Optometric Care in the Nursing Home setting- *Is it worth it?*

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A little bit about me
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Disclosure

- No financial interest
- Please feel free to ask questions and be engaged during this discussion. I want to this be interactive with everyone in attendance.

Objectives of this lecture

- There is an increasing need for this service
- How to develop a relationship with a facility
- Contract review and optometric care expectations
- Instruments and equipment needs
- The nursing home resident evaluation
- Coding and Billing Review
- Reviewing the benefits of providing this service

Elderly Population is growing

Growing Population

- The first baby boomers hit age 65 in 2011.
- By 2030, 20 percent of the U.S. population will be at least 65, up from 13 percent today.
- In that same period, the number of 85-year-olds will increase more than 50 percent and the number of 100-year-olds nearly triple.

- [http://www.thefiscaltimes.com/Articles/2012/01/26/The-Coming-Nursing-Home-Shortage#sthash.5YxQ0qu.dpuf](http://www.thefiscaltimes.com/Articles/2012/01/26/The-Coming-Nursing-Home-Shortage#sthash.5YxQ0qu.dpuf)
Number of Nursing Residents Expected to Double

- In 2030, close to 70 million Americans will be 65 years of age and older, and approximately 8.5 million will be 85 years of age and older.
- At current usage rates, there would be approximately 3 million residents in nursing homes in the year 2030.
- This is roughly double the number of residents now in nursing homes.

With Increasing Age - Increased Eye Disease

- In 1997, almost 30 percent of all current residents in nursing homes had difficulty seeing even with glasses, and slightly less than 10 percent were severely limited or completely blind.
- Studies show that there is up to 15 times higher incidence of visual impairment in the nursing home residents as there is to their age matched counterparts not in a nursing home facility.

Age Related Macular Degeneration

- In 2015, it is estimated that almost 30 percent of all current residents in nursing homes had difficulty seeing even with glasses, and slightly less than 10 percent were severely limited or completely blind.

Cataracts

- Studies show that there is up to 15 times higher incidence of visual impairment in the nursing home residents as there is to their age matched counterparts not in a nursing home facility.

Glaucoma

Diabetic Retinopathy
Optometrist Role

• Help maintain independent lifestyles through optimal vision, thereby reducing the need for earlier institutionalization.
• Professional responsibility to help enhance the quality of life for those who are institutionalized

Hopefully you see the need!

• What do I need to know to get started?
• What equipment do I need?
• What do I need from the Nursing Home Staff?
• What do I need to know to get paid?
• Why is it worth it?

Different Types of Facilities

• Independent Living Communities
• Assisted Living Facilities
• Residential Care Facilities
• Continuing Care Communities
• Nursing Homes (Intermediate vs. Skilled)

Independent Living Communities

• The care recipient has full choice and control over all aspects of his or her life. He or she must be independent in all aspects of daily living such as bathing, dressing, being mentally alert, having bowel and bladder control, and being able to walk.
• These communities provide a living environment for individuals of a certain age and come in many housing styles, including single-family dwellings, townhouses, duplexes, high-rise apartments, condominiums, and mobile homes, which are either rented or owned by the individual.

Assisted Living Facilities

• Assisted living facilities are suitable for individuals who need little or no help. Each individual lives in his or her own apartment which are often equipped with emergency signaling devices.
• Residents use shared spaces, which usually include living rooms, dining rooms, or laundry rooms. Minimal services, ranging from central dining programs to organized recreational activities, health, transportation, housekeeping, non-personal laundry, and security services, are also usually available.

Residential Care Facilities

• Residential care facilities offer housing for individuals who need assistance with personal care or medical needs. This means that the facility is normally state licensed and meets minimum staffing requirements. The facility is staffed 24 hours a day.
• To be eligible for residential care facilities, an individual usually must be fairly mentally alert; able to dress, feed, and take themselves to the toilet; able to eat meals in a central dining room; and need no more than moderate assistance with personal care or behavior supervision.
Continuing Care Communities

- Continuing care retirement communities, or multi-level care facilities, provide a nice balance between the skilled nursing home, assisted living facility, and the independent living facility or retirement community. It assures the care recipient independent living as long as possible, while providing for nursing assistance if or when it is needed. This type of living arrangement can be particularly useful to couples who are often in need of different levels of care and who wish to maintain a strong relationship.

Nursing Homes

- Nursing home care provides help for a seriously ill care recipient. These facilities offer 24-hour supervision, nursing care, rehabilitation programs, and social activities.
- The level of care provided by a nursing home can be either intermediate or skilled. Intermediate care is given to individuals who need assistance with activities of daily living and some health services and nursing supervision, but not constant nursing care. This type of care is usually requested by a doctor and given by a registered nurse. In contrast, skilled nursing care is given to individuals who need 24-hour medical supervision, skilled nursing care, or rehabilitation.

What do I need? - Checklist

- Locate the Facility
- Administrator meeting
- If agreement of need next step is to discuss expectations
- Contract negotiation
  - Access to Patients
  - Terms and Expectations
  - On-call services

Talking points for Establishing Optometric Services

- Relevance between age and eye disease
- Budget neutral to the Facility
- Much cheaper to provide services in house than to coordinate outside eye care.
- Proven studies that treating uncorrected refractive error and disease can reduce symptoms of depression and delay onset of Alzheimer's.
- Facility can use as an advantage to market your services as providing eye care whereas other facilities may not have the service.

Administrative Support

- 1st Step - Understand the Administrative Staffing Structure - Build relationships
  - Facility Administrator
  - Director of Social Services
  - Director of Nursing
  - Medical Director
  - Attending Physician

VERY IMPORTANT TO HAVE PHYSICIAN’s ORDERS

A True Team Effort

Director of Social Services
- Helps identify potential residents
- Faxes face sheet and has all necessary forms ready the day of the exam
- Handles scheduling and facility awareness
- Helps coordinate referrals and continuum of care

If the Social Worker is on your team it will make all the difference in a positive outcome!
The Next Step

- Know the facility and the space allocated to perform eye health exams
- Know who will be helping the day of service
- Educate your contact on all of the administrative documents you will need
- Determine the best time to perform the exams
- Follow-up often and regularly to ensure the best outcomes

What equipment do you need?

- Wall marked Acuity charts
- Lensometer
- Hand-held slit lamp
- Binocular Indirect Ophthalmoscope
- Direct Ophthalmoscope
- Retinoscope
- Transilluminator
- Battery Handles
- Retinoscopy Bars

Equipment continued

- Tonometer (Perkins, Tonopen, iCare, etc.)
- Dilating/Tonometry drops
- Foreign Body Kit
- Gonio Lens
- Portable pachymeter
- Trial Lens
- Frame fitting kit
- Tools to adjust Spectacles
- Frame Parts

Repairing glasses makes you no money but the nursing home staff dearly appreciates anyone that can fix their resident's glasses.
Necessary Forms Exam Day
- Face Sheet - personal information, diagnoses, insurance
- Physician’s Orders
- MAR - Diagnosis, current medications, other medical information

Examination Protocol- 2 parts
- Initial:
  - Case History and Chart Review
  - Preliminary Testing with Acuities
  - Anterior Segment Evaluation
  - IOP measurement
  - Dilation

Examination Protocol-2 parts
- Secondary
  - Posterior Segment with fundus lens (slit lamp and BIO)
  - Dilated Retinoscopy
  - Trial Frame Refraction (as needed)
  - Document, Document, Document!
Conclusion of Exam

• Compare exam findings to MDS 3.0 intake.
• If vision function findings is worse than what is recorded inform social worker/director of nursing
• Write orders (telephone at most facilities) for any medications, treatment plans, or referrals if needed
• Schedule follow up care as needed.
• Have that day’s Patient list/diagnosis/follow up plan signed by social worker before exiting the facility

Coding and Billing Review

• Know the 99 and 92 coding rules and definitions
• On the HCFA form- place of service 31 (not 11)
• Know the subsequent nursing facility evaluation and management (E/M) Codes (99308-10)
• The coding Rules are ever-changing, its our job to keep up (whether we like it or not)
Ethical Issues to Consider

- Provision of Spectacles
- Decisions to Treat or Provide Interventions
- Expectations to evaluate residents only as requested by Attending Physician
- Following Rules set by Government and 3rd Party Organizations

Benefits for Providing this Service

- Financial
- Emotional
- Flexibility
- Growth
Financial Benefit

- Initially Starting: All new patients (Avg about 12 patients per visit with good coordination)
  92004/92015 = $115 x 12 = $1,380.00
- Typical Established NH Day: 4 new patients, 6 Diabetic Fu exams, 3 red eye/irritation visits.
  92004/92015 = $115 x 4 = $460.00
  99309 = $75 x 6 = $450
  99308 = $55 x 3 = $165
  Total for the Day (5 hours) = $1075.00

Emotional

- Work directly in your community with those who have the greatest need
- Many residents have lived long and colorful lives and will want to share their stories with you during your visit
- Helping prevent progression of eye disease or delaying the onset of dementia can lead to personal and professional satisfaction

Flexibility and Growth

- Schedule can be very flexible in relationship to other work commitments
- Private practices can hire associates and keep their schedules busy
- Many of the Nursing home staff and Resident’s families will learn about your services in the community

Questions?

THANK YOU!

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