Expanding Primary Care Telehealth Vision Services

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Executive Summary

Traditional healthcare delivery models are facing challenges to provide more access and be cost effective in an industry where the need is growing. Unfortunately, workforce talent and provider shortages are making it difficult for healthcare organizations (Rogers, 2019). Telemedicine is becoming a vital solution as we look at new ways of implementing technologies that would expand healthcare delivery and specialty services as well as improve healthcare outcomes in cost effective ways. At EyeCare Telehealth Partners, our focus is to take these burdens off community health centers. Our purpose is to improve access by allowing organizations to see more patients efficiently by one of our vision health providers via our Health Insurance Portability and Accountability Act (HIPAA) compliant telemedicine platform or by a secure store and forward transmission. In addition, our business model promotes access and creates more opportunity to increase revenues for our partners because our services are billable. We believe we have found a win-win solution for everyone.

EyeCare Telehealth Partners' budget for starting operations is an estimated $400,000. We are exploring various grants to eliminate a good portion of the starting costs. We will also be conducting fundraisers and some debt will be held through loans. As a non-profit organization, we will work towards lowering our debt, expanding our network, and putting dollars back into the business as we begin to generate revenue. Our culture is just as important as our mission in that we care for our employees as much as we care about our business. Our culture, mission, and vision are what makes us a great place to work and a great business partner. We look forward to helping all patients receive the care they need.

Expanding Primary Care Telehealth Vision Services

Health care policy continues to focus on preventive care to reduce healthcare costs. Today, federally qualified health centers (FQHCs) provide access to the nation's most vulnerable populations serving over 24 million people (American Optometric Association, 2019). However, despite FQHC efforts, the Uniform Data System (UDS) reports there remains a vast need for comprehensive, on-site primary eye care services and many FQHCs still do not offer optometry services. In fact, FQHCs in 21 states still employed less than one optometry full time employee as of 2016 (American Optometric Association, 2019). The need to expand eye and vision care coupled with optometrist and ophthalmologist shortages has become a focal point of concern. To help address the heart of this issue, we began to perform root cause analysis and identify the challenges of access to optical services. Ultimately, this led to the creation of EyeCare Telehealth Partners.

EyeCare Telehealth Partners is founded on the principles of providing eye care and access to optical services by partnering with community health centers who may not have the resources to provide these services themselves. Our mission is to provide quality and comprehensive eye care by integrating optometry and ophthalmology telehealth with primary health care. Our passion is to support our community partners while growing the optical field and improve patients' life experiences to benefit all communities we serve. Our organization understands the difficulty of finding clinicians and completing timely and accurate documentation in order to properly bill. Therefore, EyeCare Telehealth Partners does this for our health centers.

Our organization recognizes provider shortages, clinical care shortages in remote areas, residency program deficits, and lack of workforce talent and expertise. Our business model helps

address each of these areas. By establishing an optometry/ophthalmology telehealth program that attracts clinicians interested in community health, EyeCare Telehealth Partners provides a pathway for patients and access to obtaining comprehensive eye care. We contract with optometrists/ophthalmologists who share our mission and passion for serving the safety net. The program requires a minimum commitment of 1 year from our contracted specialists.

Eye exams can be performed and conducted onsite at one of our community health center's locations by one of our contracted clinicians. Essentially, the onsite technician, support staff, or scribe will obtain the clinical information necessary to document the patient's visit. Depending on the type of appointment or need of the patient, our optometrist/ophthalmologist can be available in real-time via interactive audio and telecommunications systems or by a store and forward process by means of asynchronous transmission of documentation to be reviewed later by our clinician at a distant site without the patient being present in real-time. Both scenarios support our health center partners based on the needs of the patients.

Needs

In today's world there is a growing epidemic stemming from obesity of chronic diseases and related conditions in the United States. The Centers for Disease Control and Prevention (2017) reports diabetes was the seventh leading cause of death in the United States in 2015. In the 1990s, the Health Resources and Services Administration (HRSA) created and began implementing the Health Disparities Collaborative (HDC). The HDC is an innovative, data-driven, public health partnership designed to improve access to high quality, culturally, and linguistically competent primary and preventive care for the underserved population, and deliver care with increased effectiveness and efficiency through FQHCs (Larsen, Martin, Shea, & Hutchins, 2006). It is no surprise with the increasing numbers of those with chronic diseases,

HRSA recognized the need for health equity, especially amongst our most vulnerable populations.

The field of Optometry can play an important role in promoting a healthy lifestyle and can often be the first medical providers to spot conditions patients may not even be aware. By providing optometry services in FQHCs, optometrists can contribute to community health and quality care (White, 2018). However, the issue remains with chronic disease on the rise; there is an identified gap between the demand for preventive and primary care services, and the capacity to meet that demand. Despite the growth of FQHCs' comprehensive, on-site primary care services, optometry FTEs are still far outpaced by dentist FTEs 15 times over (American Optometric Association, 2019).

Objectives

The founders of EyeCare Telehealth Partners have put much thought into addressing the issues stated. Our strategies for overcoming clinician shortages, limited workforce talent, and improving access include providing eye care services to clinics and health care clients nationwide; promoting vision care telehealth services, patient education, quality reporting; and being aware of the continuity of care for our clients. We envision our goals will help us move towards implementing our strategic plan.

- Goal #1: Create a telehealth platform and integrated vision care processes and procedures
- Goal #2: Create a network of optometrists and ophthalmologists
- Goal #3: Expand vision care services to at least 3 FQHCs
- Goal #4: Track data of vision care services

By partnering with community health centers, we will help improve access for our clients and make a positive impact on health care outcome for patients.

Scope of Work

The project's scope of work is implemented in several phases through partnership with our health center clients.

Phase 1: Assess Service Needs and Define Business Model

- Step#1: Complete needs assessment of client's community

- Step#2: Identify potential vision care telehealth opportunities

- Step#3: Determine impact of proposed vision care telehealth program

The steps will help determine both clinical and community needs that may be supported with vision telehealth services. During this phase, a needs assessment is completed to capture quantitative data to evaluate services needed and identify the rationale of how EyeCare Telehealth Partners can successfully impact deficiencies. Below are examples of some of the questions we answer:

1. How do patients compare to the community in terms of:

    a. Diabetes prevalence?

    b. Insurance status?

    c. Poverty level?

2. Are optometry services available to patients in your area?

    a. If yes, are they available to patients below 200% of the federal poverty level?

3. What is your payer mix?

4. Are there any constraints for implementing a telehealth program?

Phase 2: Develop and Plan

- Step#1: Create a detailed project plan, testing, and training support

- Step#2: Define key stakeholders and roles of those involved in the project rollout

- Step#3: Define monitoring and evaluation mechanisms for process improvement

Once a health center agrees to contract with us for our services, we develop a detailed project plan with the organization's key players. No two health centers are alike, so it is important the project is tailored to consider information technology (IT), operational, and financial impact for each organization. Since the patients will be seen at the client's health center, the client is responsible for providing the location where patients will be seen along with any necessary telehealth equipment.

Phase 3: Implement and Monitor

- Step#1: Implement telehealth processes and procedures

- Step#2: Collect data

- Step#3: Monitor performance

During this phase we have identified the project plan and roles for those involved with implementation. Policies and procedures have been established and training has been developed for workflows. Platform testing has been completed and security risks have been mitigated. Benchmarks and goals have been created to measure and track targets for volume and utilization along with data collection methods. The total time it will take to complete all three phases is approximately 120 days (see Table 1).

Table 1

Timetable

	Description of Work	Timeframe
Phase One	Assess Service Needs and Define Business Model: Evaluate client's service area and potential needs.	30 Days
Phase Two	Develop and Plan: Timing can vary depending on client's IT capability and ability to complete assigned tasks.	60 Days

Phase Three	Implement and Monitor: Average implementation takes approximately 30 days once testing is completed with ongoing monitoring.	30 Days

While the timetable is simplistic in nature, much of the rollout is dependent on reliable data and client's capabilities and organizational infrastructure. A client with more IT and operational efficiencies may run more smoothly compared to a health center who may not have the bandwidth in these areas. The timetable is an estimate and may vary from health center to health center.

Budget

The initial expenses of starting EyeCare Telehealth Partners include our website, legal services, liability insurance, and the development of a secure HIPAA compliant telehealth application and platform. As a nonprofit organization, our hope is to cover most of these costs through various grants. Clinicians will be reimbursed based on their productivity at a contracted rate of $75 per encounter or completed exam. The client will pay $125 per encounter with $50 to EyeCare Telehealth Partners for overhead and general costs. Since these services are performed by billable providers, the clients will also get the opportunity to bill third party payers their Prospective Payment System (PPS) rate which is about half of what we are asking. This model creates an opportunity for both the client and EyeCare Telehealth Partners to generate revenue and increase unduplicated patient counts. We anticipate the initial costs to implement our business plan to be approximately $400,000 (see Table 2).

Table 2

Budget

	Description of Work	Initial and Ongoing Costs

Phase One	Website and Telehealth Platform & App	$100,000
Phase Two	Attorney and Insurance	$75,000
Phase Three	Annual Salaries for Employees (4)	$250,000
	Total	$400,000

To implement a sound telehealth platform, key personnel (see Table 3) are supplied by both the health center and EyeCare Telehealth Partners. IT and operational leaders from the health center will partner with EyeCare Telehealth Partners project manager, IT manager, patient flow manager and data scientist. Our project manager (i.e., project liaison) is our key contact person for overseeing the flow of the project. Our IT manager and patient flow manager will ensure the telehealth application and platform are working properly and are integrating as designed with the client's electronic health record for accurate documentation and patient billing. Our data scientist will provide analytics and key performance indicators for evaluation of the program.

Table 3

Key Personnel

Client	Community Health Center
Clinician	Optometrist/Ophthalmologist
Project manager	Project Liaison
Team	IT Manager, Patient Flow Manager, Data Scientist

Evaluation

At the end of the day we want to provide access to patients who may not be able to receive affordable vision care services in their community currently. We also want to provide these services as seamlessly as possible. Therefore, part of our ongoing evaluation processes include not only patient satisfaction surveys, but also clinician satisfaction surveys from the

health center and our contracted clinicians. In addition, our data scientist can pull a variety of

analytics to drill down into our client's patient population as well as evaluation of the patient

revenue cycle and utilization. We will provide a scorecard to our clients, and we will ask our

clients to evaluate us as well. We take kindly to criticism because we believe this can only make

our product and services better.

- Monitor and review telehealth platform and app performance through clinician satisfaction surveys and patient satisfaction surveys.

- Track key performance indicators, such as number of new patients vs. encounters, number of established patients vs. encounters, cost per encounter, revenue per encounter, and top 10 diagnoses codes.

Endorsements

"...EyeCare Telehealth Partners allowed us to provide high quality eye care we may not have been able to do otherwise." Quality Community Health Center, 1001 Healthy Roads, CA 96001

"…EyeCare Telehealth Partners are passionate about the work they do and inspire all whom they work with!" CEO, Primary Care Association, 999 Primary Care Way, Dallas TX 75001

"…If you are looking to bridge the gap between optometry and primary care, look no further than EyeCare Telehealth Partners!" Dr. Curesall, 2020 Vision Street, CA 92648

Next Steps

Our experience as vision care telehealth leaders, clinicians, and educators have assisted

FQHCs across the nation to improve access to health care and improve quality initiatives. We

have contributed to the development and have led implementation of vision telehealth programs

focused on improving access, quality reporting, and continuity of care. We strive to improve access, quality measures, and achieve optimal reimbursement with expanded vision telehealth services. As we look to the future, we hope that you will join us on our journey to continue efforts of health care equity by taking a moment to evaluate the following:

- Do our patients have affordable access to vision care services?

- Would a vision care telehealth platform help meet the needs of our patient population and improve health care outcomes for our patients?

- Do we have any constraints that would not allow us to implement a telehealth program?

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