



Virtual Vision Care Grows Up

VM Examines Telehealth's Recent Surge and What it Means for Optical

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NEW YORK—Ocular telehealth is trending hot these days, kicked into high gear by the coronavirus pandemic. More eye doctors and optical retailers than ever report they are now using telehealth to deliver virtual vision care, including many first-time users seeking to connect with patients who had been in lockdown.

The virtual vision care field is getting crowded, with a growing number of companies offering a wide range of services and patient experiences. These services include direct-to-consumer, online eye tests for prescription renewal, comprehensive eye exams conducted in-office by technicians and supervised remotely by eye doctors, remote doctor-patient consultations via mobile app and smartphone-powered self-examinations and more. (For a detailed description of available ocular telehealth services, see sidebar, Page 22).

The emergence of these very different forms of ocular telehealth has created a robust but increasingly segmented market. Market growth is being driven by consumers seeking convenience, choice and lower costs. Demand is being satisfied by independent optometrists, group practices and optical retailers that are adding telehealth services as well

as by direct-to-consumer (D2C) companies offering self-administered eye tests and online prescription renewal, often coupled with online purchasing of eyeglasses or contact lenses.

D2C services have become a flashpoint between consumer groups and national and state optometric associations, which have brought legal challenges to limit their spread. But despite such opposition, D2C services appear to be thriving.

The growth of ocular telehealth is part of an overall rise in telehealth use. According to the American Telehealth Association's (<https://www.americantelemed.org/>) 2019 State of the States Report: Coverage and Reimbursement, 40 states and the District of Columbia have adopted substantive policies or received awards to expand telehealth coverage and reimbursement since 2017. 36 states and D.C. have parity policies for private payer coverage. By comparison, only 21 states and D.C. have coverage parity policies in Medicaid.

The sudden arrival of COVID-19 rapidly accelerated the demand for telehealth. To expand patient and provider access, the Centers for Medicare and Medicaid Services, as well as many private insurers, moved quickly to waive reimbursement re-

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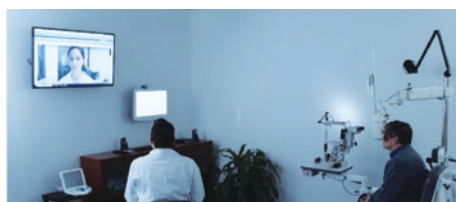
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A patient taking Smart Vision Labs' 5-minute vision test.



A patient and technician use DigitalOptometrics' technology to consult with an eye doctor who appears on-screen.



The post-exam consultation viewed from the doctor's perspective.

Special Report on Telemedicine: The Time for Optometry is Now

Optometrists had already begun exploring telemedicine when a pandemic and stay-at-home orders resulted in an explosion in its use. Download this Special Report (<https://bit.ly/thetimeforoptometryisnow>) from Review of Optometric Business to find out what platforms and technologies are available to start telemedicine in your optometry practice now and keep it going not just to meet safe distancing guidelines but also to improve patient service while adding a new revenue stream going forward. ■



strictions, interstate regulations and out-of-pocket costs that have long prevented telehealth's widespread adoption. The relaxation of HIPAA rules also opened the door for telehealth services, facilitating the transmission of photos and the use of video conferencing.

The result was a sharp increase in the number of telehealth users, including many new users. Prominent health care systems throughout the country reported unprecedented surges in telehealth encounters. The University of Pittsburgh Medical Center (UPMC), for example, reported a 35-fold increase from March to April 2020, according to the medical website, Rollcall.com (<https://www.rollcall.com/2020/04/30/telemedicine-key-to-us-health-care-even-after-pandemic-ends/>).

As lockdowns shut down eyecare practices and optical retail stores throughout the country, large numbers of eyecare practitioners turned to telehealth solutions to keep in touch with patients, many for the first time. Unable to perform comprehensive eye exams, most relied on remote video consultations to monitor and triage patients. Several ocular telehealth services reported a sizeable uptick in sales during the lockdowns.

"The total number of consultations has skyrocketed into many thousands since shelter in place was instituted in mid-March," said Moshe Mendel-

son, chief medical officer, EyecareLive, a popular telehealth service.

John Serri, PhD., co-founder and president of EyeQue, which markets eye tests and testing devices directly to consumers, said the number of refraction tests taken by customers in April 2020, which approximately corresponds to the number of devices sold, "more than doubled that of March 2020, and May is more than 60 percent above April."

Recent surveys confirm that many eyecare professionals began offering telehealth services in response to the pandemic. According to Wave 11 of Jobson's Coronavirus ECP Survey, 38 percent of respondents indicated that they were offering telehealth services in the week of June 5 to 9, 2020 up from only 5 percent during the week of March 13 to 17. (For additional survey data, see charts on p. 16.)

Although telehealth use is expected to flatten somewhat as states reopen and in-person consultations resume, many doctors and other professionals believe it will remain a central fixture in health care's newly reconfigured landscape, and are reconsidering its potential.

"COVID-19 has changed everything," Dr. Mark Henderson of the UC Davis School of Medicine told public radio station KQED (<https://www.kqed.org/science/1963133/telehealth-is-having-a-huge-moment-during-coronavirus-crisis>). "Because of

COVID-19 we have all of this distance, and it has accelerated all of these ideas, and it's totally exploded our thinking around what we can do with telemedicine in primary care."

Artis Beatty, OD, chief medical officer of MyEye-Dr., a 600-plus office group, commented, "From this point forward, patients are going to think about their health care a little bit differently. Now, on a daily basis they assess risk before they go out to do anything, and health care is not any different." He noted also that patients "have an appetite for being able to be seen when it's convenient for them... rather than when office hours are scheduled," and that patients are much more open to having "at least part of their eyecare needs addressed remotely via telemedicine."

Beatty added, "I think they see [telemedicine] as an alternate way of interacting with their doctor, but not necessarily a replacement for in-office services."

As states began the reopening process and we head into what many are calling "the new normal," eyecare professionals and optical retailers across the country are re-evaluating all ocular telehealth platforms to determine which ones best suit their needs and those of their patients. (For the purposes of this report, we've used the umbrella term ocular

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telehealth to describe remote vision care, although some vendors and practitioners prefer other terms, as described below.)

Their immediate concerns center around how ocular telehealth can help them navigate the new protocols for maintaining sanitary conditions and social distancing that will dictate how they and their staff perform refractions and comprehensive eye exams. Longer term, they are discovering how ocular telehealth can enhance patient care, free up doctors and staff, and increase profits.

"Prospective clients are looking for comprehensive solutions and flexibility are using telehealth for a variety of different purposes and business models such as second lane, satellite office and overflow support. It also enables them to delegate routine exams to focus on medical services, enhance social distancing and at-home patient visits and follow-up care," observed Greg Lechner, director of marketing for 2020Now, a pioneer in synchronous, comprehensive eye exams.

Even as ocular telehealth becomes more entrenched in eyecare's mainstream, some vision experts are quick to point out its limitations, particularly when compared with in-person care.

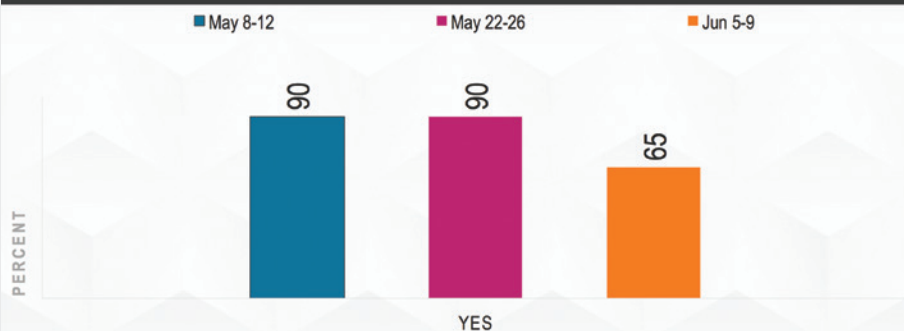
In a recent article in *Review of Optometric Business*, Brian Chou, OD, FAAO, observed, "Today, optometric telemedicine can complement in-office eyecare. It is useful for triage, diagnosing and treating garden-variety conditions like chalazion, allergic conjunctivitis, blepharitis, simple bacterial conjunctivitis and subconjunctival hemorrhages. These can often be diagnosed through video chat or user-submitted photos, even with limited image quality. Yet other conditions, including corneal foreign bodies, retinal detachment, angle closure and infectious keratitis, require in-office examination and treatment."

To better understand the ocular telehealth boom and how it is impacting vision care, for this megatrend we interviewed ECPs, retailers, vendors, payors and reimbursement experts. Here's what we learned about this vital, multifaceted segment of the vision care industry and the increasingly important role it will surely play in the future. ■

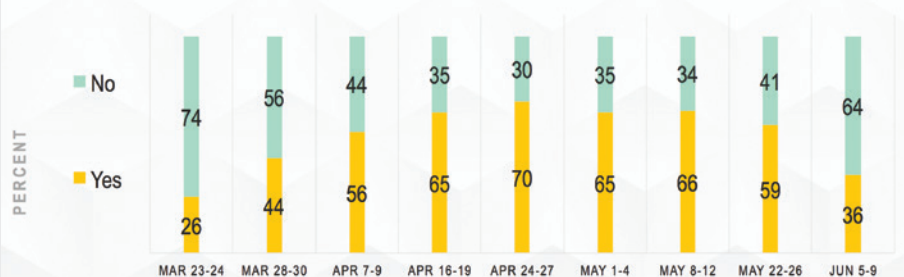
HAS THE CORONAVIRUS INFLUENCED YOUR CONSIDERATION OF OFFERING TELEHEALTH SERVICES/OPTIONS?



If open: IF OFFERING TELEHEALTH: CONTINUE TO OFFER TELEHEALTH SERVICES?



IF OFFERING TELEHEALTH: HAVE YOU BILLED FOR TELEHEALTH SERVICES IN THE LAST TWO WEEKS?



Making the Leap into Telehealth

Many optometrists began using ocular telehealth this spring, when the spread of COVID-19 and subsequent shutdowns of optometric practices and optical retail stores cut them off from seeing patients in person. We spoke with several optometrists who are new to telehealth about what their experience has been like. They report that remote consultations via a mobile app have proved to be an effective means of providing at least a basic level of care.

The ODs described what type of patients are best served by telehealth, to what extent they're being reimbursed by insurance companies for telehealth services, and the ongoing role they envision for telehealth in their practice. They also described how adding telehealth services has allowed them to expand their patient base by increasing access to eyecare.



Keshav Bhat, OD
Union Family Eyecare
Matthews, N.C.

Prior to the onset of the pandemic, there were basically no virtual exams in our office. A good friend who had just joined a telemedicine company was asking me to demo and perhaps sign up. I was reluctant to allocate the resources then.

With the outbreak, our office came to a dead-stop on March 16 and I had to quickly formulate a plan. The first option I attempted, and still like the most, is Doxy.me. I started with the base plan that offered a Low Definition Video platform and unlimited usage. It also included a waiting room feature and browser notifications.

Through my social media interactions, I understood that Imprimis Pharmaceuticals had an exclusive agreement with doxy.me offering a free upgrade to the Professional Version that not only offered the above benefits, but also included options such as customizing the waiting room, photo capture, file transfer and even accepting payments

(via Stripe). I was able to set up my clinic in a matter of a few minutes and a customized URL was available for me to post on my site (unionfamily-eye.com) and on our social media like Facebook.

My personal experience is this: patients love the fact that the physician takes time to get on a call/review history and provide 'best guess solution.' I say best guess because, besides a swollen lid(s) and/or blood-shot eye(s), it's hard to make any conclusive diagnosis without the appropriate tools we are used to. A diagnosis like a sub conjunctival hemorrhage is best suited for this scenario.

All advertising avenues for telehealth resources have images of 'perfect looking models, posing at the camera;' in reality, patients are using their kitchen table with a light source directly above or behind them making an assessment of their ocular complaint that much more challenging.

One of my first calls in this pandemic had a classic case of iritis—it was an existing patient with Sjogren's who has had a past episode; her description was 'I feel the same kind of deep pain; but my eye is clear'. So it was not my 'observation' through the screen, but a detailed history made this teleconsult very productive, allowing me to send the right medication to the pharmacy.

It is very reassuring for the patient to be able to see and listen to you; but I am left with a lingering question about the nature of my diagnosis, until I follow up in 24 hrs. Fortunately, the cases I've handled have all gotten better.

My ability to deliver quality care has not changed; but my reach has increased to non-patients. A classic example is a wife who sees me for her eye exam, but her husband has always seen a provider close to his work. Since, I've had an opportunity to communicate with the wife at home, and the husband looking over, I was able to win him over with my approach to care. So, my reach into other family members has surely increased.

The few patients we have seen thus far have paid us co-pays, and the insurance companies have paid little to nothing. That doesn't come as a surprise at

all, as optometry has never had the influence at the table, when it comes to reimbursements. Of course, the \$20.00 collected is better than zero dollars, and the opportunity to help someone in need is not measurable in dollars.



Dr. Allan Tocker
Tocker Eyes
Wilmington, Del.

Last year, way before COVID, I started thinking that the paradigm was about to shift in the way that patients seek health care. The old paradigm is if you don't feel well, you call the doctor and make an appointment. That appointment may not be for a week. Then you have to drive to the doctor's office, see the doctor and then maybe go to the pharmacy.

That takes a lot of time, which is not consistent with where the world is going. I knew there must be an easier solution. I thought about what Millennials do. If they're home and craving pizza but don't feel like going out, they call Door Dash. That's how they operate, that's their life.

I thought there's got to be some way for optometry to get a foothold in this. My staff and I did some exploring and came up with EyecareLive. We learned the platform, downloaded the app, notified our patients and signed them up.

The way it works is that if you wake up in the morning and your eye hurts, maybe you have a sty, or maybe you just broke your glasses, all you have to do is go onto EyecareLive, and within seconds, I'm FaceTiming with that patient and the problem is solved. I can say to them this is what you need, I'm going to call this into your pharmacy and it's over. They list their chief complaint and you can answer, or text. There are a number of ways to communicate with patients.

Usually patients call about pretty simple things. Ninety-five percent of the time, it's 'My eye is red, it hurts.' Most ODs can handle that in about 5 seconds. The main thing is that the patient doesn't

have to leave the house, except maybe to go to the pharmacy. That's it. The whole thing is quick. Compare that to the old way, which is a three-hour operation. Patients are so happy with this.



Brittany J. McMurren, OD
Chief of Clinical Research
Werner Optometry
El Cajon, Calif.

I had no experience with telehealth prior to the pandemic. But we've all gotten that super close-up shot of a red eye from a neighbor at 10 o'clock at night asking for help, so I feel like we've actually been practicing telehealth already, but not getting paid for it.

We recently began using doxy.me. We found it through education provided by Vision Source early on during this pandemic. I'm also to going to demo the new telehealth platform our EHR system just released.

I was pleasantly surprised with how much

faster these telehealth visits can be compared to in-office visits. On average, I think the telehealth visits have only been taking one half to one third of the time our traditional office visits take. I love the increased efficiency. I think as patients become more familiar with telehealth, the efficiency will improve even more.

Telehealth allows us to have multiple doctors working at the same time, despite the fact that we only have three exam lanes. I can do telehealth appointments from home while my colleague is physically seeing patients in office. No office remodel required!

We're finding that the patients who are best served by telehealth are those with emergency red eyes and dry eye follow ups. Some contact lens follow-ups have been a really easy transition. Also, reviewing test results with patients has been great. We can even screen-share and show the patient the results directly.

Telehealth has really expanded the reach of our clinic. It's helped us connect with people that physi-

cally cannot easily make it to the office. We've gotten an overwhelmingly positive response from our patients. The added convenience makes it possible to get eyecare when you need it. I really think that removing the barriers of having to take time off from work, drive to the office, and sit in the waiting room, is going to encourage more people to look after their ocular health.

Now that we've experienced the tools telehealth can provide us, we definitely want to continue using it in the future.

Telehealth was our second largest source of revenue while we were under shelter-in-place. Only time will tell how much it will contribute to our profit once we are back up to running at full capacity.

100 percent of our services have been reimbursed from Medicare and Commercial insurance. Aside from PEC, who did reimburse in full, only medical insurances were billed. We did not attempt to get 99-exam coverage through vision only plans.

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Post COVID-19 with Tele-Optometry



Telehealth Fosters Health and Safety for the Patient, Optometrist and Provider

- Remotely performed refraction and comprehensive eye health and vision analysis by Optometrist
- Eliminates face-to-face contact between patient and Optometrist during the eye exam
- Replicates traditionally performed exam by an on-site Optometrist
- No personal protection equipment is worn by the Optometrist
- Visual and oral communication between patient and Optometrist
- Reduces total exam time to less than 30 minutes
- Patented process with more than 100,000 completed eye exams
- Extremely high NPS scores and conversion rates
- Revenue and EBITDA driver

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Making the Leap into Telehealth

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Chris Owens, OD

**Carolina Center for Eye Care
Advance, N.C.**

"We weren't using telehealth before the pandemic, but now we use doxy.me for emergencies and contact lens prescription re-

fills, and our usage is increasing. During the pandemic, it's provided a small revenue stream that otherwise we wouldn't have had.

It's a great avenue for patient to have face time with their trusted provider, especially during the pandemic. It's also a great starting point for emergent care with an established practice that may not have had availability for many new patients.

I've found that the patients that are best served by telehealth are ailing seniors with poor access

and poor mobility, and for patients who have time sensitive follow-ups for medical testing or treatments. Although telehealth is innovative, it doesn't take the place of interacting in-person with patients. Now that we've reopened, in-person encounters are ramping up, and that's time consuming, so we'll rely less on telehealth."



Troy White, OD

**Kapperman, White and McGarvey
Eyecare**

Chattanooga, Tenn.

We didn't start until using telehealth before the pandemic, but the virus has forced telehealth into the limelight. We're using doxy.me. It has a secure platform, and one version lets you email a link to the patient and they can just click that link

and they're in a virtual waiting room. I just click on that patient and now I'm seeing them face to face over their phone. There's no download.

We've also used a tele-optometry service developed by an optometrist, Mike Rothschild. We've used Zoom or FaceTime to meet with patients who have dry eye or irritated eyes. We saw one patient, an older lady, who had double vision. Her husband held the phone so I could get a look into her eye and see her eye movement. We set her up with her primary care physician to get a scan. She didn't have to come into the office or risk getting exposed to the virus.

Seeing patients this way can be challenging, though. Even if you have somebody hold their camera up to their eye it's hard to see much. You're really using your doctor skills. If you know their age and take a good history, you're going to know 70 percent to 80 percent of the time what their diagnosis is. ■

ECP Groups Support Members' Access to Telehealth Solutions

NEW YORK—With interest in telehealth on the rise across eyecare, several ECP alliances and buying groups have taken steps to help their independent OD members gain access to telehealth technologies and/or training resources. Among the groups providing such services to members are Healthy Eyes Advantage (HEA), Professional Eye Care Associates of America (PECAA), ABB Optical Group and the California Optometric Association (COA), among others.

HEA, which is based in Boca Raton, Fla., began looking at ways to help members take a closer look at telehealth options in early 2019. Eventually, HEA set up a partnership with EyeCare Live as its strategic telehealth partner, according to Justin Manning, OD, MPH, FAAO, HEA's executive vice president, professional strategies. "We were able to put together a partnership that worked out right before COVID started," he added.

The program with EyeCare Live includes a discount on both monthly and set-up fees, among

other things. And HEA members receive access to the vendor's webinars and other training tools. "We've had a number of members sign up to leverage EyecareLive in their practices," he added.

Portland, Ore.-based PECAA also recently agreed to a partnership with EyecareLive. EyecareLive has set up a system that provides HIPAA compliant secure messaging, real time video visits and remote monitoring, a spokeswoman noted.

In addition, PECAA's Billing & Coding Advisors have been providing resources to the membership regarding telehealth financial processes, including both billing and service codes, and the training related to how telehealth affects HIPAA.

ABB Optical Group, a provider of optical products, services and business solutions, also has collaborated with EyecareLive to provide a telemedicine platform to ECPs. The group "continues to encourage and advocate that ECPs embrace technology and expand access to patient care," a spokeswoman noted.

ABB and EyecareLive have come together to bring EyecareLive's doctor-owned, HIPAA compliant, optical focused platform to practices across the country. By helping ECPs implement telemedicine quickly and effectively, ABB noted that it gives doctors "the ability to extend care beyond the four walls of their practice, provide patients with greater access to their trusted provider, maximize practice efficiency and generate incremental revenue."

In May, the California Optometric Association (COA) named EyecareLive its preferred partner for telehealth services. Members now have access to provide telehealth services via the EyecareLive platform at absolutely no cost for the first month, with significantly reduced fees for ongoing use.

COA said that participating members would gain access to EyecareLive's secure video calling, and optometry-specific patient services such as visual acuity and dry eye tests, a contact lens comfort quiz and Amsler grid test for patients to perform at home. ■

Retailers Find Telehealth Options Improve the Patient Experience

NEW YORK—With the spread of COVID-19, just about every aspect of life has been affected for U.S. consumers and patients, and health care ranks high among the part of life under transformation. One significant change is that today both patients and providers are asking themselves what “services” need to be in the office and what services can absolutely be done outside the office via video conference or other means of interacting with the patient.

Many ECPs are testing or implementing these services that—in part because of changes to regulations such as HIPAA—make health care visits both safer and more convenient for the patient, and help the OD adapt to a new in-office care model.

“There are lots of ways that you can improve that patient experience by adding some form of telemedicine or by using it as an adjunct for your in-office visits,” Artis Beatty, OD, chief medical officer of MyEyeDr., told *Vision Monday* in a recent

interview. He noted the patient experience, from start to finish, is evolving in a way that ODs are doing simple things such as intake, history and/or demographic data collection using a portal that enables patients to input data before they get to the office.

MyEyeDr., which has more than 600 locations nationwide, was actively looking into telehealth prior to the March shutdown and considering different ways to interact with patients, Beatty said. The company accelerated this work once it paused in-office visits and, with changes to HIPAA regulations, was able to do things with iPhones and video chat services features that it wouldn’t have been able to do prior to COVID-19.

“This really helped us understand how often our patients really wanted to interact with us ... and what the implications of this are,” he said. Currently, MyEyeDr. is working on a telehealth pilot with EyeCare Live that involves doctors in a

few different states.

“One of the things that has been difficult for optometry, and something that we have learned a lot about, is the disjointed technologies,” Beatty added, noting that health care providers outside of eyecare “have gotten much better at being able to provide some sort of advice, diagnosis and examination via telehealth.”

In eyecare, there have been many questions about managed vision care coverage and what’s allowed, and whether ODs are able to bill medical carriers for certain services. Eyecare providers need “more uniformity on what’s covered and what is not covered and how we actually provide telehealth services via a third party,” Beatty noted.

He added, “All of those things came into question very quickly [during] COVID. I think we realized that the industry was behind the curve [and] we needed to be better about developing

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Mapping Ocular Telehealth’s Multifaceted Ecosystem

Navigating the ocular telehealth-scape can be confusing. An increasing number of companies offering a growing array of services are courting consumers or eyecare professionals, and in some cases, both. To help sort it out, we’ve turned to Brian Chou, OD, FAAO, owner of ReVision Optometry in San Diego, Calif. and a longtime observer of the ocular telehealth field.

In an informative article for *Review of Optometric Business* (<https://www.reviewob.com/telemedicine-in-optometry-reality-check-on-its-limitations/>), *Telemedicine in Optometry: Reality Check on its Limitations*, Dr. Chou lists and neatly summarized the various options on the market. The following excerpt maps this multifaceted ecosystem.

Live video chat. Think of **FaceTime** or **Zoom**. There are HIPAA-complaint and professional-grade apps for health care (e.g. **doxy.me**). These require

the patient and doctor to each have internet access and a computer, tablet or smartphone.

Data-driven image diagnosis. Image-recognition software and artificial intelligence can diagnose with high sensitivity and specificity dermatological lesions and diabetic retinopathy.

Synchronous (real-time) remote refraction. A digital phoropter is controlled from elsewhere. **20/20 Now** and **DigitalOptometrics** are competing systems currently embroiled in litigation. The patient must go to an equipped facility with trained staff, but the doctor is remote.

Asynchronous (store-and-forward) imaging. External eye videography (e.g. **Simple Contacts** app’s “redness test”) that is recorded and reviewed later by a remote doctor.

Specialized hardware for mobile health (mHealth) platforms. Low-cost adapters that con-

nect to a smartphone assessing refractive error, like by **EyeQue** for self-administration. Or adapters by **EyeNetra** or **SVOne** administered by a traveling technician.

Remote contact lens and eyeglass prescription renewal by duplicating or slightly modifying an old prescription uploaded by the patient. A remote doctor can review the old prescription alongside self-administered visual acuity measurements. Examples include **Express Exam by 1 800 Contacts**, **Prescription Check by Warby Parker** and **Visibly (formerly Opternative)**.

There are also hybrid models combining features. For example, the eyecare-specific app, **EyecareLive**, combines capability for synchronous video chat with self-measured visual acuity, digital photos and video for asynchronous review by their doctor. ■

Retailers Find Telehealth Options Improve the Patient Experience

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the technology and about being able to share information across platforms or between providers or between eyecare providers and general health care providers.”

Todd Bellamy, OD, medical director at St. Louis-based EyeCare Partners, spearheaded the effort to launch telehealth in March across the 480-site eyecare group, which had not yet implemented a telehealth option pre-COVID-19.

“We quickly worked with the Backline app available through Doctor First to launch a system in a matter of days once we began limiting our office schedules due to COVID-19,” Bellamy said.

“It was critical for us to provide an option for our eye doctors to safely and securely work with patients during this time. Our patients needed an option that kept them away from an urgent care or hospital for the diagnosis and treatment of urgent eye conditions.”

Bellamy said using telehealth EyeCare Partners now can reach patients who cannot come into the office for any reason and “further expands our options for being available to patients after office hours.”

He added, “We will continue to provide this as an ongoing option to our patients. We realize certain conditions may be monitored via telehealth visits as opposed to having the patient come into the office, and providing that service is valuable to our patients and doctors.”

He also noted that an area where EyeCare Partners sees important advantages is with at-risk elderly patients or for those without meaningful transportation availability.

Regional retailer Shopko Optical had partnered with DigitalOptometrics for a store test in November 2019, and was expanding that to another three stores in February. When the coronavirus led to office/optical closings, Shopko Optical expanded that test so it expects to have 20 stores

up and running with DigitalOptometrics during the June-July time frame, according to Kirk Lauterback, chief operating officer of the 80-location optical firm.

“We have worked with them to expand their program even while we were closed,” he said. “So we are able to offer that added level of convenience for our patients, especially in underserved markets.”

The model Shopko is working with at the first few locations utilizes Shopko Optical doctors, and the company expects to predominantly use Shopko Optical ODs as it expands. “We really like the partnership model they provide, and we feel that this is as close to the in-person exam that a

“The patients like it and the team has really embraced the technology, too. We put together with DigitalOptometrics a robust training program so that we ensured that not only is the training right but that at the same time it’s hands-on and the [team] gets to work with the program and to work with equipment to make sure they are comfortable with it. And then the patient can have a very seamless experience in the center.”

Lauterback said he believes telehealth technology will continue to improve. “We’re scratching the surface as far as what we can potentially have in the future. But I like this model because I think it complements the in-person experience that we already have with our optometrists very well. And

in my book, at least right now, there is no substitute for that experience.”

AEG Vision (150-plus locations) also has used the opportunity of HIPAA changes to look at some telehealth options, according to Benjamin Chudner, OD, FAAO, chief medical officer and vice president of eyecare. During the closed-offices period, patients could contact their usual AEG practice location via the call center or office phone, which led to a doctor follow-up and evaluation. Patients could use options such as Zoom or FaceTime to interact with the OD, who would then determine if

the patient needed to be seen in the office or if the situation could be handled remotely.

“Obviously, telehealth is growing, and certainly in other [health] professions it is becoming more mainstream,” Chudner said. “It’s not uncommon for insurance companies to allow you to see a nurse practitioner via telehealth prior to going into see the doctor.... So, it’s obviously not on the fringe anymore.”

Still, AEG did not find “a significant number of patients that had conditions that could be managed solely through telehealth” and that would support expanding the telehealth option at this



A refraction being performed remotely with Now Optics' system.

patient is going to receive,” Lauterback he said.

He added, “We still believe fundamentally that the best experience a patient is going to have is with an in-person doctor. We truly believe that and we value the relationship that we have with our doctors, but there are opportunities where the demand is great or they are in a community where they are underserved. This adds the ability to actually take care of patients and that critical eyecare.”

The patient reaction to the telehealth option has been “very, very good so far,” Lauterback said, noting the retailer closely tracks net promoter scores to stay on top of consumer/patient sentiments.

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Adjusting to the New Normal: How Ocular Telehealth Can Help

As eyecare practices and optical retail stores across the country cautiously reopen and in-person appointments slowly resume, ECPs and their staffs are adjusting to new routines. Among the challenges they face are implementing procedures for social distancing, maintaining sanitary conditions and creating a more efficient workflow that accommodates the changing needs of both doctors and patients. We spoke with executives at some of the leading telehealth companies to find out how their systems and products can help practitioners and patients navigate the new normal.

Yaopeng Zhou
Co-Founder, CEO
Smart Vision Labs

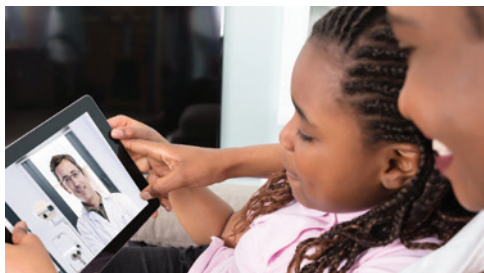
The customer experience now is about how long you stay in the store, and how many touch points you experience in the store. The less the better. Patients want to go in, take an eye test and complete their purchase quickly and leave. We're offering a solution that is fast and has very few human contact points. You don't have physical contact with anyone. You can separate yourself from the patient with at least six feet.

Howard Fried, OD
President
DigitalOptometrics

We experienced growth in our ocular telehealth system prior to the COVID-19 pandemic, but that growth accelerated significantly during the pandemic with large national retail optical providers and independents seeking installations of our remote eye exam system at their closed locations during government-required closures. As they reopen, they want to have the ability to supplement the in-person, on-site exam, or utilize our system as an option to enhance their practice or as a tool in their toolbox.

The doctors aren't all coming back to work. They want to be in a safe environment. It's about the safety of not only the patient, but of the doctor as

well. When these practices opened their doors, they want to have the option and flexibility of utilizing telehealth to improve the social distancing for patients and providers alike.



Patients use a tablet and EyecareLive's app to connect with their doctor.

Moshe Mendelson, OD
Chief Medical Officer
EyecareLive

With social distancing, telehealth can help in a number of ways. For example, we can help patients at home insert and remove their contact lenses. We can also monitor corneal issues. In the past, in certain cases, patients had to return to the office for a fluorescein eye stain test. Now, when appropriate, the patient can apply fluorescein themselves, and an ECP can examine the fluorescein pattern remotely. I can also use the same technique to follow up on corneal ulcers or injury and monitor healing. The patient is given the testing kit and instructions for home use. This was born out of necessity during Shelter in Place.

These are some of the things we can push from the physical office to the patient's home. You can divert some of the office traffic to telemedicine.

Greg Lechner
Director of Marketing and Communications
2020Now

Historically, doctors had viewed tele-optometry as either all in or all out. Now, I'm seeing a phased adoption. Phase One is the doctor wants to use the latest auto-phoropter technology for greater social distancing, so they can refract the patient from a

different room, or from across the room. By using tele-optometry technology they can provide safer eye exams.

Once a doctor has the diagnostic equipment, then adding tele-optometry is very easy. That's Phase Two. Let's say they want to ensure that my practice has back-up support, so if they get the COVID virus, they can continue to operate the practice by having a back-up doctor to provide exams. They can do exams from home if they're incapable of doing them in the office. They can keep their practice open if they want to attend a continuing education class, or go on vacation. Tele-optometry represents an insurance plan to keep their business running, no matter what may come down the road.

Then the third phase is what I call the growth phase. The doctor is going to use tele-optometry to grow their practice. They're going to add an additional lane which is going to increase exam capacity.

Once we get past this pandemic, I foresee a surge in demand for eye exams. Tele-optometry will allow practices that have the technology to increase their capacity by having an additional lane.

The doctor can also grow their practice by expanding into medical services. Rather than focusing on doing refractions or basic eye exams, they can have another doctor or different member of the staff do those using tele-optometry while they focus more on medical. Expanding their hours and locations is another opportunity to grow the practice.

Charlie Biegel
Chief Operating Officer
Eyefinity

To help ramp up capabilities for network doctors, Eyefinity has been providing telemedicine functionality to all Eyefinity EHR users to enable efficient documentation and auto-coding of remote patient consultations, ensuring accurate billing and claims management. Starting in early June, Eyefinity EHR users will have access to video chat technology integration with PocketPatient, which is an app that

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Adjusting to the New Normal: How Ocular Telehealth Can Help

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the patient downloads from the Apple or Android store and uses to interact with their ECP.

The capabilities are fully integrated with Eyefinity EHR and provide a complete, all-in-one telehealth solution that is patient friendly. The doctor can launch video visits directly from Eyefinity EHR using an iPad app or on desktop. It also streamlines the workflow, allowing the ability to perform a video visit and document it simultaneously on the app.

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. These telehealth capabilities in Eyefinity EHR are free for practices through August.

Vitor Pamplona Founder and CEO EyeNetra

Telehealth is having a make-or-break moment. While it's true that most general health care centers have completely switched to telemedicine during this pandemic, because of the obvious high risk of contagion from overwhelmed systems, most applications are simply screening calls and/or basic prescription updates.

Since most eye diagnostics require patients touching some shared equipment to achieve reliable outcomes, even in telemedicine systems, the majority of the practices we work with decided to close the doors and wait for the situation to improve. After all, would you put your eyes into any device you know was used by another person just five minutes earlier? Even if it was clean, it's a hard ask.

That being said, a small number of very creative practices have spearheaded new ways to perform vision exams during the pandemic. For instance, we have seen clinics doing vision exams in parking lots. Doctors perform the entire comprehensive exam while customers remain inside their car.

Mailing devices to customers and teaching them how to perform the test with a video call also be-

came quite an interesting model. At-home measuring and tracking systems, like EyeQue and our Netra, have a clear advantage nowadays. Contactless refractors (e.g. Welch Allyn Spot, PlusOptix, Adaptic's zWin, and the HAR 800), while they might not be as accurate as their contact-full counterparts, are real options at the moment.

Chuck Scott CEO 2020Now

In the wake of COVID-19, many optometrists who are in their 60s aren't interested in coming back to work within a retail setting. They're concerned about safety. They would prefer to sell their practice, or combine with somebody else.

Putting in tele-optometry gives the retail guys the ability of having a doctor work for them, albeit from home, when they're not doing a lot of medical stuff, they're just doing comprehensive exams. We see this trend growing among optometry groups that have multiple offices and the ability to identify doctors who are about to retire, or are semi-retired, and who are concerned about coming back to work within this pandemic.

Adam Katz, MD Co-Founder GlobeChek Enterprises

GlobeChek, a mobile kiosk that performs 11 eye tests in under 10 minutes, was designed to bring the exam to the patient instead of requiring the patient to come to the doctor. To help patients who can't visit their eye doctor due to COVID-19 restrictions, my partner, Dr. Bill Mallon and I have developed ways to provide them with eyecare while meeting the requirements of social distancing and minimizing contact with others.

Fortunately, the Globe requires only one technician to run a patient through the battery of tests. The technician uses PPE, and all patients are required to wear a mask for further safety. A barrier is placed between the patient and the technician to further reduce any chances of



GlobeChek's mobile kiosk allows eye exams to be performed with social distancing.

transmission. By limiting a patient's contact to only one individual, as opposed to many during the typical doctor's appointment, the risk of exposure is greatly diminished.

We're also deploying a mobile solution that uses a trailer as a mobile office, so that patients don't even need to enter a doctor's building. We feel very fortunate that we are in a position to offer a safer alternative for delivering comprehensive eyecare to our patients without having to sacrifice on quality.

Currently we have one mobile office that is being used by the Community Health Center in Vero Beach, Florida, to reach underserved populations. Additional mobile offices are on order and should be arriving next week, which will be provided to physicians in other states.

John Serri, PhD Co-Founder and President EyeQue

Throughout the shelter-in-place orders, when optometrists were forced to close, we have continued to see strong sales. Our communication strategy has remained the same, however, the phrases "no-waiting rooms" and "at-home vision test" are inherently more relevant than ever.

In April, in response to COVID-19, EyeQue offered the Personal Vision Tracker free to U.S. residents and waived annual membership fees for refraction testing in an effort to help those suddenly unable to visit their optometrist check their vision. We intended to give away 1,000 PVTs but ended up delivering over 2,000 units and despite the free offer, saw record revenues for the month of April and May from sales of other devices. ■

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Payers See Longer-Term Role for Telehealth in Eyecare

NEW YORK—Managed vision care plans, across the board, are reporting greater interest and demand for telehealth options from both patients and providers. As ODs began using ocular telehealth more frequently in March as COVID-19 spread, there were also mounting questions and concerns among ECPs about how these new telehealth technologies would fit in with the policies of managed vision plans.

The reaction among the leading vision care plans was to review their policies and consider where and how changes could be made to help everyone best adapt to this “new normal” in eyecare. *Vision Monday* spoke with managed vision executives to gauge their sentiments about telehealth, now and in the future.

“Telehealth has moved dramatically across really every kind of medical specialty and medical modality, not just vision care,” **UnitedHealthcare Vision** general manager **John Ryan** told *Vision Monday* in an interview.

As a result of the COVID-19 pandemic, UHC and other vision care plans, have set up and published coding information that provider networks can utilize to handle consults with remote patients. “We saw the industry move from something that some



John Ryan

[providers] were doing or talking about, on an emergent basis, to something that they very much wanted to be part of within their practice,” Ryan added. “From the UnitedHealthcare perspective, and really the UnitedHealthcare Group’s, we embraced telemedicine across all sorts of spectrums. I don’t see that curtail- ing, and not just because the coronavirus will probably be here for some time.”

Dr. Scott Edmonds, a vice president at UnitedHealthcare Vision, noted that UHC has in the past looked at “all kinds of telemedicine solutions and artificial intelligence options” and considered how they might integrate with eyecare practices. “I always went back to my practice and didn’t really see a role for it in what I did day-to-day,” he noted. “With COVID, all of a sudden the dynamics changed.”

In addition to publishing new coding to connect with eyecare partners, UHC worked to help ECPs understand the coding they could use if they submitted through their normal claims’ processes, Ryan said. “We reprogrammed our systems to accept those codes and it was in response to COVID. But my planning at this point as the general manager of United Healthcare Vision is that we will absolutely continue this. ... It will be interesting for us an industry to see what the utilization of this is, including how it changes as people move back into a more typical pattern. But our supposition is that [telehealth] will become part of our claims’ submission practices and part of the providers’ normal modalities.”

Under its current reimbursement procedures, UHC Vision plans offer the same benefit coverage and provider reimbursement rates for in-person services and care provided via telehealth technology. All eyecare services – regardless of setting – are held to the same quality and practice standards. In addition:

- Evaluation and management codes are covered by a limited number of vision plans.
- With respect to services that include CPT codes 92227 and 92228 (remote retinal imaging services), UHC Vision said these codes are covered by a limited number of plans.
- With respect to interprofessional telephone/ internet assessment and management services, UHC Vision plans do not offer coverage for codes 99446-99449 or 99451-99452, which represent doctor-to-doctor consultations.

VSP: Keeping the Doctor Involved

VSP Vision Care also has taken steps to adapt to the changing landscape for telehealth. At the beginning of COVID, VSP expanded emergency and medical eye care services for VSP members throughout April and May. At that time, **Premier Academy360** also started to roll out free webinars for all VSP network practices on a variety of relevant topics, including telemedicine. A hub of telemedicine resources for practices now available can be found here: www.vspproviderhub.com/telemedicine.html

“Telemedicine has historically been a sensitive topic in eyecare, but throughout COVID-19, it has provided an important solution to safely increase access to care and keep patients and doctors connected virtually during the pandemic,” **Mary Anne Murphy, OD**, vice chair of VSP Global’s board of directors, said in a statement. “VSP’s position has consistently maintained that telemedicine should always have a doctor involved.”

Given the COVID-19 environment, VSP network doctors can now update their profile on the VSP Find a Doctor directory to include an indicator if they offer eyecare services through telemedicine.

Under its current reimbursement procedures, VSP reimburses providers for appropriate medical eyecare services delivered via telehealth channels, but does not cover remote refractive routine eye exams. In addition:

- VSP reimburses providers for medical eyecare services delivered via telehealth channels, including specific Evaluation & Management CPT codes (99201-99205, 99211-99215, 99421-99423) covered



Mary Anne Murphy, OD

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Payers See Longer-Term Role for Telehealth in Eyecare

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under the Primary EyeCare Plan and Diabetic Eyecare Plus Program.

- In addition to specific Evaluation & Management CPT codes, services include CPT codes 92227 and 92228 (remote retinal imaging services) covered under the Primary EyeCare Plan and Diabetic Eyecare Plus Program.
- VSP also covers interprofessional telephone/internet assessment and management services.

Murphy added, “VSP continues to evaluate solutions that can help increase access to care for remote or underserved communities, strengthen the doctor-patient relationship, and meet the demands of consumers and VSP Vision Care clients.”

EyeMed: Protecting the Member Experience

EyeMed, the managed vision care plan owned by **Luxottica**, is currently evaluating several telemedicine platforms “to determine whether they can be used to provide a comprehensive eye examination consistent with the same standard of care as an in-person examination,” EyeMed president Lukas Ruecker said in a statement. “Based on the results of those evaluations a policy regarding the delivery of covered services through telemedicine is expected later this year.”



Lukas Ruecker

topics are - and its many layers are being peeled back now in real time, particularly in light of COVID.”

In addition, EyeMed is working at the NAVCP level to develop a policy for remote comprehensive exams that will allow the industry to adapt this new technology in “a manner that preserves and protects member experiences and the quality of the service they are getting,” Ruecker said.

EyeMed, at this time, covers medical telemedicine consults under its medical / surgical plans.

Ruecker noted EyeMed is supportive of telemedicine if it is in support of the provider, meets a standard for quality of care, and meets member expectations. He added, “Telemedicine is filled with complexity – as all consumer health

Versant Health: Telemedicine's Enhanced Role

Versant Health (owner of Davis and Superior Vision) noted in comments to *Vision Monday* that it is complying with federal and state mandates related to the expansion of allowed telemedicine services and modes of delivery. (The requirements vary state by state and market segments, i.e. Medicare, Medicaid and commercial).

Versant Health maintained a robust telemedicine policy, prior to the coronavirus pandemic, the vision plan noted, and said it will “continue to monitor the telemedicine landscape and review utilization trends which will help guide any decisions to expand our current policy, outside the current mandates.”

Versant also noted that it has observed a “significant increase in medical vision services being rendered via telemedicine since mid-March 2020.”

The company added, “Versant Health understands and supports the enhanced role of telemedicine in the future. By the nature of an eye exam being a close face-to-face encounter between provider and patient, telemedicine offers patients who wish, and who are able, an alternative to a face-to-face examination. Versant Health will continue to support our eyecare professionals in their use of telemedicine, as long as telemedicine services are rendered adhering to all federal and state requirements and/or restrictions.” ■

Coming Soon: NAVCP's Telehealth Statement

TUCKER, Ga.—As interest in telehealth and telemedicine has soared across the eyecare landscape, the National Association of Vision Care Plans has taken note and moved to address what has become an important issue for eyecare professionals.

As a result, NAVCP has developed its Ocular

Telemedicine Policy Statement, which the association expects will be available for public release at the end of June. “It has been a long process,” executive director Julian Roberts said. “The original plan was to release it at our Vision Health Retreat in April but that was canceled.”

NAVCP has a board session scheduled for June

29, at which time the policy paper is expected to receive the NAVCP board's approval. NAVCP is the unified voice for the managed vision care industry, with members covering approximately 55 percent (179 million) of all Americans by partnering with eyecare providers in all 50 states and Puerto Rico. ■



Direct-To-Consumers: DIY Eye Tests

The boom in online retail sales and other direct to consumer services that began in mid-March has been one of many business success stories to result from COVID-19, and online vision testing is no exception. D2C vision care companies, including those offering online vision testing and personal vision tracking devices report that they have been doing brisk business lately, although actual sales figures can't be confirmed. But even before COVID-19, D2C vision care companies say business was thriving.

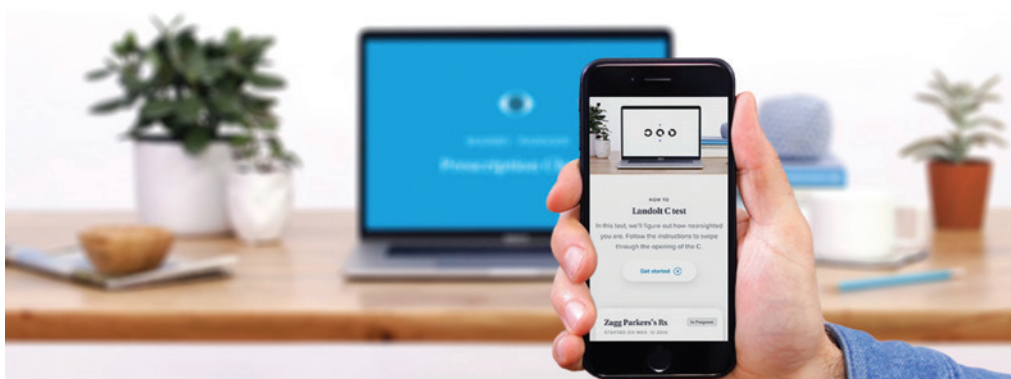
D2C vision care emerged in 2014 with the launch of Opternative (<https://www.visionmonday.com/intelligent-office/exam-lane/the-rx/article/opternative-explores-the-online-option-1/>), the first company to offer what its founders called “the world’s first online refractive eye exam to deliver a valid prescription.” The company’s web-based visual acuity test produced measurements that were reviewed by a licensed ophthalmologist who then, depending upon the results, provided customers with an eyeglass prescription within 24 hours.

This approach brought pushback from the American Optometric Association, which promptly issued a statement warning consumers about possible risks associated with online refractive eye exams. “Such online sites tout convenience. But any alleged advantages come with risks,” the AOA cautioned, adding that online tests are no substitute for an in-person comprehensive eye exam by an optometrist or ophthalmologist.”

Today, online eye testing is focused mostly on prescription renewal. Several companies provide the service, including two major online eyewear retailers. Warby Parker offers Prescription Check and 1 800-Contacts offers Express Exam.

Visibly, formerly known as Opternative, was sidelined in August, 2019, following an FDA recall of its online refraction test. The company began offering a simpler type of visual acuity test in April after the FDA loosened restrictions on telehealth in response to the pandemic.

EyeQue has taken a different route to engage



Warby Parker's Prescription Check, top, and 1-800 Contacts' Express Exam, below, are online vision tests that let consumers renew a prescription and order eyewear.

consumers in their eye health. The company markets affordable, compact devices such as Vision-Check which lets consumers check their vision, measure their pupillary distance and order new glasses online through Zenni Optical, Glasses USA, and EyeBuy Direct.

Key executives at these D2C companies commented on the impact of COVID 19 on their respective businesses, and as well as on their overall approach.

Neil Blumenthal Co-Founder & Co-CEO Warby Parker

We've seen a notable increase in Prescription Check app volume over the past few months, amidst COVID-19.

We have not seen a slowdown in Prescription Check app engagement since we started reopening stores in May. As social distancing remains important, services like our Prescription Check app and Virtual Try-On tool will continue to be an important option for customers looking to limit or shorten trips outside their homes.

We've seen a noticeable lift in new customers across Prescription Check and our website from those who would traditionally rely on in-person vision services. We expect to see this trend continue even as retail stores reopen.



John Graham CEO

1-800 Contacts

We've believed and invested in telehealth as the future of the vision industry for many years. We have seen opportunities to expand access to consumers who need vision correction through technology like ExpressExam, reducing unnecessary checkups and reserving in-person doctor visits for essential eye health checks.

The implications of COVID-19 have sped up consumer adoption of telehealth tools as they've had a chance to experience a simpler and more convenient way to access some of the care and products they need.

As we navigate this new world, we see vision related telehealth services maintaining a strong

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Direct-To-Consumers: DIY Eye Tests

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foothold and increasing in adoption with consumers. We will stay focused on providing consumers with access and choice for their vision care needs and see telehealth as an important component.

Brent Rasmussen CEO Visibly

We are thrilled to offer Visibly to all doctors and service providers free of charge during this global pandemic, which is making it increasingly difficult for patients and consumers to renew prescriptions for their corrective lenses and glasses. We recognize that the limitations caused by COVID-19 have created significant strain on the optical industry. We are confident that our technology will streamline the process for optometrists, ophthalmologists and patients alike, resulting in a greatly reduced lapse in service for consumers, while keeping individuals safe.

The doctors are coming up with brand new use cases for our technology that we hadn't anticipated. Some ODs are using it as a screening tool. Let's say I have 500 patients. I send emails to them asking them to take this vision test. Those people who pass the test and see 20/20 with their glasses or contacts on get a renewed prescription.

But those individuals who fail the test, alert the doctor that this person actually needs to come in and see me, let's have a telemedicine visit via one of the platforms. So they're using it as a safety mechanism to have less exposure during this time. People didn't use it for that prior to this. Optometrists and ophthalmologists are also using it as post-surgery check in, to see if there's any change in the patient's vision.

John Serri, PhD Co-Founder and President EyeQue

In April, in response to COVID-19, EyeQue offered the Personal Vision Tracker (PVT) free to U.S. residents and waived annual membership fees for refraction testing in an effort to help those sud-

denly unable to visit their optometrist in order to check their vision. We intended to give away 1,000 PVTs but ended up delivering over 2,000 units and despite the free offer, saw record revenues for the month of April and May from sales of other devices.

People are eager to self-refract and are increasingly aware that they can purchase eyeglasses online with a good outcome. EyeQue allows the consumer to test at their convenience, as frequently as they like and they can—and do—monitor their results over time. The more someone uses our devices, the better their refraction test results become.



EyeQue's VisionCheck lets consumers check their vision and get their "eyeglass numbers" which can be used to order new glasses through Zenni and other online retailers.

Through our screening and refraction measurement technology, EyeQue provides a new form of personal wellness information not available previously. We've received thousands of messages from customers appreciative of the insights into their own vision and of their ability to obtain great fitting eyeglasses, and we note that, to date, there are no reports of any harm.

Telehealth is something that will greatly benefit both patients and doctors, so it is time that the eyecare community, including EyeQue, help demystify vision tests by educating consumers/patients about the components of an eye exam that can be accomplished remotely versus those that are necessary to be conducted in an office. We do have

strong messaging throughout our materials and website letting people know that EyeQue does not replace the need to see an eyecare professional, nor does EyeQue perform optometric services.

There are a number of specific applications that ophthalmologists and optometrists have expressed interest in using our screening and refraction devices. The ability to remotely monitor patients who have recently undergone Lasik surgery, are recovering from certain eye injuries, or are suffering from macular degeneration, for example offers a win-win for patients and ECPs.

ECPs can play a crucial role when their patients use EyeQue technology to track vision at home, as an educator, to raise awareness on the importance of eye health. Eye doctors, through the use of EyeQue at-home vision monitoring tools, can reduce in office chair time by tracking vision changes the patients make while testing at home.

We believe that EyeQue has great potential to serve as a referral source to ECPs as there are many persons that use our device but have never been to an eye doctor because they have normal or near normal vision. We screen for acuity and contrast sensitivity and can give the user a recommendation, without giving a specific diagnosis, to visit an eye doctor if the readings are out of the normal range.

Many people skip annual visits but still are curious to know whether their vision has changed. At-home vision testing tools provide easy access for those patients and can help guide them to doctors.

At-home vision monitoring tools can also help doctors save chair time on periodic follow-up visits, related to OrthoK and post-surgery (cataract and LASIK) recovery. The ability to remotely monitor patient recovery reduces the number of visits a patient has to make, thus increasing patient satisfaction and improving efficiency.

The ability to detect vision changes quickly may also help doctors make better timely treatment decisions and improve long-term treatment outcomes. We are currently conducting clinical trials in the areas of visual acuity tracking for these purposes. ■



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Virtual Vision Care Grows Up | The Future of Telehealth

Envisioning the Future of Ocular Telehealth

Now that ocular telehealth's long-term viability has been established, the question becomes: how can it continue to elevate the patient experience? The wide range of responses from optometrists and ocular telehealth executives points to a future in which virtual vision will integrate with conventional eyecare to satisfy patient needs and create new opportunities for practice and business growth.

Keshav Bhat, OD

Union Family Eyecare

Matthews, N.C.

My impression is that telehealth is here to stay, but its value in the core strength of optometry, refractive assessment, has some ways to go. Assessments of dry eye, follow-up visits on contact lens care (which typically have no reimbursement or financial value) can be done remotely, while opening that slot for in-person care. Physicians can now review test findings from glaucoma, Sjögrens and such, making them billable visits.

Masoud Nafey, OD, FAAO

Chief Medical Officer

VisionWeb

I think ODs, in general, are going to be a lot more accepting of telehealth visits for specific appointment types, such as contact lens follow-ups... and some medical follow-ups. [But, perhaps eyecare is not ready yet for telehealth for routine exams.] We don't have the technology to take routine exams to full telehealth virtual visits. And the refraction part is the most sensitive piece to ECPs.

We, and I put that in quotes, we have a lot of pride in our refractions. And we know that this is one of the major reasons patients come back to see us, because we help them to see extremely clearly. ... I don't think the technology is there [for refractions] and I also don't think the trust is there. But I would say that for telehealth there is definitely a place for it.

Pre-Covid, busy practices were seeing patients every 15 minutes. With the new protocols being put

in place for COVID-19, and health and safety measures, practices now will [see] a patient in every 20- or 30-minute time slots. How will they make up for the volume of patients they were seeing that they can't see anymore? This is where telehealth can come in to supplement some of those visits and allow [the ECP] to see patients in a different way.

Howard Fried, OD

DigitalOptometrics

The nationwide acceptance of ocular telehealth by all engaged in the optical industry, including practitioners, patients, retailers and government, has resulted in a great deal of traction for it, even prior to the pandemic. But the pandemic further un-

derscored the benefits of remote exams. That has generated even more momentum for ocular telehealth technology solutions, which will continue to supplement traditional methods of ocular exams.

Mike Rothschild, OD

Leadership OD

I think the interest in telehealth is going to stay high, and it's going to be fueled by two things. In the short term, it will be the interest in staying safe around patients. There is an imminent concern [today] about decreasing exposure to the coronavirus, which will keep the interest level high. Then, as we implement these changes,

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Key Trends in Ocular Telehealth

1. Ocular telehealth meets the requirements of today's consumers, particularly younger ones, who want convenience, simplicity, instant access and increased choice, just as they do with other types of service providers.
2. Ocular telehealth is now available in many different forms, each designed to address the service requirements of today's consumers.
3. The coronavirus pandemic has significantly increased the utilization of ocular telehealth, which can meet the requirements of social distancing with contactless care.
4. COVID-19 has also changed the way some ocular telehealth services are delivered, while creating opportunities for long-term growth.
5. Doctors and retailers that offer ocular telehealth are becoming more skilled at using it, and determining when to use it, and with which patients.
6. By shifting some types of eyecare away from optometric offices and into the home, ocular telehealth is helping practices operate more efficiently.
7. The ability for optometrists to quickly see patients with a telehealth consult can result in faster triaging, which is especially important for emergency cases.
8. Direct-to-consumer companies offering online eye tests and testing devices are thriving, despite ongoing opposition from national and state optometric associations.
9. ECPs report that ocular telehealth allows them to expand their access to patients, one of the telehealth's fundamental mandates.
10. Insurance reimbursement for medical eyecare delivered via telehealth is becoming widespread, though reimbursement for refractive services still lags behind. ■

Envisioning the Future of Ocular Telehealth

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we will realize there are other benefits from the changes we put in place.

For example, I think we'll find there are benefits to having a conversation with the patient before they show up to the office. Typically, when someone comes in for an eye exam, we do all of the tests that we have available. But, if we're talking to them before their examination and we get a sense of what they need or what they are concerned with, then maybe we only do the tests they need.

In this way, we're not wasting tests and we're not wasting the patients' time. So that will be a benefit.

So, yes, there's going to be long-term interest in telehealth. In the short term, this is fueled by let's just figure this [safety issue] out. And, long term, it will be finding a way to continue the unintended benefits of telehealth.

Troy White, OD

**Kapperman, White and McGarvey Eyecare
Chattanooga, Tenn.**

Telehealth has huge potential, particularly worldwide. We do missions in foreign countries. Having some type of camera, or video slit lamp with some type of remote imaging system could be very helpful.

Moshe Mendelson, OD

EyecareLive

I see an Uber model for our industry. Let's say you have dry eye, and there are five doctors in your area who are providing telemedicine services. You choose one, and they take your medical history, general health assessment and a list of medications.

If the doctor determines you're a good candidate for Restasis, then they prescribe it, with no refill, because it's very low risk. Then you need to come to their office for follow up. This will appeal to a lot of young people who are on the sidelines now.

Practitioner reimbursement issues are being resolved. ECPs are being educated on how to use and bill for telehealth. Regulations have been modified. Remote patient monitoring will result in

tighter ECP-patient engagement. Reduced no show rate as well as better opportunity cost realization. I also believe that insurance companies will promote telehealth as a cost savings option.

Optometry is evolving. The profession must embrace telehealth in order to thrive and stay relevant.

John Serri, PhD

EyeQue

I don't believe that ocular telehealth has quite reached a tipping point. There is still a way to go. However, COVID-19 has been accelerating exploration and adoption for both consumers and eyecare practitioners. Consumers have sought out ways to do things from home they never imagined and many found EyeQue for the first time.

They've also been subjected to other telehealth appointments by medical doctors needing to perform regular check-ins with their patients virtually during community lockdowns. So, I think the foundation is stronger than ever for consumers to recognize and enjoy the benefits of telehealth and for practitioners to incorporate telehealth into their practice. Ocular telehealth is here to stay.

Vitor Pamplona

EyeNetra

The age of the shared economy, the defining factor of the last decade, is mostly gone. Shared equipment and office spaces among patients bring real health risks to everyone involved. And those risks have been in constant display in every media, for the past four months, worldwide. Those new risks increase costs for retail.

If it was hard to compete previously, it's about to become harder. We are starting a decade of self-sufficiency. Where people will be more susceptible to owning tools, living further from cities and doing things from home as opposed to going to a service center or to an office, even if such services are better. It might not be as drastic as some prominent pundits are speculating, but it will be one of the defining characteristics of the '20s.

For those developing medical devices today, I hope you are either a direct-to-consumer unit or a contactless tool for providers. There's little interest in anything else.

Greg Lechner

2020Now

Historically, the doctors have viewed ocular telehealth as a threat, something that's going to put them out of business. Over the course of optical history, there have been new technologies that were initially perceived as a threat, but ultimately came to be viewed as an enhancement for the doctors and their practice.

The auto-refractor is a classic example. When they first came out, everyone thought they were going to put doctors out of business. That didn't happen. Today, almost every doctor uses an auto-refractor to make their office more productive. We see the same thing happening with telehealth.

Initially it was perceived that the patients are going to be doing online eye exams. Instead we're going to continue to see eye exams done within physical brick-and-mortar location. It's going to continue to see patients having eye exams done at the doctor's office because that's where all the high tech equipment is located, but we're going to make that process more efficient and we're going to enable the doctor to work home if they want to.

We're going to allow the doctor to keep the practice open if they're not available, we're going to allow the doctor to expand their hours and their services by using telehealth when they're not available. And we're going to allow increased eyecare access in rural communities where there's a shortage of doctors.

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Retailers Find Telehealth Options Improve the Patient Experience

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time, Chudner said, noting that the COVID-19 situation presented an ideal opportunity to test telehealth services.

“What we found was that the demand was not that great for telehealth in optometry, and even those patients who did end up using telehealth many of those still had to be seen in person,” he explained. “The doctor didn’t feel comfortable with the tools available to diagnose their condition appropriately without access to a slit lamp or to a BIO [binocular indirect ophthalmoscope].”

He added, “Currently, I think there is an opportunity there and we are going to explore how we can incorporate this into our normal practice in different scenarios. But I just don’t think from what we saw that the revenue is there or the pa-

tient volume is there to justify the costs to implement telehealth on a widespread scale.”

In late March, as the coronavirus situation worsened, Palm Springs, Fla.-based My Eyelab and Stanton Optical (both retail brands of Now Optics) moved to a virtual eyecare model at 119 participating locations in partnership with Physicians Eyecare Group, the company noted at the time. Now Optics, which operates about 180 corporate and franchise locations in 25 states, with its affiliated network of doctors have been performing telehealth eye exams for over three years, using a proprietary telehealth technology before and during the pandemic, chief executive Daniel Stanton told Vision Monday in a statement.

The proprietary technology allows for doctors to receive all the diagnostic data that is collected

onsite or adjacent to a Stanton Optical or My Eyelab. In addition to collection of data, the technology allows for a remote refraction. The doctors use the collected data and the patient’s oral notes to then determine the best vision plan for the patient, Stanton said.

“Our telehealth technology allowed us to provide patients with a solution during a time when not many options were available,” he said. “We were able to remain open and service all patient needs.”

Stanton added, “This pandemic has opened the door for innovation and telehealth as a viable solution to a changing world. As more patients and doctors embrace new technology and continue to find ways to adapt to what telehealth has to offer, we will continue to see its benefits.” ■

Envisioning the Future of Ocular Telehealth

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One challenge today for ECPs is making sure clinical workflows are compliant so that patients feel safe, as well as staff and doctors feel safe. Another question is whether telehealth will enable us to reduce patient in-office visits, but still provide adequate patient care and achieve the volume that was there prior to COVID-19.

Some Electronic Medical Records (EMR) companies have telemedicine or tele-consultation built into their platforms, which allows the process to be more seamless. Doctors who don’t have this built in are working out different protocols and trying different workflows.

There isn’t really a one-stop solution yet for ocular telemedicine. When it comes to eyecare and diagnostics, it is complicated with the current solutions that patients have, which basically are a smartphone and a computer. There’s only so much you can do with this.

As a result, we are seeing hybrid models come about, which allows us to do a couple of things. We can expedite the process so the patient doesn’t have to be here for an hour and we can create different workflows and change floor plans to have a smaller waiting area. Some practices are using the parking lot as a waiting area.

Some larger ophthalmology groups have discussed having a hub-and-spoke model for diagnostics. If they have four or five offices, they create a central office where all the diagnostics can be done. They are using telemedicine applications to conduct the consultation and instructing patients to go to different offices as needed.

This is technically a hybrid solution that utilizes centralized diagnostics and telemedicine consultative care. But eyecare is not like other health professions, where the smartphone can be used for essential diagnostics, such as blood pressures

or EKGs. When it comes to viewing the fundus or other ocular structures, those capabilities require additional equipment and additional tasks that the patient may not nearly be as good about.

As far as the billing side, I think this will be very dynamic. HIPAA regulations will most likely be back in place [at some point] to protect patients’ information. CMS is sure to have some changes in what they are doing.

Going forward, you will see the creativity of some practices meeting demands of patients and to increase revenues. There are new drivers of telemedicine and tele-consultation that have been introduced due to COVID-19. You are going to see a lot of solutions from individual practices as they start to try a little piece here and a piece there. And the overall industry is going to respond in various ways to make sure communication with practices and with patients continues. ■