

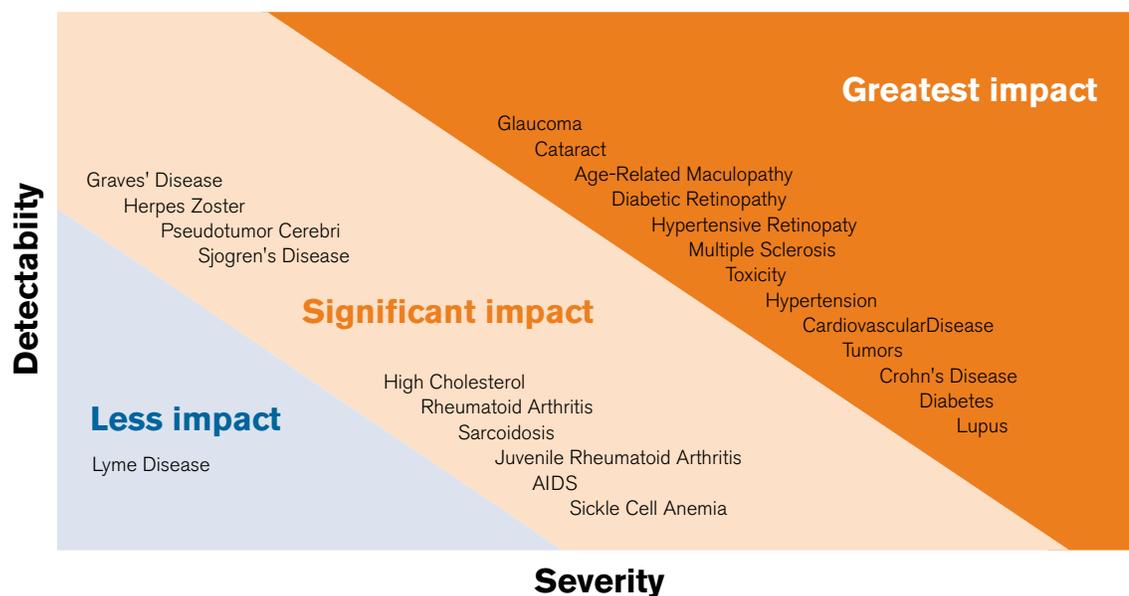
Summary of Recent Clinical Studies



In recent years, UnitedHealthcare Vision published a series of whitepapers that examined the impact of eye exams on early identification, treatment, and ongoing care for patients with chronic conditions. A summary of those findings are presented below.

- ▶ A comprehensive eye exam gives the eye care practitioner (ECP) an opportunity to help patients look after their health, find risk factors associated with chronic disease, or manage diagnosed medical conditions. UnitedHealthcare Vision has completed several studies and white papers to help demonstrate the importance of regular eye care and the impacts eye health has on overall health.
- ▶ In the 2013 white paper, *Integrating eye care with disease management: It's not just about diabetes anymore*¹, diseases were identified that an ECP can have the greatest impact on based on high severity and/or early detectability. Beyond diabetes, there are several unexpected conditions where eye care can have the greatest impact – multiple sclerosis, tumors, Crohn's disease and lupus.
- ▶ For some conditions, the value of eye care is in identifying the condition early versus monitoring the disease. For these diseases, ECPs can have an important impact through their ability to find the condition before it develops and causes more problems. This list includes many well-known diseases: high cholesterol, rheumatoid arthritis and juvenile rheumatoid arthritis, Graves' disease, AIDS, sickle cell anemia, and Sjogren's disease.

Identification of high-impact diseases



- ▶ In a study completed by UnitedHealthcare in 2014, *Impact of Eye Exams in Identifying Chronic Conditions*², evidence showed more than 2,600 members who had at least one condition identified by an ECP, which represented about **5%** of the total 52,408 members with chronic conditions we studied. Since many of them had more than one chronic condition, the number of conditions identified by an ECP was 4,034 out of 72,534 total conditions, or **5.6%**.
- ▶ Multiple sclerosis, diabetes and juvenile rheumatoid arthritis had the highest percentage of identification by ECPs. The proportion of these conditions identified by an ECP ranges from **12%-15%**.
- ▶ A link is also evident between eye care and identification of high cholesterol, hypertension, rheumatoid arthritis, Crohn's disease and Graves' disease. The proportion of these conditions identified ranges from **4-5%**.
- ▶ A follow-up study has been completed to determine whether previously "un-engaged" patients (those not actively following up with a primary care provider) sought care for a chronic condition following a comprehensive eye exam. Members who were included in the 2014 study were followed after the exam claim was submitted to see whether the member obtained follow-up care and how soon re-engagement took place. Seven chronic conditions were studied to determine whether or not patients received follow-up care from another medical professional within a 60-day time frame with the assumption that a referral was made from an ECP to a PCP or specialist for care.
- ▶ Out of 1,639 members, 542 (**33%**) were re-engaged into care within 60 days. An additional 392 members (**24%**) obtained follow-up care after 60 days. In total, **57%** of the members reported by the ECP to have a condition received subsequent care with a PCP or specialist for the same condition.



Questions?

Contact **Linda Chous**, OD, linda_m_chous@uhc.com
or **Kim Christopher**, kim_k_christopher@uhc.com.



Sources:

1. Chous, Linda M, Christopher, Kim K, UnitedHealthcare "Integrating eye care with disease management: It's not just about diabetes anymore." 2013.
2. Chous, Linda M., O.D. UnitedHealthcare, "Impact of Eye Exams in Identifying Chronic Conditions," 2014.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.