

# INTEGRATED CARE



Image Credit: Getty Images / Anastasia Usenko

## Practice Groups See a Future Built on Integrated OD/MD Vision Care

BY MARKTOSH / SENIOR EDITOR

**T**he vision care sector of health care is in the midst of major changes as the population ages, patients demand more services and advancements in eyecare technologies change the way in which care is delivered. In addition, the long-standing model in which ophthalmologists have led the way in providing medical specialty eyecare and optometrists have primarily addressed vision correction and detection is undergoing a transformation.

This is leading to many changes, not the least of which is the way the old model is moving beyond the traditional OD referral relationship with ophthalmologists to mark a new coordinated care approach. Changes and expansion in ODs' scope of practice in many states also is factoring into this evolution.

As a result, there are a growing number of eyecare practices in which optometrists and ophthalmologists are beginning to work

together in a more coordinated and collaborative way, creating an integrated eyecare model that some see as the future of vision care. In some instances, private-equity backed practice management groups are at the forefront of pushing these changes to delivery of eyecare.

The leading example of the integrated care model—but there are others also taking shape—is evident at St. Louis-based EyeCare Partners (ECP), which is putting together a hub-and-spoke model for optometry and ophthalmology across roughly 80 markets in the U.S. The organization's recent acquisition of CEI Vision Partners expanded this effort on an even greater scale, as the group seeks to bring more efficiency and continuity to patient care.

Several other organizations are working to develop this integrated care model, as well. Two of these groups—Sight360 of Tampa, Fla., and Northeast Ohio Eye Surgeons—and EyeCare Partners are profiled on the following pages. ■



## EyeCare Partners Takes the Long View on Integrated Care Model

BY MARK TOSH / SENIOR EDITOR

ST. LOUIS—In business today, short-term thinking and goals often drive operations, yet it's the long-term planning and goal setting that produce the greatest payoffs, some executives have noted. EyeCare Partners, an organization formed in mid-2015 with the backing of private equity, is putting this type of long-term thinking into practice as it builds the largest integrated eyecare company in the nation.

Following its recent acquisition of CEI Vision Partners (CVP), a network of ophthalmology practices and 55 eyecare locations in the Midwest and Mid-Atlantic, EyeCare Partners has expanded to become a national medical group of nearly 1,000 doctors who will serve more than 3 million patients annually. (CEI Vision Partners was formed in 2018 with Cincinnati Eye Institute as its core practice organization.) The ECP group now includes more than 300 ophthalmologists, 700 optometrists and almost 5,000 clinical staff and 1,200 support services team members working across 80 different markets in 18 states.

This partnership with CVP “will be transformative in the industry,” EyeCare Partners executives noted at the time of the deal's announcement in October. The group's goal is to develop a clinically integrated partnership of optometry and ophthalmology clinics alongside and connected with its ambulatory surgery centers to provide patients a full spectrum of vision care.

“It really is about that long-term vision and about where we're going as an organization,” EyeCare Partners chief executive officer David Clark told *Vision Monday* in a recent interview. “We really feel like we're going to make a difference in vision care in terms of the patient's experience and the outcomes for patients. And one [area] that is a big opportunity is around the efficiency of care and the efficiency on the business side.”



David Clark



Brian Lojka, OD



Antonio Capone Jr., MD

He added, “We're truly excited about joining with an organization like CVP, which just takes us that much further along the path toward doing all of this.”

Brian Lojka, OD, chair of ECP's Optometry Medical Executive Board, told *Vision Monday* that he believes the integrated care model also is helping EyeCare Partners redefine the experience and expectations of patients. “We are creating a brighter future for eyecare—offering greater service and education, ultimately resulting in a more efficient practice with enhanced patient outcomes and satisfaction,” he noted.

“We achieve this by supporting our practices to better collaborate across the full continuum of eyecare. By making databases and systems more accessible to doctors and clinical staff, we enable a more informed and personalized level of care with seamless access and experience—from primary eyecare and optometry, to specialty ophthalmology and complex surgical interventions,” Lojka added.

Antonio Capone Jr., MD, chair of ECP's Ophthalmology Medical Executive Board, noted that ECP is working to build “a network of opportunities” for doctors and staff, as well. He said, “Our integrated network facilitates shared knowledge and expands resources, leading the way for our clinical teams to continue providing the highest quality eyecare across the full continuum. We are able to leverage our comprehensive array of best-in-class technologies, processes and

infrastructure. Ultimately, this positions us to address unmet needs and offer state of the art solutions while maximizing practice efficiencies and workflow.”

### The Clinically Integrated Model

EyeCare Partners seeks to integrate proven patient care guidance alongside business operations partnerships that optimize each office within its network. Although the organization said it understands that “one size does not fit all” offices, and that instead it focuses on investing in the technical and medical aspects of patient management at every step in the eyecare continuum. It seeks to invest in its ECPs by embracing a full-scope medical model that allows the doctors to practice to the full extent of their license.

“We see the clinically integrated model as the future of eyecare,” Lojka said. “By breaking down siloes and better integrating our partners' expertise in optometry and ophthalmology, we are delivering better results for our patients and practice, and delivering on EyeCare Partners' bold mission of enhancing vision, advancing eyecare and improving lives.”

Added Capone, “Our goal is ambitious, but it is one that we know that we will achieve through the combined contribution of our partners—to build the nation's leading provider of clinically integrated eyecare. We do so simply, by helping practitioners deliver the most exceptional care to their patients.”

EyeCare Partners has established the integrated care model in several markets in which it operates, an effort that got a boost from the recent CVP deal in which more than 150 providers across all major subspecialties in ophthalmology and optometry joined the organization. The transaction also added 47 clinical centers and eight ambulatory surgical centers across Ohio,

**Continued on page 104**



## EyeCare Partners Takes the Long View on Integrated Care Model

Continued from page 102

Kentucky, Indiana and Virginia. ECP also added 25 providers across five comprehensive eyecare locations, an aesthetic institute and a first-in-class ambulatory surgical center in Florida via a recent transaction with the Eye Institute of West Florida.

“It’s important to note, that the numbers only tell half the story,” Lojka said. “Geography builds accessibility for our patients, but it is the breadth and depth of expertise, resources and knowledge—all working together—that create our clinically integrated network.”

Asked about how the group looks at prospective acquisitions or partnerships as they relate to the integrated care model, Capone noted that this element plays a role in the process.

“Each practice that joins the EyeCare Partners network brings knowledge gained through years of experience in building a leading eyecare organization,” he said. “This combined knowledge grows our shared expertise, benefiting all our patients throughout our integrated network. Incorporating the full continuum of eyecare is important because in order to provide comprehensive care and the best patient experience, we believe that the different providers must work together seamlessly.”

In addition to enhancing patient care and the overall care continuum, the integrated eyecare model addresses some of the inefficiencies of health care today, Clark said. “It’s not a great revelation, but health care is pretty inefficient in terms of how it operates in terms of the patient experience and the handoffs between primary care providers and specialty providers,” he said, noting that this siloed approach to care often results in shifting the responsibility for coordinating care to the patient.

“We really feel like focusing on the continuum of care is something that’s very important in terms of addressing those areas,” Clark added.

There’s also a clinical component that’s addressed by becoming more efficient



*The Grand Rapids Ophthalmology practice in Michigan was among the eyecare groups added by EyeCare Partners last year as it expanded its integrated eyecare model.*

operationally, Clark said. This is an area in which EyeCare Partners gives its medical team the role of determining optimum clinical care and procedures that are seamless and more effective. “We have some of our practices that are already fully clinically integrated in terms of having primary care optometry working as part of the clinical team,” Clark said. The long-term play is to develop this idea on a national basis with a national medical group of optometrists and ophthalmologists.

One element ECP notes that is key to the success of an integrated model is the patient-centric approach, the importance of the doctor-patient relationship and the personal touch of private practice. “EyeCare Partners is led by doctors for doctors,” Capone said. “Our patient-centric model delivers outstanding care and quality outcomes through our providers and staff.”

“Patients will still experience the personal touch of a private practice and an even more customized approach to care from myopia management in children, to medical interventions, to advanced and custom LASIK, cataract and retina surgeries,” Lojka added.

Clark also noted that during the COVID pandemic EyeCare Partners has taken a closer look at how to create and maintain a “great organization” that is set up to make sure its takes care of its



employee team. To this end, the organization created the EyeCare Partners Foundation, which is supported by its private equity partner Partners Group. (Partners Group, a global investment firm, acquired a majority stake in EyeCare Partners in December 2019.)

“One of the most fantastic things that happened during 2020 for us was that we were able to go out and take care of all the team members that had this great impact on their lives,” Clark said, noting the impact of the COVID-19 pandemic. “I look at that as part of a longer-term view. ... That’s part of the changes we’ll be seeing over the next several years. ... Our focus will be to continue to expand the strategy that we have [developed] and to really get to the point where we’re delivering that value to the patient.”

He added, “At the end of the day, it’s up to the doctors to really deliver on that because they’re the ones who are working together. We’re doing things as partners behind the scenes to try to eliminate some of the inefficiencies.”

“The clinical care teams, the doctors and their teams are the ones who really have to embrace that and live it on a daily basis,” Clark said. “And I can tell you from talking to our doctors about it, they’re super excited about the potential of this and they’ve seen it work on a smaller scale. They think it can absolutely work on a national scale.” ■



## Sight360: Developing the Integrated Care Model in Florida

BY MARK TOSH / SENIOR EDITOR

TAMPA, Fla.—The mission statement of Sight360 sums up the group’s approach to eyecare succinctly and soundly: complete vision care. And then the subheading brings the philosophy of the eyecare group into sharper focus: “We are building West Central Florida’s premier destination for fully-integrated ophthalmology, medical optometry and optical retail services.”

Sight360, a recently formed Florida-based practice management group, is one example of the efforts that some eyecare organizations are making today to develop a patient-friendly model of care that stretches along the continuum of care, from routine vision care to more complicated treatment regimens and surgical procedures.

Sight360 launched about one year ago with private equity backing from California-based Spanos Barber Jesse (SB) as Clear Sight Partners, and the organization is now in the midst of changing its name and rebranding under the Sight360 name. The company debuted in late 2020 as the fruition of a partnership between seven eyecare organizations with 16 locations to collectively form one of the largest vertically integrated vision care providers in the West and Central Florida area.



Brian Hauser

In addition to the 16 vision care clinics, Sight360 has 15 optometrists and nine ophthalmologists seeing about 100,000 patients. There are more than 180 team members overall. The rebranding and name change were driven, in part, by the effort to better align the group under its mission. (The seven legacy brands are Pasadena Eye Center, Pasadena Surgery Center, Eye Associates of Pinellas, Gulf Coast Retina Services, Ryczek Eye Associates, Vision Specialty

Associates and Opti-mart.)

“We decided that we wanted to have more of an aspirational brand to better define what we’re trying to do,” chief executive officer Brian Hauser told *Vision Monday* in a recent interview. “The Sight360 brand is the one that the shareholders, the legacy practice owners and the leadership team thought resonated the best of the many that were vetted.”

He added, “I continue to use the term [vision ecosystem] when I speak to people as a way to explain what it is that we’re doing. Such that, no matter how the patient enters, we’ve got a place to be able to provide eyecare.”

Hauser noted that Sight360 is putting together eyecare practices in a way that’s similar to what EyeCare Partners (ECP) of St. Louis is working toward in building out its model for integrated eyecare. “That’s a much larger scale of what we’re trying to do, but it’s the same principle,” he noted.

Somewhat similarly to the ECP model, Sight360 also is working to integrate physician-run and/or family-owned businesses, which requires listening and learning skills on the part of management, as well as a deft touch and cautious approach. “You think you know where you’re going and you want to get there, but you’ve got to make sure that you’re not getting there too fast,” Hauser said. The situation was complicated by the COVID pandemic, which placed even more hurdles in the way of adapting to new processes and systems.



Pictured at a Sight360 management session earlier this year are (l to r): John Wachter, OD, director of clinical operations; Richard Sanchez, strategic advisor; Nan Hall, surgery center administrator; Rob McCarthy, director of financial planning and analysis; and Jessica Cox, director of growth integration and operations.



The Sight360 team includes (l to r): Tracy Bittner, VP of human resources; Tina Farrell, VP of optical operations; Chris Brisch, VP of finance; Brian Hauser, chief executive officer; and Shanna Tumbleson, VP of marketing.

This new name and branding is one of the first things that patients are seeing from the new organization that represents a change to what they had been accustomed. But Sight360 has been working behind the scenes on other areas of the organization to improve its offerings to patients and to expand eyecare services. For example, Sight360 recently converted a classic optical retail store into a medical optometry location, Hauser noted. In addition to expanding the number of exam lanes (from four exam rooms to eight),

Continued on page 110



## Emphasizing 'Continuity of Care' for Patients, Ohio Integrated Practice Finds Success

BY MARK TOSH / SENIOR EDITOR

KENT, Ohio— Eyecare at its best, like many things, is often built upon strong relationships. In this case, it's the relationship between the patient and the ECP, whether he/she is an optometrist, optician or ophthalmologist. These strong and two-way relationships with patients also are often the key to a successful and efficient integrated eyecare practice, as many have noted.

In some instances, optometrists have an ongoing relationship with a patient that has been established over years of interaction and trust. Optometrists know the medical history, vision needs and expectations of their patients. If optometrists are able to have a working relationship with ophthalmologists, then patient care and experience are undoubtedly enhanced.

This is true of Northeast Ohio Eye Surgeons, an integrated practice with five clinic locations and a surgery center operating across three counties just outside and around Cleveland and Akron, Ohio. The practice treats cataract and glaucoma patients, retina and cornea issues, among other eyecare needs, and performs LASIK and/or oculoplastic procedures. These services are offered within each location, which permits the doctors to easily refer to each other.

"I think [integrated care] is a really great way for patients to have a nice continuity of care," Katie Greiner, OD, MS, MBA, FAAO, and chief executive officer of the Ohio practice group, told *Vision Monday*. "When patients come in and they see an optometrist in our practice, and they have any kind of surgical needs, I can bring my colleague in from the room next door and have them take a look. [We can] approve a surgery right then and there, which saves the patient time and it saves them energy."

Greiner has been with Northeast Ohio for about nine years, and she has been the CEO for the past two years after serving as chief operating officer for the three previous years.

Northeast Ohio has six ophthalmologists, who rotate through the different clinics and who are primarily involved in surgical care and procedures. They also see surgical consults, which are outside ODs' scope. "If something is outside of my scope of practice, then I definitely need the [ophthalmologist] to back it," Greiner explained. "If I see a central corneal ulcer that the patient's on the verge of, then by all means I'm going to send it to my cornea specialist and get their opinion. They'll handle the patient until the patient is ready to come back to the optometrist."

The practice's current count of optometrists is 11 following a recent new hire. "We have more optometrists than ophthalmologists, and that's intentional," Greiner said, noting the practice prefers to pair ODs with ophthalmologists in the care continuum.



*Dr. Katie Greiner says she sees vision care moving toward a more collaborative relationship between optometry and ophthalmology.*

"We want to know the surgeon so well that we can handle their post-operative care. We know how they work in surgery, and we can handle their post-operative care by working alongside and training with them."

Each of the ODs also has found a care niche



*Katie Greiner, OD, MS, MBA, FAAO*

that they can specialize in. "My niche is cornea and specialty contact lenses, so I work with our refractive cornea surgeons. I have a VA doctor who came to us and she loves retina. She is the optometrist who works alongside our retina specialist."

With the aging population and increasing number of eyecare interactions, it seems to Greiner and others that the U.S. needs more optometrists, some of

whom will work more closely with ophthalmologists in patient care. "I've been seeing ophthalmologists who have practiced for 30 years on their own and they're now saying, 'Oh, I need an optometrist.' All of a sudden they're realizing this. And I think they're talking about it, in their meetings, finally."

Greiner added, "I've always been one who wanted to break down the barriers [between] ophthalmology and optometry. ... The number of ophthalmologists is not growing at the rate that it should. Optometry is trying to keep up by adding schools and enlarging class sizes. And so there are a lot of optometrists who can do primary care and actually secondary care... By working together, the surgeons understand what the optometrists are actually capable of, and they allow us to stay within our scope... We've taught our ophthalmologists that model, and they've loved it because they want to do surgery."

In addition to medical optometry and surgery, Northeast Ohio has a significant presence in contact lens fulfillment and optical sales, Greiner noted. The practice was founded 40 years ago without an optical segment, but added eyewear about 13 years ago.

One key element of the optical side is the practice's commitment to have patients who have been referred to Northeast Ohio return to their original OD for eyewear fulfillment and service. If an outside OD is referring a patient to Northeast Ohio

**Continued on page 110**



## Sight360: Developing the Integrated Care Model in Florida

Continued from page 106

the office now has more medical equipment—including OCT scanners—to enable more medical based optometry. In addition, two optometrists were moved from another clinic to run the new medical optometry location.

“We just launched that earlier this month (late October in St. Petersburg), and it’s off to a great start,” Hauser said. By moving to a “medical optometry” format, the doctors at the practice are now providing more than a comprehensive eye exam and are treating a variety of conditions that typically wouldn’t be seen in a more traditional retail optometry location, he said. (This might also tie in with whether the provider is credentialed on a medical plan in addition to a vision care plan.)

He added, “We’re not sure that we’re going to turn all of our legacy optical retail locations into medical optometry locations. [But] many of the optometrists coming out of optometry school are looking to do what they were trained on, and that is a little more medical optometry. So there is an interest and a desire among some of our younger optometrists to be able to do more [medical optometry]. We have to decide where that makes sense in our hub and spoke model.”

Since its launch about one year ago, Sight360 has hired additional optometrists, an ophthalmologist and a glaucoma specialist. “And we are continuing to actively recruit in all those areas,” Hauser said.

Acknowledging that other practice management groups, too, are attempting to develop the optimum integrated eyecare model, Hauser said he believes the true measure of success will come down to execution. “Who can execute? Who can hire the right people? Who can put the policies and procedures in place that create a culture where people want to work and to stay? And who can determine the right KPIs to measure growth?” he asked rhetorically.

He added, “We as the leadership team [at Sight360] try to talk about being more of a support team and supporting what’s going on in the field. ... We also [develop] a lot of pilots and a lot of test-and-learner situations before we try to implement an idea. We’re not a speedboat like these individual practices used to be, when



Sight360 recently remodeled its North St. Petersburg (l) and Crystal River locations.

they could just turn on a dime. We’re also not a battleship, like some of the bigger groups. We just have to make sure the decisions we make are vetted and that we don’t fall into the trap of what sounds good in the conference room has no possibility of being executed in the field. That’s really the litmus test.”

Sight360 is “in high-growth mode and ... actively seeking new partnership opportunities with like-minded vision care practices in the Greater Tampa Bay area,” the organization has noted. Hauser said the group has a number of prospective practice additions in the pipeline, “and we’re just trying to work through a couple and close on a couple others.” ■

## Emphasizing ‘Continuity of Care’ for Patients, Ohio Integrated Practice Finds Success

Continued from page 108

for cataract care or LASIK, “we will not ‘capture’ that patient and we will not sell them glasses,” Greiner said. “The way we do this is by making sure that our EHR is very clear on a co-managed or referred patient. The screen literally lights up neon yellow, so we know this is not our patient.”

Another important element of the integrated care model is that optometrists refer to other optometrists as part of the continuum of care. “There’s such an importance, coming from an optometrist, that optometry refer to optometry,” Greiner said. “I love that, and we see that a lot in our integrated model.”

An example of this is when an OD with a small private practice refers a glaucoma patient to another OD who is a glaucoma-trained optometrist, but not a surgeon. Then, if the second OD believes the patient should see a surgeon, he/she can refer to a surgeon.

Once ODs start following that model, and they begin to trust each other then it becomes optometrists referring to optometrists. “In this way, we haven’t burdened the surgeon by asking him/her to see every glaucoma evaluation,” she added. “They don’t have time to do that, and they need to see the tubes and the shunts and those things.” ■



The Northeast Ohio Eye Surgeons practice operates five clinics near the Cleveland/Akron area of Ohio.