



# Completing the Pathway: From Patient Referral to Care -USA



International  
Federation on  
Ageing





## Overview of the United States of America's Health System

The United States of America's health care system is known to be a mix of public and private, for-profit and nonprofit insurers and health care providers.<sup>(1)</sup> Private insurance is the dominant form of coverage, and for working-age adults, it is most commonly obtained through employer-sponsored plans, which are often partially or fully subsidized by employers.<sup>(1)</sup> Federal and state regulations provide guidelines for the benefit packages and cost-sharing structures. For individuals who are not provided with private insurance and/or cannot afford private insurance, a complex system of public coverage is also provided. Additionally, people with disabilities, older adults, and Indigenous people are provided government coverage.<sup>(2)</sup> Veterans may receive care through the Veterans Health Administration (VA) as well, but only if they meet specific eligibility criteria, and not all veterans qualify.<sup>(3)</sup>



The Patient Protection and Affordable Care Act (PPACA), also known as Affordable Care Act (ACA) or Obamacare (after President Barack Obama), is widely considered one of the most comprehensive health care reforms in recent U.S. history, which attempted to address the escalating costs of health insurance.<sup>(4)</sup> Medicare and Medicaid are two major public health insurance programs in the United States, designed to serve different populations with distinct needs. Medicare is a federally administered program that primarily provides health insurance to individuals aged 65 and older, as well as people with disabilities or specific medical conditions such as end-stage renal disease.<sup>(5)</sup> In contrast, Medicaid is a joint federal and state program that offers health coverage to low-income individuals and families, including children, pregnant women, older adults, and people with disabilities.<sup>(3,6)</sup> Eligibility and specific benefits vary by state, but Medicaid generally covers hospital and doctor visits, long-term care services, mental health care, and prescription drugs. Unlike Medicare, Medicaid is income-based and is often free or low-cost to those who qualify.<sup>(7)</sup>

One of the ACA's primary goals was to expand access to health coverage, and it did so in part by expanding Medicaid eligibility to more low-income adults in states that chose to adopt the expansion.<sup>(8)</sup> This allowed millions more people to gain coverage who previously fell into a "coverage gap", which referred to individuals who were earning too much to qualify for traditional Medicaid but too little to afford private insurance.<sup>(9)</sup> Though the ACA remains active, there were several changes made by President Donald Trump's administration which have reduced reach and coverage, including shortening the annual enrollment period and imposing additional application paperwork.<sup>(10,11)</sup>

Age-related vision challenges and loss remain a significant public health issue, whereby one in six Americans aged 65 and older have a vision impairment (which cannot be corrected with glasses or contact lenses) and approximately half of Americans aged 85 and older have some form of age-related macular degeneration (AMD).<sup>(12,13)</sup> Geographic disparities, varying levels of health literacy and

education levels, as well as mobility challenges due to competing health priorities, such as cognitive health challenges, contribute to barriers older adults face in seeking screening and treatment for eye diseases.<sup>(14)</sup>

Vision care in the United States is provided through a mix of private insurance, public programs, and out-of-pocket payments.<sup>(15)</sup> Most routine vision services—like eye exams, glasses, and contact lenses—are covered by separate vision insurance plans or paid for directly by patients. Medicare generally does not cover routine vision care but may cover treatment for eye-related medical conditions, while Medicaid provides more comprehensive vision benefits for children and limited coverage for adults, depending on the state.<sup>(16)</sup> The Affordable Care Act requires pediatric vision coverage in all ACA-compliant health plans but does not mandate it for adults.<sup>(17)</sup> Overall, access to vision care varies based on factors like age, income, insurance status, and state of residence.

## 1. Campaigns and patient education

Several national campaigns in the U.S. promote vision health and eye care awareness, often led by organizations like the National Eye Institute, Centers for Disease Control and Prevention (CDC), and Prevent Blindness.<sup>(18,19)</sup> Key initiatives include Healthy Vision Month, which encourages regular eye exams and early detection, and the Vision Health Initiative, which focuses on tracking and preventing vision loss.<sup>(19)</sup> Non-profit organizations like Prevent Blindness and Lions Clubs International run public education programs, vision screenings, and provide glasses to underserved communities.<sup>(20)</sup> Specific to older adults, the American Academy of Ophthalmology celebrates Healthy Aging Month in September to raise awareness of the signs and symptoms of vision loss as well as key steps to help older adults prioritize vision health.<sup>(13)</sup> Overall, these campaigns aim to increase access to care, raise awareness, and prevent avoidable vision loss.

## 2. First point-of-care to screening

With the exception of non-government and non-profit organizations providing screening services, there is no formal and consistent program across different states for vision screening among adults. Generally, primary care providers and/or optometrists identify initial vision issues. For adults who are 65 years and older, it is recommended to complete an appointment with an optometrist at least once a year, though this guideline is not mandated.<sup>(21)</sup>



## 3. Referral to specialist and treatment

Optometrists are trained to detect larger vision issues, including diabetic retinopathy, and support with monitoring and management of eye diseases. As the disease progresses to advanced stages and specialized treatment is needed, patients are most commonly referred to a general ophthalmologist, where all stages of diabetic retinopathy, among other eye diseases, are diagnosed and treated. If needed, ophthalmologists will also refer the patient to a retina specialist. It is key to note that in

many insurance plans patients require a referral from a primary care provider or optometrist to see a specialist. However, referral requirements can vary depending on the insurance structure.<sup>(22)</sup>

## Barriers throughout the pathway

- The largest barrier is the variable insurance plans, which separate medical and vision insurance plans, which in turn results in high levels of confusion and out-of-pocket costs for individuals.
- There are significant challenges in raising awareness of eye diseases, whereby low health literacy rates among a large portion of citizens and misinformation via social media channels contribute to these barriers.
- There is fragmented care between vision health and medical health teams, which contributes to lowered patient adherence to referral pathways and treatment.
- Lack of screening sites, treating physicians or equipment and technology in certain areas, particularly those that are rural and remote, may prevent patients from receiving eye screening or reaching an eye specialist.
- Access to specialists may be limited based on region, such as in rural areas, and lead to longer waiting times.
- While a referral pathway exists, there is no system to provide follow-ups and ensure patients are adhering to appointments, which often delays care.

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## References

1. United States | International Health Care System Profiles | Commonwealth Fund [Internet]. [cited 2025 Jun 12]. Available from: <https://www.commonwealthfund.org/international-health-policy-center/countries/united-states>
2. Mandel I. The US Health Insurance System. *Am J Public Health*. 2016 Jan;106(1):9–9.
3. Eligibility For VA Health Care | Veterans Affairs [Internet]. [cited 2025 Jun 12]. Available from: <https://www.va.gov/health-care/eligibility/>
4. About the ACA | HHS.gov [Internet]. [cited 2025 Jun 12]. Available from: <https://www.hhs.gov/healthcare/about-the-aca/index.html>
5. What Original Medicare covers | Medicare [Internet]. [cited 2025 Jun 12]. Available from: <https://www.medicare.gov/providers-services/original-medicare>
6. Eligibility Policy | Medicaid [Internet]. [cited 2025 Jun 12]. Available from: <https://www.medicaid.gov/medicaid/eligibility-policy>
7. Understanding Medicaid: Your Guide to Basic Eligibility and Coverage | GovFacts [Internet]. [cited 2025 Jun 12]. Available from: <https://govfacts.org/federal/hhs/understanding-medicaid-your-guide-to-basic-eligibility-and-coverage/>
8. Status of State Medicaid Expansion Decisions | KFF [Internet]. [cited 2025 Jun 12]. Available from: <https://www.kff.org/status-of-state-medicaid-expansion-decisions/>
9. Kominski GF, Nonzee NJ, Sorensen A. The Affordable Care Act’s Impacts on Access to Insurance and Health Care for Low-Income Populations. *Annu Rev Public Health* [Internet]. 2016 Mar 20 [cited 2025 Jun 12];38:489. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5886019/>
10. FACT SHEET: Trump’s Crusade Against The ACA Continues With Renewed Attacks On The Law In His Second Term – Protect Our Care [Internet]. [cited 2025 Jun 23]. Available from: <https://www.protectourcare.org/fact-sheet-trumps-crusade-against-the-aca-continues-with-renewed-attacks-on-the-law-in-his-second-term/>
11. Donald Trump admin ends “Dreamer” ObamaCare coverage, makes other changes [Internet]. [cited 2025 Jun 23]. Available from: <https://thehill.com/policy/healthcare/5361480-trump-obamacare-dreamer-coverage-ends/>
12. Statistics and Trends [Internet]. [cited 2025 Jun 22]. Available from: <https://www.visioncenter.org/resources/age-related-vision-loss-statistics/>
13. Eye Health Observances - American Academy of Ophthalmology [Internet]. [cited 2025 Jun 24]. Available from: <https://www.aao.org/newsroom/observances>
14. Umfress AC, Brantley MA. Eye Care Disparities and Health Related Consequences in Elderly Patients with Age-Related Eye Disease. *Semin Ophthalmol* [Internet]. 2016 Jul 3 [cited 2025 Jun 22];31(4):432. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4990069/>
15. National Association of Vision Care Plans. FACT SHEET: Vision Health in the U.S. [Internet]. [cited 2025 Jun 12]. Available from: <https://navcp.org/wp-content/uploads/2018/10/FACT-SHEET-US-Vision-Health.pdf>

16. Coordinated Nationwide Approaches to Promote Eye Health [Internet]. [cited 2025 Jun 12]. Available from: <https://www.apha.org/policy-and-advocacy/public-health-policy-briefs/policy-database/2020/01/10/coordinated-nationwide-approaches-to-promote-eye-health-and-reduce-vision-impairment>
17. Vision Insurance [Internet]. [cited 2025 Jun 12]. Available from: <https://obamacarefacts.com/vision-insurance/>
18. Prevent Blindness Launches “It Started With an Eye Exam” Campaign to Encourage, Educate and Empower the Public to Make Vision and Eye Health a Part of Their Overall Health Care - Prevent Blindness [Internet]. [cited 2025 Jun 12]. Available from: [https://preventblindness.org/it-started-with-an-eye-exam/?utm\\_source=chatgpt.com](https://preventblindness.org/it-started-with-an-eye-exam/?utm_source=chatgpt.com)
19. Healthy Vision Month | National Eye Institute [Internet]. [cited 2025 Jun 12]. Available from: [https://www.nei.nih.gov/learn-about-eye-health/outreach-resources/healthy-vision-resources/healthy-vision-month?utm\\_source=chatgpt.com](https://www.nei.nih.gov/learn-about-eye-health/outreach-resources/healthy-vision-resources/healthy-vision-month?utm_source=chatgpt.com)
20. Vision | Lions Clubs International [Internet]. [cited 2025 Jun 12]. Available from: <https://www.lionsclubs.org/en/give-our-focus-areas/vision>
21. How Often Should You Get Adult Eye Exams | Lake Eye Associates [Internet]. [cited 2025 Jun 22]. Available from: <https://lakeeye.com/how-often-should-you-get-adult-eye-exams/>
22. Does Medicare Require A Referral To See A Specialist? - Medicare.org [Internet]. [cited 2025 Jun 12]. Available from: [https://www.medicare.org/articles/does-medicare-require-a-referral-to-see-a-specialist/?utm\\_source=chatgpt.com](https://www.medicare.org/articles/does-medicare-require-a-referral-to-see-a-specialist/?utm_source=chatgpt.com)



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