Review of Optometric Business

MAY 2020

SPECIAL REPORT

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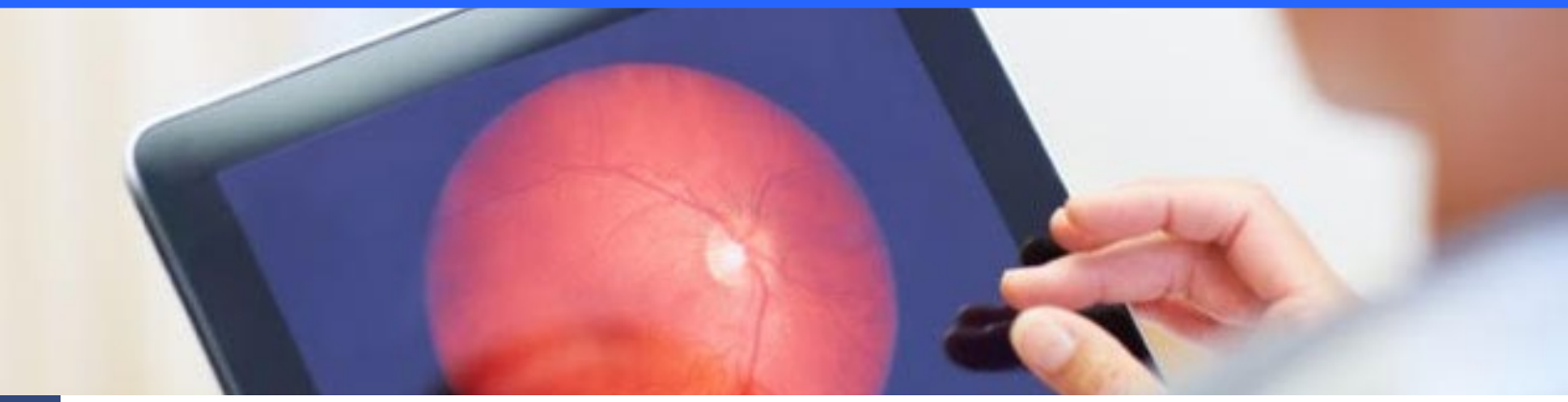

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Introduction and Overview

What Will "Normal" Look Like?

There is no arguing that COVID-19 has changed the world. Whether or not the changes are permanent is yet to be seen. I like to think about how this pandemic has impacted us in three stages.

Before COVID-19: *Review of Optometric Business* was in the planning stages for a Special Report on Telemedicine for Optometry. We were lining up writers, making outlines, doing research, and gearing up for a master publication on a controversial topic.

During COVID-19: During the national emergency related to the COVID-19 pandemic, our offices reduced services or closed, we've been offered opportunities for financial assistance, and we have urgently learned how to provide (and bill for) telemedicine services.

Following COVID-19: No one knows if we will have another shutdown, but I will be prepared for one, and I encourage you to be ready too. The time for a fire drill is before there is a fire. I know that some optometrists who were opposed to telemedicine services are using them today because of this emergency. I believe many will see the value and the opportunity to properly care for patients.

When providers who genuinely care about patients are providing care in innovative ways, the telemedicine devices that take shortcuts and are driven by financial gain will lose their power. Quality care always wins in the end.

Mike Rothschild
Leadership OD
Professional Editor

This Special Report on Telemedicine for Optometry is completely different from the one we were planning to bring you this summer. This is a more focused view of the current landscape of telemedicine with an eye on the future.

It includes a letter from **Dr. Yau Liu**, who I have the pleasure of working with on the Ocular Telehealth Special Interest Group of the American Telemedicine Association. She is a dedicated ophthalmologist who serves the eye care industry as a whole. **Dr. Brett Paepke** understands regulations and rules more than any other optometrist I know. He gives you the most up-to-date billing information in this ever-changing field. We also solicited a great deal of insight on available platforms that are being used today to deliver telemedicine services for optometry.

Please enjoy this Special Report on Telemedicine for Optometry and send us your feedback for Volume 2 as we continue to cover this evolving field and the way we practice optometry.

TERMINOLOGY

Telehealth, Telemedicine, or Teleoptometry – Which Term Should We Use?

Many people tend to use the terms telehealth, telemedicine, and teleoptometry interchangeably. As part of the medical system of care of our patients, we need to conform to the accepted medical system of terminology. Since we are at the beginning of the use of remote health care services, we are at a place where we should define terms. Here are three considerations that the best term to use is telemedicine when an individual doctor is delivering remote diagnosis and treatment services to an individual patient.

CONSIDERATION 1: THE DIFFERENCE BETWEEN EHR & EMR GIVES GUIDANCE

This discussion began a long time ago with the difference between electronic health records (EHR) and electronic medical records (EMR).

An EMR is the digital record of a patient's medical information primarily obtained in the individual practitioner's office. The EHR is much more. The EHR contains the entire universe of all of each individual patient's health information. The EHR for an individual patient contains all clinicians' records involved in the care of that patient plus any personal health information about the patient, including wellness and lifestyle data as well as data from their FitBit or their 23andMe report.[1] The local doctor's EMR is a subset of the patient's total EHR.

This leads us to the understanding that the local doctor's telemedicine exam and treatment would be a subset of the patient's overall health record from all practitioners.

CONSIDERATION 2: NATIONAL ORGANIZATIONS GIVE GUIDANCE

The U.S. Department of Health and Human Services (HHS) identifies telehealth's definition as broader in scope than that of telemedicine. According to the HHS, telehealth covers remote health care services that are both clinical *and* non-clinical. Telemedicine refers just to remote clinical services.[2]

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Medicaid uses the telemedicine terminology to define the local doctor's remote examination and treatment.[3]

The American Telemedicine Association gives the following definition:

> "Telehealth and Telemedicine: Telemedicine is the use of medical information exchanged

from one site to another via electronic communications to improve patients' health status. Closely associated with telemedicine is the term 'telehealth,' which is often used to encompass a broader definition of remote health care that does not always involve clinical services. Videoconferencing, transmission of still images, e-health (including patient portals), remote monitoring of vital signs, continuing medical education, and nursing call centers are all considered part of telemedicine and telehealth." [4]

CONSIDERATION 3: NO THIRD PARTY PAYS FOR TELEOPTOMETRY SERVICES

As far as we are aware, teleoptometry is not a paid service by any medical third party.

Imagine what would happen to medical third party payments if optometrists stopped billing for medical eye examinations and started billing for "optometric medical eye examinations." Since no such code exists, payments would stop immediately. This suggests we should use the telemedicine terminology versus teleoptometry.

This is not a new idea. Many years ago, optometry thought it was a good idea to create its own codes to use (COIT and VOIT) instead of using the medical standard of CPT and ICD codes. The mere absence of COIT and VOIT today informs us how successful the approach of going outside standard medical terminology turns out.

CONFUSION

There is a lot of confusion that currently exists. Many people continue to use the terms telehealth and telemedicine interchangeably. One of the most common examples of this confusion is when it is written as "telehealth/telemedicine services." Rather than choose, both terms are used to cover all bases.

You will also see other professions struggling with the same issues this article discusses by calling what they do as telepsychiatry[5] or teleradiology.[6]

CONCLUSION

Looking at how long the confusion between the use of the terms EHR and EMR has existed, the confusion between telehealth, telemedicine, and teleoptometry is not going to go away quickly. We can help this situation by being clearer on our use of the term telemedicine when referring to the remote examination and treatment of an individual patient by an individual practitioner.

REFERENCES

1 https://financesonline.com/difference-ehr-emr/
2 https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf
3 https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html
4 https://thesource.americantelemed.org/resources/telemedicine-glossary
5 https://www.psychiatry.org/psychiatrists/practice/telepsychiatry
6 https://evisit.com/resources/what-is-teleradiology/

ASSOCIATION

The American Telemedicine Association Focuses on Ocular Telehealth

By Yao Liu, MD, MS

Focused on accelerating the adoption of telehealth, the American Telemedicine Association (ATA) is in the spotlight as the coronavirus pandemic has overburdened health care providers and sent them quickly seeking telehealth solutions. Through its Special Interest Groups (SIGs), the ATA addresses specific areas of telehealth care, and one of those areas is the field of eye care.

SIGs are organized around clinical specialties and unique topical areas within telehealth. SIG members network with peers, promote and support telehealth applications within their specialty, and provide authoritative guidance and information to the wider ATA membership.

The Ocular Telehealth SIG of the American Telemedicine Association promotes the development and advancement of the use of telemedicine in fields related to ophthalmology, optometry, and optical engineering. Our members include individuals from academia, industry, government, and health care with an interest in providing ocular care through telecommunications technology.

The ongoing work of the Ocular Telehealth SIG continues as the coronavirus pandemic ramps up the ATA's work providing information around telehealth in general.

Prior to the COVID-19 pandemic, the Ocular Telehealth SIG was actively sharing ideas and collaborating on the many issues facing our patients' eye care needs. With an aging U.S. population and a limited supply of health care providers, we have an opportunity to leverage technology to ensure that people have access to care when and where they need it and further expand the capacity of our providers to care for more people.

SIG members are able to share unique perspectives in monthly, interactive calls and webinars to learn about a wide variety of innovative ocular telehealth initiatives. Our discussions throughout the year have included telehealth low vision services through the VA, a mobile glaucoma screening unit, diabetic retinopathy screening in primary care, artificial intelligence algorithms, and refractive ocular telehealth.

We consistently strive to challenge each other to provide the safest and most effective eye care using telehealth tools based on current scientific knowledge and technological requirements to meet the needs of our patients.

For example, the ATA's Ocular Telehealth SIG published the **3rd American Telemedicine Association Telehealth Practice Guidelines for Diabetic Retinopathy** along with new appendices containing information regarding the telehealth management of glaucoma, retinopathy of prematurity, and macular degeneration, as well as the application of artificial intelligence.

As the COVID-19 pandemic created an urgent interest in providing eye care to patients at home, the Ocular Telehealth SIG shared best practices for delivering high-quality care during these unprecedented times. This led to the rapid creation of a telehealth **"tipsheet"** to guide practitioners as we work together to develop best practices.

As we move forward, we expect to see a wide variety of new direct-to-consumer devices as well as expanded interest from providers to explore options for providing telehealth services to our patients. We will continue to work together to stay informed and maximize the impact of telehealth advances. Our priority remains ensuring the highest quality, accessible care for all patients by leveraging telehealth to build and maintain strong relationships with eye care providers.

YAO LIU, MD, MS,

is chair of the Ocular Telehealth Special Interest Group of the American Telemedicine Association and assistant professor of ophthalmology of the University of Wisconsin School of Medicine and Public Health in Madison, Wisconsin.

PRACTICE MANAGEMENT

Getting Paid for Telemedicine

By Brett M. Paepke, OD, Director of ECP Services, RevolutionEHR

Brett M. Paepke, OD

There's an adage in some parts of the country that says if you don't like the weather now, wait a few minutes. This, of course, is based on the idea that meteorological conditions can change fast. That same logic applies to coding principles surrounding telemedicine. Beginning in mid-March and in less than three weeks' time, CMS offered five separate updates on telemedicine policies, testing the limits of even the most enthusiastic coding and policy student.

With that in mind, here is a brief summary of the most commonly used telemedicine codes in optometry along with guidance current through the updates of April 23.

Service	Code(s)	Communication Method(s)	Live Patient Interaction Required?	New Patients Allowed?	Patient Must Initiate?	Informed Consent Required?
Remote Image / Video Evaluation	G2010	clinician response via wide range of options	no	yes	yes	yes
Virtual Check-In	G2012	telephone, interactive audio & video system	yes	yes	yes	yes
E-Visit	99421-99423	patient portal, secure e-mail	no	yes	yes	yes
Telephone Services	99441-99443	telephone	yes	yes	yes	yes
Telemedicine Visit	99201-99205 99212-99215	interactive audio & video system	yes	yes	no	no

REMOTE IMAGE / VIDEO EVALUATION

Code: G2010

Description: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

Approximate Reimbursement: $15

Example: A patient is told by a coworker that her right eye is bloodshot. She takes a picture of her eye and sends it to her optometrist. Her optometrist lets the patient know that he's happy to provide care through discussion rather than an office visit and that she will likely be responsible for a co-pay through her insurance. The optometrist asks if she agrees to the

service. The patient provides consent. The doctor sends a message back to the patient explaining the condition and management plan.

VIRTUAL CHECK-IN

Code: G2012
Definition: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/ M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion
Approximate Reimbursement: $15

> **Example:** A patient is told by a coworker that her right eye is bloodshot. She'd rather not go to the office if she doesn't have to, so she decides to call her optometrist. The optometrist lets the patient know that he's happy to provide care through discussion rather than an office visit and that she will likely be responsible for a co-pay through her insurance. The optometrist asks if she agrees to the service. The patient provides consent. The doctor and patient discuss the case and agree to a management plan.

Note that a key difference between G2010 and G2012 is that the latter requires live interaction between doctor and patient. It doesn't need to be video based, but the two must be interacting in real-time. G2010, on the other hand, provides flexibility for situations where real-time communication is not possible instead expecting the doctor to provide a response to the patient within 24 hours.

E-VISIT

Codes: 99421, 99422, 99423
Descriptions:
99421: Online digital evaluation and management service, for established patient, for up to seven days, cumulative time 5-10 minutes
99422: Online digital evaluation and management service, for established patient, for up to seven days, cumulative time 11-21 minutes
99423: Online digital evaluation and management service, for established patient, for up to seven days, cumulative time 21 or more minutes
Approximate Reimbursements:
99421: $15
99422: $30
99423: $50

> **Example:** A patient notices that her left eye has been red since the morning. She logs into her patient portal and sends her optometrist a secure message. Her optometrist lets the patient know that he's happy to provide care through discussion rather than an office visit and that she will likely be responsible for a co-pay through her insurance. He asks if she agrees to the service. The patient provides consent. The optometrist spends 15 minutes in total over two days discussing the condition and codes 99422.

TELEPHONE SERVICES

Codes: 99441, 99442, 99443
Descriptions:
99441: Telephone evaluation and management of established patient by physician - 5-10 minutes
99442: Telephone evaluation and management of established patient by physician - 11-20 minutes
99443: Telephone evaluation and management of established patient by physician - 21-30 minutes
Approximate Reimbursements:
99441: $15
99442: $30
99443: $40

> **Example:** A patient notices that her left eye

has been red since the morning. She calls her optometrist's office and asks to discuss the situation with him. Her optometrist lets the patient know that he's happy to provide care through discussion on the phone rather than an office visit and that she will likely be responsible for a co-pay through her insurance. He asks if she agrees to the service. The patient provides consent. The optometrist spends 15 minutes in total discussing the condition with the patient and codes 99442.

Important notes about each of the previous services:

- Per April 3 guidance, all claims for services listed above provided to Medicare Part B patients should carry a place of service of 11: Office
- By definition, "telemedicine" describes services that are inherently face-to-face/in-person but are taking place in a different manner. Since none of the services above are ever provided in office, none are truly considered telemedicine. As such, no additional modifiers should be required by the payor.
- While official CPT descriptions limit the codes to "established patients," CMS has added flexibility during the current public health emergency to allow "new" patients to also be eligible.
- CMS approval for telephone services was announced on April 2, 2020. Since CMS has not traditionally paid for telephone calls it stands to reason that some early claims for telephone visits could be incorrectly rejected.
- Note that each of the above requires patient consent. This consent is intended to make the patient aware of the limitations of virtual care and the fact that it will be a fee-based service. Verbal consent is okay at the present time in the interest of removing obstacles to accessing care.
- Related, note that each of the above requires the patient to initiate the visit. In other words, an OD cannot call a patient out of the blue and then bill the patient or their insurance.
- Finally, only G2010 and G2012 can be billed by the same doctor for the same patient on the same day provided requirements for both codes have been satisfied.

TELEMEDICINE VISITS

Codes: 99201-99205, 99212-99215

Approximate Reimbursements:

New Patients		Established Patients	
Code	Reimbursement	Code	Reimbursement
99201	$47		
99202	$77	99212	$46
99203	$109	99213	$76
99204	$167	99214	$110
99205	$211	99215	$148

Example: A patient experiences the onset of seasonal allergies and associated eye symptoms. Remembering that her optometrist now offers virtual visits, she uses the OD's interactive audio and video system of choice to be seen. The OD takes a case history, evaluates specific aspects of the eye to the best of her ability through video and initiates a treatment and management plan. The OD codes the encounter at the level that best represents the elements addressed within the case history and physical exam alongside the degree of medical decision making.

Important notes about Telemedicine Visits:

- Per April 3 guidance, all claims for services listed above should carry a place of service of 11: Office. Payors outside of Medicare might prefer a place of service of 02 to indicate telemedicine.
- Telemedicine Visits require live audio and visual interaction between doctor and patient.

This is noted on the claim via use of -95 modifier ("Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System")

- In the interest of making telemedicine as accessible as possible during this time, the Department of Health and Human Services announced on March 18 that traditionally non-HIPAA compliant platforms such as FaceTime and Skype could be used to accomplish real-time interactive audio and video communication. Additionally, the Office for Civil Rights announced that they would not impose any HIPAA penalties as a result of the use of these systems.
- Incorporating ideas from CPT plans for the 2021 calendar year, CMS clarified on April 7 that code selection for telemedicine visits during the public health emergency can be based on either:
    - Medical decision making (MDM) alone; or
    - Time alone
        - If time alone is used, all physician time associated with the service that day should be considered, and the following thresholds should be used:

New Patients		Established Patients	
Code	Time	Code	Time
99201	10 minutes		
99202	20 minutes	99212	10 minutes
99203	30 minutes	99213	15 minutes
99204	45 minutes	99214	25 minutes
99205	60 minutes	99215	40 minutes

Questions will naturally pop up regarding how to document telemedicine services, and it can be helpful to apply the same principles as in-person care. For example, the medical record should answer the following:

- Why is the visit taking place?
- What was performed?
- What is the management plan?

It's also good practice to include key details related to the provision of telemedicine and the specific service:

- Who initiated the discussion?
- What communication method was used?
- How much time was spent in providing the service?
- Was informed consent obtained?

Ultimately, opinions abound regarding the role telemedicine plays in optometric practice. Importantly, the clinician gets to make the decision about the degree to which they are comfortable practicing telemedicine. So, while this article seeks to serve as a foundation for what's possible, none of it is a formal recommendation as the reader is ideally positioned to make decisions in the best interest of their practice and patients.

REFERENCES

Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19, Centers for Medicare & Medicaid Services (March 30, 2020)

CMS Telemedicine Fact Sheet (March 17, 2020)

Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency (March 30, 2020)

CMS-1693-F: Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2019: **https://www.govinfo.gov/content/pkg/FR-2018-11-23/pdf/2018-24170.pdf** (November 28, 2018)

TECHNOLOGY

Finding the Right Telemedicine Platform

By Mike Rothschild, Leadership OD

The use of telemedicine has radically expanded since the COVID-19 outbreak. The expansion has been at near-panic levels due to the extent of our world-wide "shutdown." Optometrists are generally careful and thoughtful in our move to change, but this warranted swift action.

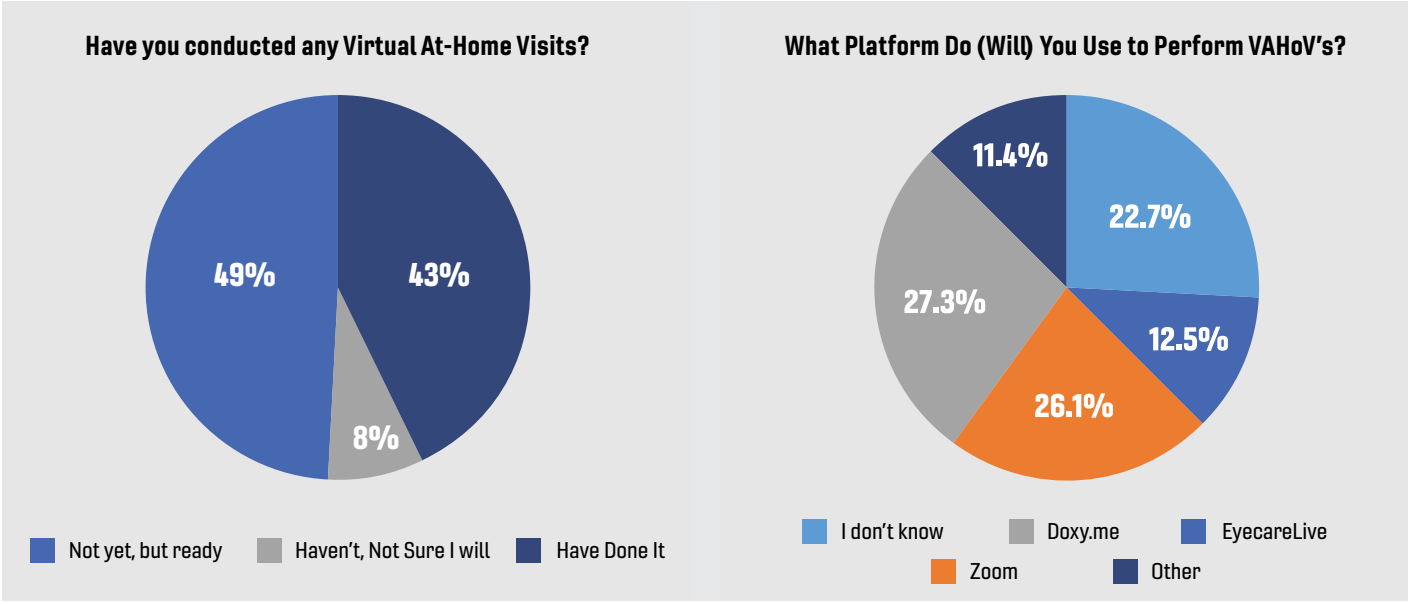
Our offices were closed to routine patient care, telemedicine services were expanded, and HIPAA restrictions were given a break. With all of this momentum, optometrists jumped into the realm of telemedicine without any time to prepare or plan or analyze.

A recent survey polled eyecare practices around the world about our plans and experience with Virtual, At-Home Visits (VAHoV) and shows that less half of us have already begun seeing patients utilizing virtual technology, half are ready and some are still not sure they will being jumping in at all.

The same survey asked which platform was being used to see patients using Virtual, At-Home Visits (VAHoV). It is clear that we are gravitating toward three distinct providers during this time:

Doxy.me: 27.3%
Zoom: 26.1%
EyecareLive: 12.5%
Other: 11.4%
22.7%% say they "Do Not Know" what platform they will be using to connect with patients.

During the continuing social distancing directives and persistent risk to patients and staff, we must be able to provide a communication platform with our patients to stay in touch and provide quality



Survey Source: TheTeleOp.com sign up data. N=103

care. A multitude of potential solutions exist, but knowing who to go with can be a challenge.

As you consider utilizing a platform, it is important to consider three scenarios where you may use it:

1. During the current COVID-19 related emergency
2. During the next potential national "shutdown"
3. Providing ongoing ancillary care to your patients

According to the survey, most doctors performing VAHoV's have elected to utilize **Doxy.me** primarily due to its ease of use for the patient and the provider. Keshav Bhat, OD, from North Carolina said, "Doxy.me is a web-based platform where I simply share my personalized room URL with patients to start a meeting. The URL is all that is required for the patient. A customizable waiting room welcomes and engages the patient until I am ready. It is very reassuring to the patient seeing and listening to you, but I'm left with a lingering question about the nature of my diagnosis until I follow up in 24 hours."

Doxy.me requires a BAA and is HIPAA compliant. There is a free version, and upgrades are available to unlock more premium features such as photos and payment processing.

Brittany McMurren, OD, in California enjoys the simplicity of the program. "It is very simple for the patients to interact with. You literally click the link on your device and type your name. That's it! It keeps a tidy log of all the calls made, when they were made, and how long they lasted." However, she is still working on getting it fully implemented into her day, "I have not found a way to schedule patients in the virtual waiting room. In the future, I would like to be able to have a list of expected patients at expected times."

Zoom.us is being used almost as much by optometrists to perform VAHoV's, probably due to its enormous popularity as a COVID-19 communication tool. It seems that most schools have adopted Zoom to teach classes to remote students. All sorts of groups are utilizing the robust, reliable, easy-to-use platform to stay connected. I haven't heard of a Zoom Zumba class yet, but I think that's a golden opportunity.

Zoom has been a telemedicine provider for several years with a strong presence in the American Telemedicine Association. It has an established HIPAA-compliant service with a BAA and other safety protocols, and it is available for a fee.

With the relaxation of the HIPAA restrictions during the COVID-19 national emergency, Zoom users can be confident without the health care agreement. Communications are encrypted on both ends of the connection, so privacy becomes the responsibility of the end users. Zoom allows staff members to attend the VAHoV as well to take care of any documentation, payment information, or demographic confirmation.

A recommended Zoom protocol is to schedule a Zoom Meeting with a patient and communicate the meeting for an agreed-upon time. Upon connecting, a staff member can confirm privacy, verify any needed information, and discuss the payment arrangements for today's visit. Providers can then activate their camera and begin the consultation. At the end, the staff member can re-engage, make any needed orders, take payment, and schedule any follow care.

With a cloud-based record-keeping system, all scheduling, documentation, communication, and billing can be done as if in the office.

EyecareLive is built specifically for eyecare and ranks third on the survey. Jerry Robben, OD, is the chief optometrist for Bowen Eye and Associates in Jacksonville, Florida. He says, "EyecareLive has allowed me to care for patients that we, otherwise, likely wouldn't have been able to see, due to the restrictions we are all currently under. For those patients, they have thoroughly appreciated our ability to see them in this way, young and old alike." To communicate the availability of the service, Dr. Robben explained, "We also provide them with a written overview, in that email or on the social media post, of how to go about using it. We also encourage interested patients to contact our office for assistance with getting started with the platform."

EyecareLive has built-in vision-specific testing including Visual Acuity, Dry Eye survey, and a contact lens survey. It solicits a chief complaint that the patient is able to enter directly into the app and guides them on taking and uploading photos or videos of their eyes. The downloadable app allows patients to schedule a consultation with their provider and has features such as medication reminders.

"I can see us using it as a long-term extension of our clinic to add an extra personal touch to patients who may need it or to stay in touch with patients who are in situations that can limit their ability to be seen in our office," said Dr. Robben.

EyecareLive requires a subscription and is HIPAA compliant.

NOW WHAT? BACK TO THE THREE CONSIDERATIONS:

1. **During the current COVID-19 related emergency** – Just do something. **TheTeleoptometrist.com** is a free tool available and is designed for the sole purpose of converting patients on your schedule to Virtual, At-Home Visits. Pick a solution that works for now and get to it.
2. **During the next potential national "shutdown"** – This time, we were all caught off guard. It is up to us to be ready next time. Some predict it will be this fall. It is critical that you have a plan.
3. **Providing ongoing ancillary care to your patients** – Most who are trying to deliver telemedicine services are realizing the value it can have under "normal" circumstances. Take notes so you don't lose the lessons, and consider long-term use of telemedicine services.

Speaking to doctors who are incorporating this technology into their practices all agree that flexibility and improvising are key. If your patient is having difficulty connecting, don't be hesitant to try something else. (Right now, even FaceTime works!) The more you keep trying, the easier and the better it gets.

That's why we call it "practice."

TECHNOLOGY

Telemedicine Technologies for Optometry

Here is a selection of some of the companies providing telemedicine technologies (this list is not comprehensive):

20/20NOW provides optometrists with telemedicine capabilities to care for patients both in and out of the office. ODs can more safely see patients, add exam capacity, extend practice hours and locations, and increase their ODs' productivity by conducting remote comprehensive digital eye exams. An in-office technician does pretesting while the rest of the exam is performed by a remote technician and the optometrist followed by a video conference to discuss the exam results and prescription. The optometrist can conduct the exam remotely or use a 20/20NOW doctor to fill in when needed. The company has recently launched a HIPAA-compliant telemedicine program that lets ODs conduct eye care consultations with patients at home. There are no minimum exam requirements, and currently ODs can acquire any needed diagnostic and telemedicine equipment with no upfront cost.

Compulink's Eyecare Advantage offers a number of practice-management tools, such as its OneTab EHR software that lets ECPs document and exam from a single screen. Its telemedicine function supports synchronous video and audio chat with patients. MyEyeStore lets a practice sell products through online ordering. Its telemedicine software lets ECPs connect remotely with patients via real-time video and audio chat.

Digital Optometrics offers a synchronous digital platform that connects patients and ECPs using videoconferencing and remotely performed eye exams. The service requires patients to come to an optometric location, and the company emphasizes the convenience to patients, who can walk in and have their exam. The exam includes having an ophthalmic technician handling autorefraction, take photos of the eyes and determines a patient's current prescription, while conversing with the patient via live remote video. The information is then sent to an optometrist who will discuss the results via remote video.

Doxy.me is a telemedicine system that requires no downloads for patients, who can create a synchronous connection with their ECP via a specific URL. There is a free version available; the paid accounts offer extras such as text and email notifications and the ability to receive payments. The communications are encrypted, and the service is HIPAA compliant.

EyecareLive offers a digital platform that allows ECPs and patients to access each other online, any time. Patients can download the app and reach out to their ECP from home, send images of their eyes, and arrange a live video chat, making it both synchronous and asynchronous. A patient with dry eye can take an in-app SPEED test, and the results can be reviewed online by the ECP. Plus, a myopic child can use the EyecareLive app to take an at-home screening test and let an ECP review the status of their myopia.

EyecarePro has a telemedicine platform called GetSetCare that practices can use for synchronous emergency consults, dry eye check-ins, vision therapy sessions, and ongoing appointments for patients with chronic ocular diseases or conditions. GetSetCare allows practices to set their telemedicine schedules, and patients can book through the practices' own websites. GetSetCare is HIPAA compliant.

Eyefinity EHR has fully integrated telehealth capabilities. Providers can leverage their cloud-based optometric software to provide remote care for

consultations, supervision, and medication management. Auto-coding helps ensure accurate billing and claims management. Soon, users will have the ability to expand practice reach and deliver personalized care with secure, HIPAA-compliant video chat functionality. Doctors who wish to perform a video visit are able to connect with their patient and document an exam simultaneously on the iPad app. With Eyefinity EHR, users can extend care with confidence using professional-grade, high-resolution video technology. This complete, all-in-one telehealth solution is patient friendly, making it easy to offer virtual patient visits while practicing within the Centers for Medicare & Medicaid Services (CMS) regulations and state guidelines, during the pandemic and beyond.

Icare Home sells a range of tonometers for tracking intraocular pressure. Its handheld ic200 device, for example, is designed for professional use in a clinic and requires no eyedrops or air. Its Icare HOME device is designed for patients to use according to their doctor's prescription. The results are then available online asynchronously for access by an ECP.

NovaSight offers two systems. One is the portable Eyeswift vision assessment system, which provides 11 different asynchronous vision exams and does not require an ECP to be present. The system was found to provide precise detection and measurements of ocular misalignment in children aged 3 to 15. Its second device is the CureSight eye-tracking based system for lazy eye treatment. The treatment is carried out using real-time 3D image processing algorithms and monitors the progress of the treatment automatically, providing feedback to caregivers through a telemedicine cloud-based application, and it automatically adjusts the treatment protocol.

Optos offers its Optomap technology with its ultra-widefield (UFW) that captures more of the retina than traditional equipment, covering more than 80 percent or 200˚ of the retina in a single image. Its devices are meant for use in a professional setting but capture images that can be shared in a digital format to an ECP. Some of its devices are designed to help diagnose specific conditions, such as diabetic eye disease, uveitic conditions and other choroidal pathology.

SolutionReach offers SR Telehealth, which is a secure, high-resolution video tool for telemedicine that is launched directly from a text conversation. Visits using SR Telehealth can be pre-scheduled, and instructions can be sent in the text or email appointment reminder. Then, a link can be sent a few minutes before the visit through text to launch the secure visit. Solutionreach lets ECPs deliver instructions and links to a third-party telehealth solution or through SR Telehealth.

Topcon Healthcare is focused on smart design and developing technologies and products that integrate for a more proactive approach to patient diagnosis and treatment. Keeping pace with the ever-changing landscape of the eye care industry, especially the now urgent need for telehealth, Topcon's smart devices help optimize quality, speed, and reach of care. With Topcon's automated OCTs and new remotely controlled diagnostic instruments, doctors can engage with patients, diagnose conditions, and recommend treatment through our connected ecosystems. The potential for remote diagnostics is urgent and tremendous, and Topcon's technology is well positioned to meet these growing needs as the eye care landscape evolves.

Uprise Telehealth Essentials, is Uprise by VisionWeb's newest software offering to assist ODs in their management of remote patient visits with customizable video and audio appointments, image and video storage and access, a HIPAA-compliant patient portal, automated telemedicine billing, and electronic patient education content.

TERMINOLOGY

Telemedicine Glossary

asynchronous: term describing "store and forward" transmission of medical images and/or data because the data transfer takes place over a period of time and typically in separate time frames. The transmission typically does not take place simultaneously.

authentication: method of verifying the identity of a person sending or receiving information using passwords, keys, and other automated identifiers

bandwidth: measure of the information-carrying capacity of a communications channel; a practical limit to the size, cost, and capability of a telehealth service

Bluetooth wireless: industrial specification for wireless personal area networks (PANs) that provides the means to connect and exchange information between devices such as mobile phones, laptops, PCs, printers, digital cameras, and video game consoles over a secure, globally unlicensed short-range radio frequency

data compression: a reduction in the number of bits needed to represent data to save storage capacity, speed up file transfer, and decrease costs for storage hardware and network bandwidth

digital camera (still images): camera that stores images digitally rather than recording them on film, allowing data to be downloaded to a computer system

Digital Imaging and Communication in Medicine (DICOM): A method to reduce the volume of data using encoding that results in the data having fewer bits of information than the original dataset to reduce image processing, transmission times, bandwidth requirements, and storage requirements

digital signature: hardware or device not part of the central computer that can provide medical data input to or accept output from the computer

distance learning: incorporation of video and audio technologies, allowing students to "attend" classes and training sessions that are being presented at a remote location

distant provider: telehealth service where provider giving care is not physically on site but is communicating directly with the patient and seeing live data. Provider may be a specialist remoting or the primary caregiver

distant site: site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system

Electronic Data Interchange (EDI): allows one company to send information to another company electronically rather than with paper

encryption: mathematical system for authenticating digital messages or documents; valid signatures give the recipient evidence that the message was created by a known sender and not altered in transit

kiosk: self-service device that can function as patient check-in stations at clinics or doctors' offices; more advanced kiosks can perform basic diagnostic tests on patients

local area network (LAN): network set up to serve as few as two or three users in a home office or several hundred users in a corporation's central office

mobile telehealth: delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies

noise canceling: method for reducing unwanted sound during videoconferencing or other electronic audio transmission

originating site: location of the patient in a telehealth visit

patient exam camera (video): devices that do not record video but serve as a conduit for video signals

peripheral devices: internal or external device that connects directly to a computer but does not contribute to the computer's primary function

personal area network (PAN): a computer network that enables communication between computer devices near a person

personal health record (PHR): electronic, universally available, lifelong resource of health information needed by individuals to make health decisions

router: connects multiple networks and forward packets destined either for its own networks or other networks

teleconferencing: companies can conduct meetings, customer briefs, training, demonstrations, and workshops by phone or online instead of in person

teleconsultation: health care consultation carried out remotely using audiovisual telecommunications between doctor and patient

telemedicine: technology-enabled health and care management and delivery systems that extend capacity and access

router: connects multiple networks and forward packets destined either for its own networks or other networks

Rural Health Care Division (RHCD): primarily engaged in furnishing outpatient services with one or more physicians and one or more physician assistants or nurse practitioners engaged in providing primary medical care

teleconferencing: companies can conduct meetings, customer briefs, training, demonstrations, and workshops by phone or online instead of in person

teleconsultation: health care consultation carried out remotely using audiovisual telecommunications between doctor and patient

virtual, at-home visit (VAHoV): health care visit delivered to a patient who is at home or other private location by a health care professional via an audiovisual connection in real time

wide area network (WAN): computers connected to a wide-area network are often connected through public networks such as the telephone systems or satellites

WiFi: technology that allows computers, smartphones, or other devices to connect to the internet or communicate with one another wirelessly within a particular area

SPONSOR

Uprise EHR and Practice Management Helping You Manage Remote Visits With Your Patients

Since its inception, Uprise by VisionWeb has been securely cloud-based, remotely accessible for patients and doctors, and designed to reduce data entry during exams. Given that a robust and integrated online patient portal, custom EHR templates, and 24/7 remote access to patient data are necessary to provide telehealth services, Uprise already has the tools to support practices that are implementing remote care during these unprecedented times of social distancing. The newest software offering, **Uprise Telehealth Essentials**, is offered month-to-month without a long-term contract for practices that need an EHR software that allows them to test out telemedicine and monitor how their patients respond.

UPRISE TELEHEALTH ESSENTIALS WILL ASSIST ODS IN THEIR MANAGEMENT OF REMOTE PATIENT VISITS WITH:

- Customizable appointment types to help manage video or two-way audio appointments
- Easy storage and access of images or videos from patients
- An integrated patient portal allowing HIPAA-compliant messaging with patients
- Automated required billing codes during telehealth exams
- Patient education content sent directly to their patient portal or email
- Customizable exam content that supports documentation of remote visits
- Code modifiers reviewed by our team of billing experts if bundled with **VisionWeb's Revenue Cycle Management Services**

Founded in 2000, VisionWeb helps all eye care practices boost practice efficiency, maximize claim reimbursements, and allows ODs to focus on their patients. VisionWeb is constantly optimizing its industry-leading online ordering platform, Uprise EHR & Practice Management, and **Revenue Cycle Management services**.

VisionWeb keeps a pulse on industry updates and creates content that fills important information gaps for optometrists. Especially during times of uncertainty, it can be helpful to view a broader perspective on the eye care industry, including emerging technology, business strategy, and interviews with prominent ODs. VisionWeb regularly produces free educational webinars, business management ebooks, and blogs to further its mission of supporting profitable practices.

Check out VisionWeb's products and services at **www.visionweb.com**

SPONSOR:

All-In-One EHR Solution Includes Integrated Telemedicine

In today's uncertain times, it is no secret that telemedicine has become more of a necessity than ever before. **Compulink's Eyecare Advantage** SMART Practice® all-in-one EHR solution includes integrated telehealth and online services to keep your practice operating both in-office and via virtual exam. Integrated telehealth allows you to easily document an exam on one tab while speaking directly with the patient via their phone or computer. Not only that, but this solution has much more to offer including PracticeWatch®, *Virtual Assistant*, online patient registration, automated billing, and e-commerce. With this full suite of technology, you are able to run your practice with automation, efficiency, and minimal human contact like never before.

From the beginning to the end of the patient experience, Eyecare Advantage leverages technology in the pursuit of efficiency. This solution allows the patient to conveniently schedule an appointment online, complete with automated text reminders and confirmations. They can then register ahead of time before their virtual exam or their in-office visit. During the encounter, you can document the entire exam on a single tab customizable to your needs. This allows you to see all the information you need at any given time. Once the exam is coded, Compulink's Revenue Cycle Management team can handle any insurance claims on your behalf, work denials and provide you with detailed reporting. Next, your patients can pay their bill through the included Online Bill Pay. With both RCM and Online Bill Pay, you no longer need in-house billers to run your business. Lastly, you can sell contact lenses, solutions, and other products online via subscriptions and have them delivered directly to your patient with our integrated e-commerce solution, MyEyeStore.

Eyecare Advantage SMART Practice® gives you the tools you need to run your business… with the efficiency, functionality, and automation to thrive.

SPONSOR

By Eye Doctors for Eye Doctors, EyecareLive Extends Your Practice

EyecareLive is a HIPAA-compliant and secure telemedicine platform, built by eye doctors for eye doctors. Helping optometrists and ophthalmologists improve efficiency, enhance patient engagement, and increase revenue, the EyecareLive platform extends care beyond the four walls of the practice and enhances the doctor-patient relationship while providing patients with greater access to their own eye care provider.

Designed and built using AOA and AAO guidelines for responsible telemedicine, EyecareLive does not replace an in-office eye exam, but rather it connects ECPs with their own patients and re-establishes the ECP as the primary resource for eye-related concerns. Using EyecareLive technology, patients can interact with their doctor through HIPAA-compliant messaging, take in-app eye tests and questionnaires to better assess their eye health and/or monitor disease states over time, quickly and easily connect with their doctor via live video chat to triage care, and much more. Our validated and registered visual acuity test provides patients and doctors with real time feedback and results, aiding in better care and increased reimbursement.

Post-pandemic, telemedicine will have a permanent place in health care. EyecareLive can help you create a hybrid clinic that functions alongside your in-office care. Start maximizing your revenue and improving your operational flow. It's time to take your practice to the next level. It's time for EyecareLive.

SPONSOR:

Integrated, HIPAA-compliant Telehealth Capabilities in Eyefinity EHR

Deeply rooted in optometry and backed by VSP®, **Eyefinity** is the leading provider of practice management and electronic health record solutions, customized for the eye care industry. The company offers an array of integrated solutions that strengthen the patient experience and increase practice revenue.

Eyefinity EHR, the company's cloud-based electronic health record software, is used by more than 4,500 doctors nationwide practicing in a variety of settings—from independently owned to subleased and corporate. The platform enables staff to stay connected in real time, whether in the practice or operating remotely.

With integrated telehealth capabilities in Eyefinity EHR, providers can offer virtual patient visits while practicing within the Centers for Medicare & Medicaid Services (CMS) regulations and state guidelines, during the COVID-19 pandemic and beyond. The technology offers a way to boost convenience and accessibility of eye care, especially for at-risk patient populations. Doctors using Eyefinity EHR can efficiently document and code remote patient consultations, with auto-coding to help ensure accurate billing and claims management. Soon, users will have the ability to expand practice reach and deliver personalized care with secure, HIPAA-compliant video chat functionality that can be launched directly from Eyefinity EHR. This provides a complete, all-in-one telehealth solution that is patient friendly.

Eyefinity EHR leverages the most advanced, secure technology. Data is accessible anytime, anywhere there is internet access with unlimited secure, HIPAA-compliant cloud storage.

Together, Eyefinity and VSP are working to provide immediate, interim, and long-term solutions to help practices continue seeing patients in new ways. VSP has a dedicated telemedicine resource portal that includes FAQs, reference guides, and marketing materials. **Click here** for more information about telehealth in Eyefinity EHR, or contact an Eyefinity Account Executive at **800.269.3666**, option 2, to schedule a one-on-one walkthrough. For additional VSP telemedicine resources, visit **The VSP Provider Hub**.

SPONSOR

The Next Generation in Retina and Glaucoma Diagnostics

Icare USA, Inc. and the recent merger with CenterVue Inc. has enhanced its line of advanced diagnostic systems. Our innovative devices deliver objective, repeatable, and accurate measurements of IOP, visual fields, and retinal imaging in the clinic and at home. We have become a leader in the telemedicine space for both retinal imaging and IOP measurements thanks to the ease of use and the automation of our devices.

With over 5,000 units installed, CenterVue DRS has been a key component in several large diabetic retinal screening programs. The new line of products has improved its capabilities with small pupil, media opacities and field of view.

The **Icare HOME** has also helped patients and doctors in the U.S. and internationally to monitor IOP fluctuations at HOME. Patients can easily take their pressure and transfer it digitally to their doctors via a web platform.

Our portfolio includes the tonometry line with the Icare TAO1i, ic100, ic200 and HOME tonometers. The Automated TrueColor Confocal Fundus imaging systems include the DRS, DRSplus, EIDON Wide-Field system (with AF and FA options), as well as the MAIA Microperimeter and COMPASS Fundus Perimeter with fundus imaging.

Thanks to the constant investment in R&D and product development, Icare is on the front edge of innovation and ready to provide products that adapt to the new needs and business models of your practice.

SPONSOR:

"We're Here to Help"

For 20 years, **Solutionreach** has been in the game of helping practices create stronger patient relationships and become more profitable. We are a company founded on a strong belief in the impact we can make and the hard work required to make it happen. This is personal to us. The success of the practices we work with doesn't just impact us—it impacts our families and our friends as well.

That has never been truer than it is now. As practices continue to navigate the current challenges of COVID-19 and beyond, we are here to help practices use the digital tools that will help them stay safe and stay open. It's important that as practices are making changes, these changes lead to a better patient experience while also maintaining their levels of care.

By expanding your virtual offices and services, you'll ensure your patients have access to the care they need. We understand that telemedicine is more than just a virtual visit—it includes the entire patient journey. That's why at Solutionreach, we offer practices the tools for a complete digital patient experience from the initial patient intake to post-appointment follow-up. These tools include telemedicine visits, digital intake forms, text-to-pay for touchless payments, telephone check-ins, two-way texting, and more.

With strong patient relationship management, practices will not only survive this challenging time… but thrive going forward. To learn more about our digital tools and telemedicine services, you can visit **www.solutionreach.com/telehealth**.

SPONSOR

Telemedicine Solutions for Now and In the Future

20/20NOW provides optometrists with telemedicine solutions to better deal with the COVID-19 recovery period, while positioning their practice to grow in the future.

As offices re-open, 20/20NOW's team of certified technicians and optometrists can work in conjunction with your optometrists to clear up patient backlogs and/or service patients whenever the optometrist isn't available. This allows optometrists to focus on medical services and to expand their exam capacity through an additional exam lane and expanded hours.

Optometrists can also see patients themselves without face-to face-contact by conducting in-office comprehensive eye exams remotely from their home or adjacent office.

It may seem counterintuitive to consider opening a satellite location with two months of lost business this year, but by implementing 20/20NOW's remote eye exam system, a streamlined satellite location becomes financially attractive. Practice owners can maximize the efficiency of their current ODs by having them see patients in two places at once. You'll be able to see more patients without sacrificing time with your family.

For patients who are unable to come to the office, 20/20NOW has expanded its capabilities to allow optometrists to teleconference directly with their patients for acute eye care needs and provide eye care consultations.

20/20NOW's solution works with diagnostic instruments from most OEMs. As a result, the needed equipment investment is lowered.

To help support optometrists during the COVID-19 recovery period, special bank financing is being offered, which allows optometrists to acquire diagnostic equipment with no up-front cost at extremely low interest rates. Initial software fees are also waived, and there's *no* minimum exam commitment, so customers pay only for what they use after the equipment is in place. 2020NOW will even provide an optometrist at no extra charge to fill in for practice doctors when they're not available.

With 20/20NOW's telemedicine capabilities and doctor support, any eye care provider can serve patients any time of day, any day of the week