systems like Cleveland Clinic and University Hospitals are trying to determine what impact the new law and insurance exchanges will have on them in just 22 months.

Today, 90 percent of the country's vision insurance is provided through stand-alone vision plans, which are vision plans not directly tied to health plans. That will change in 2014 because these same limited-scope plans — vision plans and other specialty plans — are currently excluded from the exchanges. As vision care is redefined in this new model, patients will face diminished choice and care without stand-alone plans. The profession of optometry itself will also need to make drastic changes.

As an optometrist who has practiced in Lorain for 27 years, I am deeply concerned for the delivery of eye care in our country. More than 75 percent of my patients come to me through stand-alone vision plans like VSP Vision Care and Cincinnati based Eyemed. If these patients are redirected through the exchanges, health plans will be able to move them away from their eye doctor and refer them wherever they wish. This is contrary to the president's promise that patients will be able to keep their current doctor and benefits.



DAVID STERNA

To continue to see my patients, I would need to become associated with each of their health plans. Each of those plans will have its own process that I'll need to go through to become a part of its panel, and there are no guarantees that I — or any of my colleagues — will be added to their network. I don't yet know how many health plans will be included in the exchanges, but I do know that I'm already locked out of some.

To help address this widespread concern, the government introduced the Harkin Amendment, which attempts to establish guidelines for provider non-discrimination. It's a great first step to acknowledging the problem, but it still doesn't guarantee that health plans have to contract with qualified doctors. Harkin also doesn't provide any guarantee that I will be treated as an equal to other doctors.

To the same point, I struggle with the notion that insurance exchanges will increase competition when stand-alone vision plans are not allowed to participate. These plans represent eye care for 100 million Americans today. Not including them reduces choices to the few health plan-owned vision plans that are allowed in the exchanges, namely Davis, Molina and Spectera. That will force many of these 100 million Americans to change their eye doctor, which will again

conflict directly with the president's promise that patients will be able to keep their doctor.

I truly fear that shifting 100 million patients into new health plans with new doctors will be disruptive, and in the process a great many will fall through the cracks and miss their yearly preventative eye examinations. Combine that with the fact that people get eye examinations at a higher rate when vision benefits are provided through a stand-alone plan than when integrated into medical coverage, and there will be a significant drop in vision care in this country. One of the main focuses of health care reform was to start addressing skyrocketing medical costs and provide improved preventive care. Eye exams are one of the most preventive tools available. In fact, eye doctors are often the first to identify signs of diabetes, high blood pressure and high cholesterol. By identifying chronic diseases early — up to seven years early in some cases — optometrists really play their part in bringing down health care costs. Excluding most of them from participating in the insurance exchanges simply makes no sense.

The insurance exchanges will provide our state with more affordable access to care, and I absolutely support that. What I don't support is limiting the care patients receive, which is a true threat if stand-alone vision plans are not included in the exchanges. That is not what Ohio needs.

Dr. David Sterna is a graduate at the Ohio State University College of Optometry, and he is a member of the American Optometric Association and the Ohio Optometric Association. He is also board certified by the American Board of Optometry.