Semi-Annual Report — September 2018

Councilor: Paul B Greenberg, MD, MPH

1. Governmental Activities

   • Secretary of Veterans Affairs

     The Senate confirmed Robert Wilkie as Secretary of Veterans Affairs in July 2018.

   • Title 38 Hybrid Conversion for Ophthalmology Technicians

     The Health Technician (Ophthalmology) Qualification Standard, GS-640, which contains basic requirements and grade requirements from GS-5 (Entry Level) to GS-11 (Health Technician Program Coordinator), is being implemented in the VHA. It encourages the technicians to improve their skills, expand their roles in the clinic (e.g., become lead technicians) and increase their compensation. In the VHA, ophthalmology technicians provide a cost-effective multiplier effect for provider productivity, allowing significant increases in total clinic visits and number of unique patients seen per year.

   • DoD/VA Vision Center of Excellence (VCE)

     The AVAO supports the DoD/VA VCE: http://vce.health.mil/. David Eliason, MD is the Acting Executive Director. The VCE’s goals are to improve vision health, optimize readiness, and enhance quality of life for service members and Veterans. The VCE produces monthly CME eye trauma teleconferences for DoD and VA clinicians to review current cases of ocular trauma in the DoD focusing on the types of injury, treatment, and the clinical outcomes. The VCE also provides quarterly reports of service members suffering significant eye injury to the VA national program directors of ophthalmology, optometry, and blind rehabilitation and six-month reports on recent service member eye injuries to the national ophthalmology and optometry consultants for each service branch.

     Significant VCE updates include:

     o The transition of the VCE from the Bureau of Navy Medicine to the Defense Health Agency;
     o The development of eye-specific care coordination program for Military Health System;
     o The development of a DoD-VA blind rehabilitation telemedicine pilot program in Washington DC.
The VCE also continues to (a) develop provider and patient educational programs in blind rehabilitation and vocational rehabilitation, (b) hold monthly military trauma teleconferences and publish monthly research newsletters, and (c) fulfill requests for eye injury registry data from VA, DoD, and allied academic clinical practice recommendations are available in three topics:

- Eye and Vision Care Following Blast Exposure and/or Possible Traumatic Brain Injury
- Care of Oculomotor Dysfunctions Associated with Traumatic Brain Injury
- Visual Field Loss Associated with Traumatic Brain Injury

Link: https://vce.health.mil/Clinicians-and-Researchers/Clinical-Practice-Recommendations


• **Patient Access**

Access to care continues to be a top priority for the VHA. The VHA website on access and quality (https://www.accesstocare.va.gov/) provides answers for patients in five areas:

- How quickly they can be seen at local VA
- Patient satisfaction at local VA
- Comparison of care at local VA with other area facilities
- Metrics on VA access nationally
- How to find a local VA provider

The VA Mission Act of 2018 consolidates seven VHA Choice and Community Care programs into one and will develop new rules to access private-sector care and improve private provider payments. Link: https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_2013.pdf

A recent paper outlined the different rates of tertiary glaucoma care received in the VHA depending upon the eye care delivery model utilized: *JAMA Ophthalmol*. doi:10.1001/jamaophthalmol.2018.3463

• **Integration of VHA-DoD Electronic Health Records**

An Eye Care Work Group for the Cerner Millennium VA project has been created. This project kicked off in August 2018, and includes 4 ophthalmologists. The Cerner Millennium VA is a ten-billion-dollar program to integrate VA and DoD EHRs.

2. **Public Service Activities**

• **Low Vision**

The AVAO is actively involved in the Continuum of Care/Low Vision Program developed in the VHA to provide high caliber visual rehabilitation to visually impaired Veterans: http://www.rehab.va.gov/blindrehab/

• **Evidence-based Synthesis Program**
The VHA Evidence-based Synthesis Program (ESP) (https://www.hsrd.research.va.gov/publications/esp/) provides systematic reviews on healthcare topics important to VA stakeholders. The published ophthalmic reviews include:


• Teleretinal Imaging

The VHA Teleretinal Imaging Program continues to enable Veterans with diabetes mellitus to be evaluated for diabetic retinopathy: https://www.telehealth.va.gov/sft/index.asp. Under the guidance of lead ophthalmologist, Dr. Len Goldschmidt, and lead optometrist, Dr. Gerald Selvin, the program increases Veterans’ access to diabetic retinopathy screening, and improves referrals of those in need of more complex eye care.

• Technology-based Eye Care Services (TECS)

The Technology-based Eye Care Services (TECS) was launched at the Atlanta VA in 2015. It is a clinical program designed to improve access to eye care for veterans. TECS is funded by the VHA Office of Rural Health (ORH) and was founded to ensure that rural Veterans utilizing Community Based Outpatient Clinics for primary care surrounding the Atlanta VA also can receive an accurate vision check as well as critical eye disease screening as part of their local primary care visit. Using proven, effective, ophthalmic equipment, the VHA’s secure IT infrastructure, trained ophthalmology technicians, and a VA credentialed and licensed ophthalmologist, TECS has helped minimize travel for Veterans who require eye care. The TECS is now operational in five states: GA, NE, IL, MT and KS.

- Key TECS metrics from FY 2018 include:
  - 40% rural patients
  - 8.8% patients without VA eye exam in previous 5 years
  - 4.8% patients without record of a VA PCP visit
  - 99% of patients received an eye appointment within 30 days
  - 59% of patients received a same day eye appointment
  - Depending on location, some Veterans (e.g. Kalispell, Montana) saved up to 186 miles on average in driving miles
  - Very high patient satisfaction: 99% stated they either agreed or strongly agreed that TECS sites provided high quality service
  - 100% patients would or definitely would refer another patient to the TECS site
  - Mean image quality score 5.6 out of 6
  - Peer review of images show 4.4% disagreements (the majority were minor)
  - Eyeglass remake rate from a TECS site not statistically significant different from non-TECS sites
3. Membership Activities

- The AVAO currently has 85 paid and 106 unpaid members for a total membership of 191.


4. Annual Meeting and Educational Activities:

- The AVAO/DOD noontime symposium (SPE28):

  Ocular Trauma Care: The Challenges and Successes in the Continuum of Care for Eye Injured Service Members and Veterans
  Monday October 29, 2018
  12:45 PM - 1:45 PM
  Room S103A

- The AVAO business meeting:

  Monday October 29, 2018
  7:00-9:30 AM
  Hyatt McCormick Regency Ballroom B

5. Other Activities

- The AVAO worked with VHA national pharmacy management group to add medications to the VHA national formulary
- The AVAO contributed to AAO Surgical Scope Fund and JCHAPO

6. Major Initiatives for the Year

- Press for effective ways to monitor ophthalmic outcomes from the Veterans Community Care Program
- Support growth of the TECS program
- Increase AVAO membership
- AVAO representation at the AUPO