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ACCESS TO TREATMENT FOR VISION CONDITIONS



VISION HEALTH
ADVOCACY COALITION



INTRODUCTION

The impact of vision conditions can be felt across the United States, where an estimated 90 million adults are affected by a vision condition.¹

An aging population, coupled with poor access to vision care and an underinformed public, has prompted a national vision health crisis.

Many vision conditions are present at birth while others develop over time. Vision impairment at any age can erode a person's quality of life by limiting communication and mobility, undermining independence and education, and limiting socialization and productivity.² The impact—and cost—of vision conditions touch not just patients, but their families, their communities and their workplaces.

The problem resides largely in access, not medical capability. Innovation in vision health is booming. Yet poor insurance coverage, lack of awareness, high out-of-pocket costs and access barriers too often keep patients from proper treatment.

UNDERSTANDING VISION PROBLEMS

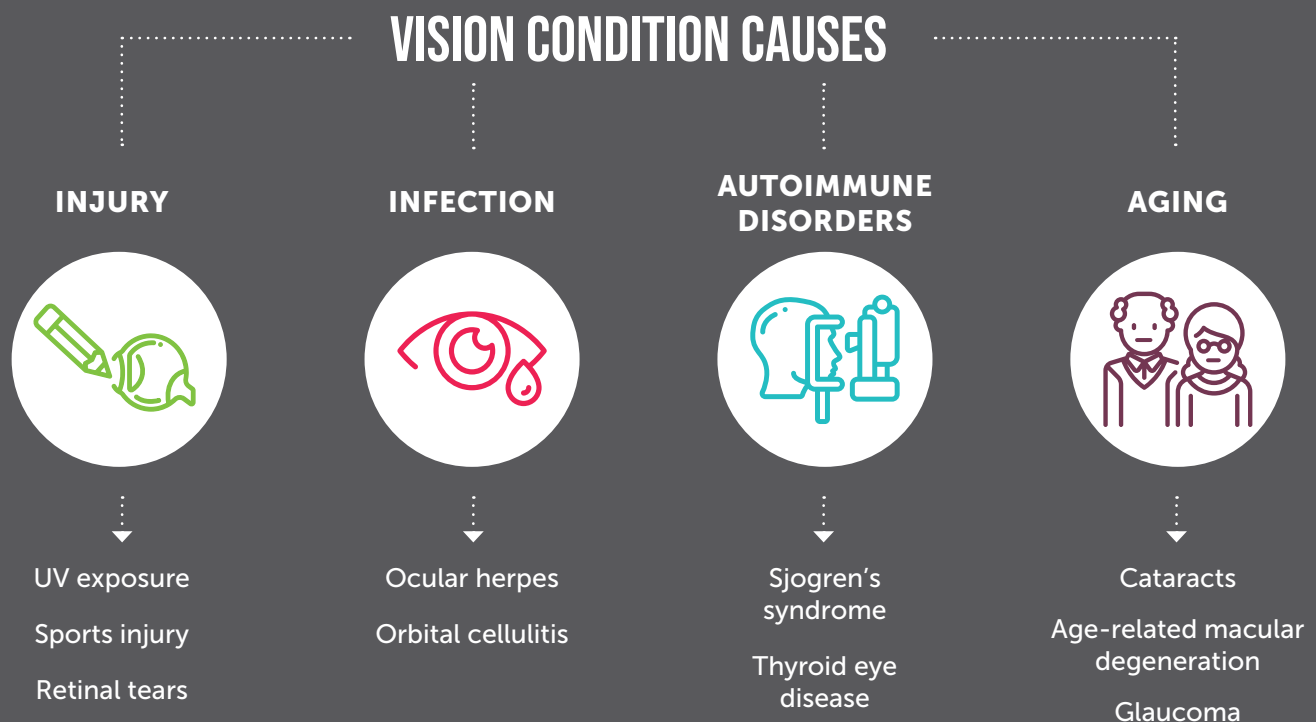
While some vision problems result from genetic conditions or injury, many are age related. Common age-related vision conditions include refractive errors, where the eye's inability to focus light results in blurry vision, and cataracts, where people experience a clouding of the eye lens.

Vision conditions can also stem from other diseases in the body. Retinopathy, where patients experience blurriness or dark areas in their vision, can result from high blood sugar associated with diabetes. Thyroid eye disease, an autoimmune condition that causes people's eyes to swell and bulge, is often associated with Graves' disease and an overactive thyroid.

Vision issues also occur alongside other medical conditions. For instance, four out of five people over age 65 with an eye disease also have hypertension, heart disease, diabetes or arthritis.³

Links between obesity and an increased risk of diabetic retinopathy, glaucoma, macular degeneration and cataract formation also exist.

In particular, autoimmune diseases and vision conditions are often interrelated. Dry eye, where the eye doesn't produce enough tears, can be associated with lupus. People with rheumatoid arthritis can experience uveitis, where severe redness results from swelling of the eye. And Sjogren's syndrome can entail blepharitis, where the eyelid becomes inflamed.⁴



Vision conditions range in severity and long-term impact. Minor infections such as pink eye or a sty can heal on their own or with over-the-counter medications. More severe infections, including ocular herpes or orbital cellulitis, demand medical attention. If inadequately treated, they pose the risk of vision loss and lifelong disability.⁵

Vision impairment makes it difficult for people to manage other conditions and chronic diseases. They may struggle to read medications, order refills, perform body self-inspections and travel to appointments.

Poor chronic disease management, in turn, leads to worse vision impairment. A cycle of decline continues as people's ability to manage their health deteriorates.¹

As vision impairment progresses, caregiving duties often fall on family members.¹ In turn, lost productivity and caregiving costs due to reduced autonomy dramatically increase vision-related health care spending.^{6,1}

Not all conditions can be fully corrected, but early detection, access to treatment and routine management can mitigate damage and slow progression.¹ Yet the divide between vision health care and general health care in the United States can complicate matters. Just as many physicians consider dental care, for example, as outside scope, they may likewise reserve vision care for specialty providers.

The disconnect is unfortunate, because vision conditions can help expose and identify other diseases. For example, abnormal blood vessel growth on the retina, resulting in retinopathy, can offer the first evidence of diabetes.⁷ Impaired eye muscles resulting from thyroid eye disease can alert clinicians to underlying conditions such as Graves' disease.

Recognizing how vision conditions interconnect with other diseases can help clinicians provide more patient-centered care and allow patients to optimize their overall health.



ACCESS TO PREVENTIVE SERVICES

Catching vision conditions early means addressing them at their most treatable stage. Prevention also offers the most effective long-term cost-saving solution.

Yet barriers to preventive vision services can hinder patient care. Just consider the fact that only half of U.S. adults at high risk for vision loss visited an eye doctor in the past 12 months.⁸

Barriers include:



Out-of-pocket costs



Lack of insurance coverage



**Lack of education
regarding vision health.**

Lack of coverage under most health insurers forces people to pay for preventive vision services out of pocket. For example, Medicare covers eye exams only for “high risk” patients such as those with diabetes. Beneficiaries who need more comprehensive vision benefits may purchase a Medicare advantage plan.

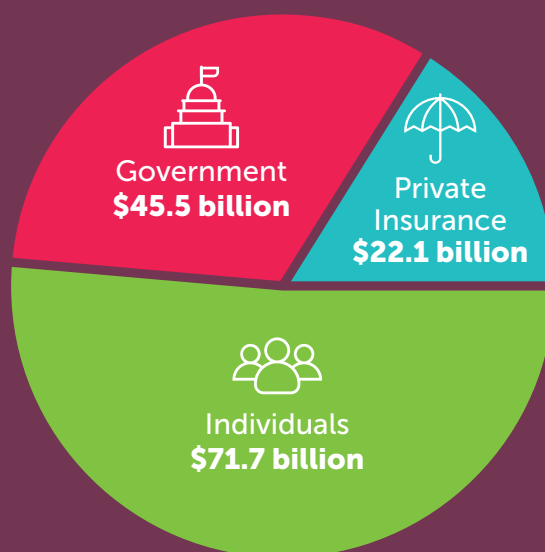
Chronic impairment caused by common conditions such as refractive error could be addressed early with a vision exam and glasses prescription. Yet millions forgo vision treatment due to cost, waiting until symptoms are debilitating to see a provider.¹

As vision loss progresses, costs grow exponentially. The average annual cost of care for someone with low vision is \$15,900 compared to \$26,900 for someone who is blind.⁶ Insurance companies’ reluctance to pay for inexpensive preventive

measures ultimately comes back to cost them, along with patients, their families and their communities.

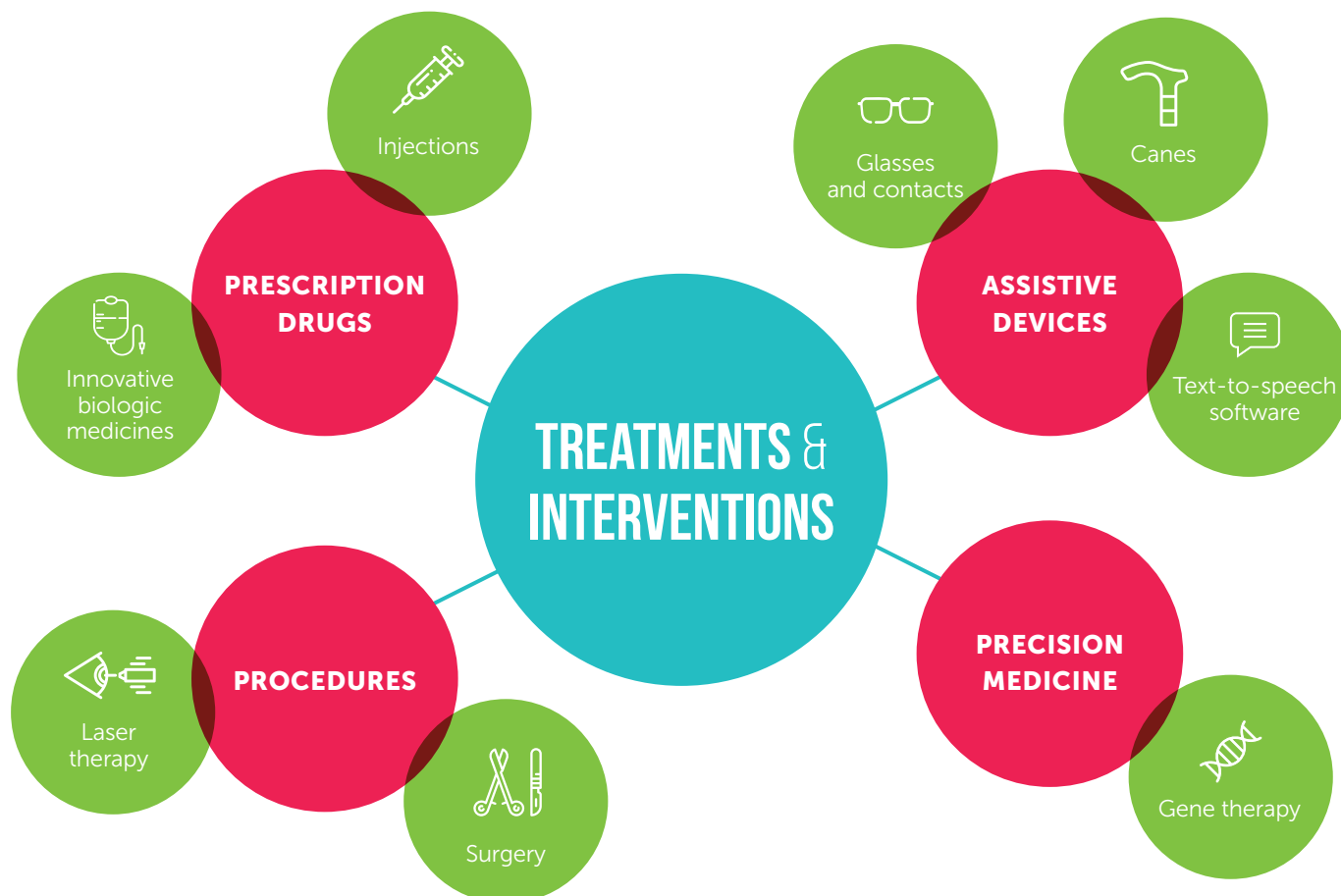
In other cases, people don’t see a need to visit a provider, reflecting the lack of public education regarding vision health. Patients sometimes have difficulty getting to appointments. In short, inconvenience coupled with insurance barriers and low prioritization of vision health result in too few patients receiving regular eye care.⁹

DIRECT & INDIRECT COST OF VISION CONDITIONS⁶



**Numbers are in 2013 US dollars*

ACCESS TO TREATMENT



A variety of treatments and interventions can help patients. Private health insurers and Medicare, however, may deny or limit coverage for innovative therapies, life-changing procedures and rehabilitation services.

The lack of robust coverage is particularly unfortunate given the growing number of innovative treatments for vision health. **From the first-ever gene therapy to cure blindness, to a new biologic treatment that can provide thyroid eye disease patients with unprecedented relief, innovation holds enormous promise for people with vision conditions.** But health plans must provide appropriate coverage.

Unfortunately, health plan designs can complicate patients' access to care. Insurers often turn to utilization management techniques such as prior

authorization and step therapy to limit the number of patients who receive costly medications. Health plans also rely on the use of specialty tiers, accompanied by high out-of-pocket costs for patients, to reduce the use of targeted and innovative drugs.

These barriers can frustrate patients who already face health and economic challenges. Consider, for example, that people of lower socioeconomic status and racial and ethnic minorities are at higher risk of vision conditions. They are also less likely to have access to high quality care.¹⁰ Restrictive health plan design can also encroach upon the clinician's ability to tailor care to individual patients' needs, undermining the crucial relationship between clinician and patient.



MOVING TOWARD SOLUTIONS

Inadequate prevention and treatment of vision conditions is too devastating to ignore. Policy efforts need to prioritize three key objectives: education, integration and access.

Education: Public education about eye conditions, the importance of regular eye exams, treatment opportunities and access is critical. People need to understand their vision health coverage and the value of prevention.

Integration: Vision conditions are multifaceted health issues that have widespread implications. Policies should acknowledge vision health as a component of comprehensive health care.

Access: Health plans must provide adequate coverage for patients with vision conditions. Preventive care, assistive devices and innovative treatments can benefit patients only if they remain within reach.

Policy change that prioritizes these objectives can benefit patients, families, communities and workplaces across the country by empowering people with vision conditions to live full and productive lives.

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VISION HEALTH ADVOCACY COALITION

The Vision Health Advocacy Coalition promotes patient-centered policies that make services, devices and life-changing treatment accessible for people with vision conditions.

To learn more visit VisionHealthAdvocacy.org



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