



5th Annual

FOCUS ON EYE HEALTH NATIONAL SUMMIT

VISION TO ACTION: Collaborating Around a National Strategy

Wednesday, July 13, 2016
National Press Club |
Washington, DC



Implementing a National Strategy

Suzanne Gilbert, PhD, MPH
SEVA Foundation



Implementing a National Strategy the Australian Approach

Hugh R Taylor, AC

University of Melbourne

President of the International Council of
Ophthalmology



Implementing a National Strategy the Australian Approach

National Press Club,
Washington DC, 13th July 2016

Hugh R Taylor, AC

Harold Mitchell Chair of Indigenous Eye Health
Melbourne School of Population and Global Health
President of the International Council of Ophthalmology



Outline

The work we have done in Australia

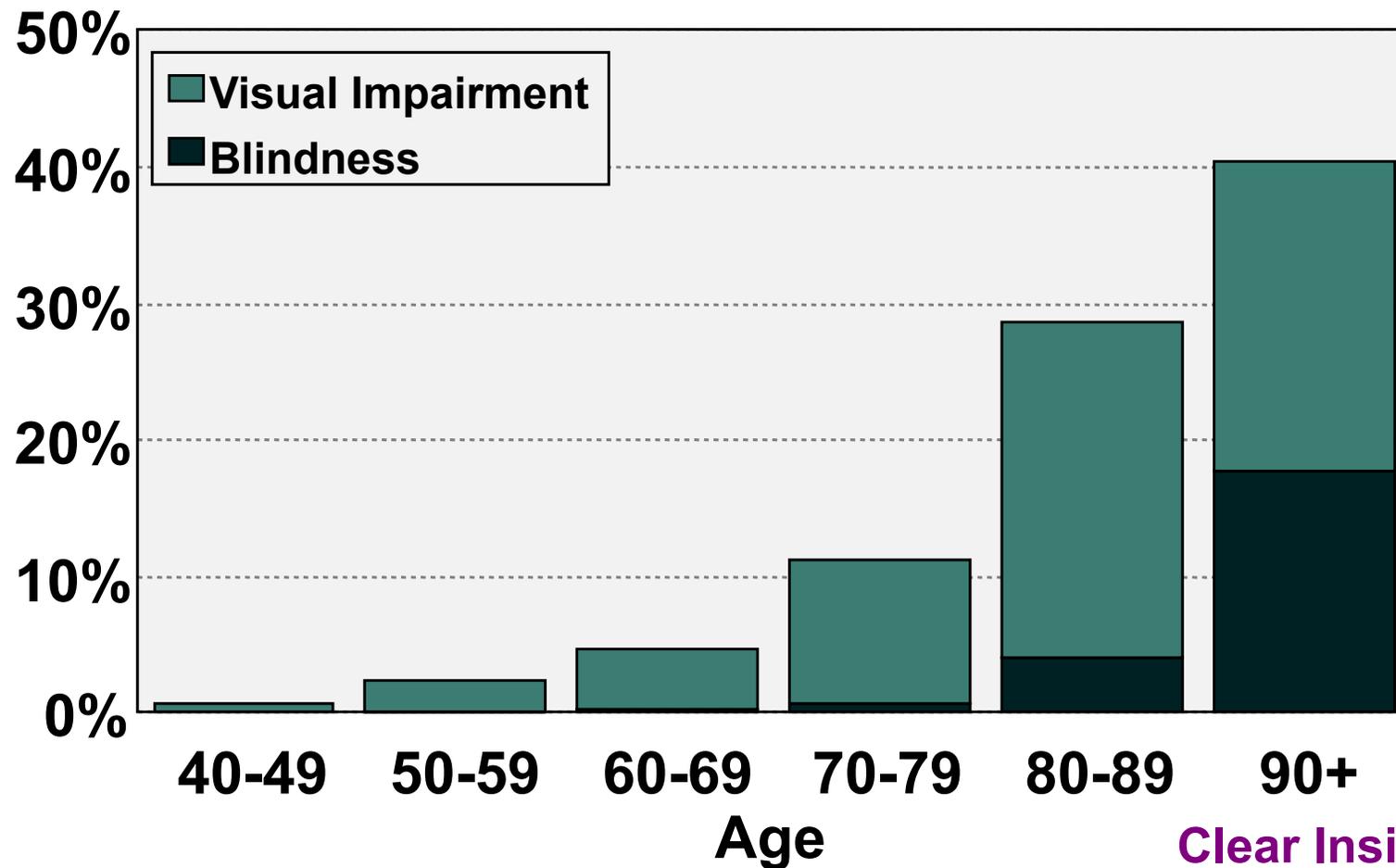
- Basic epidemiology of vision loss
- National Eye Health Framework
- Indigenous eye health
 - Survey and then health system analysis,
 - Complex problems need complex solutions
- But they need to be packaged and sold in a simple way

- Provide an understanding of the elements that have worked for us in Australia



Vision Impairment and Blindness

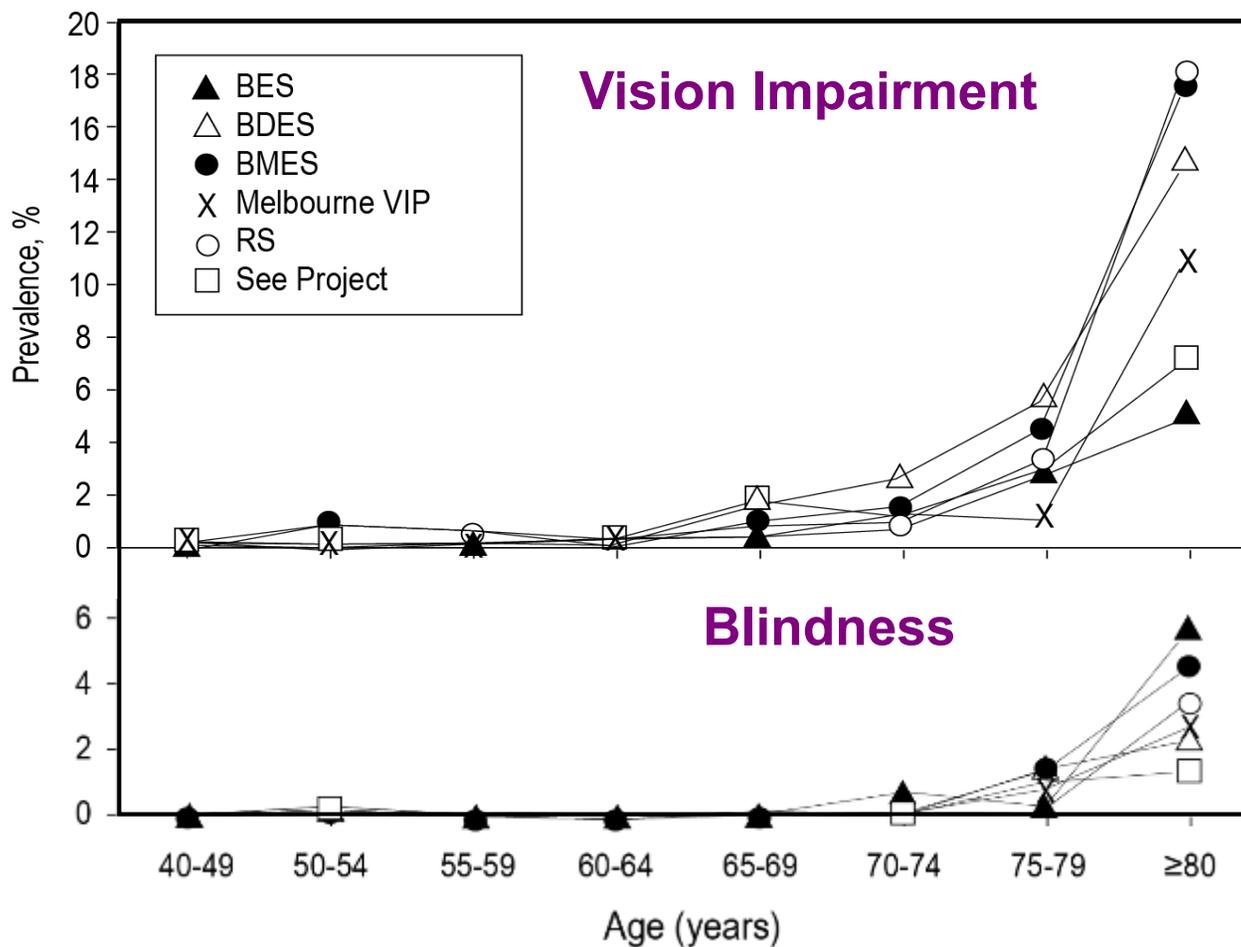
Australia - 2004



Clear Insight 2004

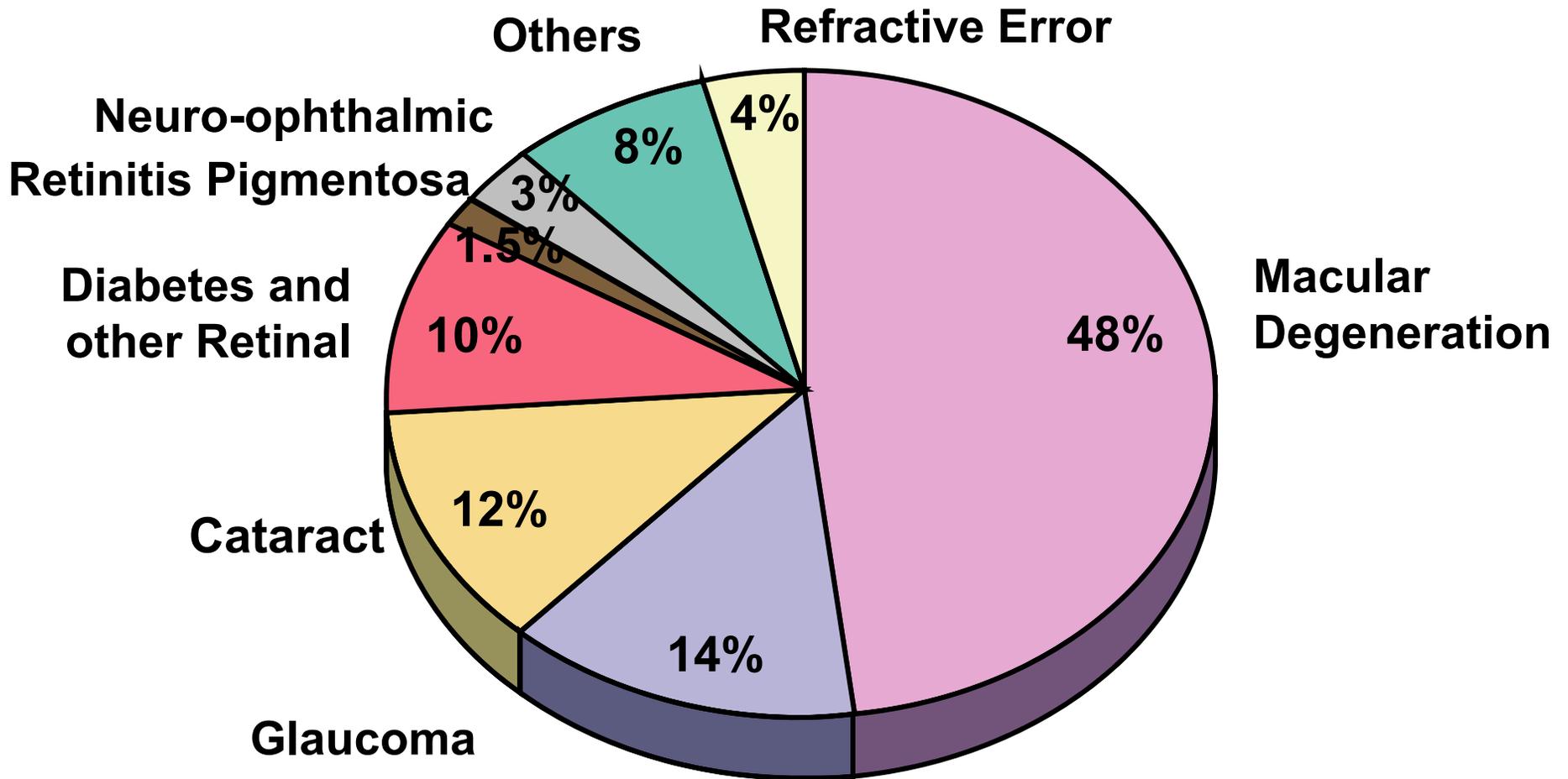


Prevalence of Vision Impairment, USA



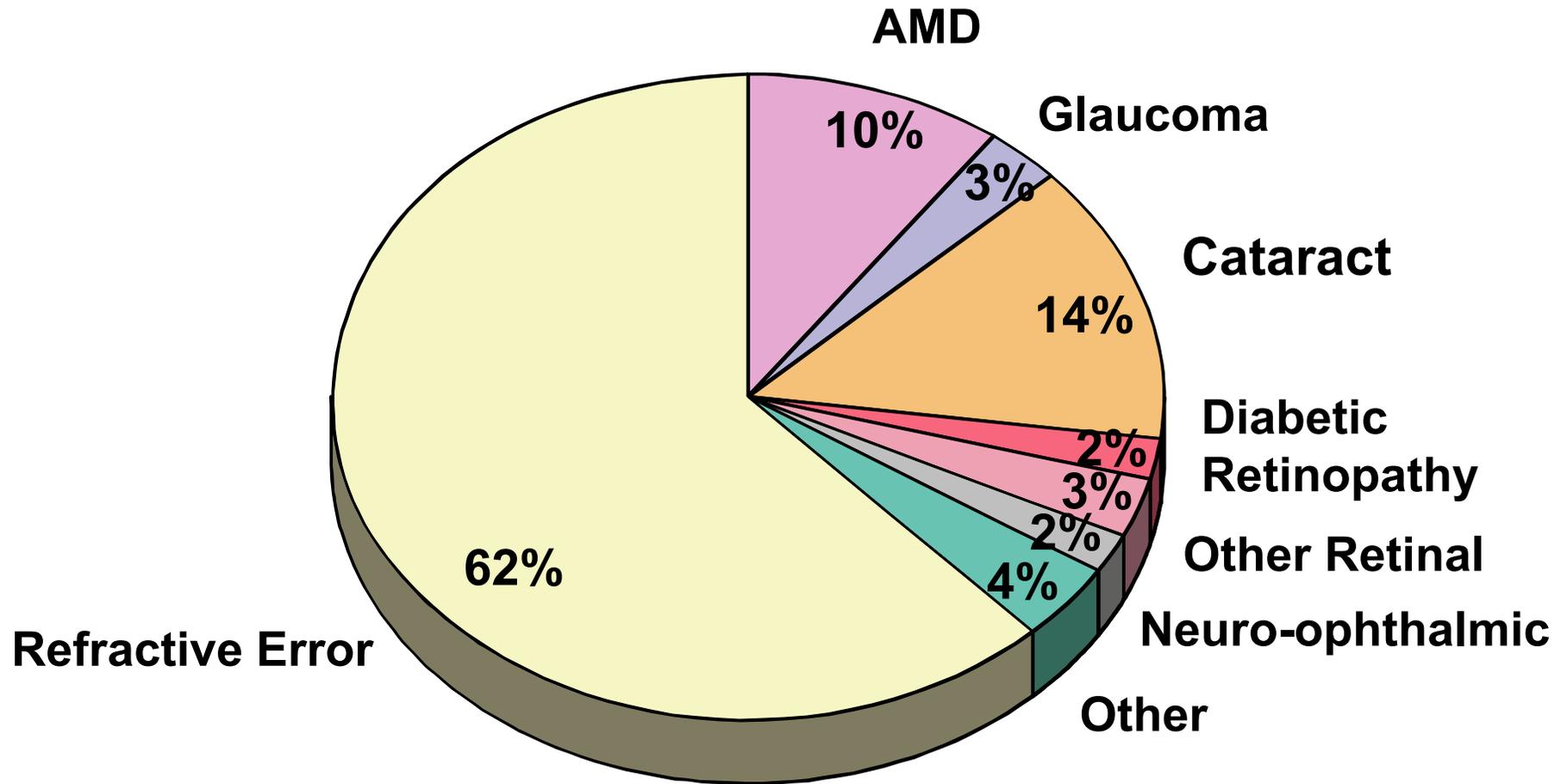


Blindness – 50,000 Australians





Vision Impairment – 480,000



Causes and Prevalence of Visual Impairment Among Adults in the United States

The Eye Diseases Prevalence Research Group*

Arch Ophthalmol. 2004;122:477-485

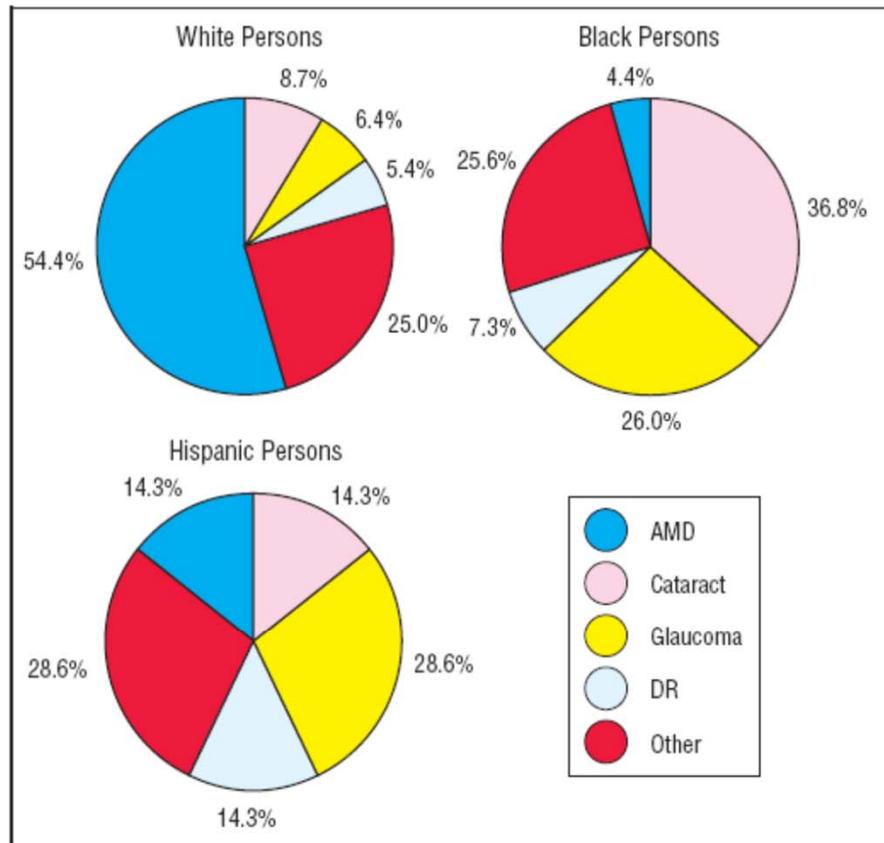


Figure 2. Causes of blindness (best-corrected visual acuity <math><6/60</math> [$<20/200</math>] in the better-seeing eye) by race/ethnicity. AMD indicates age-related macular degeneration; DR, diabetic retinopathy.$

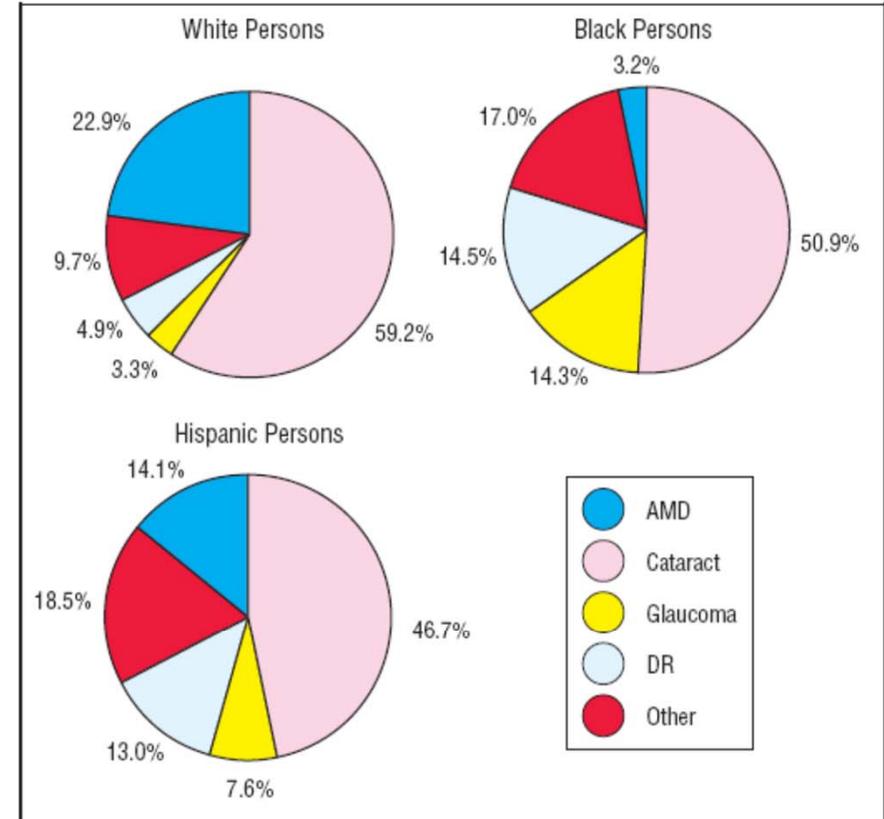
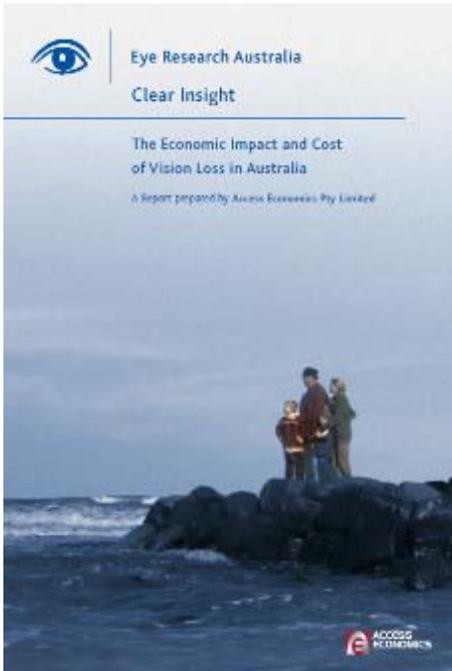
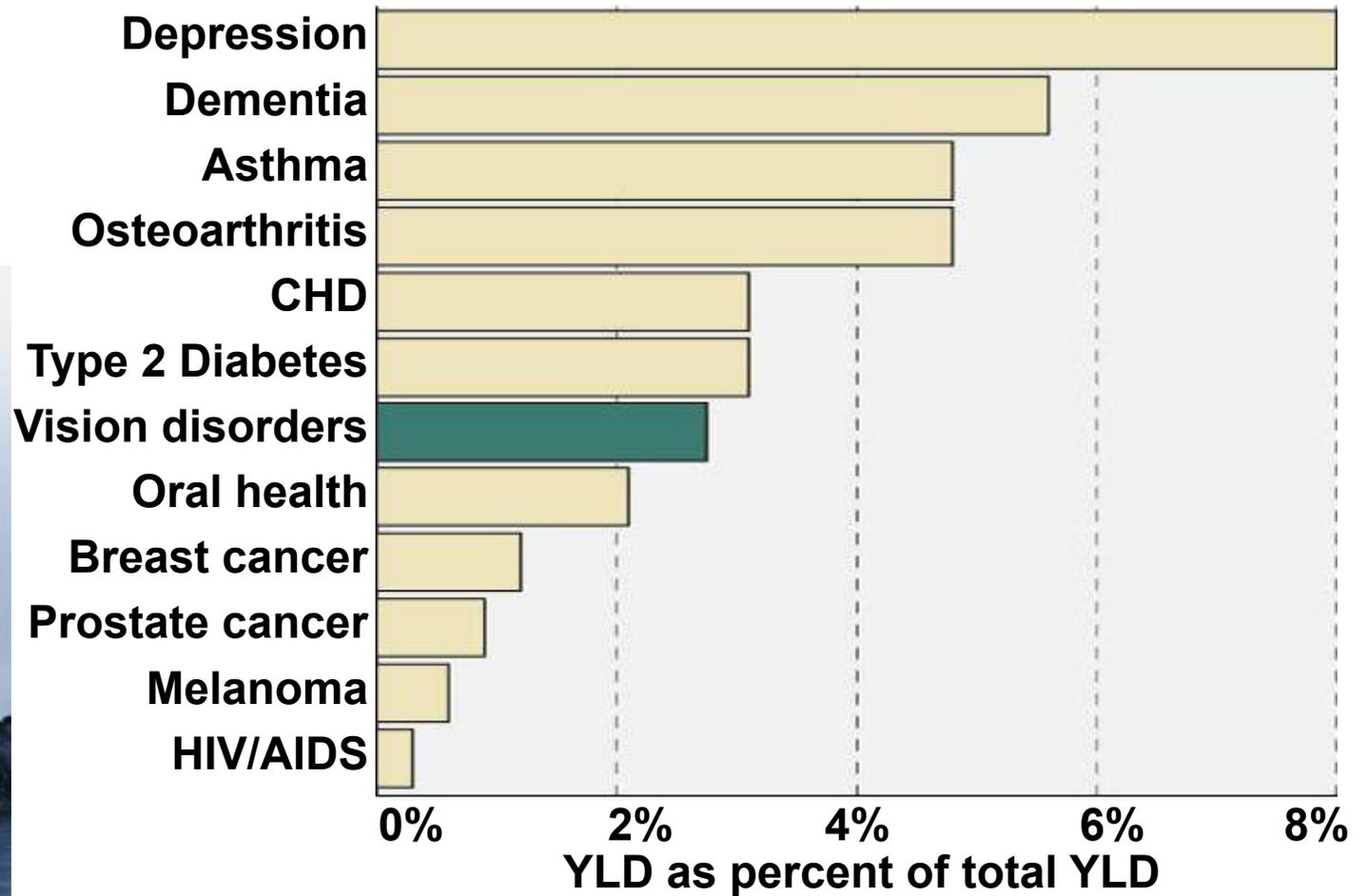


Figure 3. Causes of low vision (best-corrected visual acuity <math><6/12</math> [$<20/40</math>] in the better-seeing eye, excluding those who were categorized as being blind by the US definition) by race/ethnicity. AMD indicates age-related macular degeneration; DR, diabetic retinopathy.$



Years of Life Lost to Disability (YLD)

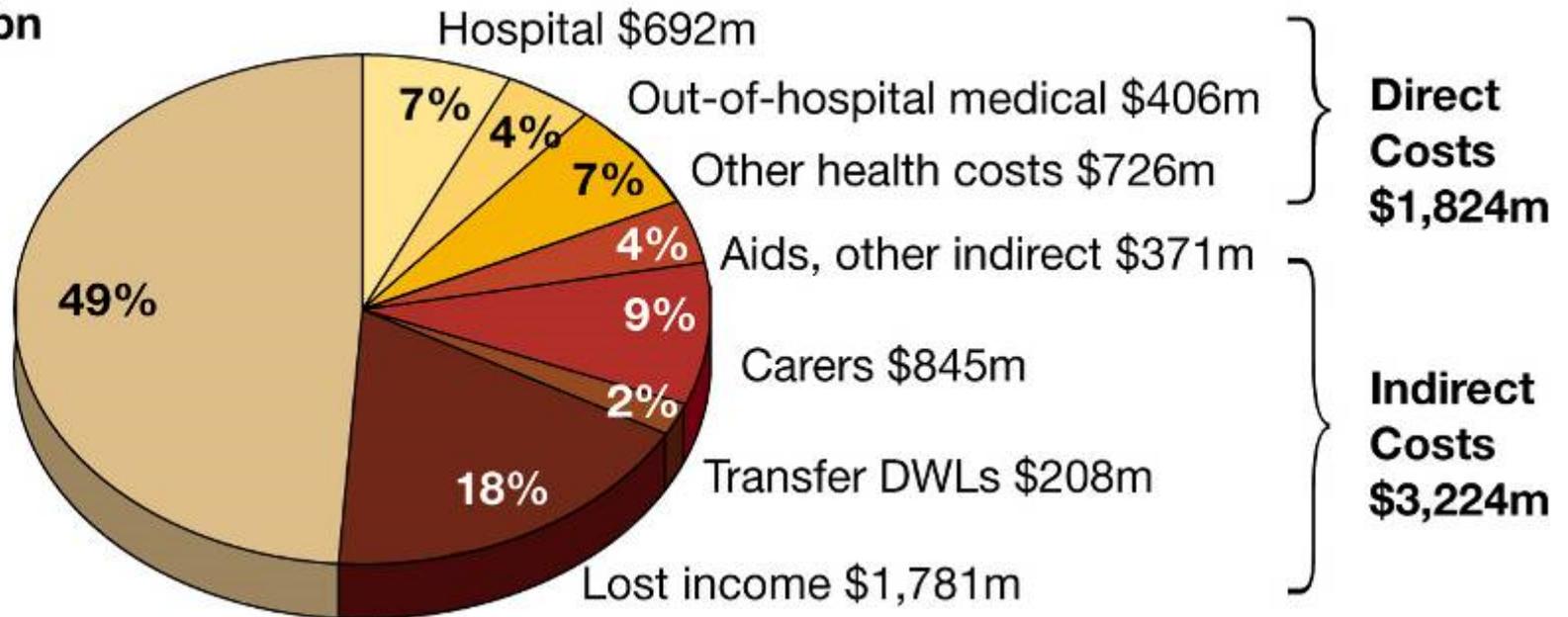




Total Cost of Vision Disorders - Australia

Total \$9.85bn

Loss of Well-being \$4,818m

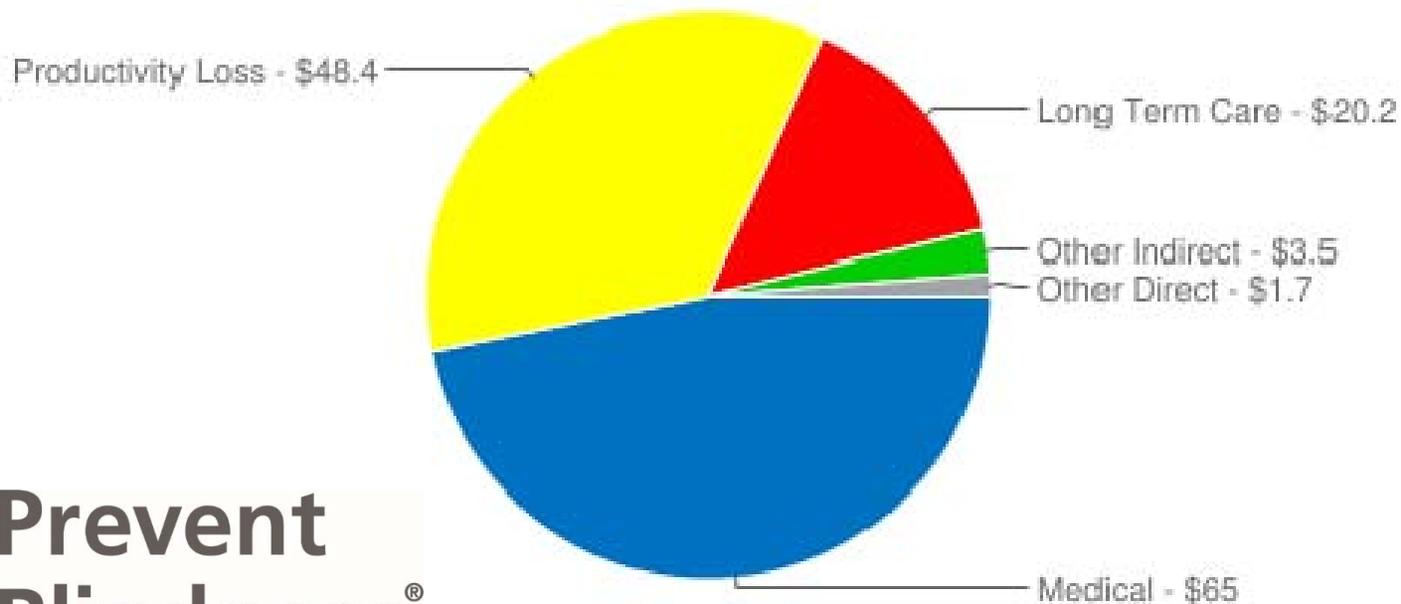




Cost of Vision Loss in the USA

The Cost of Vision Problems
\$139 billion in direct and indirect costs

The 2013 Burden Estimate (in \$ billions)





What do we need to do?

3 “Simple” Things

1. Prevent the things we can prevent
2. Treat the things we can treat
3. Solve the remaining problems



1. Prevent the Diseases We Can Prevent

Appropriately resourced, long-term eye health promotion initiatives to reduce avoidable vision loss;

regular eye exams, eye protection and smoking

ADVERTISEMENT

<p>This is what a healthy eye looks like.</p>	<p>This is what an unhealthy eye looks like.</p>
	
<p>You can't spot eye disease.</p>	
<p>Don't wait for symptoms. Get your eyes tested. About 87% of people over 45 have at least one eye problem, but up to 80% of blindness and vision impairment can be prevented by early detection. For more information visit www.australia.gov.au/eyehealth</p>	
	

Authorised by the Australian Government, Capital Hill, Canberra





2. Treat the Diseases We Can Treat

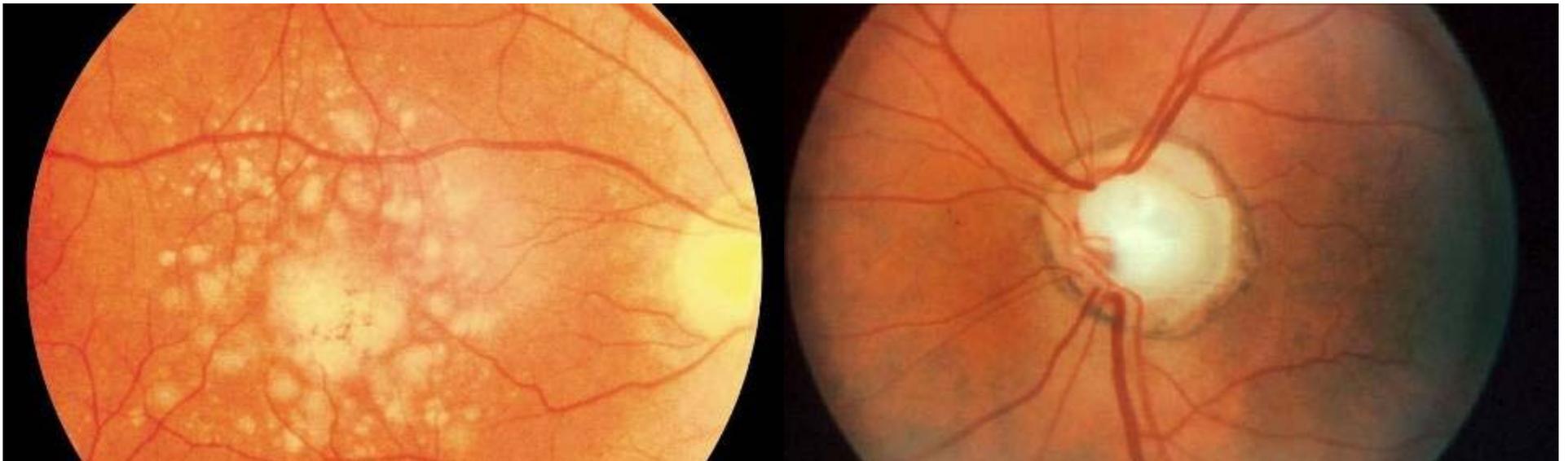
Adequate funding for eye care services for treatable conditions such as; cataract and diabetic retinopathy and for low vision support services





3. More Research to solve the present problems

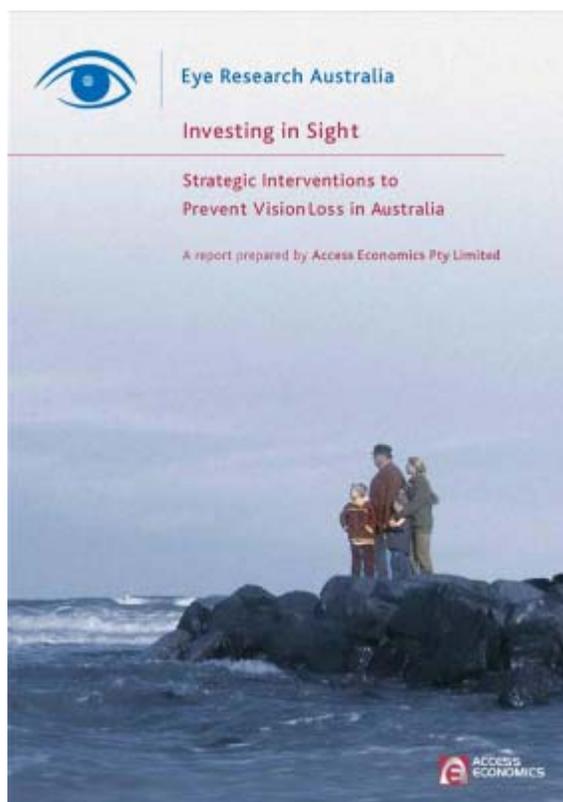
Adequate funding for research into causes of vision loss and blindness that at present cannot be prevented or treated; particularly AMD and glaucoma





Eye Care Intervention Package

3 “Simple” Things



2005-6	Cost	\$188.8m	
	Net benefit	\$-25.7m	
	Total Savings	\$911m	x4.8
Lifetime	Cost	\$1,620m	
	Net benefit	\$662m	
	Total Savings	\$10,016m	x6.2



Vision 2020 Australia



- Peak body for the eye health and vision care sector
- About 60 member organisations from professional bodies, NGOs and academic institutions
- Replicating VISION 2020's global approach
- Speaks with one voice
- Provides a forum for members to work together



Facilitating Collaboration



- Key driver in the success of the Vision 2020 Australia partnership
- Platform for sector wide collaboration
 - committees & working groups
 - annual Member forums
 - Parliamentary Friends Group
 - World Sight Day activities
 - online Member Portal

National Eye Health Framework

Key Areas for Action

1. Reducing the risk
2. Increasing early detection
3. Improving access to eye care services
4. Improving the systems and quality of care
5. Improving the evidence base

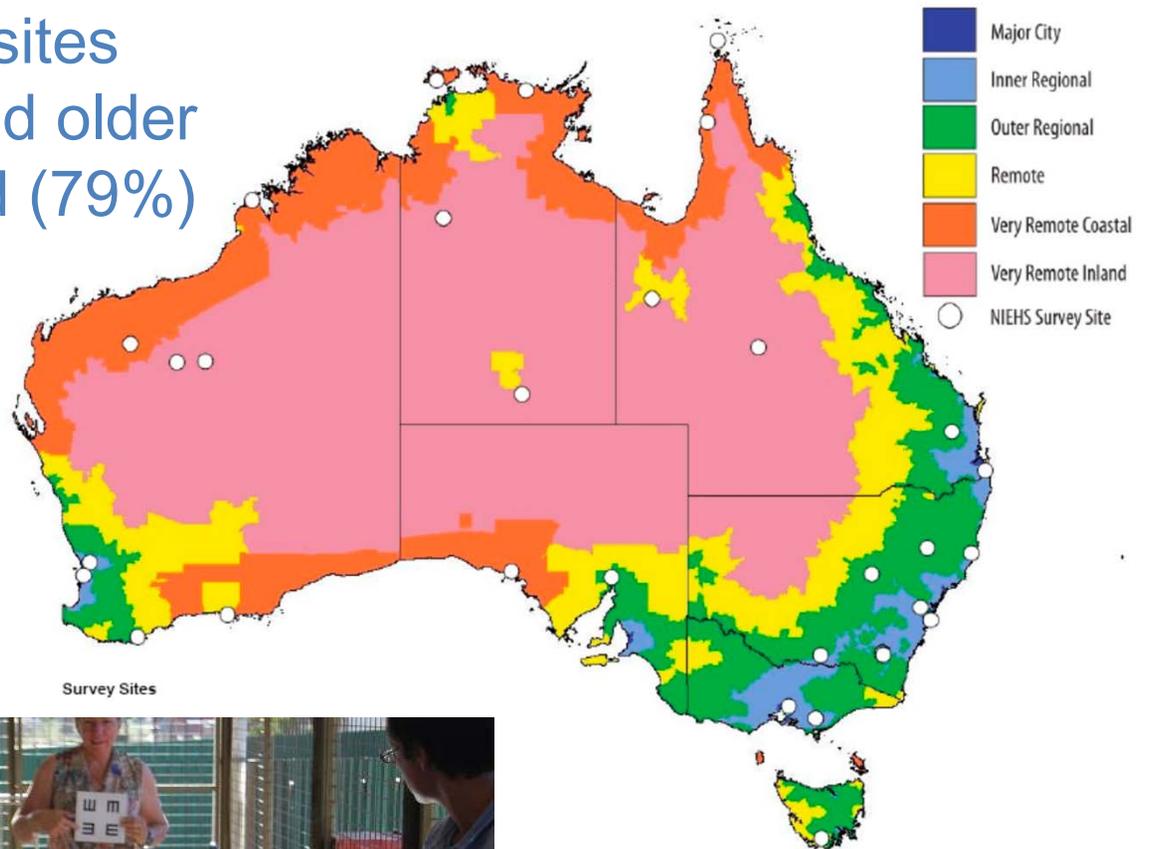
2006	\$14m for 3 years for Australia
2008	\$24m for Australia and \$45m for Pacific Region
2009	\$58m for Aboriginal eye and ear health \$55m for Research



National Indigenous Eye Health Survey, 2008



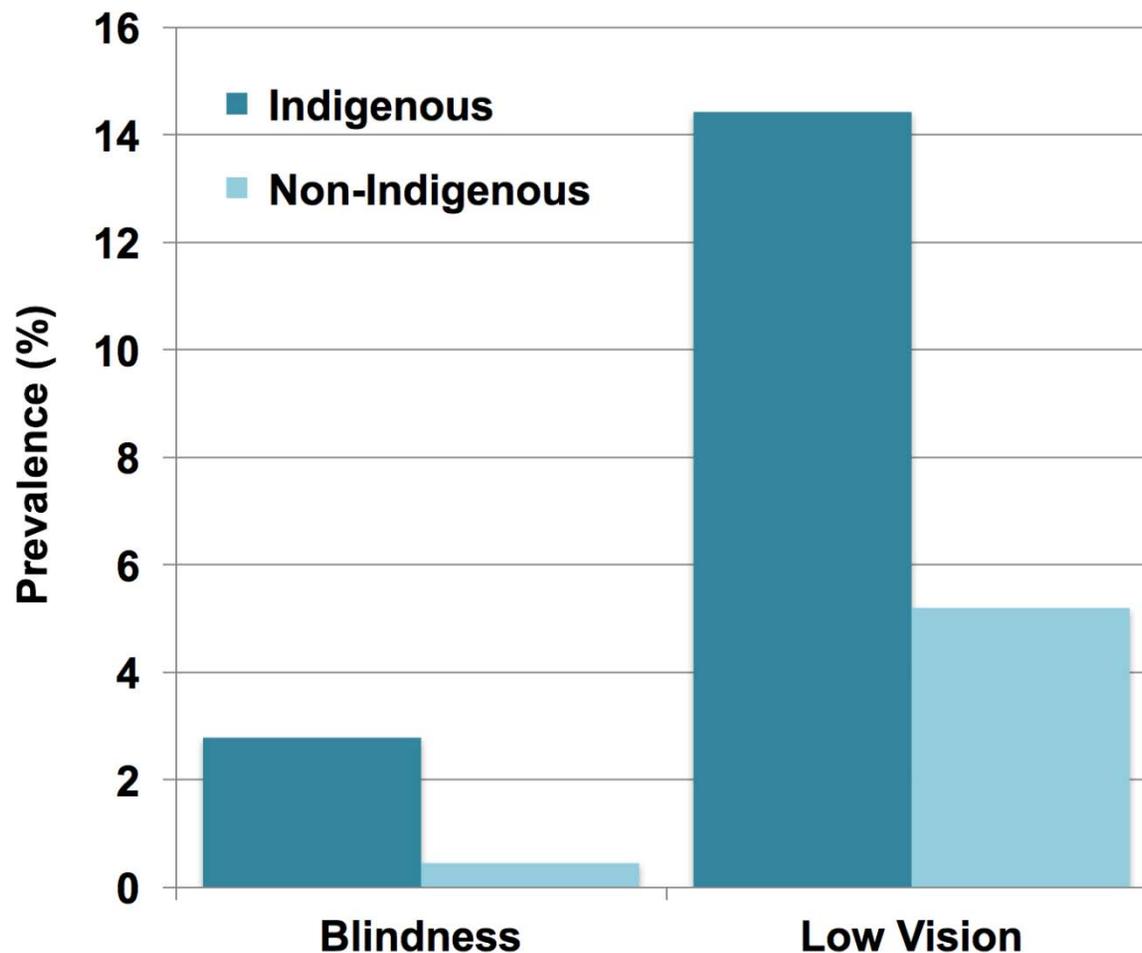
30 randomly selected sites
5-15yr old and 40yr and older
2883 people examined (79%)





Vision Loss in Indigenous Australians

Indigenous children have much better vision than non indigenous, but adults have 6 times as much blindness



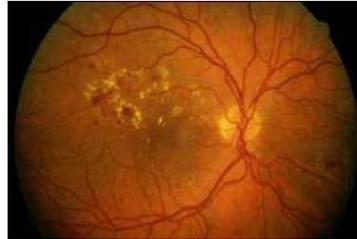
We know what we need to do...

Cataract



provide access to surgery

Diabetes
treatment



eye exams and laser

Refractive
Error



provide the right glasses

Trachoma



eliminate with SAFE Strategy

We know what we need to do...

Cataract



provide access to surgery

Diabetes
treatment



eye exams and laser

It is not rocket science

Refractive
Error



provide the right glasses

Trachoma



eliminate with SAFE Strategy



Vision Loss

**Most of it can be fixed
overnight!**



With glasses you
see right away



After cataract surgery
you see the next day

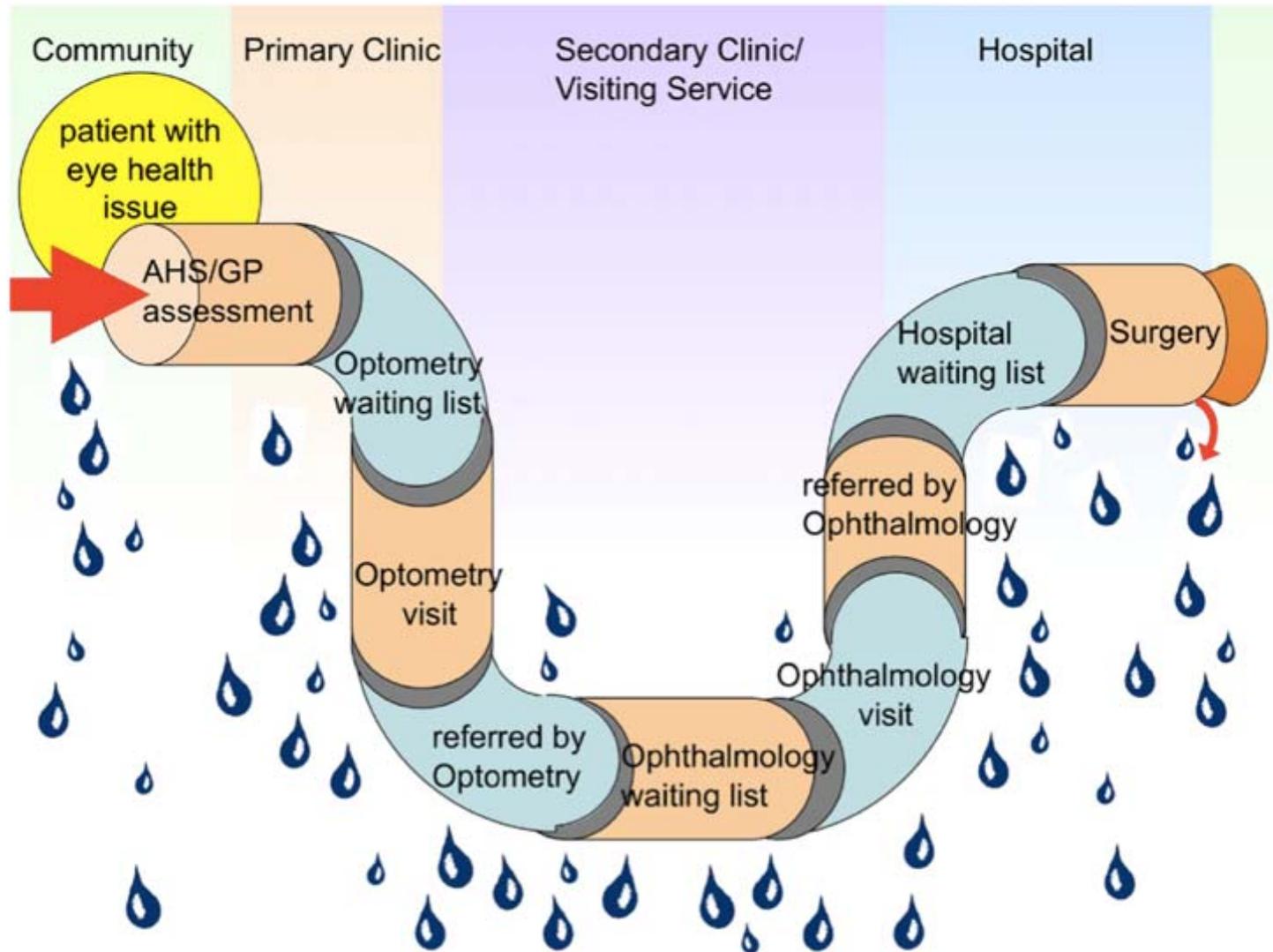
We Reviewed the Causes the Gap?

- Existing service models and policies
- Service provision and availability
- Service utilisation
- Policy and program history
- Pathways of care and case-management
- Population needs for eye care services
- Cost to close the gap for vision



www.iehu.unimlb.edu.au

The Patient Journey is like a Leaky Pipe and there are multiple leaks



The Patient Journey is like a Leaky Pipe and there are multiple leaks



You have to fix each leak

42 recommendations

Cataract – 35

Diabetic retinopathy – 35

Refractive error – 34

Trachoma – 37

Eye Conditions Map

to illustrate the contribution of recommendations to the main eye conditions and reinforce the interdependence between components of the Roadmap

	Cataract	Refractive error	Diabetic retinopathy	Trachoma
1 PRIMARY EYE CARE AS PART OF COMPREHENSIVE PRIMARY HEALTH CARE				
1.1 Enhancing eye health capacity in primary health services	✓	✓	✓	✓
1.2 Health assessment items include eye health	✓	✓	✓	✓
1.3 Retinal photography			✓	✓
1.4 Eye health inclusion in clinical software	✓	✓	✓	✓
2 INDIGENOUS ACCESS TO EYE HEALTH SERVICES				
2.1 Aboriginal Health Services and eye health	✓	✓	✓	✓
2.2 Cultural safety in mainstream services	✓	✓	✓	✓
2.3 Low-cost spectacles		✓		
2.4 Hospital surgery prioritisation	✓			✓
3 CO-ORDINATION				
3.1 Local eye care co-ordination	✓	✓	✓	✓
3.2 Clear pathways of care	✓	✓	✓	✓
3.3 Workforce identification and roles	✓	✓	✓	✓
3.4 Eye care support workforce	✓	✓	✓	✓
3.5 Case co-ordination	✓	✓	✓	✓
3.6 Partnerships and agreements	✓	✓	✓	✓
4 EYE HEALTH WORKFORCE				
4.1 Provide eye health workforce to meet population needs	✓	✓	✓	✓
4.2 Improve contracting and management of visiting services	✓	✓	✓	✓
4.3 Appropriate resources for eye care in rural and remote areas	✓	✓	✓	✓
4.4 Increase utilisation of services in urban areas	✓	✓	✓	✓
4.5 Billing for visiting MSOAP supported services	✓		✓	✓
4.6 Rural education and training of eye health workforce	✓	✓	✓	✓
5 ELIMINATION OF TRACHOMA				
5.1 Definition of areas of risk				✓
5.2 Effective interventions				✓
5.3 Surveillance and evaluation				✓
5.4 Certification of elimination				✓
6 MONITORING AND EVALUATION				
6.1 Managing local eye service performance	✓	✓	✓	✓
6.2 State and national performance	✓	✓	✓	✓
6.3 Collating existing eye data sources	✓	✓	✓	✓
6.4 National benchmarks	✓	✓	✓	✓
6.5 Quality assurance	✓	✓	✓	✓
6.6 Primary health service self-audit in eye health	✓	✓	✓	✓
6.7 Program evaluation	✓	✓	✓	✓
7 GOVERNANCE				
7.1 Community engagement	✓	✓	✓	✓
7.2 Local Hospital Networks and Medicare Locals	✓	✓	✓	✓
7.3 State/territory management	✓	✓	✓	✓
7.4 National oversight	✓	✓	✓	✓
7.5 Program interdependence	✓	✓	✓	✓
8 HEALTH PROMOTION AND AWARENESS				
8.1 Eye health promotion	✓	✓	✓	✓
8.2 Social marketing eye care services	✓	✓	✓	✓
9 HEALTH FINANCING				
9.1 Current spending on Indigenous eye health (excluding trachoma)	✓	✓	✓	
9.2 Current spending on trachoma				✓
9.3 Full additional annual capped funding required	✓	✓	✓	
9.4 Cost to 'Close the Gap for Vision' funded for five years	✓	✓	✓	

Recommendation contributes to care of eye condition

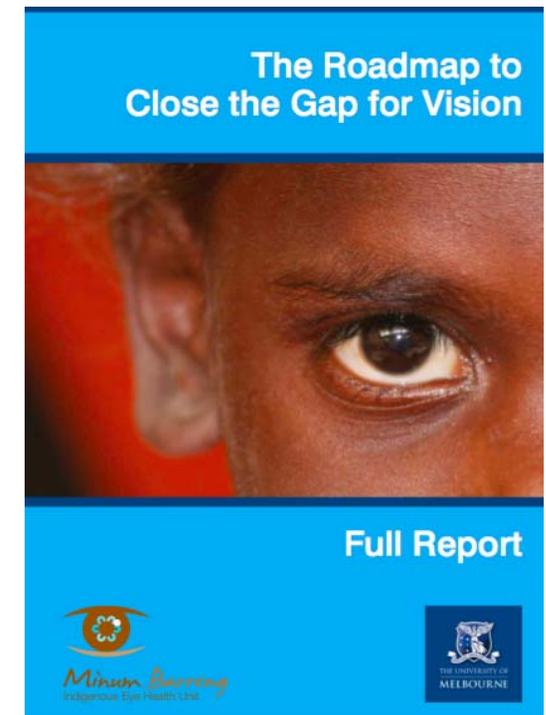
✓

Many only require a bit of a tweak

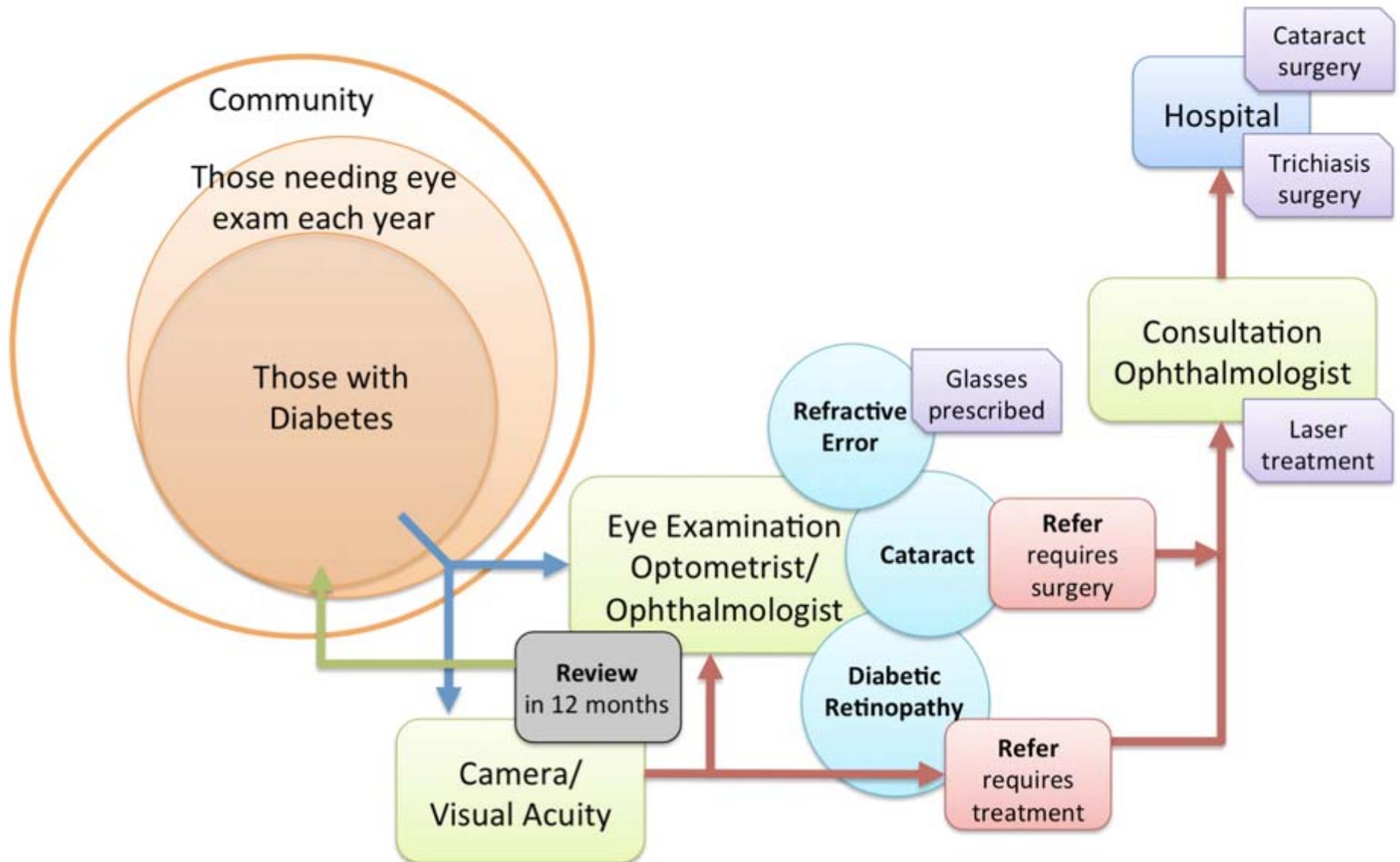


The Roadmap to Close the Gap for Vision

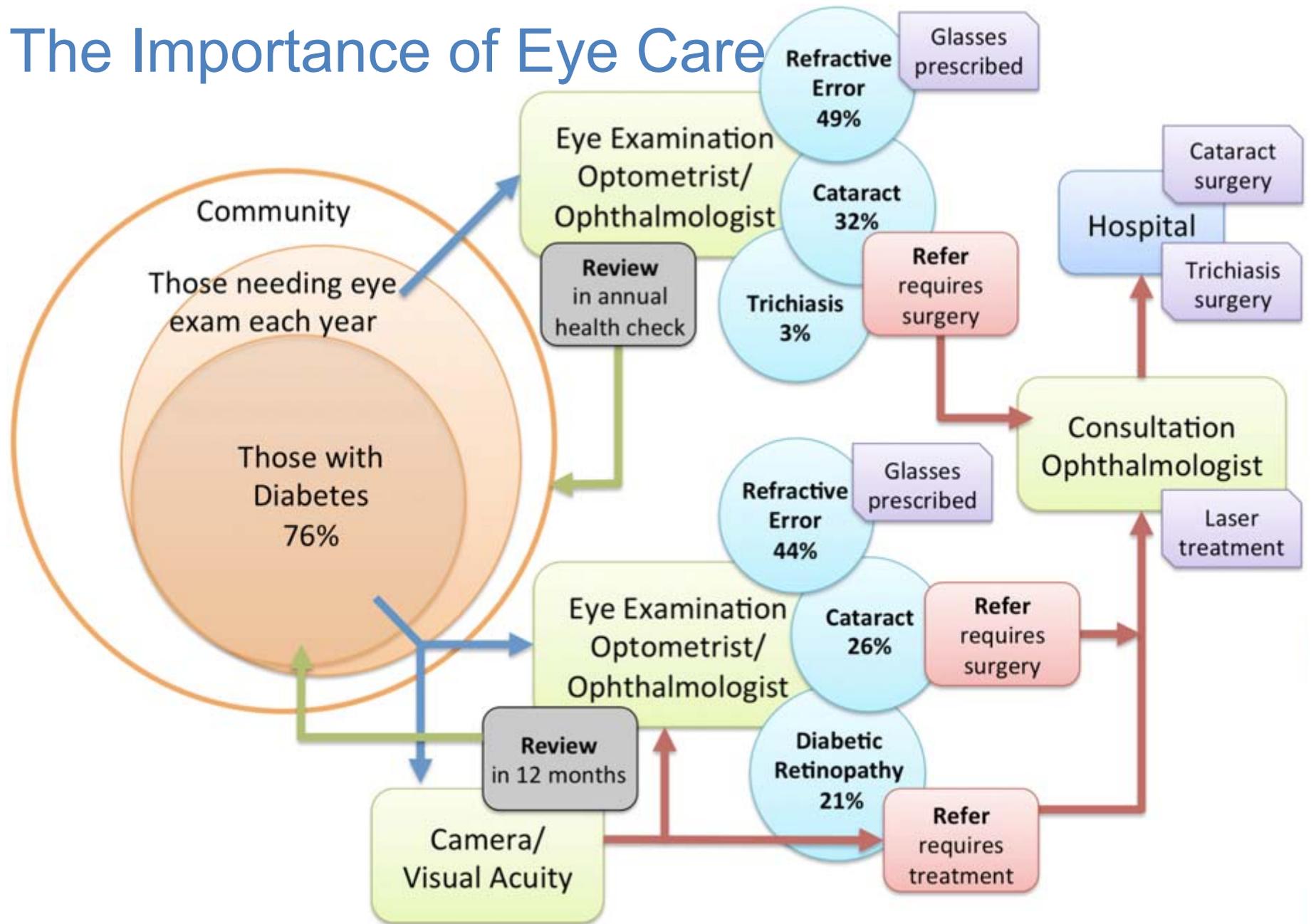
1. Primary eye care as part of comprehensive health care
2. Indigenous Access to eye health services
3. Co-ordination
4. Eye health workforce
5. Elimination of trachoma
6. Monitoring and evaluation
7. Governance
8. Health promotion and awareness
9. Health financing



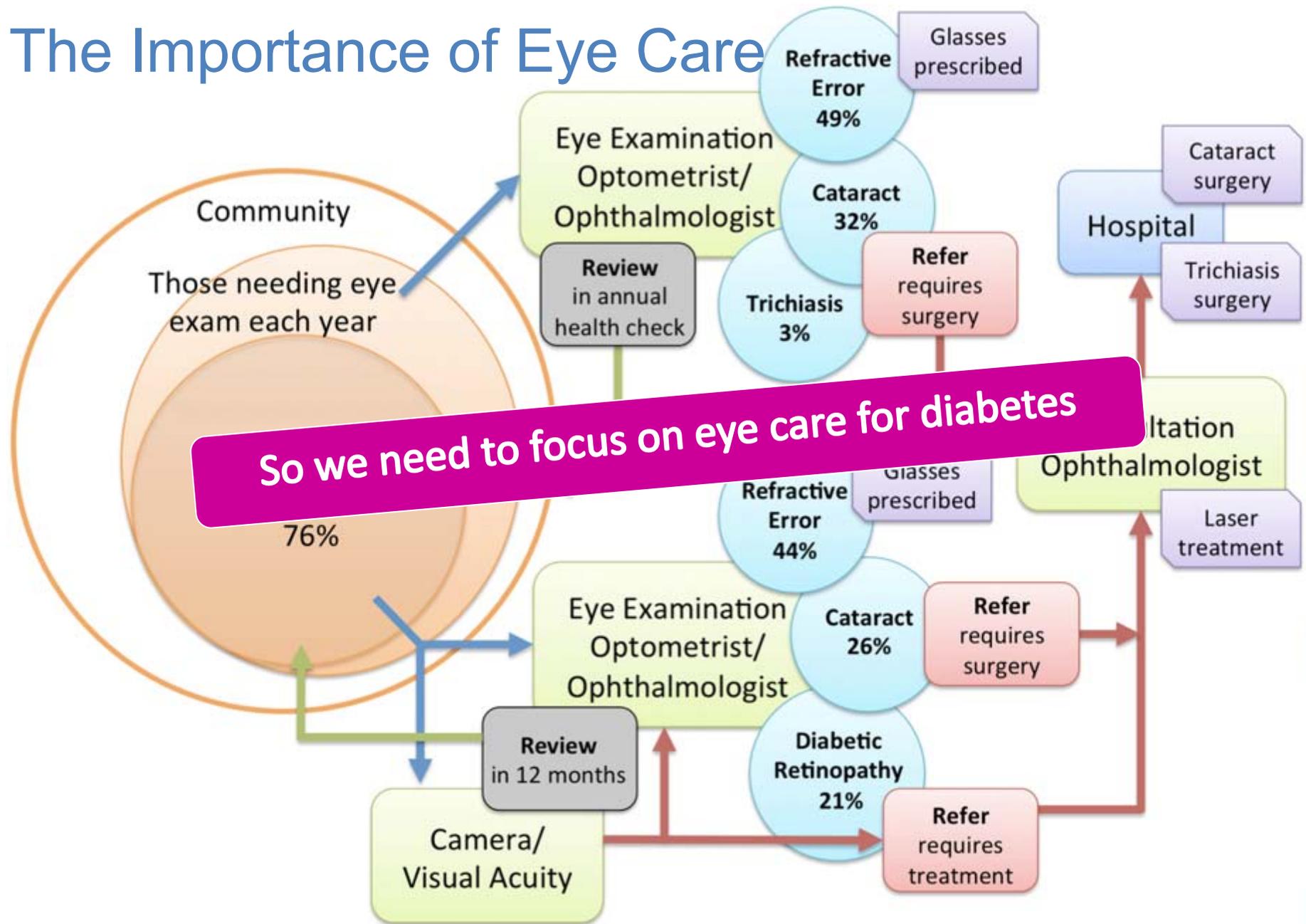
The Importance of Eye Care in Diabetes



The Importance of Eye Care



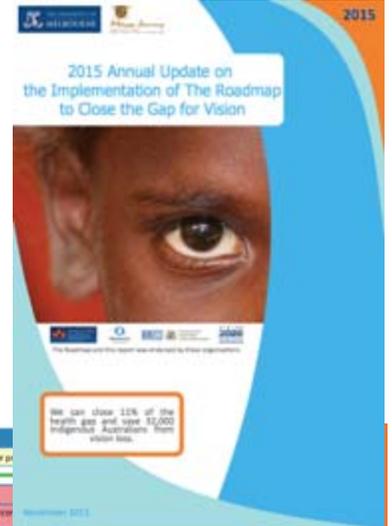
The Importance of Eye Care



We are making good progress

Something is happening for all 42 recommendations

8 have been fully implemented



	RECOMMENDATION	OUTCOME	ACTIVITIES			
Primary Eye Care as part of Comprehensive Primary Health Care	1.1 Enhancing eye health capacity in primary health services	Educator programs implemented for primary health workers	Online education resources (RHO) reviewed/developed	Eye health training courses delivered	* Minimal for diabetic eye care developed	Eye health guidelines developed for all jurisdictions
	1.2 Health assessment items include eye health	Eye health assessment included in Medicare items	Eye checks mandatory in MBS 713 & PIP			
	1.3 Diabetic retinopathy detection	Medicare item for photography	MIAC application for retinal photography Medicare item	Online diabetic retinopathy grading course developed	* Retinal photo funding (NARC) approved	* Medicare item listed
	1.4 Eye health inclusion in clinical software	Computer software includes eye health	Software finalised June 2015	* Clinical software data fields & prompts developed	Eye health prompts & data fields incorporated into some software programs	Eye health prompts & data fields incorporated into software programs
Indigenous Access to Eye Health Services	2.1 Aboriginal Health Services & eye health	Specialist eye care delivered through AHS	RHO/VOS encouraging eye care within AHS	Specialist eye care provided through some AHS	Specialist eye care provided through all AHS	November 2015
	2.2 Cultural safety in mainstream services	Clinics & hospitals considered culturally safe	Cultural safety & cultural competence training available	Cultural training incorporated into VOS/RHO programs		
	2.3 Low cost spectacles	Nationally consistent indigenous spectacle scheme	Review of current subsidised spectacle services & uptake	Criteria agreed by sector	* Effective subsidised spectacle programs functioning in some jurisdictions	Effective subsidised spectacle programs functioning in all jurisdictions
	2.4 Hospital surgery prioritisation	Indigenously prioritised for cataract surgery	State/territory & government support	Cataract policy paper developed & sector endorsed	Cataract surgery indications agreed & regularly reported	* Some jurisdictions take action to address inequities
Coordination and Case Management	3.1 Local eye care systems coordination	Regional coordination to include Primary Health Networks & other stakeholders	Indigenous eye health case study for Our Medicare Local Collaborative Framework	* Working group responsibilities established in some regions	* Project officers assigned in some regions	All jurisdictions take action to address inequities
	3.2 Clear pathways of care	Referral pathways & service directories established	Service directory developed in some regions	* Local referral pathways mapped in some regions	Service directory developed in all regions	Project officers assigned in all regions
	3.3 Workforce identification & roles	Roles required to support patient journey	* Patient support staff roles defined in some regions	Patrol support staff roles defined in all regions		
	3.4 Eye care support workforce	Sufficient personnel engaged in eye care needs	* Support staff needs identified in some regions	Sufficient support staff in some regions	Support staff needs identified in all regions	Sufficient support staff in all regions
Eye Health Workforce	3.5 Patient case coordination	Case management for those with diabetes or needing surgery	Appointment of chronic disease coordinators	* Case management roles allocated in some regions	Case management roles allocated in all regions	
	3.6 Partnerships & agreements	Local & regional agreements established	Collaborative networks established in some regions	Appropriate network arrangements made in some regions	Collaborative networks established in all regions	Appropriate network arrangements made in all regions
	4.1 Provide eye health workforce to meet population needs	Population based needs determine eye health workforce	Fundholders funded to assess and meet service needs	* Sufficient ophthalmology & optometry in some regions	Workforce needs analyses in all regions	Sufficient ophthalmology & optometry in all regions
	4.2 Improve contracting & management of visiting services	VOS and RHO work effectively & properly coordinated	MDOAP & VOS review released	Linkages between RHO/MDOAP & RHO/VOS with PHNs & LHM	* New fundholder arrangements for planning & coordination	
	4.3 Appropriate resources for eye care in rural & remote areas	Services are adequate to meet eye care needs	Needs analyses funded in all jurisdictions	Sufficient workforce & resources in some regions	Needs analyses in all regions	Needs analyses in all regions
	4.4 Increase utilisation of services in urban areas	VOS supports AHS eye care in both regional & urban areas	Urban specialist outreach includes some allied health	Urban VOS prepared	VOS services in some urban AHS	VOS services in all urban AHS
Elimination of Trachoma	4.5 Billing for visiting MDOAP/RHO supported services	RHO services are bulkbilled	* Subbilling policy paper developed & sector endorsed	Draft considering appropriate strategy	Strategy implemented	
	4.6 Rural education & training of eye health workforce	Funding for optometry & ophthalmology training	Visits & posts funded for optometry services	Visits & posts funded for ophthalmology trainees		
	5.1 Definition of areas at risk	Areas with trachoma are defined across Australia	NT, SA, WA areas defined	* NSW areas defined	* QLD areas defined	
	5.2 Effective interventions	SARI strategy is implemented	Funding provided for 2013-2017	New national guidelines for trachoma management	* Additional funds secured for health promotion 2015-2017	Funding provided for 2017-2020
Monitoring and Evaluation	5.3 Surveillance & evaluation	Ensure continuation of NTSRU	Advocacy & ongoing funding for NTSRU			
	5.4 Certification of elimination	Australia eliminates trachoma	TF rates <5% in some screened communities	TF rates <5% in all screened communities	Antibiotic treatment stopped in all endemic communities	Surveys confirm trachoma eliminated
	6.1 Managing local eye service performance	Performance is assessed against needs-based targets	* Regional tools & service targets developed	* Some regions reviewing performance against needs	All regions reviewing performance against needs	WHO verification
	6.2 State & national performance	State & national data are analysed & reported	* Indicators agreed & adopted	Indicators reported by some jurisdictions	Indicators reported by all jurisdictions	
	6.3 Collating existing eye data sources	Existing data sources are used to review service needs & performance	* Indicators included in National Health Performance Framework	* Eye indicators partially reported	* National oversight funded	All indicators reported annually
	6.4 National benchmarks	National benchmarks & guidelines are established & used	Eye health included in Health Performance Framework 2012	* NHS fully funded	National oversight body prepares/oversees guidelines	
	6.5 Quality assurance	High quality service is achieved	* CQI/audit tools developed & signed	CQI/audit tools adopted & used regularly in some regions	CQI/audit tools adopted & used regularly in all regions	
Governance	6.6 Primary health service self-audit in eye health	Services can easily determine needs & performance	Incorporated into regional assessment & CQI			
	6.7 Program evaluation	Implementation of Roadmap is evaluated	* Annual progress report 2015 published	* NHS underway	NHS data collection undertaken	NHS data collection completed
	7.1 Community engagement	Local communities use & champion eye care services	Local services encouraging eye care in some regions	Local services encouraging eye care in all regions		NHS results reported to WHO
	7.2 Local Hospital Networks/Primary Health Networks	Indigenous eye health is coordinated at the regional level	Regional collaborative networks established in some regions	Eye health a priority for PHNs	Regional collaborative network established in all regions	
Health Promotion and Awareness	7.3 State/territory management	Effective state/territory indigenous eye health committees	Eye subcommittees of planning forums established in some jurisdictions	Eye subcommittee of planning forums established in all jurisdictions		
	7.4 National oversight	National indigenous eye health oversight function developed	* Process for national oversight identified	* Commonwealth and jurisdictional agreement or mechanism for oversight	National oversight mechanism functioning	National results reported to WHO
	7.5 Program interdependence	Roadmap is effectively implemented across Australia	Full sector support & advocacy for Roadmap implementation	Draft funding to IHC for Roadmap facilitation	Roadmap recommendations prioritised in NFP	Roadmap recommendations partially implemented
Health Financing	8.1 Eye health promotion	Community & staff recognise the need for eye care	* Materials developed by AHS & NGOs	* Media/communication strategy	Appropriate programs implemented in some regions	Appropriate programs implemented in all regions
	8.2 Social marketing eye care services	Community know about local eye services	* Develop core materials about local eye health services	Eye service utilisation periodically monitored locally	* Appropriate programs implemented in some regions	Appropriate programs implemented in all regions
	9.1 Current spending on indigenous eye health	Current services are maintained	Current specific funding maintained			
	9.2 Current spending on trachoma	Funding continues until trachoma is eliminated	Recommitment of 2014-2017 funding	Additional funding secured for health promotion	* Funding provided for 2017-2020	
Health Financing	9.3 Full additional annual capped funding required	Adequate capped funding provided	Pre-election funding bid 2013	* Capped funds provided for planning and coordination requirements	* Received 2015 Budget	* Additional required funds committed
	9.4 Cost to close the gap for vision funded for 5 years	Additional funding continues until the gap for vision is closed	* Initial funds committed	Ongoing monitoring of progress	Gap for vision is closed	Full funding of need

Provision of Equity in Eye Care and the Elimination of Trachoma

■ Action completed
 ■ Action ongoing
 ■ No action to date
 * Action in 2015



Diabetes Eye Health Promotion Material

- Need to promote annual eye exams for those with diabetes
- Developed with community involvement and ownership



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CLEAN FACES, STRONG EYES!

Trachoma Interventions SAFE Strategy

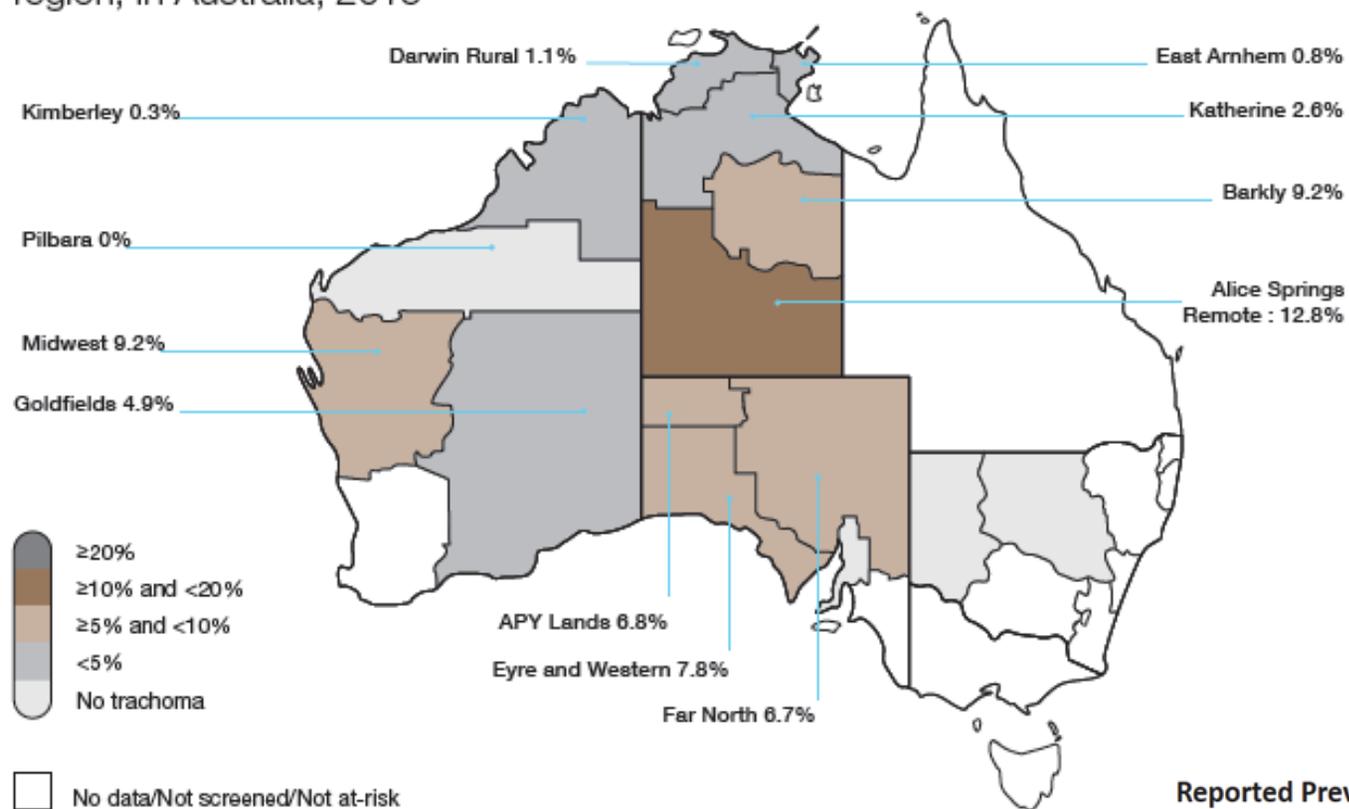


- Resource Book
- Background Material
- Flip Charts
- Posters
- School Curricula
- Colouring sheets
- Stickers and Stamps
- DVDs
- Mirrors

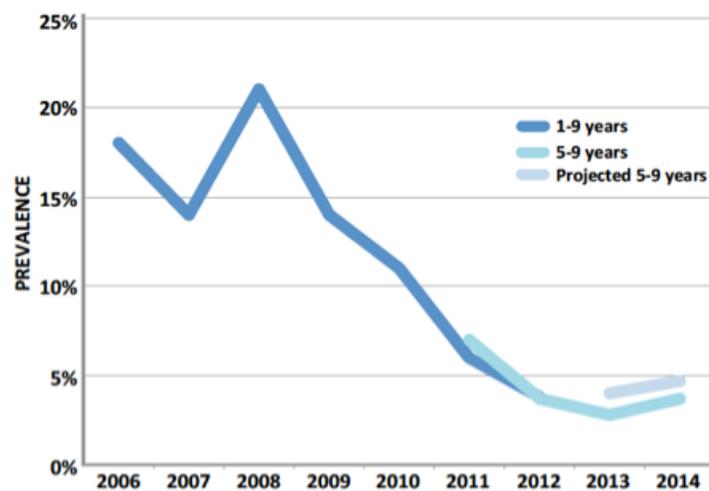


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Trachoma prevalence in children aged 5-9 years in at-risk communities, by region, in Australia, 2015



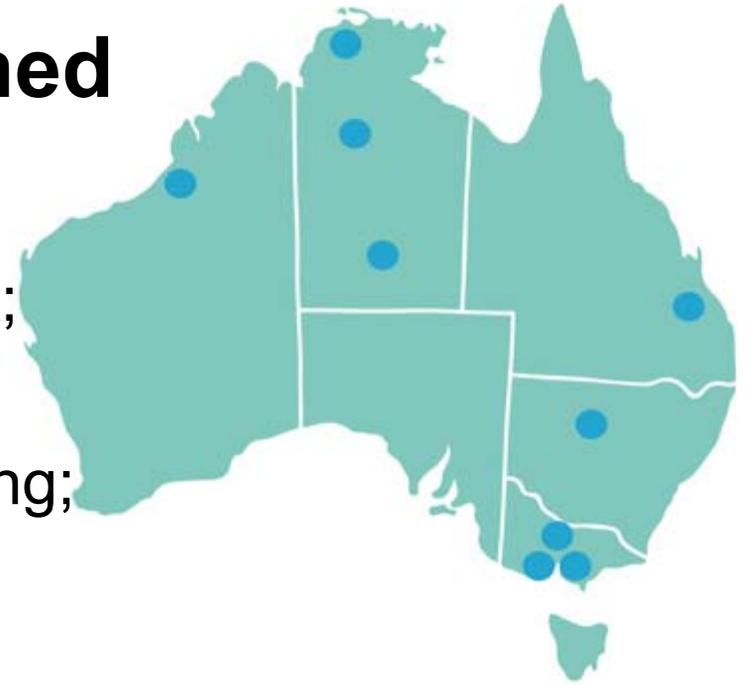
Reported Prevalence of Trachoma in Children



Lessons Learned

From work in 9 regions

- Importance of jurisdictional support;
- Leadership;
- Data sharing and ongoing monitoring;
- Challenge of creating change;
- Support and funding.



Roundtable April 2014



If things aren't counted, they aren't done



Government Commitments

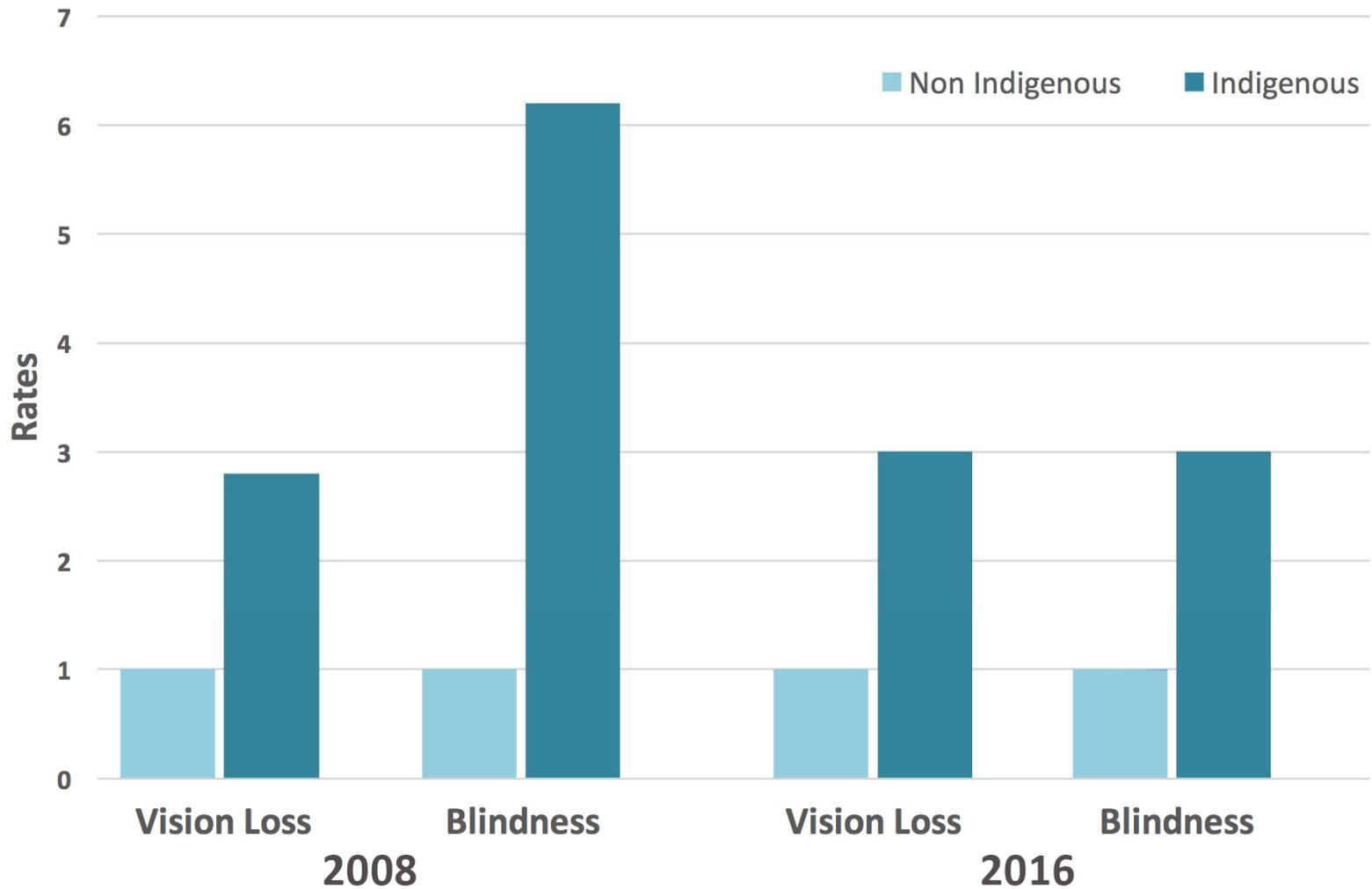
New Funding in last 12 months

- Trachoma health promotion \$1.6m
- Fundholder coordination \$1.6m + \$4.6m
- IEH Unit support \$2.6m
- National data reporting \$0.4m
- Eye surgery initiatives \$1.5m + \$2.0m
- Medicare Item for DR screening \$34m
- Diabetic retinopathy equipment \$0.3m + \$4.8m
- Other eye equipment \$1.9m

- Total new funding committed \$55m



National Eye Health Survey 2016

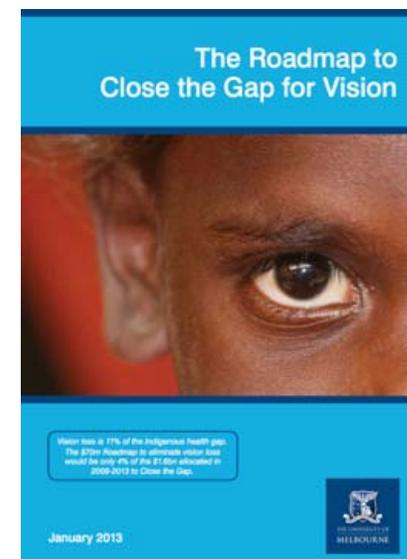
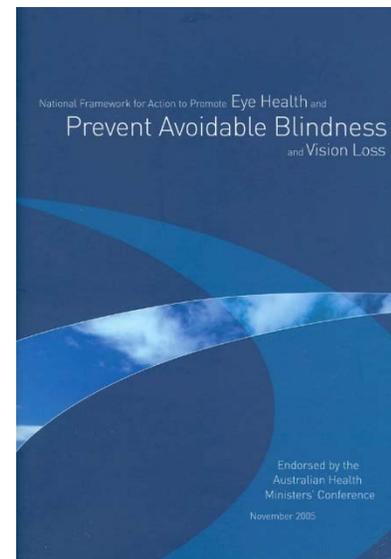




Summary

A successful eye health strategy;

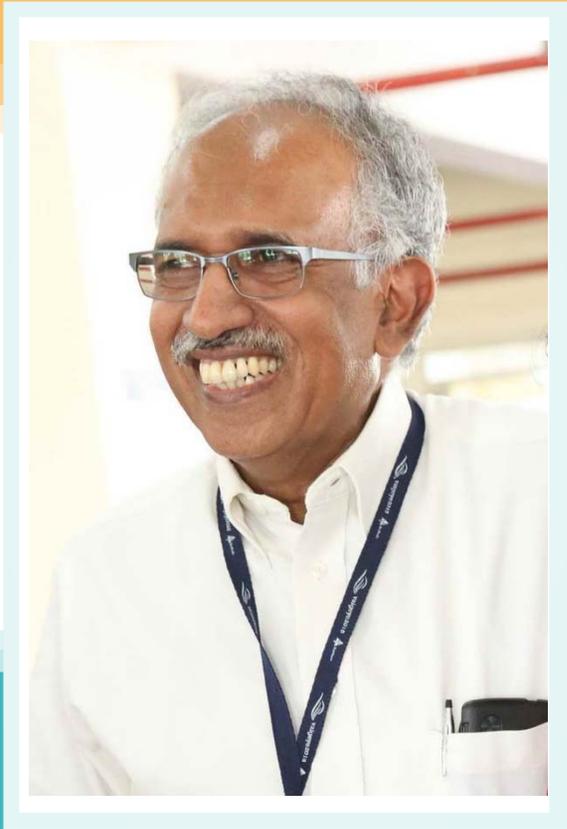
- is evidence based
- is cost effective
- is clearly achievable
- has sector agreement
- and is ready to go



It is the “Low Hanging Fruit” in improving health

 **Prevent
Blindness®**
Our Vision Is Vision®





The India Experience

Thulasiraj Ravilla
LAICO - Aravind Eye Care System



Indian Context - Demography

Population (2016 est.):	1.33 Billion
▪ Rural	69%
▪ Urban	31%
Density	1,150 per sq. mile
Literacy rate:	
▪ Male	82%
▪ Female	66%
Life Expectancy:	69 Years

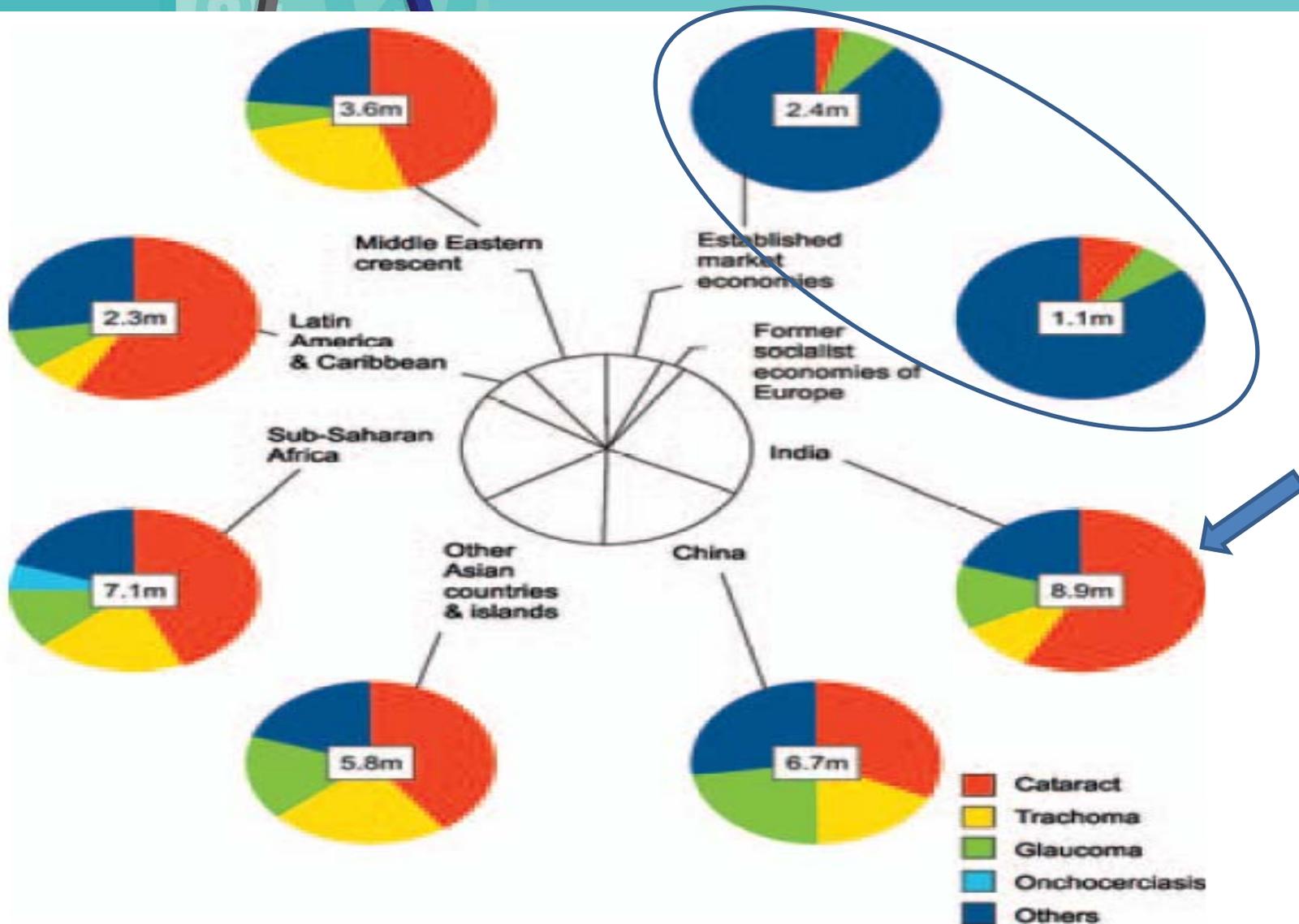


Indian Context

- 12 million blind - 60% from cataract
- Estimated 2 million go blind each year
- Maldistribution of services – 60% of ophthalmologists serve 10% of popln.
- **Most pay out of pocket for healthcare**
- There is a gap between the need and the reach



1990: Major causes of Blindness by Region

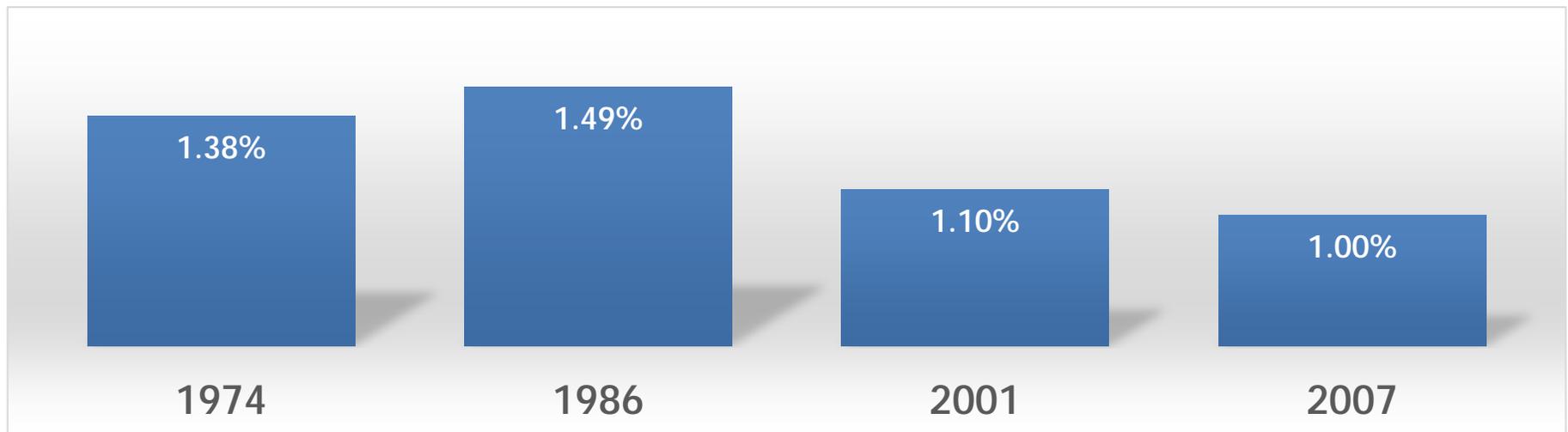




Trend: Magnitude of Blindness

Prevalence of Blindness based on National Surveys:

1974 (ICMR)	: 1.38%
1986-89 (NPCB)	: 1.49%
2001-04 (NPCB)	: 1.10%
2007 (NPCB)	: 1.00%





Causes of Blindness

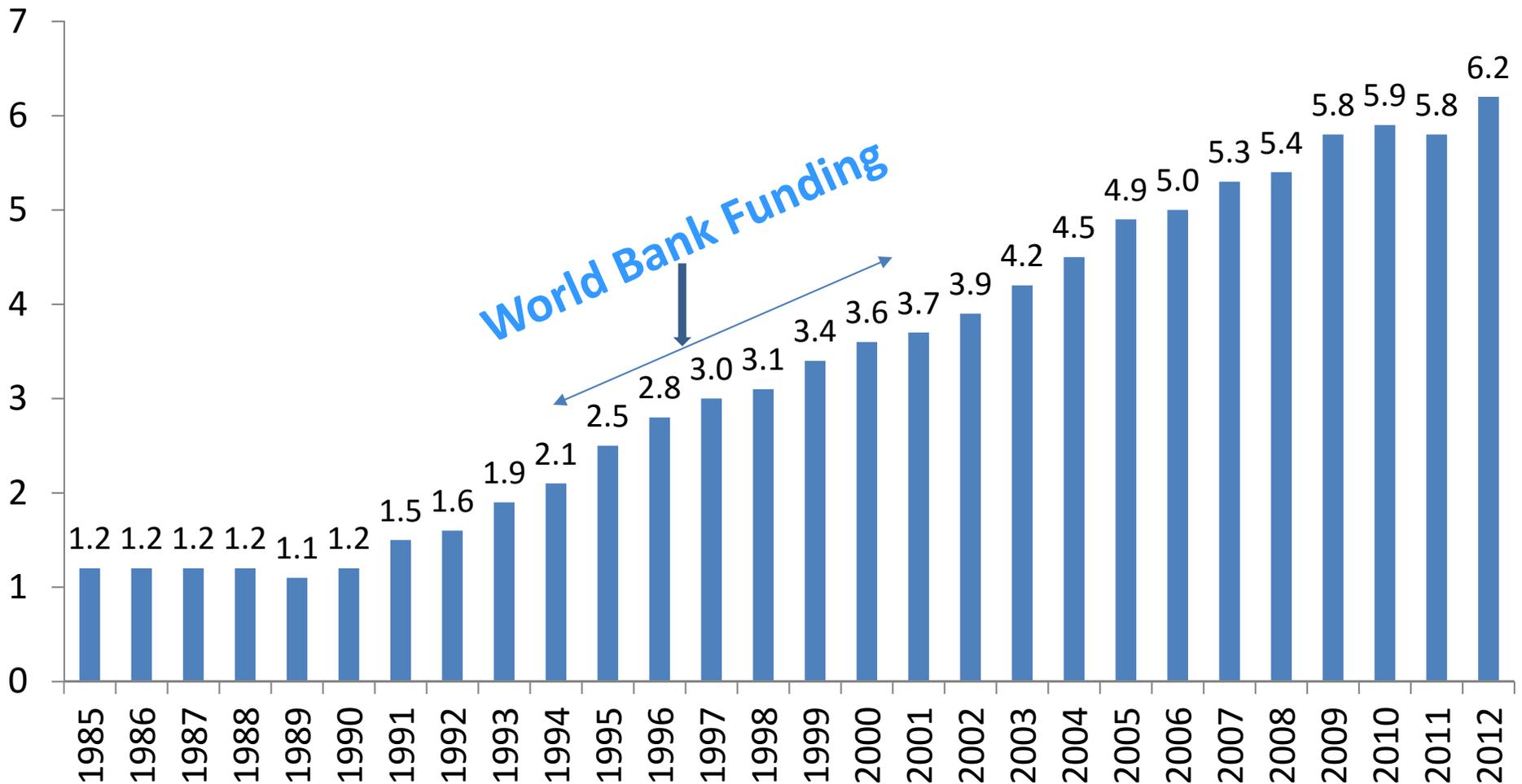
Causes	1986-89 Survey	2001-02 Survey
Cataract	80.1%	62.60%
Refractive Errors	7.35%	5.80%
Glaucoma	1.7%	0.90%
Surgical Complications	4.69%	19.70%*
Corneal Opacity	1.91%	9.70%
Others	4.25%	1.20%

Largely associated with aphakic eyes in ICCE technique*

The focused effort against Cataract Blindness including the World Bank loan paid off

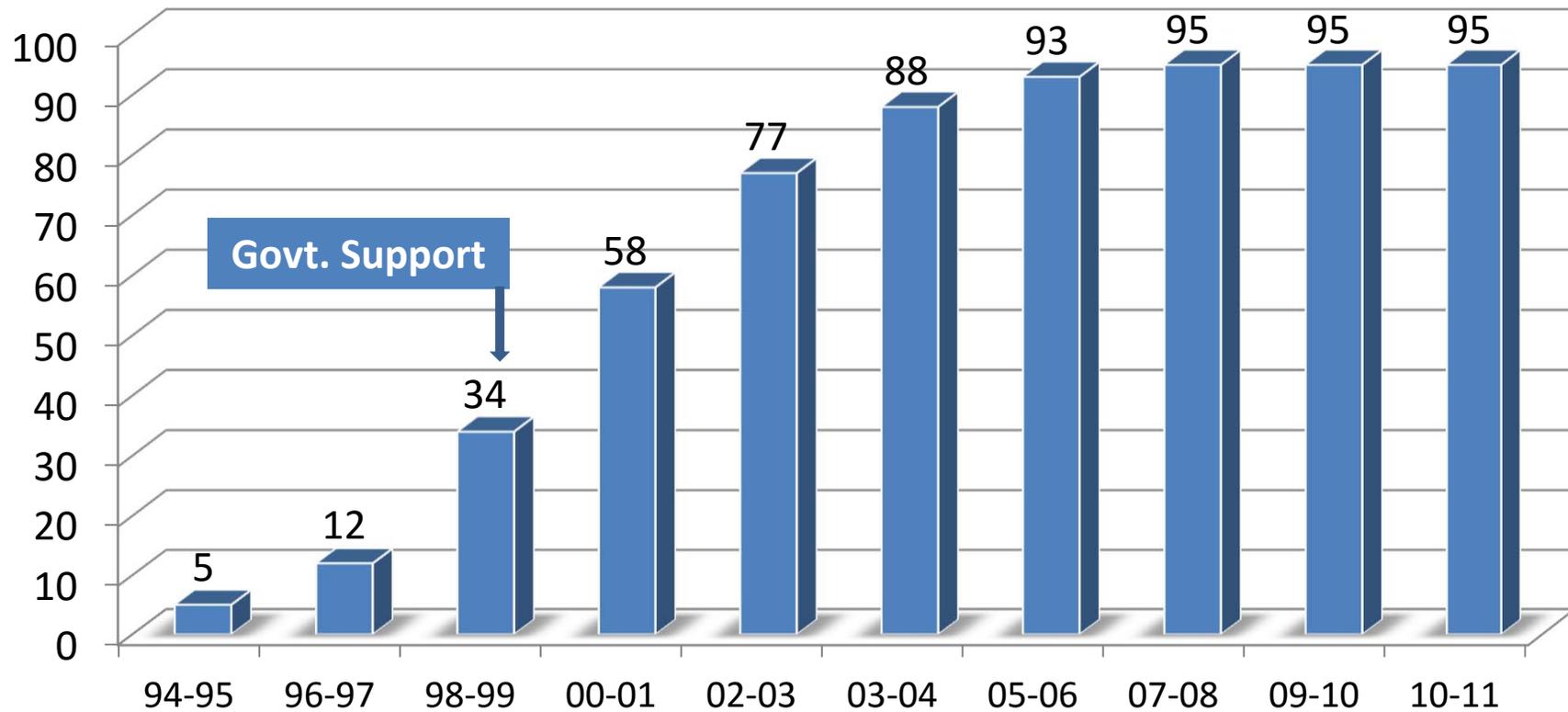


Stakeholders Synergy Cataract Surgeries 1985-2012





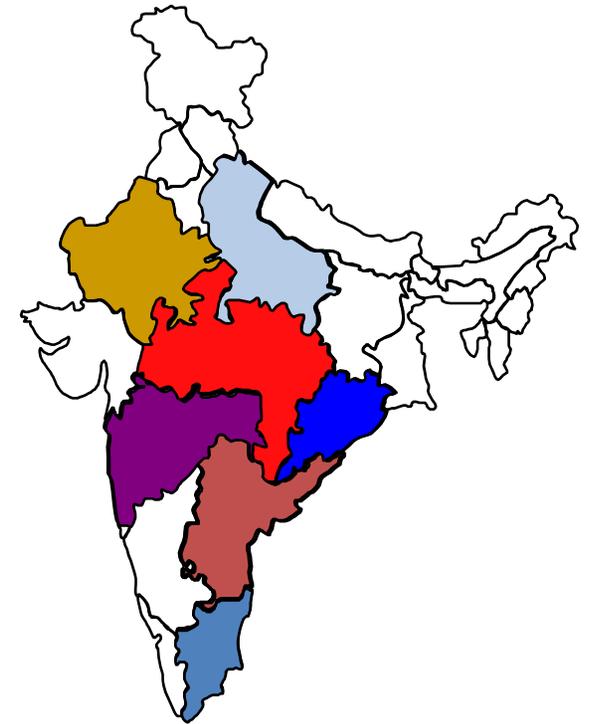
% of IOL surgeries over the years





Special drive with World Bank loan (1994-2001)

World Bank Project States	Cataract Surgeries in '000		
	Target	Achieved	%
Andhra Pradesh	1,320	2,040	155%
Madhya Pradesh	1,800	1,640	91%
Maharashtra	1,380	2,560	185%
Orissa	730	460	62%
Rajasthan	1,380	1,060	77%
Tamil Nadu	1,550	2,250	145%
Uttar Pradesh	2,870	2,960	103%
Total	11,030	12,970	118%



Govt. supported the delivery for the rest of the country



How did this come about?



Political will

- Budgetary allocation
- Involvement of major stakeholders in design (INGO's, national NGO's, major providers)
- Public-Private partnerships
(service delivery, training & research)



Leadership





Leadership: Task Force for 11th Five Year Plan





Fiscal Utilization – 10th Plan: Budget Allocation & Expenditure

Year	Allocation (millions \$)	Expenditure (millions \$)
2002-03	28.53	28.39
2003-04	28.85	28.71
2004-05	29.50	29.27
2005-06	31.17	31.10
2006-07	30.14	9.81 (partial year)

(Total allocation for 10th Plan was \$ 148.19 millions)



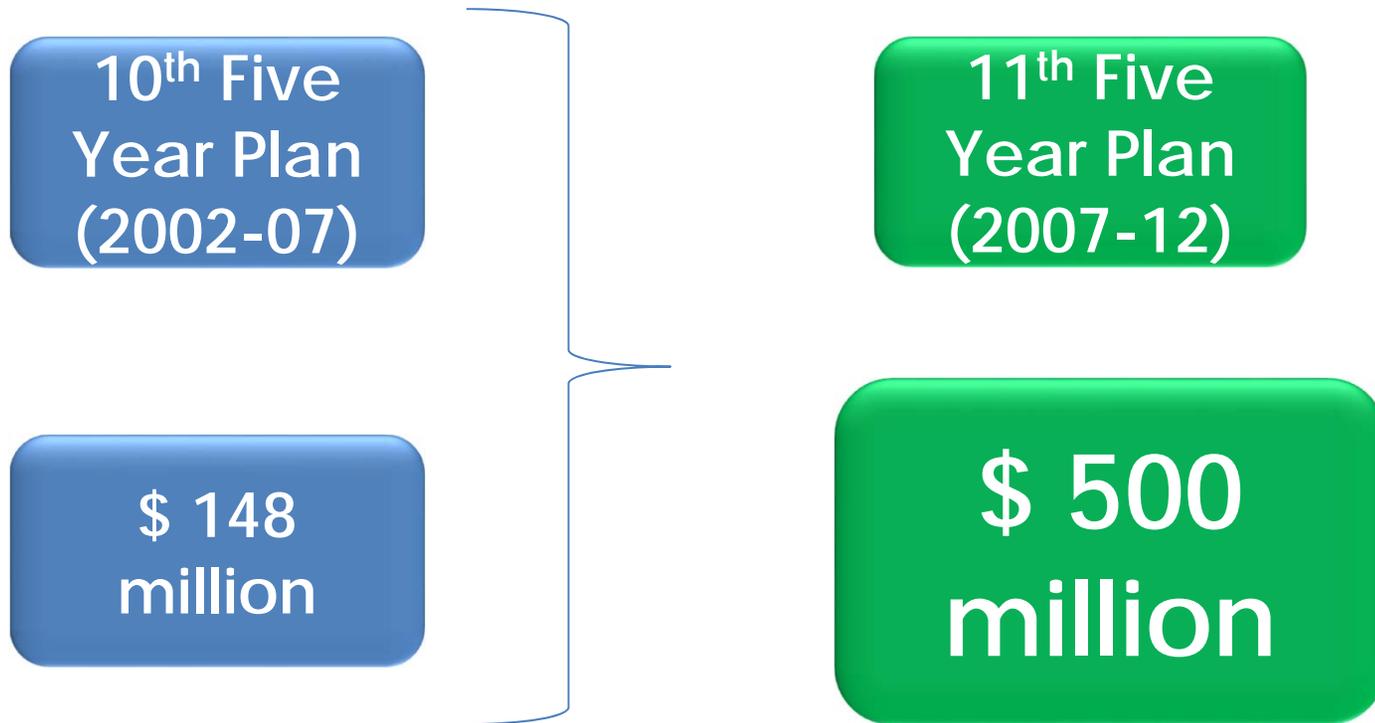
10th Five year Plan (2002-07): Goal vs. Achievements

Activity	Target (by Mar 2007)	Achievement (by Mar 2006)
Cataract Surgeries	16,753,000	17,366,896
Glasses to school children	313,500	915,120
Eye donations	175,000	92,436
Training of Oph Surgeons	1,200	1,030
Grants-in-aid to NGOs	89	45

Demonstrated the capacity to use the funds & deliver



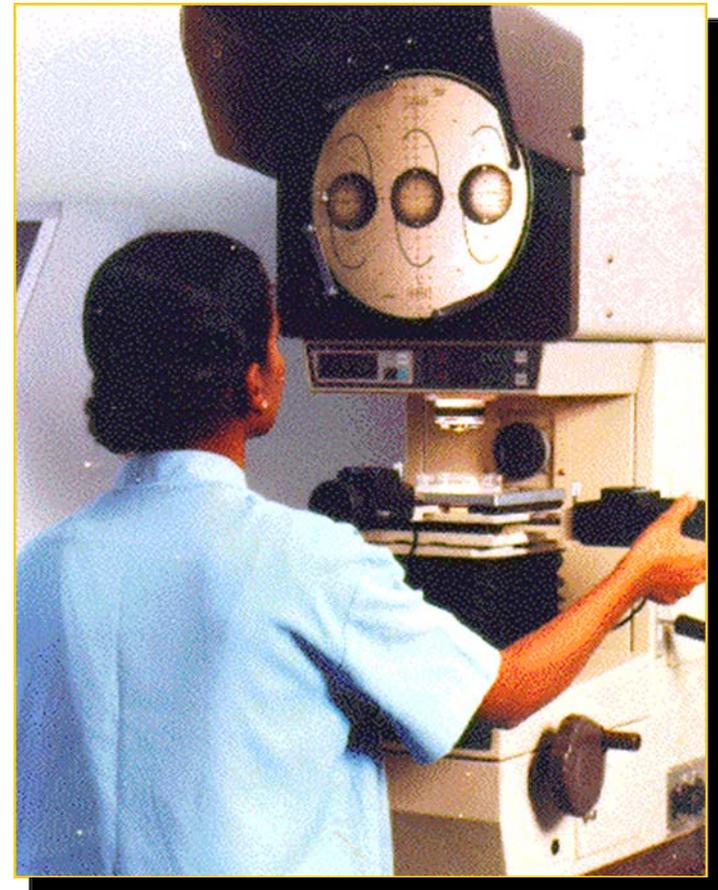
Plan Budgetary Allocation





Equipment & Supplies Facilitation by Govt. of India

- Duty free imports of IOLs
- Duty free import of Microscopes, Scans, Slit lamps, Lasers, etc.
- Reducing/abolishing sales tax on IOL's
- Govt. hospitals equipped for IOL surgery
- Establishing standards & capped prices
- Boom in local production





Human Resource

- Support for ongoing skill development
- Enhanced the annual intake for the Ophthalmology residency program – estimated at 1,750



Financing

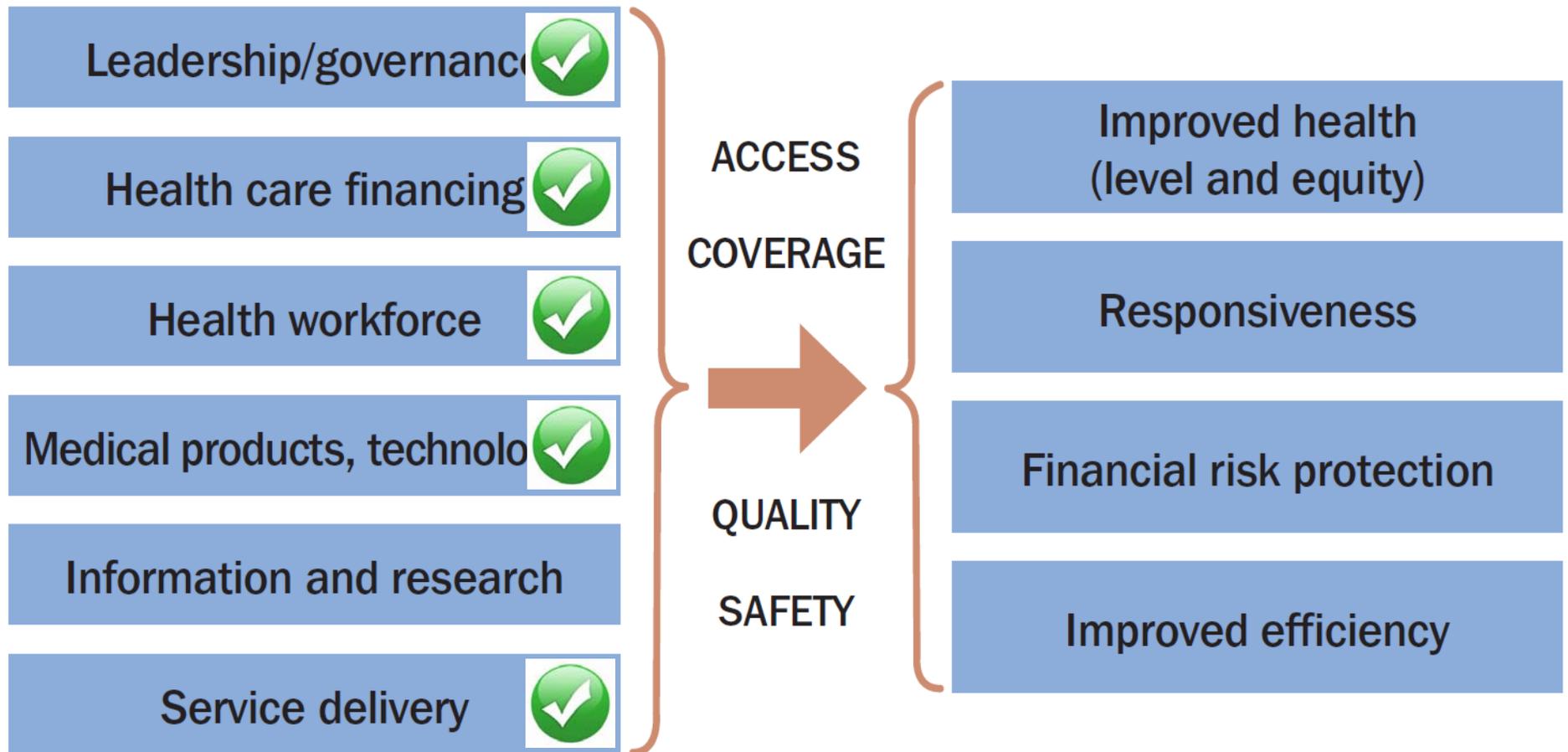
- Equipment & Supplies for Government facilities
- Subsidy for free cataract surgeries, glasses for school children, eye donations, etc.
- Insurance for the poor – covers expensive procedures for the entire family till about \$ 2,000 per year.

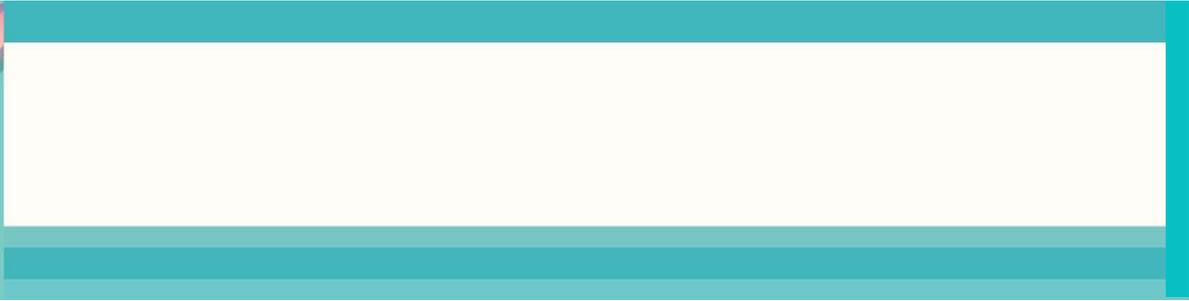


Health Systems Framework

System building blocks

Goals/outcomes

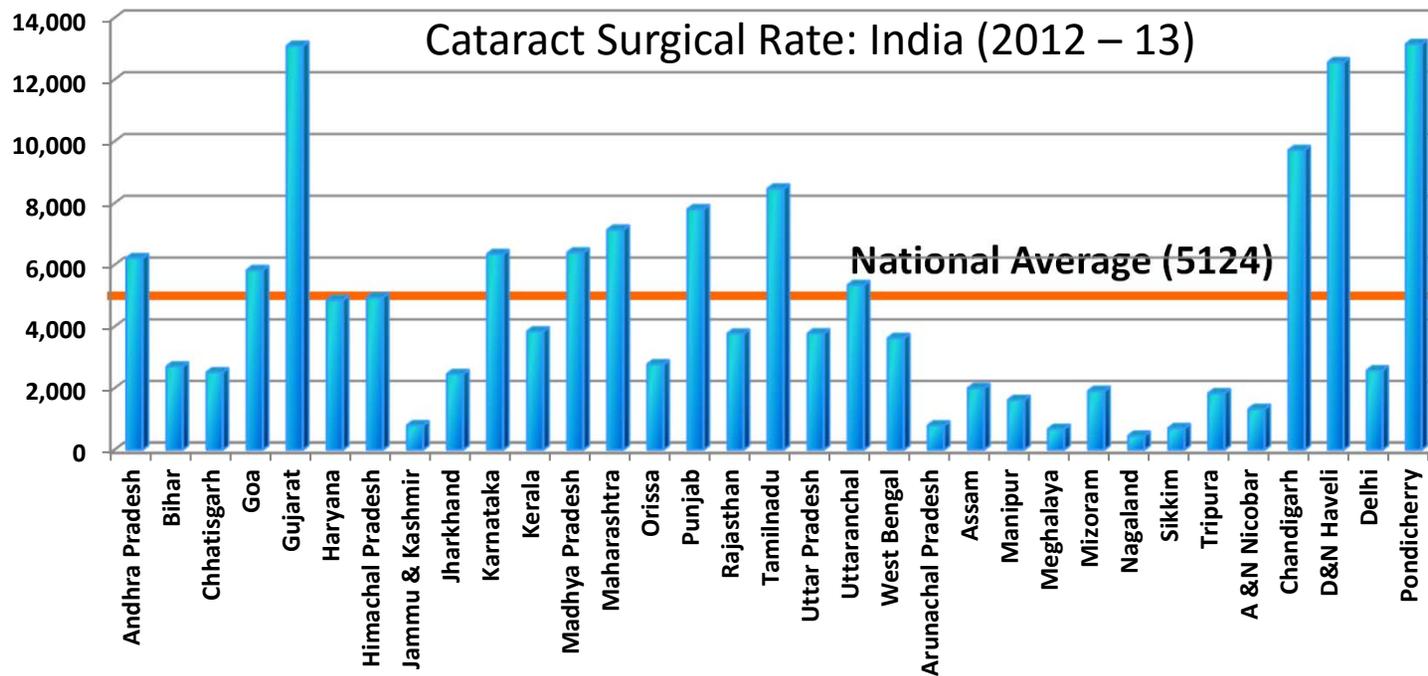




We are far from being done!!!



Huge geographic inequities





Unfinished agenda

- Human Resources – other than the Ophthalmologists and to some extent Optometrist, the other cadres of the eye care team are not recognized
- Still very “Cataract centric”



Challenges

- The growth of Insurance and third party payers
- Regulations for quality assurance – one standard fits all
 - Negotiating a separate standard for eye care



**Prevent
Blindness®**
Our Vision Is Vision®



Thank you