Informing patients, policymakers, health care professionals and the public on eye health and vision care is a responsibility that demands insight, critical research and analysis. The American Optometric Association (AOA) introduced the Health Policy Institute (HPI) in 2018. HPI has grown in many ways in 2019 and has become a thought leader in public policy research. Utilizing the talents of AOA senior staff, key leaders and specific experts, HPI is a valuable and trusted resource for the profession and the public.

**HPI Original Research**

The 2019 HPI brief on emergency visits required the HPI team to conduct its own descriptive epidemiological analysis of nationwide emergency department (ED) encounters by diagnosis, utilizing the reported ICD-10-CM codes. In reviewing the diagnosis codes, the HPI determined that, “although urgent, most eye-related conditions reported in the emergency department may be treatable in an outpatient optometry clinic.” While overall ED data suggest two in 10 dollars are potentially avoidable, this HPI analysis focusing on ED eye encounters of mild, moderate and more complex diagnosis codes applicable to optometry offices and clinics, shows that more than nine in 10 dollars of ED eye expenditures are potentially avoidable.

**HPI Directed Research**

An HPI $30,000 Request for Proposals (RFP) on new research comparing “Comprehensive In-Person Eye Examination to Online Vision Testing Devices” was issued. After careful evaluation against a set of AOA HPI technical evaluation factors and subfactors, the proposal submitted by Gregory Wolfe, O.D., MPH, Co-Director, Center for Eye and Health Outcomes, Associate Professor, Southern College of Optometry, “Health Literacy and Comparison of Online/Telehealth Eye Apps With In-Person Primary Eye Care Examination: What Are The Impacts On Population Health?” was accepted for AOA HPI fixed price funding. With the study significantly complete in 2019, analysis underway, and time added for COVID-19 response, the results are expected Q3 2020.

**HPI Policy Translation**

A highlight of 2019 was the validation of HPI’s expressed concerns about certain online vision testing. In August, 2019, the FDA released public notice of the Class 2 Device Recall to Visibly for their refractive vision test being offered in violation of federal law. The recall reflected longstanding AOA concerns made through formal complaints regarding unproven claims and inaccuracies of Opternative vision test to the FDA including Opternative/Visibly's "lack of 510(k) clearance." The HPI researched AOA files and produced an addendum to the HPI Opternative brief describing the extensive timeline of AOA’s monumental efforts to protect the public, throughout the time period from July 23, 2014 through August 8, 2019.
In early 2019 there was a need to help lawmakers and the public understand comprehensive eye exams and optometry's frontline, primary care role. This included a better and more accurate understanding of the doctor-patient relationship. These important characteristics of care and prevention were at the center of a revised U.S. Congressional bill to set retinopathy imaging requirements for individuals with diabetes under Medicare. Here was a need to document the importance of comprehensive eye exams and optometry's essential frontline role, especially in the early diagnosis and treatment of diabetes. This led to HPI publishing a brief entitled “Timing of Comprehensive Optometric Eye Exam is Crucial to Reducing Diabetes Complications.” This brief highlighted the fact that “Since diabetes eye disease includes diabetic retinopathy, diabetic macular edema (DME), glaucoma, cataract, and refractive changes, among other disorders, in-person examinations by an eye doctor are essential as primary eye health and vision care services are not achievable through telehealth. Importantly, any degree of retinopathy requires comprehensive eye examination and management by an ophthalmologist or optometrist.”

In 2018 the issue of hospital privileges for doctors of optometry resurfaced. These conversations and meetings with key individuals and organizations led to two HPI briefs being published in 2019; including, 1) Doctors of Optometry Offer Rural Hospitals Timely Diagnosis of Retinopathy of Prematurity (ROP) and Other Causes of Childhood Vision Loss; and 2) Most Eye Emergency Visits Can be Treated in Optometry Clinics (See HPI Original Research).

The 2019 HPI brief on ROP reports that “Eye examinations are critical for high-risk children but that many hospitals in rural and underserved areas lack access to an on-site pediatric ophthalmologist. In fact, nearly 70 percent of primary care pediatricians in rural areas report that too few pediatric ophthalmologists are available to meet the needs of their patients.” The HPI brief describes the seriousness of this situation and proposes a simple solution: “The “gold standard” procedures performed in ROP examinations; including but not limited to, dilation and binocular indirect ophthalmoscopy with a lid speculum and scleral depression (as needed) to detect ROP can be performed by state licensed and regulated, doctors of optometry, throughout the U.S. and its territories.“As.” The HPI brief highlights that 20 percent of these premature infants without ROP will still develop a crossing or turning out of the eyes and significant refractive problems requiring prescription eyeglasses and other treatments, such as vision therapy and vision rehabilitation.

With the necessary integration of optometry services in health care delivery and new reports from the U.S. Centers for Disease Control and Prevention (CDC) highlighting that STDs increased across the U.S. for the fourth year in a row, HPI embarked on a study of “The Role of Doctors of Optometry in the Identification, Treatment and Prevention of Sexually Transmitted Diseases.” The HPI brief on this topic reveals: “Eye findings are common and appear early among individuals with STDs; as such, doctors of optometry represent a unique stakeholder group in the national prevention efforts aimed at combating a growing trend of STDs in the U.S.” AOA’s Health Policy Institute (HPI) remains committed to advancing doctors of optometry, as a public health and clinical resource, to federal and state agencies and organizations seeking to inform and educate the public about STDs.

In the past several years, new technologies have entered the market as well as additional contact lens manufacturers. Despite significant and real changes in the market, in 2019 there continued to be allegations made that physicians are somehow suppressing innovation and competition in the contact lens market by selling the very products they themselves prescribe and that this
situation with contact lenses was unusual in health care. The HPI responded with a brief “In-Office Dispensing by Physicians Enhances Patient-Centered Care.” This highlighted that “Many physicians and other health care practitioners provide treatments, procedures, devices, medications, supplements and so on, to patients to address health challenges and support overall well-being. Such dispensing improves patient compliance, convenience, and insures a higher level of continued care. The provision of certain products and procedures in-office is truly “patient-centered” care. It assures delivery of the right care, at the right time, and in the right place.” This HPI brief further confirms that doctors of optometry provide timely access to treatment at the point of care to help address a public health need. Medical products used in first aid and emergency procedures, prescription eyeglasses, safety eyewear and contact lenses are essential tools in meeting a responsibility to the public.

In 2019 there was an urgent need to quantify optometry’s role in systemic diseases apart from diabetes and hypertension. There was a need to understand how and why evaluation of the eye through a comprehensive eye exam should be acknowledged as a routine component of care in patients with inflammatory bowel diseases (IBD). The HPI research found that the clinical manifestations of common IBDs, including Crohn’s disease (CD) and ulcerative colitis (UC), are not restricted to the gastrointestinal tract and that a significant portion of patients with IBDs (72.1 percent) have ongoing involvement of their eyes. The HPI brief describes this as yet “another example where care is best delivered through a team-based approach that includes doctors of optometry as a member of the care team.” The HPI brief recommends that internal medicine and related subspecialty fields and disciplines should include doctors of optometry within their sphere of IBD consults for improved and coordinated patient centric care.

In 2019 the AOA wanted to make a visible commitment to reverse the U.S. opioid epidemic and joined the National Academy of Science, Engineering and Medicine (NASEM) Action Collaborative as a Network Organization. The HPI brief on this topic describes that the AOA supports health professional education and training, including opioid prescribing guidelines and evidence-based standards. The HPI brief highlights that “Severe pain issues arise as a result of the eyes’ rich neurologic connections and vascular supply.” Providing an example: “The cornea has the densest plexus of superficial nerves of any tissue in the human body. Eye pain can be acute (most common) or chronic and can have many potential causes.” Further, “Doctors of optometry are trained and licensed to differentially diagnose pain and to prescribe and dispense controlled substances in the course of professional practice, inclusive of opioids for pain control, that have known abuse potential.” As an essential public health response, the AOA HPI brief also encourages all state optometric associations and schools and colleges of optometry to work to better integrate doctors of optometry within health care and community systems to reduce opioid-related health harms.

In 2019 myopia neared epidemic levels. Prevention is needed to slow this trend and prevent a corresponding rise in myopia-related eye disease. The HPI responded. HPI research describes an emerging epidemic of myopia in the U.S. and a public health urgency in addressing children’s vision health, including a need to build and sustain comprehensive child vision care systems in every community and state. The HPI brief describes new data such that “Myopia does not need to be at high levels to produce anomalies. Any abnormal level of axial myopia (progressive increasing length of the eye) can cause these irreversible ocular diseases.” Several methods are identified to
control the progression of myopia and HPI describes these as being beneficial in avoiding myopia’s effects on personal and public health.

HPI in 2020 and Beyond

For 2020 AOA HPI continues to develop evidence-based research, analysis and solutions in health-care policy including the core areas of:

- **Research**—Analysis of current data sources, assessment of needs, and challenges and sponsorship of gap research provides a secure foundation to anticipate future trends in vision and eye health care.
- **Monitoring and Surveillance**—Monitoring vision and eye health status of population groups.
- **Health Communication**—Assuring accurate health information is directed to the public, helping individuals make healthier choices.
- **Policy Development**—Improving systems and environments that effect health of individuals and populations.

AOA HPI

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