Using technicians to screen for eye disease can improve access to care for veterans

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Our Approach
- Develop models to improve access to eye care for certain metrics
- Design tool for VA decision-makers to use when considering new eye care locations
- More broadly, demonstrate how systems engineering can be used to improve access to care

Models
- **Model A:** Maximize number of patients screened
- **Model B:** Minimize cost

<table>
<thead>
<tr>
<th>Constraints</th>
<th>Baseline Providers*</th>
<th>Start from Scratch</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Patients Screened</td>
<td>86,340</td>
<td>91,577</td>
<td>20,371</td>
<td>20,160</td>
</tr>
<tr>
<td>Average Driving Distance (miles)</td>
<td>15.8</td>
<td>27.6</td>
<td>21.9</td>
<td>23.2</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$24.0M</td>
<td>$25.0M</td>
<td>$7.0M</td>
<td>$5.3M</td>
</tr>
<tr>
<td>Per Patient Cost</td>
<td>$277</td>
<td>$273</td>
<td>$329</td>
<td>$266</td>
</tr>
</tbody>
</table>

*Baseline providers: requires current eye care providers at the VA to stay in the same location

Constraints
- Max. travel distance: 40 miles
- Min % patients screened per zip code: 10%
- Budget (Model A): $25M
- Minimum patients screened (Model B): 20,000

What’s next?
- Incorporate follow-up care
- Expand model to other states

Acknowledgements
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