



November 25, 2013

Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Administrator Tavenner,

The American Optometric Association (AOA) submits these comments in response to the proposed quality measure related to overuse of diagnostic imaging for uncomplicated headache. The AOA represents approximately 36,000 doctors of optometry, optometry students and paraoptometric assistants and technicians. Optometrists serve patients in nearly 6,500 communities across the country, and in 3,500 of those communities are the only eye doctors. Doctors of optometry provide covered physician services to millions of Medicare beneficiaries, including nearly 6 million Medicare patients annually. Approximately 34,000 optometrists are enrolled as physicians to serve the Medicare program with their professional services (medical eye care), and approximately 14,000 optometrists are enrolled as suppliers serving the Medicare program with prosthetics (primarily covered eyeglasses following cataract surgery).

Due to the AOA's interest in quality measurement and because of the frequency with which patients with headaches present to optometrists, the AOA appreciates the opportunity to provide feedback regarding the proposed headache measure. As members of both the National Quality Forum and the Physician Consortium for Performance Improvement, the AOA is engaged in developments in quality measurement and improvement. The AOA also dedicates substantial educational resources to assist optometrists in participating in the Physician Quality Reporting System. Optometrists commonly diagnose and treat patients with headaches related to glaucoma, cataracts, strabismus, presbyopia and other eye conditions.

The AOA concurs that imaging for headaches is expensive and can be unnecessary. Literature related to diagnosing headaches in optometry¹ echoes the evidence cited in the measure justification which underscores the need for a thorough history and examination. While the measure justification clearly explains that the evidence does not support routine referral for diagnostic imaging, the justification does not fully address additional options that are available to health care practitioners who need assistance in diagnosing a headache patient. The AOA recommends that the measure developers consider establishing protocols for cases in which a referral for imaging is unnecessary. In "Primary Care Optometry" it is noted that "when a person having a headache as a major complaint visits an optometrist, he or she usually has diagnosed the headache as being due to a visual problem. In many cases the cause of a headache problem can be determined solely on the basis of history. In other cases, well-chosen diagnostic procedures (many of which are included in a routine optometric examination) are a necessity."² Before referring a patient with a headache for diagnostic imaging, other options for diagnosing and treating the headache should be explored. One cost efficient measure would be to ensure that the patient receives a comprehensive eye examination.

¹ http://www.optometry.co.uk/uploads/articles/bf1463f76c19c85cee82566b8de95e77_giovannoni20000505.pdf

² Grosvenor, T. Primary Care Optometry. Elsevier Health Sciences.

The AOA stands ready to assist the measure developers and CMS to explore this option and to assist in the ongoing development of this measure. Please contact Kara Webb at kcwebb@aoa.org if you have questions or need additional information.

Sincerely,

A handwritten signature in black ink that reads "Mitchell T. Munson, O.D.".

Mitchell T. Munson, O.D.
President
American Optometric Association