



Telehealth and vision tests in Washington State

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Washington has long been a leader in both innovation and health care. Telehealth, which lays at the intersection of the two, is an innovative, cost-effective way to deliver health care to underserved populations.

Seeing the value of telehealth, Washington state requires health insurance companies, Medicaid managed care plans, and health plans offered to Washington State employees to reimburse health care providers who provide health care services via telehealth technology. The rules apply to both real-time transmitted appointments and to “store-and-forward” services which involve information, including images, data and labs, reviewed at a later time – though reimbursement for those services must be explicitly outlined in provider agreements.

Telehealth shows particular promise at reducing the costs and hassle associated with renewing contact lens prescriptions.

HOW DOES IT WORK?

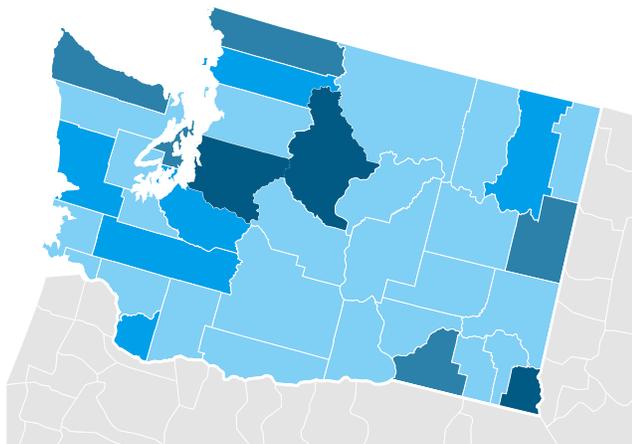
Online vision tests use your computer or smartphone to assess your near and distant vision with your current eyeglasses or contact lens prescription. They complement rather than substitute for in-person eye exams and make it easier and less costly to get prescription renewals. Given the ubiquity, portability, and comparatively low cost of smartphones, they can expand the availability of vision screenings and diagnostic and monitoring services in remote and medically underserved communities.

WHO BENEFITS?

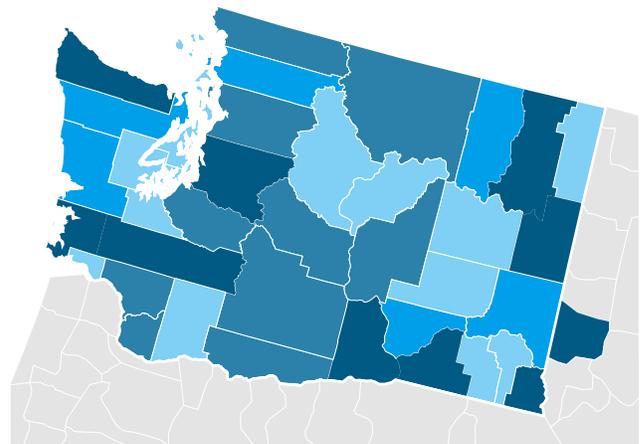
The technology is particularly beneficial in a state like Washington where unique geography and demographic distribution make it a prime candidate to benefit from using remote telehealth services. There are physician shortages in rural communities, people isolated by waterways, and underserved urban neighborhoods who could all benefit from increased access to care.

The lack of optometrists and ophthalmologists in certain areas of the state, including rural or isolated islands, limits access to vision services for some Washingtonians. Rural Americans statistically are older, sicker and have lower incomes compared to their suburban or urban counterparts. The levels of indebtedness of optometric graduates combined with high overhead costs of providing optometric care are disincentives for optometrists to practice in rural areas.¹

Ophthalmologist Availability Quarlites



Optometrist Availability Quarlites



■ Low Availability ■ Medium-Low Availability ■ Medium-High Availability ■ High Availability

Charts adapted from Diane Gibson, "The geographic distribution of eye care providers in the United States: Implications for a national strategy to improve vision health," City University of New York, January 2015.

WHAT ABOUT OTHER UNDERSERVED POPULATIONS?

Additionally, studies based on primary care practices suggest that African American and Hispanic physicians are much more likely than physicians of other ethnicities to care for African American and Hispanic patients.² Therefore “a lack of diversity in the ophthalmologic and optometric workforce could limit care access and quality among minority patients, an implication that adds emphasis to efforts to increase the diversity and cultural competency of the eye and vision care workforce.”³ A 2014 AAMC report on diversity found that ophthalmology was among the least diverse specialties: Among ophthalmologists, African Americans, Hispanics, American Indian/ Native Alaskans, and Asians, respectively made up 2.4 percent, 3.0 percent, 0.2 percent, and 14.6 percent of the workforce.⁴ With Washington’s population becoming increasingly less white, the state should consider how to better reach minority populations.

WHAT DO THE FEDS THINK?

Last year, the Federal Trade Commission (FTC) weighed into the debate when a Washington bill proposed banning the use of telehealth-based eye exams to renew prescriptions. FTC officials explained how the bill could adversely affect consumers, “by requiring an in-person, comprehensive eye examination for all corrective lens prescriptions, the bill would restrict the use of innovative telehealth eye care technologies, and also could require examinations that are more extensive and costly than necessary.”⁵ The bill is back again as SB 5759 in the 2019 legislature but the premise hasn’t changed: It would limit access and increase costs to access a routine vision test that helps consumers renew their glasses or contact lens prescriptions.

WHY SHOULD THE WASHINGTON LEGISLATURE WEIGH IN ON THE ISSUE?

In the past, the legislature stipulated, “that boards regulating health care professions should be mindful of the necessary balance between public safety and access to affordable care, and adopt rules that are consistent with their legislative intent. The risk that this balance may be lost is especially high in the optical industry, where competitive pressures have led to the involvement of the federal trade commission. The legislature recognizes its role in ensuring appropriate access to vision care for state residents by clarifying necessary prescription content and ensuring prescription release to the patient.”⁶ Those “competitive pressures” are at work again trying to make consumers return to the eye doctor annually simply to renew prescriptions.

WOULD USING THIS TELEHEALTH TECHNOLOGY SAVE TAXPAYER DOLLARS?

In addition to reducing the cost of eye care and increasing consumer convenience, telemedicine also has the potential to save taxpayer dollars. The state currently covers eye care services for government employees and the Medicaid program covers vision therapy – with prior authorization – including lenses and glasses.⁷ Taxpayer expenditures could be drastically lowered by allowing these consumers to utilize telehealth for prescription renewal.

References

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- 5 Federal Trade Commission, Letter to Representative Graves, February 9, 2018. https://www.ftc.gov/system/files/documents/advocacy_documents/ftc-staff-comment-washington-state-rep-paul-graves-regarding-ssb-5411/hb-1473/proposed_advocacy_comment_-_wa_eye_care_final_2-9-18.pdf
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