Prevent Blindness®
Bringing Americans to Eye Care

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PreventBlindness.org

June 26, 2019

The Honorable Susan Collins
Chairman, Special Committee on Aging
United States Senate
G31 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Robert P. Casey, Jr.
Ranking Member, Special Committee on Aging
United States Senate
628 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Collins and Ranking Member Casey:

Prevent Blindness is the nation's leading nonprofit, voluntary organization committed to preventing blindness and preserving sight. Prevent Blindness represents millions of people of all ages across the country who live with, or care for those with, vision-related eye diseases and vision loss. We strive to improve our nation's vision and eye health by enhancing state and community capacities through our core competencies of early detection, patient support, care coordination, public policy, research, public awareness, and health education.

Prevent Blindness applauds the Senate Aging Committee for its leadership in addressing elderly falls and engaging stakeholders in the process of finding solutions to protect our nation's seniors. As such, we are pleased to offer a response to the Committee's Request for Information regarding prevention and management of falls and fall-related injuries. As the Committee reviews this important matter and seeks legislative solutions to address the goal of reducing falls risk and related injuries, we stand ready to work with you and your colleagues to advance policies that ensure Americans age in a safe and healthy way.

Background

Attention to vision health is critical at all stages in life, but never more important than early in life as a part of healthy childhood development and for older adults as they seek to maintain independence and a high quality of life. As we age, our eyes undergo many changes that can impact their function and our ability to see clearly. Changes in vision as we age can lead to difficulty in differentiating between colors, a decrease in visual field (or loss of side vision), contrast sensitivity, depth perception, difficulty focusing on nearby objects, dry eye, and adjusting to glare when entering dark rooms from outdoors. These changes in visual function can be further impaired by vision diseases such as macular degeneration, cataract, glaucoma, and diabetes-related eye disease if not identified and effectively treated in a timely manner. Vision impairment, whether it stems from serious eye diseases that progressively rob an individual of his or her sight or due to natural changes in functional eyesight, can put the elderly and aging at a significantly increased risk for falls. Research[1] has shown that moderate to severe visual impairment leads to a 2.4 times greater risk of falls, which often sets off a cascade of deteriorating health.

[1] Saftari and Kwon, Ageing vision and falls: a review. Ulsan: Journal of Physiological Anthropology, 2018

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According to the Centers for Disease Control and Prevention's Vision Health Initiative, available prevalence estimates of serious vision impairments, including blindness and severe vision loss, and eye diseases show that 1.02 million people were blind, 3.22 million people had vision impairment, and 8.2 million people had uncorrected refractive error in 2015.[2] **The CDC determined that 46.7% of adults aged 65 and older who self-reported severe vision impairment or blindness had also reported having fallen in the year prior. Conversely, only 27.7% of adults over age 65 without severe vision impairment or blindness reported having fallen in the prior year**.[3] A strategy that focuses on preventing falls and mediating falls risk must include vision and eye health as a component.

Taken as a singular issue, losing one's ability to see can have a lasting and damaging effect on overall health and quality of life. However, vision and eye health problems have a strong correlation to many costly chronic health conditions associated with falls such as:

- social isolation and loneliness,
- 200% increase in the risk of clinical depression, and
- 9.5 times' greater risk of Alzheimer's disease and cognitive decline.

In addition, vision impairment can compound problems associated with falls such as maintaining balance, lack of mobility, decreasing independence, fear of falling, function in low-light situations, access to care, and self-management of one's daily lifestyle and health conditions. The consequence of these problems, including loss of productivity, caregiving, family stress, transportation, long term care, direct medical costs, and quality of life impacts, will most certainly add to national cost estimates. On vision impairment alone, nominal expenditures will reach $385 billion by 2032 as the final wave of the baby boom generation ages into Medicare. These expenditures are projected to increase to $717 billion by 2050 with the proportion of these costs paid by government programs projected to increase from 32.6% to 41.4% by 2050 absent interventions.[4] Furthermore, a recent analysis of 24,000 hospitalized patients determined that patients with vision loss experienced longer hospital stays, high readmission rates, and contributed $500 million in excess costs. The same study indicated that Medicare enrollees with severe vision loss were readmitted at a rate of 23.1% compared to those without vision loss at 18.7%[5].

Numerous trends that point to the rapid aging of our population, the evidence pointing to a connection between fall-risk and poor vision, and associated increasing healthcare costs point to

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[2] Centers for Disease Control and Prevention Vision Health Initiative: "The Burden of Vision Loss" (2017). https://www.cdc.gov/visionhealth/risk/burden.htm

[3] Crews, JE, Chou, C-F, Steves, JA, et al. Falls among persons aged 65 years with and without severe vision impairment—United States, 2014. MMWR Morb Mortal Wkly Rep 2016; https://www.cdc.gov/mmwr/volumes/65/wr/mm6517a2.htm

[4] Wittenborn, J. and Rein, D. (2014) "The Future of Vision: Forecasting the Prevalence and Costs of Vision Problems. https://www.preventblindness.org/sites/default/files/national/documents/Future_of_Vision_final_0.pdf

[5] Morse AR, et al. *JAMA Ophthalmol*. 2019;doi:10.1001/jamaophthalmol.2019.0446; Accessed from "Hospital costs higher in those with vision loss;" Healio, 22 May 2019

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a tremendous opportunity to address vision and eye health as a component of a national falls prevention strategy. We urge the Committee to consider vision and eye health, including prevention efforts and integration into current public health programs and integrating vision and eye health into falls risk assessments, coverage options under Medicare, and strengthening community intervention mechanisms that promote awareness of decreasing vision and eye health as a potential risk for falls, as an indispensable investment in aging policies.

Below we have provided responses to the Committee's questions as they pertain to a strategy of addressing falls by striving for healthier vision and eye health. Falls prevention efforts that include addressing poor vision and eye health could lead to a reduction in healthcare spending across numerous conditions, care scenarios, and outcomes.

Tools and Resources

What learning tools, resources, or techniques can be used to empower patients to change their home environment or modify risk factors to reduce the risk of falls?

Loss of sight, whether it occurs suddenly or gradually, can be a distressing and life-altering experience. Adapting to one's daily lifestyle absent the most critical sensory enabler of independent living requires that patients work toward acceptance of their "new normal" but also the assistance that may be required to learn their old routines in different ways. Commonly, individuals may be unaware that their vision and visual function may be deteriorating, especially when it does not impact common tasks like reading. Nonetheless, these decrements in visual function are known to increase fall risk by 2-3 times[6]. Several well-characterized visual functions, including distance acuity, contrast sensitivity, and visual field loss, are all strongly associated with fall risk. Objects or arrangements within the home that may not have previously posed a falls risk to seniors may pose a hazard not just to those who are severely visually impaired but to those who face lower-risk and gradual changes in vision. Empowering patients to adapt to their new changes requires that they understand that even gradual or degrees of vision loss could result in a fall without modifications to their home environments or behaviors that could result in falls.

Orientation and mobility training for aging adults is one method to keep seniors aging in place. According to the CDC, "In the only randomized controlled trial to date that evaluates fall-prevention interventions among older adults with vision impairment, investigators reported that, of the two interventions examined, a home safety intervention (e.g., increasing illumination, removing throw rugs, etc.), but not a strength and balance training program, significantly reduced falls among persons with vision impairment aged ≥75 years in New Zealand."[7] Any policies or programs designed to empower patients to adapt to their new visual capacities must

[6] Ehrlich, J. R., Hassan, S. E., & Stagg, B. C. (2019). Prevalence of Falls and Fall-Related Outcomes in Older Adults with Self-Reported Vision Impairment. Journal of the American Geriatrics Society, 67(2), 239-245.

[7] Campbell, AJ, Robertson MC, La Grow SJ, Kerse NM, Sanderson GF, Jacobs RJ, Sharp DM, Hale La. "Randomised controlled trial of prevention of falls in people aged > or =75 with severe visual impairment: the VIP trial (2005) https://www.ncbi.nlm.nih.gov/pubmed/16183652

also include information and assessment related to lower-risk visual changes to empower patients to respond as their vision needs continue to change and continually remain aware of the risks that could lead to a fall.

Our recommendation: Environmental hazards, including those in the home, are typically assessed by occupational therapists; however, needed interventions designed specifically to address distance acuity, contrast sensitivity, and visual field loss are most effective for those experiencing vision impairment. This is one area in which vision rehabilitation professionals, who are trained specifically in working with individuals who live with low vision or vision impairments, can help aging Americans adapt to their own environments and maintain a quality of living. We ask the Committee to consider how strengthening coverage for these professionals can fit into falls prevention policies.

Are there any federal policy barriers that make it difficult to offer tools and resources to patients to prevent falls?

Elderly falls are costly to our healthcare system and the individuals who suffer them and live with the consequences of a falls injury. We believe that investing in the tools at the Centers for Disease Control and Prevention's Center for Injury Prevention, such as the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative is one of the best approaches to reducing elderly falls. Among its many resources for patients and providers, an algorithm for falls risk screening, assessment, and intervention places a visual acuity check as part of a response for a patient who has experienced 2 or more falls that resulted in an injury.[8] We believe that not factoring vision and eye health into a risk assessment strategy until after the patient has fallen *twice* represents two missed opportunities at preventing them in the first place.

Our recommendation: Assessing vision and eye health is an essential aspect of preventing falls before they occur. The main goals of vision assessment, as part of a multi-component intervention to reduce falls, should be to identify and facilitate treatment of disease and to improve access to and education in the proper use of eyeglasses. Additional resources allocated to the CDC's Vision Health Initiative can help to strengthen consistency in vision assessment practices, develop evidence-based guidelines across programs like STEADI and others, and conduct vision surveillance to determine the prevalence and scope of vision impairment and eye disease (including the populations most affected) as part of a prevention strategy.

Medicare

How can the "Welcome to Medicare" visit or the "Annual Wellness" visits be improved to better assess fall risk and fracture prevention and ensure appropriate referrals?

Aging Americans rely heavily on Medicare for their healthcare needs. Medicare is one of the largest health insurance providers in the country with nearly 48 million adults over 65 enrolled in

[8] Algorithm for Falls Risk Screening, Assessment, and Intervention (2017). https://www.cdc.gov/steadi/pdf/STEADI-Algorithm-508.pdf

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the program. The "Welcome to Medicare" preventive visit, or Initial Preventive Physical Exam (IPPE), and the Annual Wellness Visit (AWV) provide possibly the best opportunities to screen for vision and eye health as part of falls risk assessment and falls prevention. However, both the IPPE and AWV provide only visual acuity screenings as part of the benefit even as several known, well-characterized visual functions, including distance acuity, contrast sensitivity, and visual field loss, are all strongly associated with fall risk.

Our recommendation: In assessing fall risk and fracture prevention, it is vital to perform a comprehensive assessment of visual function. Vision health interventions provided in the *"Welcome to Medicare"* visit would benefit from demonstration projects promoting uniform visual function practices, improved data collection and referral documentation, and enhanced care coordination among health providers.

How can Medicare coverage and reimbursement for falls prevention and fall-related services be improved?

Currently, Medicare does not cover routine vision services, including eyeglasses, contact lenses, or other corrective devices for refractive error or for use with low vision conditions unless the items qualify under a statutorily defined benefit category or are considered reasonable and necessary for the diagnosis or treatment of an illness or injury. While Medicare Advantage plans tend to cover these services and some Medigap policies provide cost assistance for Medicare services, the out-of-pocket cost to the beneficiary may pose a significant barrier to care in addition to other chronic illnesses like diabetes, heart disease, cancer, and others that could diminish quality of life and advance preventable vision loss.

Medicare does provide coverage for placement of intraocular lenses that are implanted as part of cataract surgery as well as eyeglasses or contact lenses as durable medical equipment for use following cataract surgery; however, this benefit is only provided once per lifetime. Additionally, glaucoma screenings are also provided to beneficiaries who are considered to be high-risk.[9] These benefits should be maintained at a minimum; however, enhancing coverage on a periodic basis will help ensure improved vision. As well, telehealth policies under Medicare has only just started to move in a direction in which reimbursement for telemedical services can occur. While telehealth does not replace the opportunity that a face-to-face visit between a doctor and patient can offer, there is opportunity present in the use of telemedicine as a method of assessing vision and eye health, particularly for aging Americans living in rural areas or designated healthcare shortage areas where access to eye care specialists is minimal.

Our recommendation: Include a preventive eye care, including eyeglasses, contact lenses, or other corrective devices for refractive errors or for use with low vision conditions, in traditional Medicare. We also recommend that these services are made available to beneficiaries in a

[9] Medicare Learning Network: Medicare Vision Services, April 2018. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/VisionServices_FactSheet_ICN907165.pdf

manner that accompanies natural change in vision and follows evidence-based, appropriate guidelines of care.

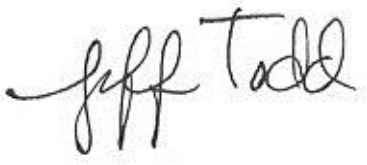
Transitions of Care
What more can be done by government agencies to support fall risk assessments and the implementation of protocols that could be used to prevent falls in the home care population?

Older adults are at high risk for vision impairment, which is one of many factors that increases the risk of falls. The home care population is unique in that they are cared for in highly variable environments with both enabling and challenging environmental features. One instrument, the Home Environment Assessment for the Visually Impaired (HEAVI), was developed to assess in-home features that may lead to increased fall risk in institutionalized older adults with poor vision. One solution would be to adopt standardized screening protocols; refer those who fail screening; and conduct an in-home assessment, for example using HEAVI, for those with uncorrectable vision impairment.

Our recommendation: Poor vision increases fall risk by 2 to 3-fold, so interventions to improve vision and mitigate fall risk may prove effective and should be trialed in the home care population.

Contact Information:
Prevent Blindness appreciates the opportunity to address the Committee with our recommendations for including vision and eye health as a part of an aging policy national strategy on preventing falls. If you should have any questions, please reach out to Sara D. Brown, Director of Government Affairs at (312) 363-6031 or sbrown@preventblindness.org.

Sincerely,



Jeff Todd
President and Chief Executive Officer
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