



## More Medicare Patients Turn to Optometry for Medical Eye Care with Fewer Seeing Ophthalmologists

The Social Security Act guarantees Medicare patients freedom of choice among enrolled doctors who are licensed to provide medical services.<sup>i</sup> The American Optometric Association’s (AOA) Health Policy Institute (HPI) reviewed utilization data and found that patients are choosing to see doctors of optometry (optometrists) more often for their eye care, while choosing to see ophthalmologists less frequently. In 1986, Congress added optometrists to the Medicare definition of “physician” at Section 1861(r) of the Social Security Act.<sup>ii</sup> According to the Centers for Medicare & Medicaid Services (CMS) Benefit Policy Manual, Chapter 15, Section 30.4, “a doctor of optometry is considered a physician with respect to all services the optometrist is authorized to perform under state law or regulation.”<sup>iii</sup> This means patients may choose doctors of optometry or ophthalmology for most of the medical services related to eye and vision care required for Medicare beneficiaries.

Trend analysis of Medicare Physician/Supplier data (Table 1.0) show an increase of more than 740,000 patients for optometry and a decrease of more than 450,000 patients for ophthalmology, as measured over the last six years. This represents a 12.3% increase in total persons with optometry utilization and a 4.2% decrease in total persons with ophthalmology utilization.

**Table 1: Medicare Physician/Supplier: Utilization for Original Medicare Beneficiaries, by Physician Specialty, Calendar Years 2013-2018<sup>iv</sup>**

Year	Optometry Total Persons with Utilization	Optometry Utilization Change from Prior Year	Ophthalmology Total Persons with Utilization	Ophthalmology Utilization Change from Prior Year
2018	6,753,898	+132,620	10,386,858	-162,730
2017	6,621,278	+166,532	10,549,588	-163,010
2016	6,454,746	+212,266	10,712,598	+56,278
2015	6,242,480	+157,203	10,656,320	-50,058
2014	6,085,277	+71,502	10,706,401	-139,584
2013	6,013,775	Not available	10,845,985	Not available

Data also indicate that doctors of optometry provided 1,755,297 more services and ophthalmologists provided 2,540,872 more services in 2018 than in 2013. These data demonstrate that as ophthalmology lost patients, ophthalmologists provided services more frequently for their patients who remain. Overall, ophthalmologists deliver twice as many services per beneficiary than optometrists (Table 2.0), and the

average cost to Medicare per beneficiary is four times higher with ophthalmologists instead of optometrists.<sup>v</sup>

**Table 2: Medicare Physician/Supplier: Utilization and Services Original Medicare Beneficiaries, by Physician Specialty, Calendar Years 2013-2018<sup>vi</sup>**

Year	Optometry Services	Services per Person Ratio	Ophthalmology Services	Services per Person Ratio
2018	12,799,849	1.90	44,125,996	4.25
2017	12,501,050	1.89	43,939,529	4.17
2016	12,501,050	1.94	43,777,602	4.09
2015	11,614,095	1.86	42,456,565	4.00
2014	11,256,329	1.85	41,740,629	3.90
2013	11,044,552	1.84	41,585,124	3.83

These trends reflect that doctors of optometry are increasingly accessible for patients.<sup>vii</sup> Patients and the public might also be learning that doctors of optometry are frontline, primary eye care providers, while ophthalmologists are typically tertiary subspecialists, as well as gaining enhanced understanding and importance of medical eye services that optometrists typically provide for Medicare beneficiaries.

There are also nearly twice as many optometrists than ophthalmologists in Medicare: in 2018, there were 38,401 optometrists enrolled in Medicare, compared to 19,960 ophthalmologists enrolled.<sup>viii</sup> The number of optometrists has increased by more than 1,300 doctors (and 3.5%) over the last five years, while the number of ophthalmologists has declined by 173 (or nearly 1%) over the last five years. Fortunately, most medical eye diseases and emergency conditions can be diagnosed and treated in a primary care optometry setting, postponing or eliminating more resource-intensive tertiary care.<sup>ix x</sup>

<sup>i</sup> [https://www.ssa.gov/OP\\_Home/ssact/title18/1802.htm](https://www.ssa.gov/OP_Home/ssact/title18/1802.htm)

<sup>ii</sup> PUBLIC LAW 99-509 (OCT. 21, 1986) codified at 42 USC 1395x(r).

<sup>iii</sup> <http://www.cms.gov/manuals/Downloads/bp102c15.pdf>

<sup>iv</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/>

<sup>v</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/>

<sup>vi</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/2013/Utilization>

<sup>vii</sup> <https://www.aoa.org/documents/HPI/HPI%20Uniform%20Edit%20Format%20ACCESS%20TO%20EYE%20CARE.pdf>

<sup>viii</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/>

<sup>ix</sup> <http://www.nationalacademies.org/hmd/Reports/2016/making-eye-health-a-population-health-imperative-vision-for-tomorrow.aspx>

<sup>x</sup> [https://www.aoa.org/documents/HPI/HCUP%20HPI%20December\\_2019.pdf](https://www.aoa.org/documents/HPI/HCUP%20HPI%20December_2019.pdf)