

# IRP Presentation

## October 15, 2010

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SUNY COLLEGE OF OPTOMETRY  
UNIVERSITY EYE CENTER

## 1.10 c - Increased cultural competency in patient care

- Clinical faculty will receive in-service training relative to cultural competency in patient care beginning in 2009-10 and in alternate years thereafter.

### Actions:

- Chief Diversity Officer named (Dr. Chung)
- Three constituencies to be targeted (Faculty, Staff, Students)
- Survey planned to determine specific needs for training

March 2010 – Introduced cultural sensitivity during a UEC staff meeting

- Guidelines developed by ASCO's Diversity Task Force will be incorporated into the clinical education and clinical practice.

Needs to be determined

Integrative Seminar - Discussed as needed



## 3.1 a –Improving Patient Lives - Increased public awareness of UEC

- A public relations plan, revised annually will be developed.
  - Work Plan Reviewed Annually with DCF
  - New Logo implemented
  - Website Redesign
  - Posters in Lobby
  - Events Calendar
  - PR Films
  - New Recall Card
  - New Brochures: Referral and UEC
  - New Promotional Material to be developed – Pediatric Eye Care Brochure
- At least one community-based survey per year will be conducted to evaluate awareness of the UEC.
  - To Be Developed by DCF



## 3.1 a -Increased public awareness of UEC

- Annual focus groups of existing and potential patients will be held.

To Be Developed with DCF

- Website "hits" will increase by 20% by 2010-2011.

See Next Slide

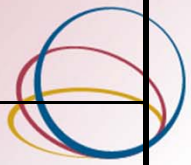
- Letters to community/corporate entities in our immediate area will be sent out on an annual basis.

To Be Developed with DCF and VPIA (obtain “Community Residents” lists from Bryant Park and Times Square BID)



## 3.1 a -Increased public awareness of UEC – Hits to Website

Year	Page Views	Unique Page Views
July 2008-June 2009 (UOC)	83,327	63,235
July 2009-June 2010 (UOC)	54,194	41,969
July 2009-June 2010 (UEC)	63,954	47,447
Total 2009-2010	118,148	89,416
%Increase	42%	41%



## 3.1 a -Increased public awareness of UEC – Hits to Website

- Issues about the accuracy of the data:
  - UEC/UOC (Not sure if unique number)
  - Site Development (lots of beta testing during the development of the test site)



## 3.1 b - Expansion of UEC off-site locations

- An expansion plan to develop off-site clinical services in under served communities will be developed and implemented by Spring 2010 and the plan will be revised annually.

Lutheran Medical Center – 2009/2010

2009-2010 – Helen Keller Program

- Annual review of Article 28 status re: extension and part-time clinics will take place.

Annual Review – Working with ParCare



## 3.1 c - Expansion of Home-Bound Program

- By 2013, an additional 1,000 homebound patient visits, the majority of whom reside outside Manhattan, will be served.

Number Needs to Revised – 1,000 too much – change to 200

Queens and Manhattan – 143 in 2010

Grant Dependent work with VPIA

- An additional .2 FTE will be dedicated to homebound visits by 2009-2010.

Goal Accomplished – Dr. Levine





## 3.1 d - Increase patient visits

- There will be an average annual growth rate of 5% in the number of UEC patient visits for the next five years.

See Previously Discussed Chart

The UEC will analyze data to determine the % of established patients returning for annual visits.

Data to be analyzed

- The UEC will implement a retention program for established patients.

Targeted Letters to Patients – Glaucoma, Diabetes, etc

Annual Diabetes Program in November

Patient satisfaction surveys to be conducted on the clinical floors

Discussion with DCF on other strategies

- The UEC will increase the number of managed care products we participate with on an annual basis.

2009/2010 - 1199 and Fidelis

2010/2011 – Amerigroup; Wellcare; HealthPlus; Health First;

% of doctors in plans – see metrics at end



## 3.1 e - Increase patient referrals

- The UEC will receive at least 3,000 referral visits per year, via its internal Referral Service, by 2013.

Objective Met

- The number of referral providers will increase by 5% annually.

See next slide

More data needs to be collected

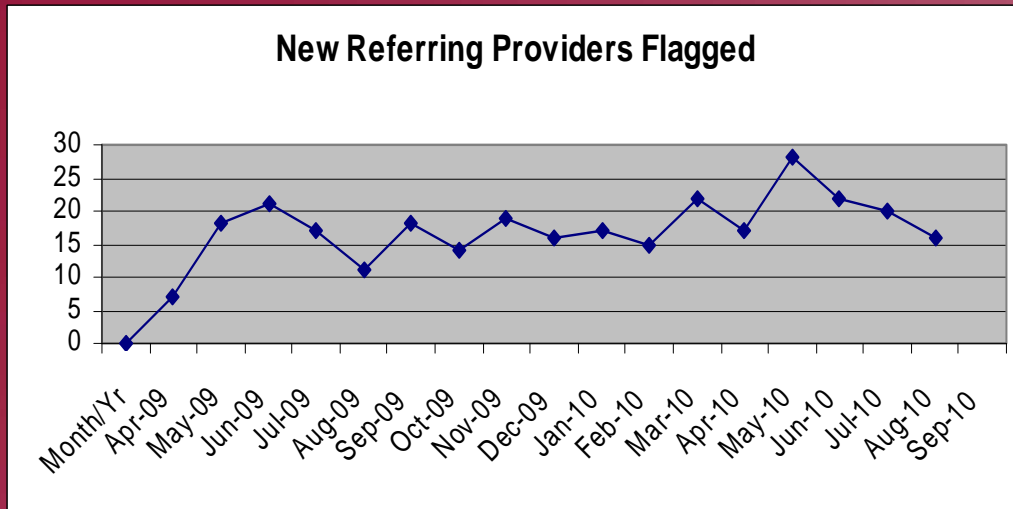
- Referral provider surveys will be conducted annually to assess satisfaction with service.

Performed in 2009 –

Currently being performed for 2010



3.1. e - The number of referral providers will increase by 5% annually.



Month/Yr	# New Referring Providers
Apr-09	7
May-09	18
Jun-09	21
Jul-09	17
Aug-09	11
Sep-09	18
Oct-09	14
Nov-09	19
Dec-09	16
Jan-10	17
Feb-10	15
Mar-10	22
Apr-10	17
May-10	28
Jun-10	22
Jul-10	20
Aug-10	16



# Annual Survey of Referring Doctors

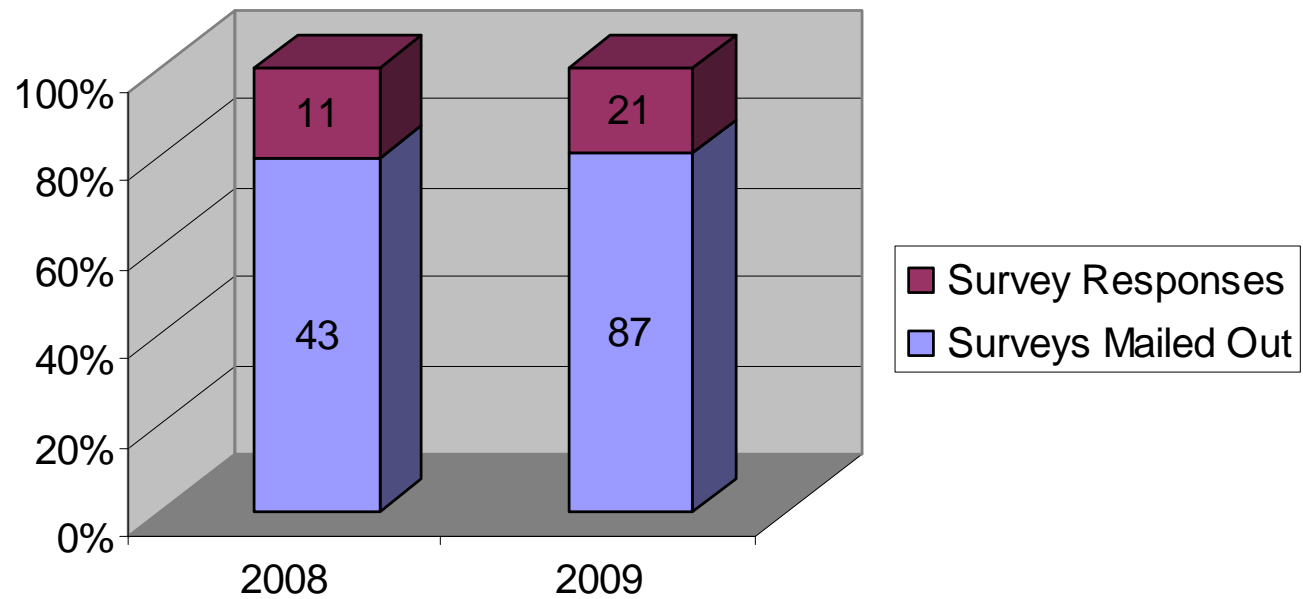
Annually, a survey is conducted of our referring doctors. They are asked the following questions:

- |                                                                             |     |    |
|-----------------------------------------------------------------------------|-----|----|
| 1. Are you satisfied with the Referral Service over all?<br>Specifically... | Yes | No |
| a. Ease of making referral                                                  | Yes | No |
| b. Appointments scheduled for your patients in a<br>timely manner           | Yes | No |
| c. Notification of your patients' scheduled appointment                     | Yes | No |
| d. Consultation report back to you in a timely fashion                      | Yes | No |
| 2. Are your patients satisfied with our services?                           | Yes | No |
| 3. Please feel free to share your suggestions and/or comments               |     |    |



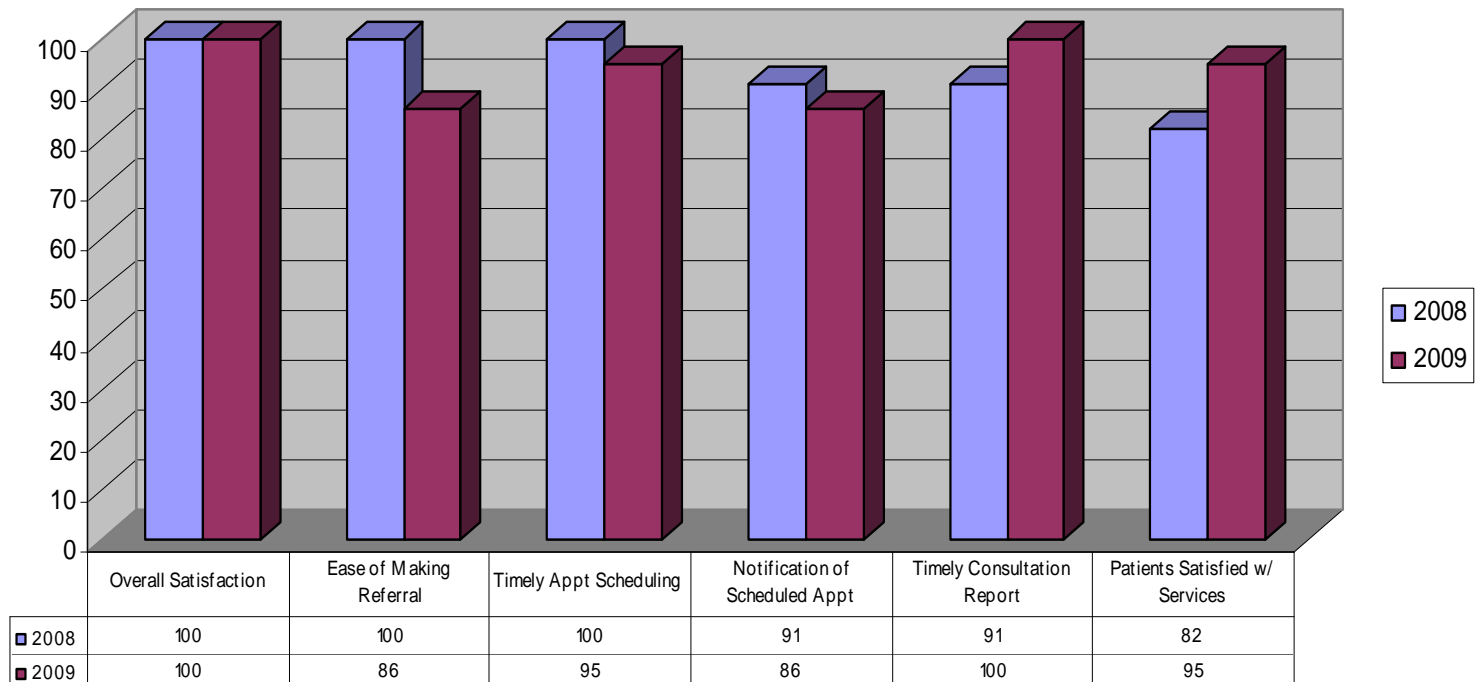
# Survey Responses

## Referral Service Satisfaction Survey Responses



# Survey Responses

## Referral Service Provider Satisfaction Survey



## 3.1 f - Expand support groups and patient education

- The number of patient support groups will increase by at least one per year from 2009 to 2013.

Change objective to one new support group within reporting period

- Patient education programs will developed for on-line use and expanded to at least 10 such programs by 2013.

To be developed and defined

- Data will be reported annually on the number of patients attending support groups and the number viewing patient education programs on the web.

Data will be collected



## 3.1 g - Educate students re: patient insurance coverage

- At least one in-service session per year will be held for clinical faculty on options for patients who are under-insured or uninsured.

Discussed at June Staff Meeting (June 9, 2009)

Will be Discussed at October 13, 2010 Staff Meeting

- Clinic orientation for students, beginning in 2009, will include discussion of how to accommodate patients who are uninsured or under-insured.

Discussed June 8, 2009

Discussed for Current First Year at Orientation (September 2010)

- Annual coding lectures will be provided for faculty.

June 5, 2009

Coding Tidbits

October 13, 2010 Staff Meeting





## 3.1 h - Increase funding for needy patients

- Funding for patient financial assistance will increase by 20% per year.  
OCNY: FY 2009: \$100,000 FY 2010: FY \$105,000 = 5% Increase  
Plan to Increase to be developed with VPIA

An annual update of the indigent fund will be provided to the OCNY along with an update on the need for additional funding as needed and appropriate.

Performed Annually

- One additional grantor will be accessed annually for indigent funds.

Donors since 2009:

Reuss(\$25,000 Annually); Reader's Digest (\$30,000)

Hugoton (\$5,000)

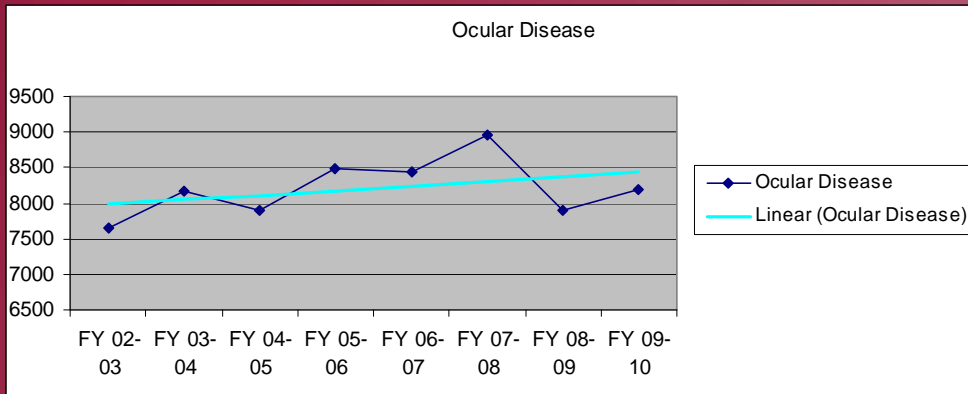


## 3.2 a - Expansion of clinical services

- Clinical services will be expanded in ODST by 10% per year through 2013.  
See Attached Chart  
Recommend changing assessment to 5%
- Clinical services will be expanded for geriatric patients by 10% per year through 2013.  
Recommend eliminating this assessment
- Clinical services for patients requiring vision rehabilitation by 10% per year through 2013.  
Recommended defining rehabilitation to include low and head trauma combined and change objective to 5% annually
- A bi-annual service review of clinical areas will take place to determine additional clinical needs.  
Annual Work plans to be developed



# Ocular Disease



	Ocular Disease	% Increase
FY 02-03	7645	
FY 03-04	8172	7%
FY 04-05	7899	-3%
FY 05-06	8489	7%
FY 06-07	8450	-5%
FY 07-08	8957	6%
FY 08-09	7892	-12%
FY 09-10	8189	4%
Overall	65693	7%
Last 4 years	33488	-3%

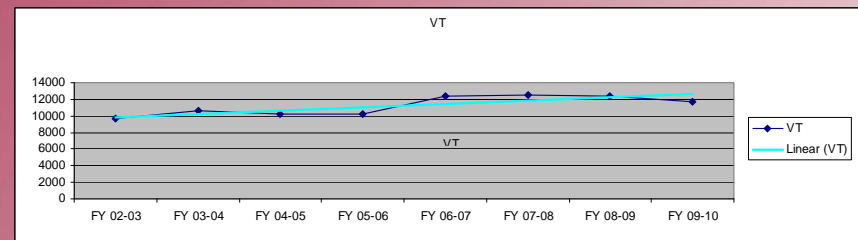
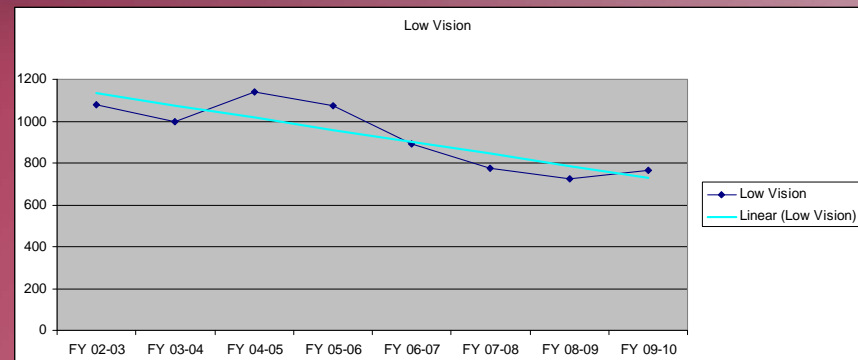
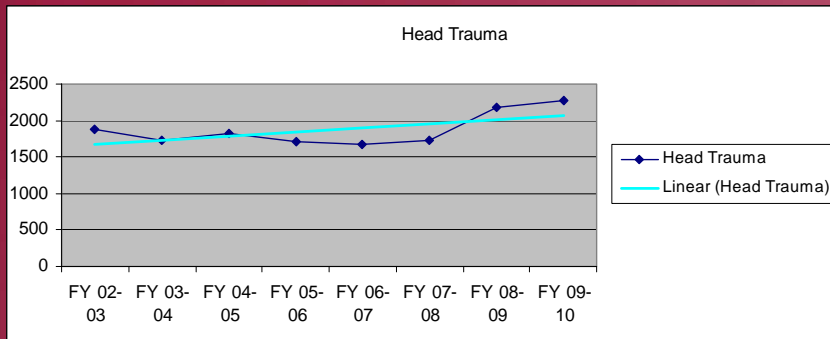


# Rehabilitation: Head Trauma; Low Vision; VT

	Head Trauma	%	LV	%	VT	%	HT/LV	%	HT/LV/VT	%
FY 02-03	1886		1078		9722		2964		12686	
FY 03-04	1727	-8%	1000	-7%	10608	9%	2727	-7%	13335	6%
FY 04-05	1814	5%	1141	1%	10190	-4%	2955	8%	13145	-1%
FY 05-06	1715	-5%	1071	-6%	10265	1%	2786	-6%	13051	-1%
FY 06-07	1676	-2%	891	-2%	12439	21%	2567	-8%	15006	15%
FY 07-08	1726	3%	774	-13%	12503	5%	2500	-3%	15003	0
FY 08-09	2172	3%	725	-6%	12418	-1%	2897	16%	15315	2%
FY 09-10	2274	5%	763	5%	11770	-5%	3037	5%	14807	-4%



# Head Trauma; Low Vision; VT



## 3.2 b - Cultural competency by clinic

- Beginning with the 2009-2010 academic year, all clinical course syllabi will include an educational objective related to cultural competency in patient care.

To Be Developed – with VPAA

- Clinical faculty will receive in-service training relative to cultural competency in patient care beginning in 2009-10 and in alternate years thereafter.

To Be Developed

- Pre and post surveys to be conducted to assess cultural competency/awareness.

Joint program to be developed targeting faculty, staff, and students



## 3.2 c - Provide in-house emergency care

- In-house emergency care on a 24/7 basis will be available by July 2012.  
Awaiting lobby renovations  
On-call beeper until then
- Draft plan for in-house emergency care will be completed by July 2010.  
Change date to coincide with lobby renovations



## 3.2 d - Develop UEC compliance program

- Clinical compliance programs will be developed and fully implemented by Spring 2010.  
Programs developed and conducted annually  
Program modified as required by OIG and OMIG
- Clinical compliance programs will be reviewed annually.  
Last year 100% Compliance with Clinical Faculty and Staff  
This year's program to combined with annual HIPAA – will be available on Moodle beginning October 2010
- All UEC faculty and staff will complete an annual training in compliance.  
100% Compliance for Calendar Year 2009





## 3.2 e - Achieve national standards of excellence

- A targeted set of standards of clinical excellence, recognized nationally, will be adopted by June 2010.

National Indicators: JCAHO & NCQA

QA & I; Credentialing & Privileging; Patient Safety

- a) QA - New QA Program developed and implemented in September 2010 focusing on clinical indicators
  - b) Credentialing and Privileging – New credentialing policy in place
  - c) Patient safety and environment of care – focus area for 2010-2011
- Evaluation of clinical programs by these standards of excellence will occur annually beginning at the end of the 2010-2011 academic year.

Suggest changing date to 2012-2013



## 3.3 c - Affiliation with comprehensive health care entity

- An affiliation agreement with a local comprehensive health care facility will be completed by the end of the 2009-2010 academic year.

Affiliation with Lutheran Medical Center in 2009

- A bi-annual assessment of specific needs for affiliation agreement purposes will be conducted.

Ongoing process

Process include: Educational components, Income to UEC; Community Service; Longevity



## 4.2 a - At least 20 vision screenings per year

- Beginning in 2009-2010, at least 20 vision screenings will be conducted per year.

Data Presented Previously

FY 08/09 = 17

FY 09/10 = 27

- Vision screenings will be reported as part of the UEC monthly statistics.

This is now included in monthly UEC statistics (FY 10-11)

In addition, other outreach events (informational tables at community events) are also included)

- Vision screenings will be incorporated into the 1st and 2nd year curriculum and the clinical curriculum (3rd and 4th year).

First/Second Year – as part of integrative seminar

First Year = 6 Screening Planned Second Year = 16 screenings

Third and Fourth Year – In house and external screenings



## 4.2 b - Speakers network

- A listing of speakers comprising faculty and staff will be developed by September 2009 and updated annually.

Suggest delay Until 2011

- A speakers' listing will be created on the College's web site by Fall 2009 and updated annually.

Suggest delay until 2011



## 4.2 e - Review clinical affiliation agreements

- All current and future clinical affiliation agreements will be reviewed at least every two years with regard to financial stability and the appropriateness of the site for clinical teaching.

All contracts are current and have been reviewed

Elements to consider: financial margin; educational values, community service



## 4.2 f - Meet with corp/community neighbors

- Beginning in 2008-2009, at least 3 meetings per year will be held with corporate entities or community groups to seek collaborative activities.

### Accomplishments:

DOH Flu Shot Collaboration	2009
Prevent Blindness Association	2009
Discussions with First Health	Ongoing
Parcare Discussions	2010
Discussion with RUSK	2010
Meetings with CBVH and VISIONS	2009/2010
Readers' Digest Collaborations	Ongoing
New York State Vision and Eye Health Collaborative	2010
TLC	2010



## 4.2 g - Increase collaborative community relationships

- At least one new collaborative activity per year will be undertaken with a corporate or community entity.

Flu Shot Program	2009
Grant submission with NAPVI	2010
VA Pilot Program-	2010



# Other Goals 2009/2010

- Completed Review of “Policy and Procedures” Manual
- Primary Care Supervision Policy Implemented
- POD System for 3<sup>rd</sup> year clinical education
- Percent effort implemented
- Worked on SUNY’s Strategic Plan
- EHR Process
- Completed UEC “New Employee” Manual





# 2010-2011 UEC Goals

- Complete and go live with new UEC Website
- Assess impact on APG's
  - Developed APG rates for low vision devices
- Implement contracts relating to the “Carve Out” Bill:
  - With Wellcare; Health First; Health Plus; Neighborhood, etc
  - Assess other small plans relating to the “Carve Out Bill”
- Finalize new EHR that is least disruptive to clinical operation
- Continue with Managed Care Initiatives
  - Group Contract vs. Provider Specific
  - Prepare for health care reform



# 2010-2011 UEC Goals

- Expansion of Article 28
- Equipment Upgrades
  - Replace existing old equipment – develop long term strategy
  - Assess new needs
  - Initiate a process to plan for a new practice management software system to replace IDX
- Construction
  - Lobby redesign
  - Clinical improvement – 5th floor
  - Participate in facility upgrade
- OCNYS Support
  - Continue to seek out new funding sources for special projects (homebound, low vision, etc)
  - Review OCNYS Support Annually



# 2010-2011 UEC Goals

- Implementation of new curriculum
  - Work with VPAA to implement fourth year students in the curriculum
  - Reassess role of residents
- Faculty
  - Retention of current clinical faculty
  - Hiring full time clinical faculty
- Implement Three Service Model
- Develop Support Program for Parents of Visually Impaired Children
- Continue to work with DCF to promote the UEC.
- Establish “dry eye” and “sports vision” clinics



# Key Metrics:

- Patient Encounters

- Total UEC Available Monthly
- Individual Clinic Available Monthly
- External Annually
- Emergency Visits ?
- Referral Service Available Monthly
- New Patients Available Monthly
- Indigent Patients(# & \$ ) Available Annually



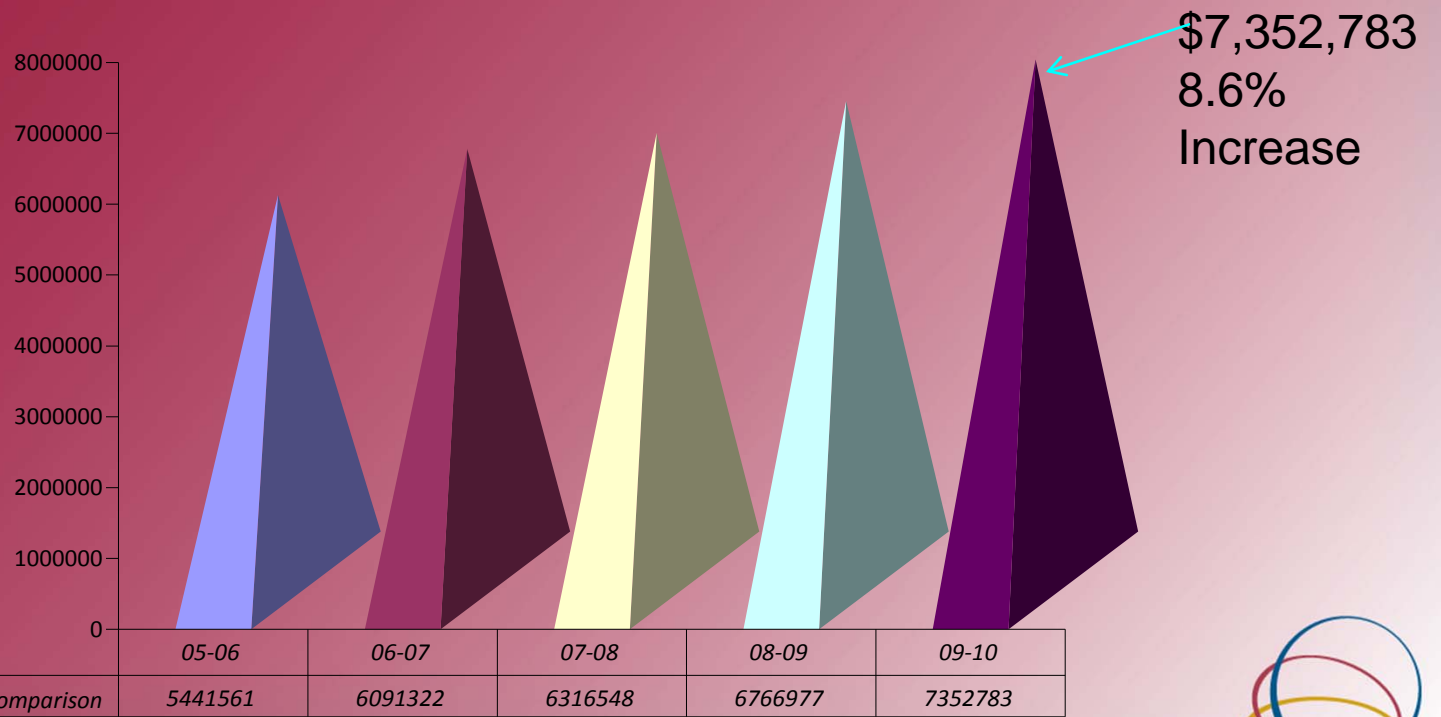
# Key Metrics

- Annual Revenues
  - Annual Revenues Per Service
  - Payor Mix
  - Dollars/Days in AR
  - Number of Participating Doctors in Managed Care



# UEC – Annual Revenues

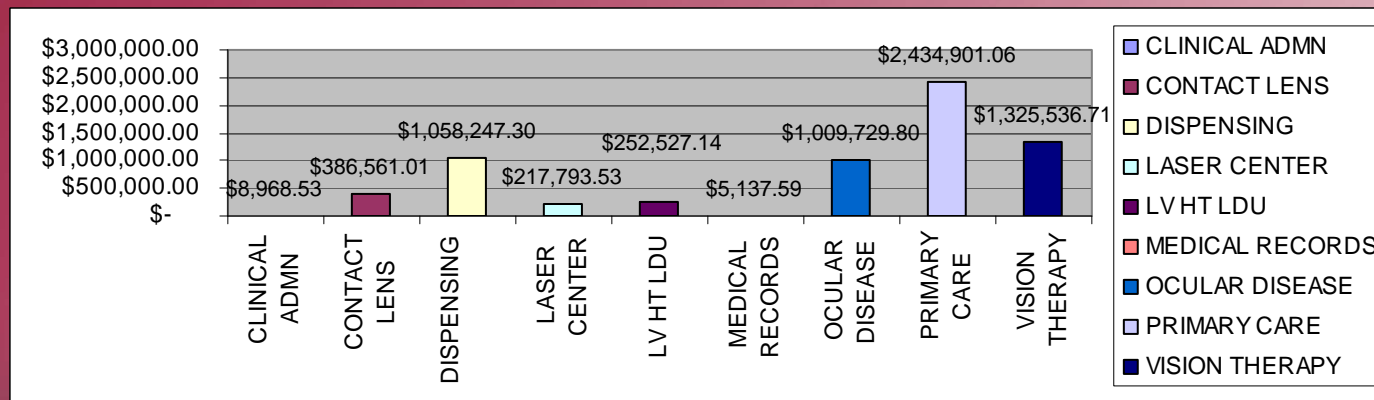
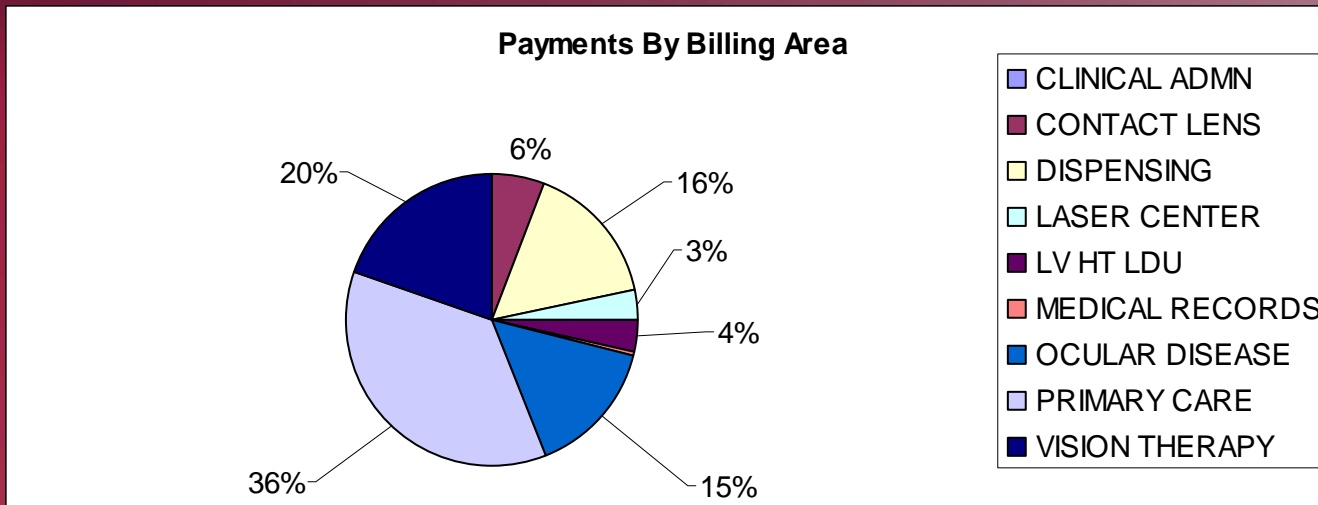
Fiscal Yr 05-06 to 09-10 Comparison



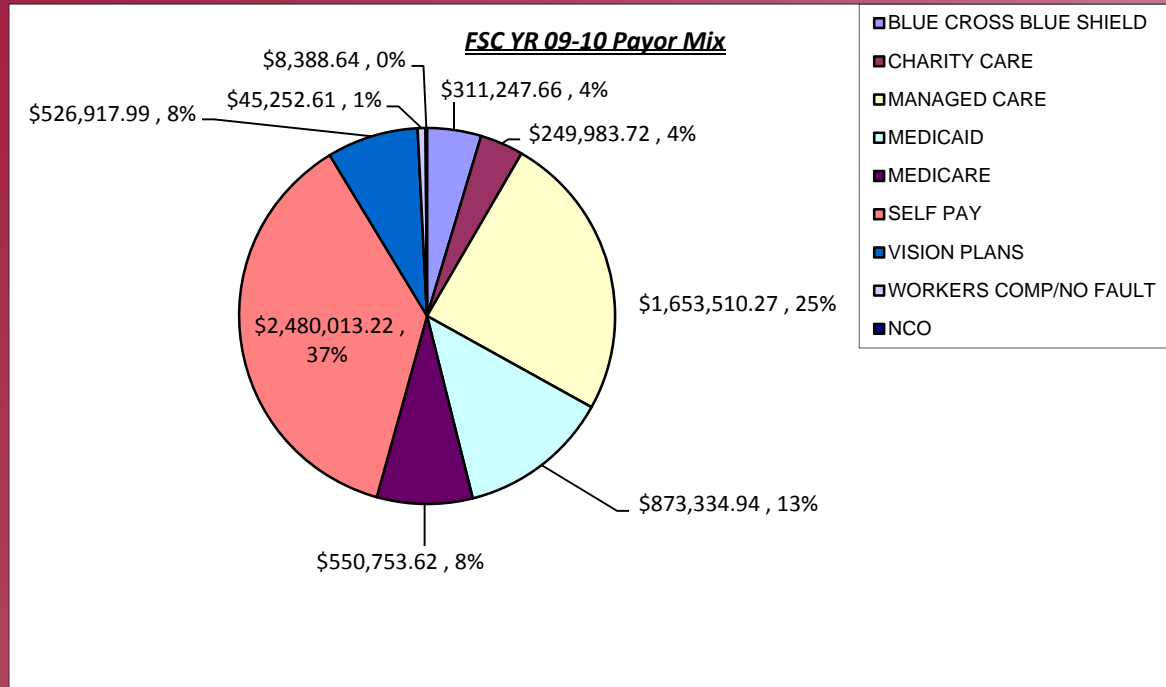
Fiscal Yr 05-06 to 09-10 Comparison



# Annual Revenue Per Service – FY09-10



# Payor Mix: FY 09-10





# Days/Dollars in A/R

FSC CATEGORY #	2	CURRENT	1 MONTH	2 MONTHS	3 MONTHS	4 MONTHS	5 MONTHS	>5 MONTHS	TOTAL
MANAGED CARE	\$ 238,030.18	\$ 65,492.84	\$ 26,717.60	\$ 12,812.80	\$ 11,132.00	\$ 900.37	\$ (18,471.03)	\$ 336,614.76	
	47% 71%	46% 19%	37% 8%	30% 4%	29% 3%	5% 0%	-0.87	40% 100%	
SELF PAY	\$ 43,238.80	\$ 37,645.47	\$ 28,444.36	\$ 17,680.21	\$ 17,632.46	\$ 10,204.30	\$ 18,213.43	\$ 173,059.03	
	9% 25%	26% 22%	39% 16%	41% 10%	46% 10%	57% 6%	81% 11%	21% 100%	
MEDICARE	\$ 69,151.00	\$ 9,243.18	\$ 5,575.17	\$ 5,460.00	\$ 5,165.35	\$ 1,812.88	\$ 25,452.87	\$ 121,860.45	
	14% 57%	6% 8%	8% 5%	13% 4%	13% 4%	10% 1%	113% 21%	14% 100%	
MEDICAID	\$ 47,891.42	\$ 22,019.69	\$ 3,589.30	\$ 3,140.31	\$ 3,107.83	\$ 4,120.99	\$ 15,133.81	\$ 99,003.35	
	10% 48%	15% 22%	5% 4%	7% 3%	8% 3%	23% 4%	67% 15%	12% 100%	
CHARITY CARE	\$ 5,448.00	\$ (13,029.11)	\$ 2,463.15	\$ 1,388.28	\$ 271.29	\$ 590.00	\$ (1,262.25)	\$ (4,130.64)	
	1% -132%	-9% 315%	3% -60%	3% -34%	1% -7%	3% -14%	-6% 31%	0% 100%	

# Number of Participating Doctors in Managed Care Plans – October 2010

<u>Plan</u>	<u>Aetna</u>	<u>BC/BS</u>	<u>GHI</u>	<u>HIP</u>	<u>Medicare</u>	<u>VSP</u>	<u>TOTAL</u>
# of Providers	112	112	112	112	112	112	2240
# Par	108	110	84	111	108	100	2021
% Par	96%	98%	75%	99%	96%	89%	90%



# Key Metrics

- Provider Profile

- FT/PT #'s
- % Effort/FTE
- Business Integrity Training
- Demographics:  
Adm/
  - M/F; Ethnicity
  - Languages Spoken;
  - Years of Experience
  - Languages Spoken

Academic Dean

Academic Dean

100% in 2009

IPEDS/Clinical



# Key Metrics – Community Outreach

Focused Area	FY 08-09	FY 09-10
Homebound Visits (number of visits)	148	145
Vision Screenings (including schools) (number of screenings)	17	27
Charitable Care (number of patients receiving care)	a) Number of Requests Honored = 576 b) Average Request = \$113	a) Number of Requests Honored = 581 b) Average Request = \$136
Support Groups (Number of Programs)	38	39
Community Lectures/Events (number of lectures)	13	14



Questions ???

