GET A CLEAR PERSPECTIVE ON NEW HEALTH PLANS

Changes May Result in Loss of Patients

Many Oregon employers are changing the types of health care plans they provide. While these decisions help companies control costs, you could lose patients who are saddled with plans offering limited choices based on smaller panels of doctors. In addition, patients may be forced to pay more expenses out-of pocket.

Why are these changes occurring?

- Health care costs have increased an average of approximately 12 percent for the past two years, according to *Consumer Reports*.
- 78 percent of 1,124 large employers are likely to ask workers to pay more of their own health care costs, according to the Kaiser Family Foundation.
- In Oregon, there is a shift away from Health Maintenance Organizations (HMOs) to Preferred Provider Organizations (PPOs) that frequently offer a smaller selection of health care providers. Insurers hope that they can reduce health care costs by negotiating better contracts with these PPOs (sometimes by contracting reduced reimbursements to providers)

These trends may affect you and your patients in the following ways:

- ***Increased Cost and Limited Choice*** **--** With fewer doctors on a panel to choose from, it can become difficult for patients to obtain care on a timely basis. When this occurs, research indicates patients are often forced to visit doctors outside the health plan's preferred list, thereby shifting more expense onto themselves.

- ***Patient Inconvenience*** **--** Patients should not have to abandon a relationship with a trusted health care provider merely for the convenience of a health plan. They will have to invest more time to fill out new forms and complete new patient exams. This can result in mistakes and oversights while you already have all this information for your current patients.

- ***Interruption of Care*** **–** You have an established relationship with your patients and are familiar with their unique medical history and how it affects their eyes and vision. If they are forced to change providers they may experience disruption of care and duplication of services.

Take Action

- Begin to gather evidence and stories from your patients and staff that show how patient care has been delayed or even duplicated because of more restricted access to care.
- As OOPA prepares legislation to address these industry changes, prepare to educate yourselves and work with your legislators. Explain that patients should be able to select their own health care professionals, continue existing relationships with doctors without penalty, and not be forced by insurance companies to go to doctors they don't choose.
- Provide information to your patients to explain the current situation and how it might impact your relationship. Urge them to discuss their concerns with their employers.
- Encourage patients to consider participating in Flexible Spending Accounts and/or the newer "Health Savings Accounts" if available to them. These plans, when offered along with regular medical insurance, usually include eye care. They are less likely to limit choice of health care providers and they provide opportunities for patients to significantly increase their buying power by using pre-tax dollars for health care expenses.