Vision Care	Pg
Service Category Definition – Part A	1
FY20 Performance Measures Report	4
FY20-21 Vision Care Chart Review Findings- RWGA 03/15/22	9
HIV/AIDS and the Eye – Prevent Blindness, 10/18/22	12
Americans show new Interest in Virtual Eye Care Options - Versant Health, February 2021	16

Houston EM	MA/HSDA Ryan White Part A/MAI Service Definition Vision Care					
(L	(Last Review/Approval Date: November 2021)					
HRSA Service Category Title: RWGA Only Ambulatory/Outpatient Medical Care						
Local Service Category Title:	Vision Care					
Budget Type: RWGA Only	Fee for Service					
Budget Requirements or Restrictions: RWGA Only	Corrective lenses are not allowable under this category. Corrective lenses may be provided under Health Insurance Assistance and/or Emergency Financial Assistance as applicable/available.					
HRSA Service Category Definition: RWGA Only	Outpatient/Ambulatory medical care is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. HRSA policy notice 16-02 states funds awarded under Part A or Part B of the Ryan White CARE Act (Program) may be used for optometric or ophthalmic services under Primary Medical Care. Funds may also be used to purchase corrective lenses for conditions related to HIV, through either the Health Insurance Premium Assistance or Emergency Financial Assistance service categories as					
Local Service Category Definition:	applicable. Primary Care Office/Clinic Vision Care is defined as a comprehensive examination by a qualified Optometrist or Ophthalmologist, including Eligibility Screening as necessary. A					
	visit with a credentialed Ophthalmic Medical Assistant for any of the following is an allowable visit: • Routine and preliminary tests including Cover tests, Ishihara Color Test, NPC (Near Point of Conversion), Vision Acuity Testing, Lensometry. • Visual field testing • Glasses dispensing including fittings of glasses, visual					

	acuity testing, measurement, segment height.
	Fitting of contact lenses is not an allowable follow-up visit.
Target Population (age, gender, geographic, race, ethnicity, etc.):	Persons with HIV residing in the Houston EMA/HSDA.
Services to be Provided:	Services must be provided at an eye care clinic or Optometrist's office. Services must include but are not limited to external/internal eye health evaluations; refractions; dilation of the pupils; glaucoma and cataract evaluations; CMV screenings; prescriptions for eyeglasses and over the counter medications; provision of eyeglasses (contact lenses are not allowable); and referrals to other service providers (i.e. Primary Care Physicians, Ophthalmologists, etc.) for treatment of CMV, glaucoma, cataracts, etc. Agency must provide a written plan for ensuring that collaboration occurs with other providers (Primary Care Physicians, Ophthalmologists, etc.) to ensure that patients receive appropriate treatment for CMV, glaucoma, cataracts, etc.
Service Unit Definition(s):	One (1) unit of service = One (1) patient visit to the Optometrist,
RWGA Only	Ophthalmologist or Ophthalmic Assistant.
Financial Eligibility:	Refer to the RWPC's approved Current FY Financial Eligibility for Houston EMA Services.
Client Eligibility:	HIV-infected resident of the Houston EMA/HSDA.
Agency Requirements:	Providers and system must be Medicaid/Medicare certified to ensure that Ryan White Program funds are the payer of last resort to the extent examinations and eyewear are covered by the State Medicaid program.
Staff Requirements:	Vendor must have on staff a Doctorate of Optometry licensed by the Texas Optometry Board as a Therapeutic Optometrist.
Special Requirements: RWGA Only	Vision care services must meet or exceed current U.S. Dept. of Health and Human Services (HHS) guidelines for the treatment and management of HIV as applicable to vision care

FY 2024 RWPC "How to Best Meet the Need" Decision Process

Step in Process: Co	ouncil		Date: 06/08/2023	
Recommendations:	Approved: Y: No: Approved With Changes:	If approved with changes list changes below:		
1.				
2.				
3.				
•	eering Committee		Date: 06/01/2023	
Recommendations:	Approved: Y: No: Approved With Changes:	If approve changes b	ed with changes list elow:	
1.				
2.				
3.				
Step in Process: Q	uality Improvement Committe	ee	Date: 05/2023	
Recommendations:	Approved: Y: No: Approved With Changes:	If approve changes b	ed with changes list elow:	
1.				
2.				
3.				
Step in Process: H'	TBMTN Workgroup #1		Date: 04/19/2023	
Recommendations:	Financial Eligibility:			
1.				
2.				
3.				

Barbie Robinson, MPP, JD, CHC Executive Director 2223 West Loop South | Houston, Texas 77027 Tel: (832) 927-7500 | Fax: (832) 927-0237



Michael Ha, MBA Director, Disease Control & Clinical Prevention Division 2223 West Loop South | Houston, Texas 77027 Tel: (713) 439-6000 | Fax: (713) 439-6199

FY 2020 PERFORMANCE MEASURES HIGHLIGHTS

RYAN WHITE GRANT ADMINISTRATION

HARRIS COUNTY PUBLIC HEALTH (HCPH)

TABLE OF CONTENTS

Highlights from FY 2020 Performance Measures	1
Summary Reports for all Services	
Vision Care	2

HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.







Highlights from FY 2020 Performance Measures

Measures in this report are based on the 2021-2022 Houston Ryan White Quality Management Plan, Appendix B. HIV Performance Measures. The document can be referenced here: https://publichealth.harriscountytx.gov/Services-Programs/Programs/RyanWhite/Quality

Vision Care

• During FY 2020, 750 clients were diagnosed with HIV/AIDS related and general ocular disorders. Among 99 clients with follow-up appointments, 19% of clients had disorders that were either resolved or improved, while 78% of clients had disorders that remained the same.

Ryan White Part A HIV Performance Measures FY 2020 Report

Vision Care All Providers

HIV Performance Measures	FY 2020
75% of clients with diagnosed HIV/AIDS related and general ocular disorders will resolve, improve or stay the same over time	See ocular disorder table

Clinical Chart Review Measures*	FY 2018	FY 2019
100% of vision clients will have a medical health history (initial or updated) at least once in the measurement year	100%	99%
100% of vision clients will have a vision history (initial or updated) at least once in the measurement year	100%	100%
100% of vision clients will have a comprehensive eye exam at least once in the measurement year	100%	100%

^{*} To review the full FY 2019 chart review reports, please visit: http://publichealth.harriscountytx.gov/Services-Programs/Programs/RyanWhite/Quality

Ocular Disorder	Ocular Disorder Number of Diagnoses	Number with Follow-up	*Improved		*Improved		*Res	olved	*Sa	ame	*Wo	rsened
		ronow-up	#	%	#	%	#	%	#	%		
Accommodation Spasm												
Acute Retinal Necrosis												
Anisocoria	1	0										
Bacterial Retinitis												
Cataract	92	9					9	100%				
Chalazion	5	0										
Chorioretinal Scar	7	1					1	100%				
Chorioretinitis												
CMV Retinitis - Active												
CMV Retinitis - Inactive												
Conjunctivitis	64	12	6	50%	6	50%						
Covergence Excess												
Convergence Insufficiency												
Corneal Edema	1	0										
Corneal Erosion	1	0										
Corneal Foreign Body	1	1			1	100%						
Corneal Opacity	27	3					3	100%				
Corneal Ulcer	1	0										
Cotton Wool Spots												
Diabetic Retinopathy	11	1							1	100%		
Dry Eye Syndrome	198	26					26	100%				
Ecchymosis												
Esotropia	1	0										
Exotropia	4	0										
Glaucoma	5	3					3	100%				
Glaucoma Suspect	37	8			1	12%	6	75%	1	12%		
Iritis	6	1			1	100%						
Kaposi Sarcoma												
Keratitis	10	2			1	50%	1	50%				
Keratoconjuctivitis	-									1		
Keratoconus	2	1					1	100%		1		
Lagophthalmos	4	1					1	100%		1		
Macular Hole										1		
Meibomianitis	3	1					1	100%		1		
Molluscum Contagiosum	-									1		
Optic Atrophy	2	1	1				1	100%		1		
Papilledema	2	0	1	1			_			1		

Ocular Disorder	Number of Diagnoses	Number with Follow-up	*Imp	oroved	*Res	olved	*Sa	ame	*Wo	rsened
	Diagnoses	1 onow up	#	%	#	%	#	%	#	%
Paresis of Accommodation										
Pseudophakia	8	0								
Refractive Change/Transient	1	0								
Retinal Detachment	3	1					1	100%		
Retinal Hemorrhage	4	0								
Retinal Hole/Tear	12	0								
Retinopathy HTN	5	0								
Suspicious Optic Nervehead(s)	1	0								
Thyroid Eye Disease	1	0								
Toxoplasma Retinochoriochitis										
Visual Field Defect	3	1					1	100%		
Vitreous Degeneration	15	4					4	100%		
Other	212	22	1	5%	2	9%	18	82%	1	5%
Total	750	99	7	7%	12	12%	77	78%	3	3%



Ryan White Part A, Houston EMA FY20-21 Clinical Care Chart Review Summary of Findings

Review period was March 1, 2020 - February 28, 2021











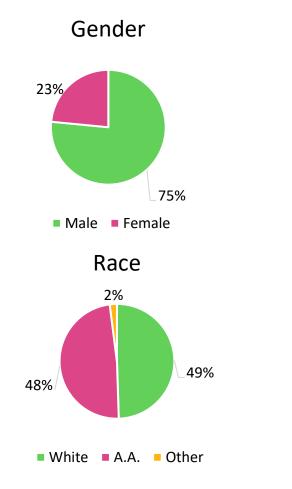


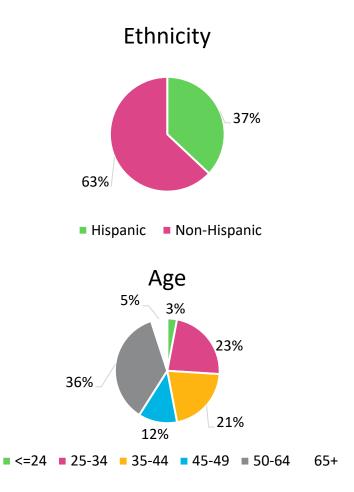




Vision Care Chart Review

- 150 charts reviewed
- Each sample was determined to be comparable to the racial, ethnic, gender and age demographics of each site's overall vision care population





















Vision Chart Review

Performance Measure	2020
CD4 & VL	93%
Primary Care Provider	92%
Medication Allergies	91%
Medical History	91%
Current Medications	98%
Reason for Visit	98%
Ocular History	91%
Complete Eye Exam	100%
Dilated Fundus Exam	93%

Performance Measure	2020
Internal Eye Exam	100%
Diagnosis Documented	100%
Treatment Plan Documented	100%
Visual Acuity Test	100%
Refraction Test	100%
External Structures Observed	100%
Glaucoma Test	100%
Cytomegalovirus (CMV) Screening	93%





















225 West Wacker Drive Suite 400 Chicago, Illinois 60606 800.331.2020 PreventBlindness.org

HIV/AIDS and the Eye

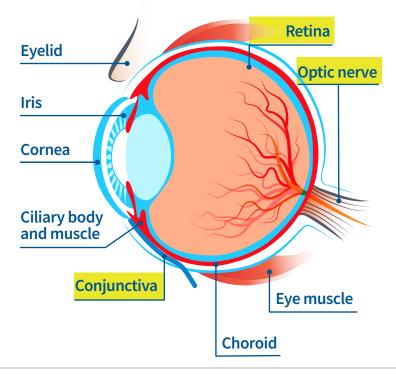
How does HIV affect the eye?

People with HIV (human immunodeficiency virus) can have problems in and around the eye that people without HIV do not get. About 70% of individuals with HIV will have an eye problem. Sometimes these problems can be the first sign that a person has an HIV infection. Those with very weak immune systems are at risk for serious eye diseases that may lead to blindness if not identified and treated promptly.

What are some common eye conditions that can occur with HIV?

HIV retinopathy: HIV retinopathy is the most common eye problem in people with HIV. This is a problem with the blood vessels in the retina, the lining at the back of the eye that

senses light coming into the eye. The retina has tiny blood vessels that can get blocked or bleed which causes damage. Small hemorrhages (bleeding) and cotton wool spots (white spots that appear on the retina because of blocked blood vessels) are seen in the retina.



This publication is copyrighted. This sheet may be reproduced—unaltered in hard print (photocopied) for educational purposes only. The Prevent Blindness name, logo, telephone number and copyright information may not be omitted. Electronic reproduction, other reprint, excerption or use is not permitted without written consent. Because of the time-sensitive nature of the information contained in this publication, contact Prevent Blindness for undates

HIV/AIDS and the Eye

(continued)

Cytomegalovirus (CMV) retinitis [sai·tow·meh·guh·low·vai·ruhs reh·tuh·nai·tuhs]: CMV retinitis is the most commonly occurring opportunistic infection inside the eye of individuals living with HIV, and occurs in 20-30% of individuals with AIDS (acquired immunodeficiency syndrome). Opportunistic infections are infections that occur more often and are more severe in people with weakened immune systems. CMV infects the retina when HIV has weakened the immune system of an infected person. It often occurs in individuals with advanced stages of AIDS. Without proper treatment, CMV retinitis can destroy the retina, optic nerve, and cause retinal detachment (the retina pulls away from the back of the eye). This results in blindness.

Kaposi's sarcoma [kuh-poh-seez sarcoma]: Kaposi's sarcoma is a rare tumor that occurs in the eyes of patients with HIV. It is a red or purple mass that forms on the white part of the eye or on the eyelid. Kaposi's sarcoma can also appear on other places of the body, most commonly on the skin or mouth.

Herpes zoster ophthalmicus (HZO) [her·pes zoster oph·thalmi·cus]: HZO is a common infection caused by reactivation of the chickenpox virus. It can occur in older adults (60+) or in younger people who are living with HIV. HZO can occur anywhere in the body, most commonly on the face and eyes. HZO causes a blistering and crusty rash to defined areas of the body. It can damage the eyes, causing pain and loss of vision.

Squamous cell carcinoma of conjunctiva: Squamous cell carcinoma of conjunctiva is a cancer on the surface of the eye. It is more commonly seen in people with HIV/AIDS infection.

Other eye problems more common in people with HIV/ AIDS: These include dry eye, syphilis, herpes virus, gonorrhea, chlamydia, toxoplasmosis, candida, pneumocystis, and microsporidia.

Prevent Blindness 2

HIV/AIDS and the Eye

(continued)

What is HIV?

HIV (human immunodeficiency virus) is the virus that can cause AIDS (acquired immunodeficiency syndrome) if HIV is not properly treated. HIV attacks the body's immune system, which helps fight off infections. Over time. HIV weakens the body's ability to fight off serious infections (opportunistic infections) and some cancers. When this happens, HIV infection becomes AIDS, the advanced stage of the disease. Unlike some other viruses, the human body can't get rid of HIV completely, even with treatment. So once a person gets HIV, they have it for life. With proper medical care, HIV can be controlled. An estimated 37.7 million people worldwide are living with HIV according to the World Health Organization. The Centers for Disease Control and Prevention (CDC) estimates that there are 1.2 million people in the United States with HIV and one in eight who are not aware they are infected.

What are the symptoms of HIV-related vision problems?

A person with HIV-related eye conditions may not have any noticeable change in vision, or have outward symptoms, but permanent damage to the eye can be occurring. Individuals should see an eye doctor if changes in vision or the appearance of the eye occurs. Keep a lookout for the following changes:

- Blurry or decreased vision
- Double vision
- · Changes in color vision
- Seeing spots
- Loss of peripheral (side) vision
- Floaters
- Flashing lights
- Eye pain
- Sensitivity to light
- Watery eyes

How are HIV-related vision problems diagnosed?

A person with HIV should have yearly comprehensive eye exams with an eye doctor. Because of increased risk of eye problems, people with compromised immune systems may need to see an eye doctor more often, like every three months.

During a comprehensive eye exam, the eye doctor will conduct the following tests, among others:

- Visual acuity: This test will find out how well you can see through your central vision in each eye. This is the part of the exam when you read an eye chart to see how clearly you see.
- Dilated eye examination:
 The eye doctor will dilate (widen) the pupils of the eyes with eye drops to allow a better view of the back of your eyes (retina and macula). The doctor will look for changes in the retina and macula.

How are HIV-related eye diseases treated?

Treatment for HIV-related eye problems depends on the specific vision problem.

- Medicines can help treat infections
- Tumors may be treated with radiation or surgery
- Retina damaged by bleeding and swelling inside the eye may need eye injections, surgery or laser treatment

Individuals should discuss their treatment options with their eye care provider, and seek out the treatment that will meet their personal and lifestyle needs. A person with HIV who maintains a healthy immune system by taking antiviral drug treatments as recommended are at lower risk of developing HIV-related eye diseases.

Prevent Blindness 3

HIV/AIDS and the Eye *(continued)*



What support is available to get eye care?

Health Insurance and Your Eyes:

<u>PreventBlindness.org/health-insurance-and-your-eyes</u>

Medicare Benefits and Your Eyes:

<u>PreventBlindness.org/medicare-benefits-your-eyes</u>

Vision Care Financial Assistance Information:

<u>PreventBlindness.org/vision-care-financial-assistance-information</u>

Where can I find more information about HIV and resources?

Ryan White HIV/AIDS Program
RyanWhite.hrsa.gov

Updated: 10/18/22

Prevent Blindness



Americans Show New Interest in Virtual Eye Care Options, Finds Second Annual Vision Wellness Study

Young adults, in particular, are more likely to seek out and place high value on telemedicine for eye care

Baltimore, Maryland, February 11, 2021 - Today, Versant Health (https://versanthealth.com/), released the results of the 2nd annual Vision Wellness Study (https://bit.ly/3rJPTR6), which found Americans, in particular young adults under 40, are showing a new interest in the use of virtual technology and telemedicine for eye care.

The Vision Wellness Study (https://bit.ly/3rJPTR6) surveyed consumers and health plan executives on their perceptions of eye care in a pandemic environment, including the value they place on eye care services and their beliefs about the impact of eye care on overall health.

Almost three guarters (74%) of respondents under 40 say having access to technology and tools for virtual visits would make them more likely to schedule a routine eye exam, compared to 67% of all respondents. More than one third (38%) of people under 40 say that being able to communicate remotely with eye doctors would have a high impact on seeing an eye doctor more often, compared to 34% of people ages 40-59 and just 15% of people ages 60 and over. Health plan executives also see the value of telemedicine—76% of those surveyed believe members' use of alternatives to face-to-face contact with eye doctors will increase substantially or somewhat as a result of the pandemic.

"With COVID-19 as the backdrop, patients are showing an increased desire for convenient and easilyaccessible eye care using remote technology," said Dr. Mark Ruchman, Chief Medical Officer at Versant Health. "As we look to the future of eye care, ocular telemedicine will play an important role in improving access to care, as patients are provided more ways to address their eye health on their own terms."

Perceptions of Eye Care Value vs. Costs

Overall, Americans are increasingly recognizing the importance of eye care, with 81% of respondents receiving an eye exam in the past two years, compared to 77% who said the same in the inaugural study. For all respondents, including those who have not seen an eye doctor in the past two years, the ability to identify eye diseases and the ability to identify other serious health conditions, such as diabetes, ranked as the top two services that would make them more likely to schedule an eye doctor appointment, supporting the role of eye health as a window into overall health.

Of people who have not received an eye exam in the past two years, 37% say it's due to cost and affordability, pointing to a need to dispel misconceptions about the costs of eye care.

"Members are realizing that comprehensive eye exams can provide a clearer picture of their overall health," said Elizabeth Klunk, RN, BSN, CCM-R, Senior Vice President of Medical Management at Versant Health. "In fact, eye exams are one of the lowest cost and least invasive methods at looking at whole body health for early disease detection."

The Social Determinants of Eye Health

Despite the low cost of eye care, barriers to access persist, particularly for people in lower income households—81% of all respondents say they have received an eye exam in the past two years, but only 68% of people in households with incomes under \$35,000 say the same. When it comes to insurance, 69% of respondents say someone in their household has vision insurance, and that drops to 61% for people with incomes under \$35,000.

While 43% of people with incomes under \$35,000 say affordability is the reason why they don't go to the eye doctor as often as they'd like, health plan executives say transportation is the key obstacle for members' access to eye care services (88%), highlighting a disconnect. Where health plan executives are concerned about physically getting members to eye doctors' offices, members are more concerned with the costs of care.

"The future of eye care requires us to implement tools that can increase access to care for all patient populations, especially those who are more likely to face systemic barriers. During this pandemic, the rapid advancement of technology has helped us to better meet the needs of vulnerable populations, and we are committed to continuing to explore how it makes healthy sight more accessible," said Klunk.

Methodology

Versant Health's 2nd annual Vision Wellness Study, conducted between October 30 and November 17, 2020, included two distinct surveys fielded by Market Measurement, a custom market research firm. The consumer survey comprises 525 responses from consumers 18 and older. The healthcare plan executive survey comprised 17 responses from health plan executives across the U.S. The survey covered their opinions on routine eye care, access to eye exams, preventative health measures, care costs and other topics related to managed vision care.

About Versant Health

Versant Health is one of the nation's leading managed vision care companies serving more than 36 million members nationwide. Through our Davis Vision plans and Superior Vision plans, we help members enjoy the wonders of sight through healthy eyes and vision. Providing vision and eye health solutions that range from routine vision benefits to medical management, Versant Health has a unique visibility and scale across the total eye health value chain. As a result, members enjoy a seamless experience with access to one of the broadest provider networks in the industry and an exclusive frame collection. Commercial groups, individuals, third parties, and health plans that serve government-sponsored programs such as Medicaid and Medicare are among our valued customers.

> View All Press Releases (https://versanthealth.com/press/)

Media Contact

If you are a member of the press and need more information for a news story, please contact:

Name: Courtney Jones Duggan

Email: Click here (mailto:Courtney.JonesDuggan@versanthealth.com)