Take this pop quiz. Ocular telemedicine is:

1. Having a comprehensive, in-office eye exam supervised remotely by a technician or optometrist, with the results then analyzed by the optometrist or an ophthalmologist.

2. Using a smartphone app to schedule an eye doctor appointment, consult with their doctor, send them photos or videos of their eye, and get a prescription for medication.

3. A do it yourself, online test for refractive error that uses a computer, a smartphone and an app and can generate a prescription for eyeglasses or contact lenses from an optometrist or ophthalmologist.

4. A do it yourself vision test performed with a smartphone and a low cost, handheld device. The test results are fed into an algorithm that produce “Eyeglass Numbers” that can be used to order glasses from some online retailers.

5. A vision screening performed out of office by a doctor, optician or technician using a mobile device.

6. A vision exam performed in a clinic or public space equipped with a kiosk containing diagnostic instruments.

7. All of the above

If you answered, “All of the above,” you’d be correct. Many different forms of ocular telemedicine—also referred to as ocular telehealth—have emerged in the past few years. They create a dynamic but fragmented market in which different business models and service offerings compete for consumer dollars and buy-in from eyecare professionals. The proliferation of ocular telehealth options and the growing investment in the category leaves little doubt that it is gaining momentum, VM has learned for this special Megatrend report.
Telehealth's growth is apparent not only in eyecare but in other fields of medicine as well. As of 2018, 34 states plus the District of Columbia had enacted parity laws for private insurance coverage of telemedicine, up from 12 states in 2010, and five other states were reviewing proposed legislation, according to the American Telemedicine Association.

“We see about 200 different models of telehealth being run these days in the U.S. and abroad,” said Vitor Pamplona, founder and CEO of EyeNetra, which markets a mobile refraction system and was an early entrant in the ocular telehealth market. “They are all different from each other and generally very protective of their way of doing it, for obvious reasons. Most of them are successful, profitable businesses already.”

“Ocular telehealth companies report that most telehealth among consumers is still relatively low. A VisionWatch survey conducted by the Vision Council in December 2018 found that only 24.8 percent of respondents had any awareness, with 7.2 percent being very aware and familiar. The report concluded that while ocular telemedicine services are growing in popularity, they have yet to penetrate the “mainstream” consumer consciousness. (For more detailed survey results, see the related article, “The Telehealth Consumer.”)

Optometrists, ophthalmologists and even opticians who want to expand their services by adding refraction are beginning to embrace telehealth in its various forms.


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“The market for ocular telemedicine is growing,” said Moshe Mendelson, OD, FIOA, who is chief medical officer for EyecareLive, a HIPAA-secure telemedicine portal that uses smartphone apps to link patients with doctors and schedule appointments. “Some commercial carriers are paying for telemedicine, and Medicare is expanding coverage. Most optometric conferences now cover telemedicine in their program.

“We see a significant increase in interest as ECP’s understand that in order to stay relevant and competitive they will have to be active in the telemedicine space,” said Mendelson.

Features and customer experiences can vary greatly from one form of ocular telehealth to another, making comparisons difficult. At one end of the spectrum are remote controlled, comprehensive eye exams and direct patient-to-doctor communications over HIPAA-secure channels.

At the opposite end are self-administered vision tests made popular by Visibly and online retailers such as Warby Parker and 1800Contacts that enable consumers to quickly renew an eyeglass or contact lens prescription issued by an ECP who has reviewed the test results. Despite the significant differences between these and various other approaches to telehealth, their underlying premise is the same as it is for other types of telemedicine: expanded access to quality healthcare services delivered quickly and conveniently at affordable prices.

“Lower exam and healthcare costs through increased efficiencies and more screenings for critical eye disease is one of factors driving ocular telehealth,” said Greg Lechner, director of marketing and communications for 20/20Now which provides comprehensive eye exams, including eye health screenings via telehealth using advanced technology, proprietary software and patented exam processes.

Younger consumers are particularly receptive. “Millennials are helping drive telehealth. They want to be served when it’s convenient for their schedule, not the doctor’s,” observed Lechner.

Ocular telehealth companies report that most consumers who try their services are enthusiastic about the experience. Yet general awareness of ocular telehealth among consumers is still relatively low. A VisionWatch survey conducted by the Vision Council in December 2018 found that only 24.8 percent of respondents had any awareness, with 7.2 percent being very aware and familiar. The report concluded that while ocular telemedicine services are growing in popularity, they have yet to penetrate the “mainstream” consumer consciousness. (For more detailed survey results, see the related article, “The Telehealth Consumer.”)

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“Eyecare is the most natural fit for telehealth because of the ease of acquisition and the volume of information that can be gathered from non-invasive testing,” observed William Mallon, MD, an ophthalmologist and co-founder of GlobeChek Enterprises, a Florida-based company that has developed a kiosk-based vision screening system.

As consumer interest in ocular telehealth increases and its impact on vision care ramps up, health care and business leaders are grappling with a complex and challenging trend that is reshaping relationships between doctors and patients and
Continued from page 31

fundamentally changing the delivery of health care services and diagnoses. Telehealth models that enable practitioners to build connections with patients for diagnosis and disease management are gaining traction, as well as models that keep the doctor in the loop for comprehensive care.

Proponents of ocular telehealth say it enables optometrists and ophthalmologists to leverage modern technology in order to extend and even raise the level of care they provide.

“We have to understand the limitations and boundaries that are set by what we can physically do at the moment. Once we recognize those boundaries, we need to think how we’re going to enhance the ultimate service we provide. That’s where telehealth comes in,” said Paul Super, OD, FAAO, a co-founder of EyecareLive and medical director and owner of Eyesight Optometric Group, which operates two locations in Los Angeles.

Ocular telehealth’s detractors question whether quality care is being sacrificed for the sake of convenience. They argue that in-office, in-person eye exams are the gold standard, and caution that some forms of ocular telehealth fall short of it. They also maintain that some consumers will forgo a comprehensive eye exam and instead opt for just a visual acuity test in order to obtain an eyeglass or contact lens prescription. Adding to the controversy are online eye “tests” which are expanding their reach while blurring the distinctions between “routine refractions” and ‘Rx verifications” versus comprehensive eye exams.

The debates are playing out in a series of legislative battles at the state level that pit state optometric associations, sometimes with the support of the American Optometric Association (AOA), against some ocular telehealth companies. However, the AOA has indicated an openness to opting in their practice. “ECPs recognize a need to differentiate

by innovating, embracing technologies that establish patient loyalty, expand patient reach, improve patient care, and provide differentiated services,” said John Serri, CEO of EyeQue, a maker of vision testing devices for consumers that enable optometrists varies from limited to unavailable.”

Eager to meet patients’ expectations, a growing number of ECPs are embracing telehealth as a way to expand and enhance their service, generate additional revenue and add flexibility to their practice. “ECPs recognize a need to differentiate

demand has fueled the growth of telehealth, which, by nature, is consumer-centric. For some consumers, that means having their ECP be available at their convenience and be able to use the latest technology to monitor an eye condition, give a diagnosis, and if needed, issue a prescription for medication.

“The market driver for ocular telehealth has been patients’ need for better access to quality comprehensive eye health and vision analysis coupled with early detection of disease,” said Howard Fried, OD. “Patients want comprehensive eye exams at their convenience, including evenings and weekends. It has to be accessible to patients in remote areas and where access to eye exams by licensed optometrists varies from limited to unavailable.”

Analysis of Ocular Telehealth’s Appeal

Today’s eyewear customers and patients are also healthcare consumers, and many want eyecare delivered on their terms, both in-office and online. That
he said. “Now I have ability to offer an exam to anyone who wants one. We can’t really make money from exams, it’s just an aid to capture customers. But now we make a sale to everyone that comes in. This is the biggest game changer in years.”

“We have $100,000 worth of equipment and my monthly lease is $1,500,” said Einhorn. “If we generate three sales it covers that completely.”

The ability to do refractions on demand is building business at Modern Day Optx in Manhattan, which uses Smart Vision Labs’ technology. The system uses a specially equipped smartphone and the company’s proprietary app and machine learning algorithm to perform an autorefraction. The measurements are quickly checked and verified by a licensed ophthalmologist, who then issues a prescription for glasses. Smart Vision Labs also offers a five-minute “basic exam” that uses wavefront technology to detect higher order aberrations. Test results are stored in the cloud for future reference.

“It’s changed the way my store functions,” said owner Vladimir Mordukhayev. “I communicate by phone directly with the doctor right after the test. Ninety-nine percent of the time the prescription is perfect. Clients love it.”

Cohen’s Fashion Optical, the New York-based optical retail chain, has partnered with 20/20Now to enable its franchisees to provide comprehensive eye exams. Susan Kayata, Cohen’s chief marketing officer, said the chain has had “tremendous results” with the system technology in terms of improving accessibility for patients.

“Having the remote experience in our stores lets our franchisees be available for eye examinations at all times, whether or not the doctor is present. They always have a support system, so they can easily take walk-ins. It also allows them to handle overflow, so they’re not slowing down the process. And they’re definitely not compromising the level of care to their patients.” Currently, Cohen’s has equipped 10 stores with the 20/20Now system. Kayata noted that the adoption rate among franchisees is “very high.”

Kayata went through the 20/20Now exam herself during an initial evaluation period for the system. She was impressed by the experience, which she said was “very much aligned to the experience that I would have at my doctor’s office.”

Dr. Paul Super sees telemedicine as an extension of the fundamental eyecare services he provides. A user of Eyecare Live’s system, he first sees patients in his office and does a thorough case history on them before expanding the relationship with technology.

He praised Eyecare Live’s ability to let patient’s send him images of their eye through a HIPAA-secured channel that he can then enlarge on his computer screen.

“I can deal with chronic issues very expeditiously with this telehealth system,” said Dr. Super. “I can tell you to look at the camera, and if I see you have bacterial conjunctivitis, I’m quite comfortable diagnosing it and sending a prescription to your pharmacy. Or if I feel confident that you have a retinal detachment, I can say you really need to get the hospital immediately because it’s beyond my comfort level. Saving time is a vital factor, especially in an emergency.”

The ability to do mobile refractions is another dimension of telehealth that many practitioners are exploring. EyeNetra offers a mobile clinic kit containing three small, portable vision testing devices.

Smart Vision Lab also touts the mobility of its autorefractor. One customer who takes advantage of that feature is Tim Hennings, owner of Top Opticians, a mobile vision service based in Huntington Beach, Calif. that performs refractions and sells eyeglasses.

“I use Smart Vision Labs with about 90 percent of my customers,” said Hennings, who has been working as an optician for 30 years and who has been doing home and office visits for the past two-and-a-half years. “A lot of people are blown away by the concept.

“Smart Vision Labs usually turns around the prescription in a matter of hours. The prescription goes to the patient’s email and to me on the Smart Vision Labs website.

“There is a learning curve on how to do the vision test itself,” Hennings noted. But, overall, it’s been incredible.”

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Yaopeng Zhou

Ocular Telehealth as a Practice Builder

Optical chains as well as independent practices are finding that telemedicine is a solid investment.

Joe Einhorn, manager of Classic Vision in Brooklyn, N.Y., said telemedicine enables him to offer an eye exam to anyone who wants one, which has increased eyewear sales significantly.

“Our peak hours are 4 to 7 p.m.,” he explained. “I can’t find a doctor to come two to three hours a day. Even if I could, it would cost $600 a day. At four days a week, that’s $2,400, which is not economical.

“We’re in the high end of the industry, and people always want their glasses yesterday,” said Einhorn. “We would send them out for an exam, and people would end up buying their glasses at that practice.”

Einhorn’s solution was to install the DigitalOptometrics system, which enables Classic Vision to provide a comprehensive exam using a remote controlled system. A live video consultation with an optometrist is a key part of the experience.

“DigitalOptometrics actually saved my business,” he said. “Now I have ability to offer an exam to anyone who wants one. We can’t really make money from exams, it’s just an aid to capture customers. But now we make a sale to everyone that comes in. This is the biggest game changer in years.”

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Three Distinct Approaches

Ocular telehealth is characterized by three distinct approaches: Comprehensive Care, Do It Yourself Vision Testing and Smartphone-based Testing. Here’s a look at the companies that embody each of these approaches.

**COMPREHENSIVE CARE**

Companies that offer comprehensive ocular telemedicine are, by their nature, technology-intensive. Some, including 20/20Now, DigitalOptometrics and a retail chain, My Eyelab, use sophisticated, remote-controlled instruments to perform a full-battery of diagnostic tests, supervised by a technician or eye doctor in a remote location who appears live on a video screen and walks the patient through the exam.

Another approach, developed by Eyecare Live, uses mobile apps and a cloud-based portal to connect patients and doctors.

A new entrant into the market, GlobeChek Enterprises, offers a novel approach that uses a kiosk equipped with diagnostic equipment.

20/20Now

20/20Now’s telehealth model consists of a digital comprehensive eye exam conducted by licensed optometrists and ophthalmologists using patented technology and digital equipment. The privately held company reports that its system has been used to perform 52,500 comprehensive eye exams have been performed over the past four years by a growing roster of retail customers, and more than 2.6 million eye exams have been performed since 2014 using its proprietary software. 20/20Now currently operates in 15 states, and another 32 states are open to its telehealth model, which it continues to refine and expand.

During the past year 20/20Now has pursued a strategy to become more of a technology and healthcare company rather than simply an eye exam services company, director of marketing Greg Lechner told VM. “We’re leveraging new technology to enhance the standard of care and improve the patient experience. This includes using wavefront technology to provide a higher level of exam accuracy while shortening the exam time, and using Artificial Intelligence to enable doctors to provide early diagnosis of critical eye disease such as diabetic retinopathy.” He added that 20/20Now is working on new applications to diagnose glaucoma and hypertension.

Lechner also noted other new features, including a rollout of multi-functional equipment to provide a better patient experience, and a new financing program that enables clients to offer telehealth with no up-front capital investment. In addition, the company launched a new website to educate ECPs about telehealth.

“20/20Now’s new website and refreshed branding reflect the company’s unique value proposition— to provide greater access to comprehensive digital eye exams, while lowering costs and enhancing the standard of care through new tech-

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Unlocking Telehealth’s Potential

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ology and meaningful innovation. Our new website helps communicate our role as a technology developer and service provider for eyecare providers,” said Chuck Scott, 20/20Now’s CEO.

To help position itself prospective customers, 20/20Now recently hired Chad Overman, OD as optometry subject matter advisor. Dr. Overman has extensive optical industry experience, including 12 years of private practice and leadership roles in corporate optometry at Walmart where he was director of professional relations and led the doctor talent acquisition efforts for Walmart’s Vision Centers and pharmacies.

They may not be able to do some of the things 20/20Now can, such as take retinal photos.”

DigitalOptometrics

DigitalOptometrics developed and launched just over a year ago a patented remote comprehensive eye health and vision analysis system which permits patients, at an exam location, to receive comprehensive eye examinations performed by a licensed optometrist from a location remote from the patient.

“Our remote eye exam system is designed for in-office utilization by replicating an in-person quality comprehensive eye exam by a licensed optometrist and offers the doctor-involved practice the ability to expand office hours and locations while addressing their quality of life needs by providing support with remote exams performed by our staff of licensed optometrists,” noted Howard Fried, OD, DigitalOptometrics founder and principal owner. He added that the company has performed more than 11,000 remote exams and expects to have its system installed in 150 practices by the end of 2019.

VM reported in September, 2018 that DigitalOptometrics had received a “significant investment” from “an S&P 500 company,” although the DigitalOptometrics didn’t reveal details.

GlobeChek

Kiosks are an increasingly common feature of modern life, and many consumers are now comfortable interacting with them in shopping malls, hotels, airports and even hospitals. In fact, many types of healthcare kiosks are now popping up in public places.

The latest entry into this growing field is GlobeChek, a versatile system developed by two ophthalmologists, Adam M. Katz, MD and William J. Mallon, MD. Their goal was to provide convenient affordable access to medical eye screening exams in order to prevent asymptomatic people from losing vision.

GlobeChek is in the process of launching the Eye Screening Globe, or ESG 1200, following a teleophthalmology pilot study conducted at New York-Presbyterian/Columbia University Medical Center that successfully identified asymptomatic people with vision threatening conditions.

The unit houses a number of diagnostic instruments in a compact, globe-shaped structure that will easily fit through a standard double door, according to Dr. Mallon, who called it “a complete solution for ocular telehealth.” Guided by a technician, patients can look into different windows in the globe to access the various testing devices which are connected to the company’s GlobeChek Reading Center software.

The Globe is capable of checking visual acuity

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Managed Vision Care Perspectives on Reimbursement

Managed vision care companies are weighing whether or not to reimburse for ocular telemedicine exams and other services. Most are still undecided. VM asked representatives from four leading managed vision care organizations to share their views on the subject.

“Telehealth remains an ongoing topic of NAVCP (National Association of Vision Care Plans) board discussion as well as with our industry stakeholders, such as eye care professional and retail organizations. We have yet to develop a formal position on the topic due to constant introduction of new technology and the rapidly expanding number of options for patients and eye care professionals. As you might imagine, these emerging technology solutions provide different opportunities and challenges to each of our members based on their individual business models.

“What I can say is that NAVCP supports the use of telemedicine/telehealth vision care consultations provided that accepted clinical standards are met, a licensed eyecare professional is directly involved in administering treatment and vision care where patients have choice and transparency in the use of services.” —Julian Roberts, executive director, National Association of Vision Care Plans

“We believe there is room for telehealth in today’s healthcare marketplace, but it must keep in place the role a licensed optometrist plays in promoting eye health and diagnosing and treating ocular diseases.

“VSP does not reimburse for any online vision tests, but we continue to evaluate how telehealth might offer opportunities to increase access to care for remote or underserved communities and extend the patient-doctor relationship.

“As telehealth technology advances, it’s critical that it includes appropriate standards of care and regulatory oversight to protect a patient’s health, safety and privacy.—Mary Anne Murphy, OD, vice chair of VSP Global’s board of directors

“UnitedHealthcare was among the first vision plans to enable for access to telemedicine for eye exams, using the same clinical standards, provider reimbursement and coverage policies as for in-person appointments. Our decision to expand plan coverage for telemedicine is one way we are encouraging the use and development of these technologies, building on UnitedHealthcare’s broader focus on innovation and mobile resources to improve access to quality care.

“Telemedicine is a valuable option when access to traditional eye care is limited or not available, especially for people with certain chronic health conditions. Telemedicine exams must meet our clinical expectations and quality requirements, including the appropriate use of technology and provider involvement for each component of the exam.

“UnitedHealthcare is actively evaluating the development of telemedicine providers, devices, and artificial intelligence, while eye care providers are beginning to embrace this technology as a way to better serve patients. UnitedHealthcare continues to support the expanded use of telemedicine and mobile technologies, including the development of pilots to evaluate consumer and provider preferences and clinical efficacy, with the goal of helping encourage access to quality care that can be more convenient and affordable.—John Ryan, General Manager, UnitedHealthcare Vision

Kirk Rothrock, chief executive officer of Versant Health, which manages the Davis and Superior Vision care plans, told VM’s Mark Tosh, the managed vision care firm is “keeping a very close eye on the tools and technologies that are being made available” to patients seeking eye exams, but has not yet included any of the new tools in its coverage plans. “It’s proven in virtually every other aspect of health care delivery that there is an appropriate place for telehealth, whether it’s reaching rural populations, holding down the costs or increasing the frequency of interactions that a patient may have with the health care system,” he said. “We absolutely believe in telehealth as a component.”

Still, he said there are still questions about which of the new telehealth tools in the eyecare space have demonstrated medical efficacy.

“We would like to support telehealth, but I don’t think that we should be the arbiters of what is and what is not… of appropriate clinical quality. But we are supportive and we are staying close to it,” he added.

Rothrock said he believes the Centers for Medicare and Medicaid Services (CMS) does a very good job of evaluating new tools, new techniques and new procedures in health care and, as a result, he is “inclined to defer to CMS on the decisions” of what to approve with respect to specific telehealth tools or processes in eyecare.

“When they do,” he added, “we will certainly welcome telehealth administered exams into the system and we will certainly be prepared to reimburse providers for doing that. But I think it would be inappropriate for us to be the judge and jury on what that is.”

He also noted that while ECPs are concerned about losing patients in the office to telehealth exams, another way to view this is by considering the diabetic patient who needs to have visual acuity checks on a frequent basis. “What if [the diabetic patient] goes to their eyecare professional twice a year and gets a telehealth checkup the other 10 months of the year? They are actually using the health care system more and we are more effectively managing their health than if telehealth didn’t exist.”
and performing auto-refraction, intraocular pressure, OCT of the optic nerve and macula, as well as external and fundus photography. Wavefront technology is used to measure corneal thickness, topography, and angle. A cataract screening feature uses retro-illumination to grade posterior, cortical and nuclear lens opacification. "The entire no-touch/no-dilation scan still only takes about eight minutes to complete," said Dr. Mallon.

Test results are sent to a HIPAA-compliant portal. Patients can download a PDF and forward it to their eyecare provider. GlobeChek can send the images captured during the exam if the doctor requests it. Patient are not provided with a prescription for glasses or contact lenses, but their doctor can provide one based on measurements taken during the testing.

**EyecareLive**

EyecareLive enables optometrists and ophthalmologists to interact with patients online in real time or asynchronously. Developed by Moshe Mendelson, OD and Raj Ramchandani, a software and IT expert, EyecareLive consists of mobile apps for patients and a cloud-based portal for doctors. The company provides training for ECPs on the best practices for telemedicine, education on telemedicine regulations in their state and information on insurance reimbursements and malpractice coverage. It has also partnered with several contact lens labs which utilize its platform for ECP education and trouble-shooting for specialty contact lenses.

EyecareLive provides free iPhone, iPad and Android apps for patients, who can use the apps to schedule new or follow-up appointments with their doctor, upload photos and videos of their eye conditions in real time and take eye tests such as Acuity, Dry Eye SPEED, Amsler and Halo. An Alexa-enabled visual acuity test is also available. Patients can securely communicate with the doctors using Messenger, receive notifications when doctors update their treatment plans and receive medication reminders.

“Two hundred and fifty doctors are currently using EyecareLive,” Mendelson told VM. “Ninety percent are ODs, and the rest are MDs, but we haven’t done much marketing yet to MDs,” he said.

Mendelson said the company received a significant investment from “a Fortune 100 company,” in December, 2018, enabling it to expand its range of services.

EyecareLive is currently launching a new version of its platform that is designed to provide virtual care for emergent as well as chronic ocular conditions. The company recently released PeerMed, a feature that allows doctor-to-doctor consultations for second opinions and is covered by Medicare. The EyecareLive platform is embedded in several EHR systems, including Crystal PM and Compulink.

**DO IT YOURSELF VISION TESTING**

Products and services that empower consumers to not only learn about their health and wellness but take an active role in maintaining it are riding a wave of popularity. Optical companies that are using telemedicine to tap into that trend are finding a receptive audience among consumers who prefer the Do It Yourself (DIY) approach to vision care. This involves an online vision test requiring either a computer, smartphone and app—a method used by Visibly, Warby Parker and 1800Contacts—or a smartphone and app used together with a special viewer, an approach pioneered by EyeQue.

**Visibly**

Visibly, formerly known as Opternative, introduced the industry’s first online vision test in 2014. Consumer who take the five-minute, self-administered test submit the results to a licensed ophthalmologist or optometrist in whatever state the test taker is in, and, the doctors issues them a prescription for glasses or contact lenses within 24 hours.

Visibly’s approach was controversial from the start, drawing fire from optometrists who felt threatened by a remote refraction process that replaced a visit to the optometrist's office. Many ODs expressed concern that consumers would forgo a comprehensive eye exam, thinking that the remote “vision test” would suffice. State optometric associations filed lawsuits to try to block Opternative from doing business in their
state. The American Optometric Association filed complaints against the company with the Food and Drug Administration (FDA).

Opternative pushed ahead, raising $9 million in November, 2018, bringing to $18.5 million the total investment the company has attracted. In December, 2018, the company rebranded as Visibly and repositioned itself as a technology company that is seeking to partner with eyecare providers and eyewear retailers. Brent Rasmussen, chief executive officer at Visibly, told VM that the company’s former name, Opternative, carried “a negative connotation...not only in the industry, but, obviously, with optometrists.” He added, “I thought it was important that we rebrand the company with a name that really better represents the partnerships that we are actually building with individual eyecare professionals and with eyecare professionals who own four or five practices.”

Visibly is also working to overcome hurdles placed in its path by the Food and Drug Administration (FDA). Rasmussen said Visibly has submitted documentation that the agency has requested and is working toward the agency’s approval for its online eye test in the near future. (The company received a warning letter from FDA in 2017 which advised the company that its online eye test mobile app did not have the agency’s marketing clearance or approval.) Although Visibly declined to be interviewed for this article, a company spokesperson told VM, “We are continuing to work with the FDA on our De Novo application process.”

Apart from legal entanglements, Visibly has proved to be a hit with consumers. Visibly now operates in 39 states, the Visibly spokesperson said. The company has issued hundreds of thousands of prescriptions with a 99.6 percent satisfaction rate, according to its website.

EyeQue
EyeQue offers inexpensive devices that it sells online, direct to consumers. EyeQue VisionCheck, which was named a CES 2019 Innovation Awards Honoree in the Technology for a Better World category by the Consumer Technology Association, tests refractive error and generates EyeGlass Numbers (EGNs) for sphere, cylinder, and axis. Consumers can use the EGNs to order eyeglasses from Zenni (Zenni founder Tibor Laczay is also a co-founder of EyeQue) as well as from GlassesUSA and EyeBuyDirect and other online eyeglass retailers that accept manually entered prescription numbers.

Another EyeQue device, EyeQue Insight, uses a smartphone, app and a VR headset to measure refractive error in addition to color vision and contrast sensitivity.

EyeQue customers are required to take at least three full tests before EyeGlass Numbers are provided. EyeQue’s backend EyeQue Cloud processes the results using proprietary algorithms that evaluate the tests for precision and consistency, discarding poor results and presenting Eyeglass Numbers only when confidence is high. Optometrists and ophthalmologists do not involved in the process. If users are not obtaining good results, EyeQue emails help including tutorial videos, tips and tricks, FAQs and online support.

At-home vison testing offers considerable benefits to consumers, investors, and ECPs, said John Serri. “Consumers can benefit by knowing when their glasses need to be updated, obtaining and saving their correction measurements from home, and can save money and expand their selection by ordering eyeglasses online.”

Although some ECPs are concerned that DIY vision testing may lead consumers to neglect having comprehensive eye exams on a regular basis, EyeQue asserts on its website that at-home vision testing, particularly to enable consumers to test their vision from home, “is a compliment and not a replacement for an annual eye health exam performed by a professional.”

As Serri explained, “ECPs can provide at-home vision tests to patients for remote monitoring, for example, post-Lasik or cataract surgery to monitor changes and progress in recovery. Telehealth applications like these save both the doctor and the patient time and costs, prioritizing office visits for those who need to be seen in person.”

Some ECPs are using EyeQue to monitor patients’ vision in-between visits, particularly in situations like post-cataract surgery where their vision may change often. “Since the average patient only checks their eyes every two to three years, important visual information could be detected using the EyeQue suite of products. With the vast changes in technology and demand for greater accessibility, EyeQue is leading the way to help consumers with their vision demands,” said Jay Kaufman, OD, a Seattle area practitioner who serves as a paid advisor to EyeQue.

TAPPING THE SMARTPHONE’S POWER
When smartphones hit the market in the mid-2000s, it didn’t take long for tech-savvy entrepreneurs to realize that the cameras in these powerful little portable computers could be used to take photos of the eye and perform vision tests. Since then, several companies have built telemedicine
platforms around smartphones, taking advantage of their small size, portability and low cost to expand the possibilities of vision care, both in the field and in the eyecare practice or retail store.

**Smart Vision Labs**

Smart Vision Labs (SVL) brings basic eye exams to those who might not otherwise have access. With two products, the New York-based company offers value to doctors and hospitals, as well as optical shops and opticians.

The SVOne device can be leveraged as an accurate portable auto-refractor helping health professionals access remote locations, move easily in the field, and save space in their practice. The company has placed 500 auto-refraction devices in the U.S., according to a company spokesperson.

SVL’s second offering is a telemedicine-capable version that allows any trained individual to administer a three-point exam, collect patient data, and transfer that information to the cloud where our remote pool of licensed doctors can issue timely prescriptions. There are currently 110 telemedicine-capable SVL devices being used in the U.S., the company’s spokesperson said.

EyeNetra pioneered the use of smartphones in telehealth. The company, which began as an MIT-spinoff, offers a lightweight, compact refraction system that enables customers to build their own telehealth models, with their own providers, procedures, software, and legal framework behind it. EyeNetra offers a mobile clinic kit containing three small, portable vision testing devices: the Netra autorefractor; Netropter, a handheld phoropter and trial lens kit; and Netrometer, a digital lensometer.

About 85 percent of EyeNetra’s customers use the devices for mobile refractions and the rest use them to create new exam lanes inside an existing clinic or optical store, according to CEO and founder Vitor Pamplona.

“The beauty of the state of vision care today is that anyone can build their own fully-functioning tele-health system, using from state-of-the-art tools like EHR-enabled AI-based voice assistants, blockchain storage and crypto vision benefits all the way down to the most basic one-on-one patient coaching approaches,” said Pamplona.

Software is cheap. Technology is cheap. The field is indeed booming, but in a very diverse and decentralized way. We don’t see one major player on telehealth today. Telehealth companies are disrupting each other just like e-commerce is disrupting the traditional industry.”

A patient at Top Opticians Mobile Vision having her vision tested with Smart Vision Labs’ autorefraction system.

SmartVision Labs uses wavefront technology to detect higher order aberrations.

EyeNetra’s mobile clinical kit consists of, top to bottom, the Netra autorefractor; Netropter, a handheld phoropter and trial lens kit; and Netrometer, a digital lensometer.
The Ocular Telemedicine Consumer: A Survey

The Vision Council produced the VisionWatch Ocular Telemedicine Services report based on a consumer survey fielded in December, 2018.

The Vision Council defined Ocular Telemedicine Services (OTS) as smartphone apps, websites, online or remote platforms that provide vision/eyecare services that you would otherwise receive by an on-site in-person eye doctor. This may include a vision refraction only with issuance of a corrective prescription for eyeglasses or a comprehensive eye health and vision analysis including an ocular health assessment, vision eyewear measurement, discussion of eye health and vision exam results with an eyecare professional remotely and issuance of a corrective prescription for eyeglasses and/or contact lenses.

Key Findings

- General awareness of OTS is still relatively low. Only 24.8 percent of respondents had any awareness, with 7.2 percent being very aware and familiar.

- As age increases, aggregate awareness of Ocular Telemedicine Services decreases, with a significant drop from the range 35 to 39 years old to 45 to 49 years old.

- Respondents with Managed Vision Care (MVC) had a higher awareness than the aggregate, with 26.6 percent aware on any level. Those without MVC saw the reverse, with only 23 percent aware on any level. Respondents who had an eye exam within the last 6 months were 32.2 percent familiar with OTS, with 11.4 percent very aware and familiar.

- Those with MVC were more likely to have used OTS (16.7 percent) than those without insurance (7.6 percent). Those who had an eye exam within the past 6 months were much more likely (18.6 percent) to have used OTS. This suggests that OTS is growing faster among consumers with more recent exposure to the optical industry.

- Respondents were asked to select any valid reasons for why they tried OTS. The single greatest reason reported was that it was faster to get an appointment via an ocular telemedicine platform, with 20.9 percent of respondents indicating this was a factor.

Only 12.5 percent of respondents indicated any sort of dissatisfaction with the OTS received.

- Respondents reported very positively when asked if they were likely to return to the same OTS provider. 49.1 percent indicated that they were very likely, 23.9 percent that they were somewhat likely, 6.4 percent not very likely, and 8.8 percent not at all likely. The remaining 11.8 percent remained unsure.

- Three reasons were selected by over 16 percent of respondents as to why they don’t participate in OTS. Of these three, two of them are related to a lack of information.

- The likelihood to try OTS increases as age decreases. This trend peaks in the age range of 25 to 29, where 45.13 percent of respondents indicated they were at least somewhat likely to try these services in the future.

- Respondents who had not used OTS were asked if any developments would encourage them to try OTS in the future. The top three responses were: Learning more about the technology and process of ocular telemedicine; My MVC/insurance plan would have to cover the cost of ocular telemedicine; and recommendation from my eyecare professional or eye doctor.

“The Vision Council’s VisionWatch Ocular Telemedicine Services report gave us valuable insights,” said Justin Bazan, OD, optometrist and medical advisor to The Vision Council. Ocular Telemedicine Services are becoming more and more of a popular choice among people. Currently, it is primarily a younger population who are utilizing the services the most, but as awareness, understanding and insurance coverage of OTS expands, we will see an increase of utilization across all ages. Users are overwhelmingly satisfied with the experience and are likely to continue utilizing the services.

“In a society that is accustomed to on-demand services, on-demand OTS delivers,” Bazan remarked. “In my opinion these changes will happen rapidly in the areas of online spectacle and contact lens prescriptions, and less rapidly in the areas of eyecare.

Bazan advised e-care providers to look for novel ways to incorporate or work with OTS. “They should also be aware of what services OTS cannot provide and look to incorporate those as to add a point of differentiation that helps to insulate their practices from the natural loss of patients to OTS.”
Ocular telemedicine is heading toward mainstream acceptance, but some barriers remain. VM asked some of the key players in OTM to assess the current state of the market, and offer their views about its growth prospects in the near term.

“We see two models emerging. One is the satellite model, where a doctor practices in an urban location but is able to serve patients in rural markets through telehealth. The other is the office productivity model, where a doctor adds a Telehealth lane to handle overflow patients and walk-ins. This also frees up the doctor to devote more time providing medical services.”—Greg Lechner, 2020Now

“The only barrier for ECPs is their acceptance of new remote technology which delivers the quality of an in-person eye exam coupled with an enjoyable patient experience.”—Howard Fried, OD, DigitalOptometrics

“We've seen growing recognition and acceptance of the at-home vision testing concept from both consumers and eyecare professionals. What was once thought of as a crazy idea is gradually gaining widespread acceptance.

“But continued growth will require a paradigm shift. Consumers and ECPs have had virtually the same dynamic for decades. While the benefits of adopting and partaking in telehealth are plenty, the effort of shifting a paradigm is difficult. It requires consumers and ECPs to recognize that some procedures usually done in an office visit can be achieved from home; that there isn't one set of magic numbers, for example to correcting vision with glasses or contacts; that screening vision more frequently than the recommended annual or bi-annual office visit can have significant advantages for the patient and the doctor. If you've built a career around the old paradigm, you'll likely resist movement to the new one.”—John Serri, EyeQue

“Government payers and private insurers are moving towards more telehealth and will need to address reimbursement, licensing, and malpractice issues before we can have widespread acceptance.

“ECPs are conservative. They're not early adopters of new technology. They're concerned about limitations with respect to the quality of images that are transmitted by some telemedicine systems, and because of that they're concerned about making the wrong diagnosis.”—Moshe Mendelson, Eyecare Live

“ECP’s are conservative. They're not early adopters of new technology. They're concerned about limitations with respect to the quality of images that are transmitted by some telemedicine systems, and because of that they're concerned about making the wrong diagnosis.”—Moshe Mendelson, Eyecare Live

“The push back we've seen to date comes from optometrists. Despite that, telehealth is the here and now, and is not going anywhere. We appreciate the early adopters—open minded health care providers and business folks who understand and embrace this trend, leveraging our technology to improve the services they offer.”—Yaopeng Zhou, Smart Vision Labs

“The ECP’s main challenge today is to decide where they want to go considering the overabundance of options they have to add value to their services right now. The uncertainty of growth is the main barrier. That being said, the field is reacting really well. ECPs are always trying something new. There’s always an experiment happening in every small practice, from cost-reducing alternatives to brand new offerings. It’s a good time to be in the industry.”—Vitor Pamplona, EyeNetra

“Investors in the world of ocular telehealth are unsure of what market will emerge. This uncertainty stems from a lack of a comprehensive testing solution, an unproven reimbursement model, and lack of market studies demonstrating public acceptance and adoption. What we do know is that this emerging market is massive and those who choose wisely will be highly successful.”—William Mallon, MD, GlobeChek Enterprises