

Department of Ophthalmology and Visual Sciences

Ophthalmology and the Future of Healthcare Delivery

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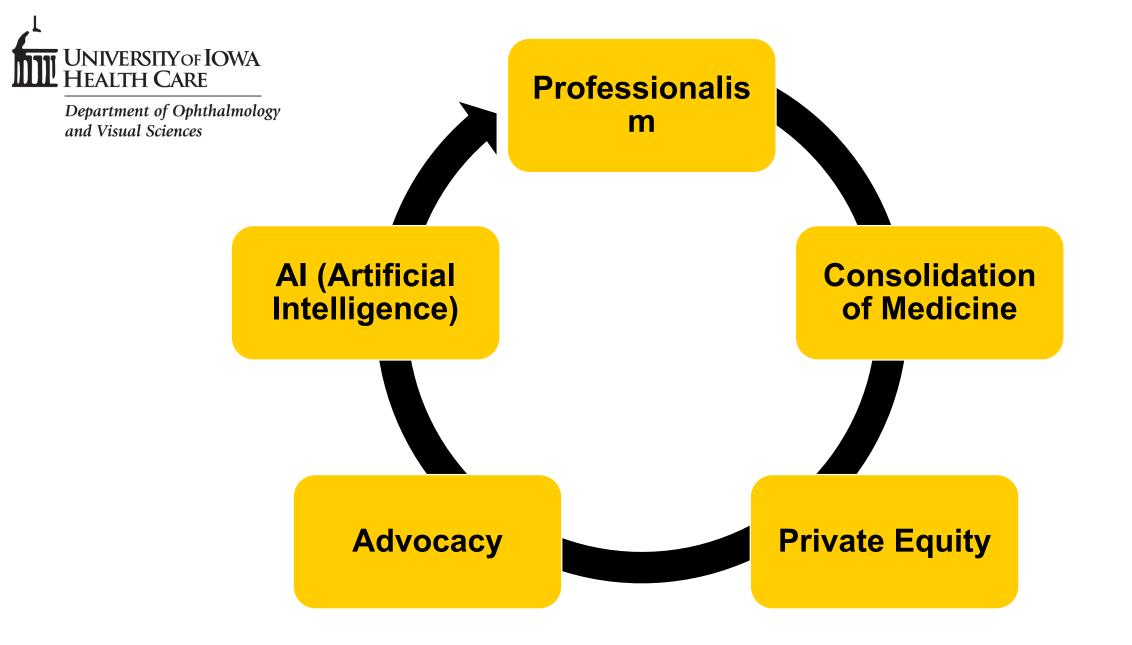


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No financial interest to disclose

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Professionalism

Professionalism Charter

Physicians have taken the Hippocratic Oath that requires them to first do no harm and to put the welfare of their patients above their own self interest.

In 2002, to modernize the duties of physicians, a professionalism charter was developed by the American Board of Internal Medicine Foundation in collaboration with the American College of Physicians and the European Federation of Internal Medicine.

The Charter has earned widespread acceptance.

Here are the details...

Professionalism Charter: Principles

The professionalism charter defined three fundamental principles of professionalism:

1. The primacy of patient welfare: This principle focuses on altruism, trust, and patient interest. The charter states: Market forces, societal pressures, and administrative exigencies must not compromise this principle.

2. Patient autonomy. This principle incorporates honesty with patients and the need to educate and empower patients to make appropriate medical decisions.

3. Social justice. This principle addresses physicians' societal contract and distributive justice; that is, considering the available resources and the needs of all patients while taking care of an individual patient.

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Professionalism

- We must remain advocates for our patients
- Patient care decisions must not always be profit driven
- Keep the larger picture focus on the best interest of our patients



- Consolidation refers to the trend of healthcare organizations merging or forming alliances to improve efficiency, streamline operations, and enhance patient care.
- In ophthalmology, consolidation may involve the integration of ophthalmic practices, clinics, and surgical centers to create larger healthcare networks.
- However, concerns exist regarding the potential for monopolistic practices, reduced competition, and limitations on patient choice and access to care.
- Regulatory oversight and measures to promote transparency and accountability are essential to mitigate potential risks associated with consolidation in healthcare.

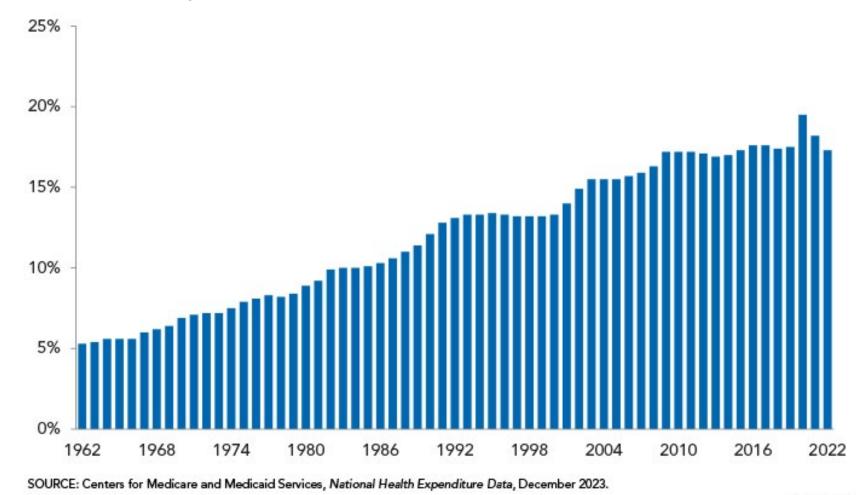
- Population health
- Covered lives
- Valued based care
- Bending the health cost curve



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National Health Expenditures (% of GDP)



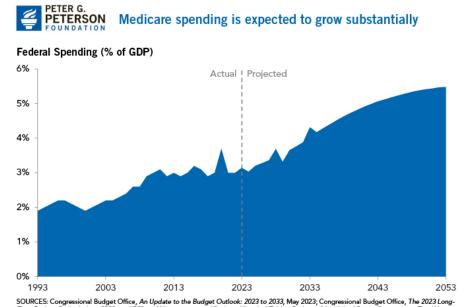
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- Health care cost continue to rise
- \$6 Trillion
- \$13,500 per person
- 17% GDP
- Medicare spending 3% GDP
 2023. Estimated to be 5.5% by
 2053



SOURCEs: Congressional Budget Office, An Update to the Budget Outlook: 2023 to 2033, May 2023; Congressional Budget Office, The 2023 Long-Term Budget Outlook, June 2023; and Office of Management and Budget, Historical Tables, Budget of the United States Government, Fiscal Year 2024, March 2023.

NOTE: Medicare spending is net of offsetting receipts. © 2024 Peter G. Peterson Foundation

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- United Health Group(Optum)
 - Employs 10% of the US physicians
 - -~90,000
 - $-\sim 5M$ patients



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- Optum Health employs about 10% of physicians in US
- Optum Health revenues \$226B in 2023
- United Health Group revenues \$370B in 2023
- CVS Health employs about 50,000 physicians and nurses
- CVS Health revenues \$358B in 2023

- Marked decrease in physicians in physician owed practices
- COVID epidemic increased the transition to employment
- Involved in hospitals, pharmaceuticals, and physician groups
- Attempts to bend the spending curve of medicine
- Management of health care cost for corporations

- The driver is industry not US government
- Goal to decrease health care expenditures for corporations
- Consolidation allows better management of cost and technology

How Private Equity Makes You Sicker

Investment firms have created consolidated hospital empires across America, leading to closures, higher prices, and suffering.

PRIVATE EQUITY'S PATH OF DESTRUCTION IN HEALTH CARE CONTINUES TO SPREAD

How Private Equity Is Ruining American Health Care

How private equity is changing American health care

Private equity firms now control many hospitals, ERs and nursing homes. Is it good for health care? What Happens When Private Equity Buys Your Doctor's Office?

Who Employs Your Doctor? Increasingly, a Private Equity Firm.

Private Equity Is a Parasite Consuming the US Health System

How Private Equity Hijacked Health Care

Buy and Bust: When Private Equity Comes for Rural Hospitals

- Make money by charging management fee and sharing profits
 - Example 2 & 20:
 - 2% fee and 20% profit
- 52% percent of U.S. doctors are employed by hospital systems
- 30% are employed by other corporate entities – I.e., health insurers, private equity (PE)

- Dermatology: 8%
- Urology: 6.5%
- GI: 7.4%
- Ophthalmology: 5.1%
- OBGYN: 4.3%



<u>Pros</u>

- Streamlining practice operation
- Infusion of money
- Management of the practice
- HR management
- Cost control
- Negotiation strength for higher insurance contracts

<u>Cons</u>

- Lower quality patient care
- Lost of autonomy
- Loss of purchasing power
- Monitoring of practice growth



- No training in medical school
- Very important to get involved
- Advocate for patients
- Quality and expansion of care
- National level
- State level
- Insurance companies

- State Societies
 - State legislatures
 - Relationships
 - Political activism
 - House of medicine



Ophthalmology and the Future of Healthcare Delivery

- CMS
- Congress
- National organization
 - AAO
 - ASCRS



Education and Awareness:

Patient advocacy in ophthalmology will continue to prioritize education and awareness initiatives to empower individuals with knowledge about eye health, preventive measures, and available treatment options.

This includes raising awareness about common eye conditions, such as cataracts, glaucoma, and macular degeneration, as well as the importance of regular eye exams for early detection and intervention.

Access to Care:

Patient advocates in ophthalmology will work towards improving access to eye care services for underserved populations and marginalized communities.

This includes addressing barriers such as geographic limitations, financial constraints, and lack of healthcare infrastructure, through initiatives like mobile eye clinics, teleophthalmology programs, and community outreach efforts.



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Patient-Centered Care:

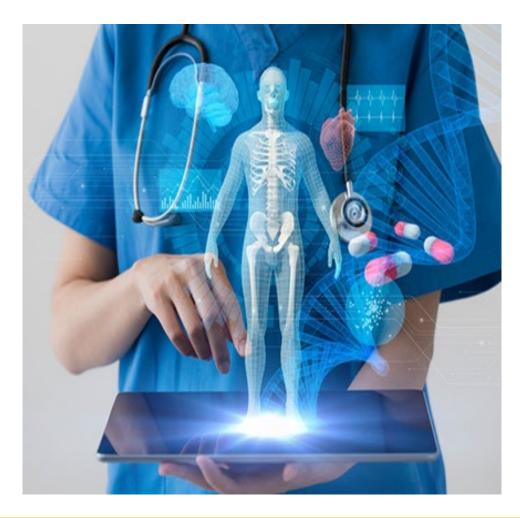
The future of patient advocacy in ophthalmology will prioritize patient-centered care models that focus on individual needs, preferences, and goals.

This involves fostering open communication between patients and healthcare providers, respecting patient autonomy in decision-making, and providing comprehensive support throughout the treatment journey.

Future of Healthcare Delivery in Ophthalmology



- Teleophthalmology enables remote diagnosis and consultation, particularly useful in underserved areas and during pandemics.
- Artificial intelligence (AI) and machine learning algorithms aid in the early detection of eye diseases through image analysis and pattern recognition.



Personalized Treatment Planning:

Al algorithms can analyze diverse patient data, including genetic profiles, medical histories, and treatment responses, to develop personalized treatment plans tailored to the unique needs and characteristics of individual patients.

By leveraging predictive analytics and machine learning techniques, AI-driven decision support systems can assist in selecting the most effective interventions, optimizing treatment outcomes, and minimizing the risk of adverse events.

- Digital Diagnostics
- LuminecticsCore
- Image taken
- Machine learning produces result in 60 sec
- Autonomous AI



• Early Disease Detection and Diagnosis:

One of the most profound impacts of AI in ophthalmology lies in its capacity to facilitate early detection and diagnosis of eye diseases. AI-driven algorithms, trained on extensive datasets of retinal images and patient data, can identify subtle signs of conditions such as diabetic retinopathy, glaucoma, and age-related macular degeneration with remarkable accuracy and efficiency.

• Enhanced Surgical Precision and Safety:

In the realm of ophthalmic surgery, AI technologies hold the promise of enhancing surgical precision, safety, and efficacy. Advanced robotic systems and AI-assisted surgical platforms enable ophthalmic surgeons to perform complex procedures with unparalleled accuracy and control, minimizing tissue damage, reducing surgical complications, and expediting patient recovery.

Moreover, real-time intraoperative feedback provided by AI systems empowers surgeons to make informed decisions and adapt their techniques in response to dynamic surgical challenges.

Teleophthalmology and Remote Monitoring:

With the advent of teleophthalmology and remote monitoring solutions powered by AI, patients can access specialized eye care services from the comfort of their homes, regardless of geographic barriers or logistical constraints. AI-enabled telemedicine platforms facilitate remote retinal imaging, visual acuity assessments, and symptom monitoring, allowing ophthalmologists to remotely evaluate patients, provide timely interventions, and track disease progression over time.

This paradigm shift towards virtual care delivery not only enhances patient convenience and accessibility but also optimizes healthcare resource allocation and promotes continuity of care.

Future of Healthcare Delivery in Ophthalmology

- Minimally invasive surgical techniques continue to evolve, reducing recovery times and improving patient outcomes.
- Integration of electronic health records (EHRs) and interoperable systems enhance coordination of care and facilitate information exchange among healthcare providers.
- Patient-centered care models emphasize shared decision-making, patient education, and accessibility to empower individuals in managing their eye health.



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Thank you

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