



# HOW DIGITAL HEALTH HELPS DIFFERENTIATE YOUR OPTOMETRIC PRACTICE



Understand what digital health is and learn how it can distinguish your clinic now and in the future.

BY TIMOTHY EARLEY, OD

Some optometrists struggle to differentiate their practices from those of their colleagues, and some patients assume that all optometric practices are similar. These patients don't realize that so many of us have special interests in different areas, such as managing the effects of age-related macular degeneration (AMD), comanaging patients with glaucoma, or treating ocular surface disease.

Those of us in medically oriented optometry must therefore distin-

guish ourselves from nonspecialty eye care. But major capital investments can be daunting, and even if investments were an option, it may be difficult to discern which routes will yield the highest return. This is where expansion of digital health presents a solution to optometrists, as doctors can differentiate their clinic, increase the quality of care offered to patients, avoid steep start-up costs, and create new revenue streams. Before we dive into which specific platforms may be useful to clinicians seeking to expand

their digital health offerings, we will first review what digital health is and why it may be attractive to those seeking to grow their clinic's reach.

## WHAT IS DIGITAL HEALTH?

Digital health is not the mere use of digital tools in a clinical setting. Rather, it is a framework for conceptualizing and executing a practice plan that leverages emerging technologies to provide patients with convenient, high-quality care, thereby empowering a clinician to deliver care

irrespective of their physical proximity to the patient. In short, properly implemented digital health increases the quality of patient care without requiring more clinician hours.

Optometrists seeking to broaden their digital health offerings in a particular underserved therapeutic area, such as retinal disease, may find that they can increase their capacity for care, thus serving as a local specialty clinic in the absence of other optometry practices focused on that specific disease state.

### DIGITAL HEALTH PLATFORMS THAT STRENGTHEN OPTOMETRIC CARE

Our understanding of the modern optometrist's role in AMD management has evolved significantly over the past decade, and even more so in the past few years, with the help of digital health and the reach, ease of use, and quality these platforms offer (see *Wish List for Digital Health Platforms*). Optometric colleagues with an interest in glaucoma care have found similar benefits with home IOP monitoring. Consider adding a remote monitoring platform to your list of offerings to signal to patients that you run a forward-thinking practice interested in improving care via new technologies. The following are a few options to

keep in mind, depending on the ocular disease in question.

#### Glaucoma

The iCare Home and iCare Home2 (CenterVue) are examples of home-based tonometers that track diurnal IOP and provide home-based longitudinal data that supplements data captured in the clinic. A pivotal study assessing the iCare Home's efficacy showed that it detected therapy-related changes in IOP,<sup>1</sup> and other research has found it to be useful in monitoring peri-interventional patterns.<sup>2</sup> Perhaps most importantly, patients like it. Eighty-nine percent of patients who have used the iCare Home said they would recommend it to other patients with glaucoma.<sup>3</sup>

There are two ways an OD can incorporate the iCare Home tonometers into their patient management. One way is to purchase the device and loan it to the patient for use at home for a fee. The second way is to write a prescription for the device so the patient can either purchase or rent the device from a third party for home use. Doctors receive patient results either through a web portal, if they have loaned out the device, or via a report sent from the third party, if the patient has received a prescription and has rented or purchased the device for themselves.

#### AMD

The ForeseeHome AMD Monitoring Program (Notal Vision) is prescribed to patients with BCVA of 20/60 or better and a diagnosis of dry intermediate AMD (iAMD), defined by the Beckman classification as having at least one drusen that is at least 125  $\mu\text{m}$  and/or experiencing changes to the retinal pigment epithelium, who are at risk of progressing to neovascular AMD (nAMD).<sup>4</sup> Given that 125  $\mu\text{m}$  is smaller than you think (it's roughly the size of the vein emerging from the optic nerve), I closely examine patients diagnosed with early AMD to see if they have progressed to iAMD. Patients with any neovascularization have converted to nAMD and should be promptly referred to a retina specialist.

Patients complete at-home testing with the ForeseeHome AMD Monitoring Program several times each week, and the results are analyzed by an artificial intelligence (AI) algorithm. When a statistically significant change from baseline is detected, certified ophthalmic professionals and in-house ophthalmologists at the Notal Vision Monitoring Center review the patient's results. An alert is then sent to the referring physician's office, which typically results in an in-person examination with in-office diagnostic equipment.

Knowing that the ForeseeHome has a body of literature backing it—ranging from a pivotal study<sup>5</sup> to a real-world study<sup>6</sup> to a review calculating the predictive value of alerts that do not result in an nAMD diagnosis<sup>7</sup>—gives me confidence that prescribing it to my patients will indeed increase the quality of care they receive. Further, I sleep better knowing my patients are being consistently monitored between their regularly scheduled in-person examinations, and that any potential conversions to nAMD not caught during those exams will likely be detected remotely.

## AT A GLANCE

- Digital health is a framework for practices that leverages emerging technology to improve patient care without incurring high upfront costs or occupying significant provider bandwidth.
- Embracing digital health can help you stand out among your peers.
- Digital health models that best fit your clinic will have little to no cost to patients or providers, will enhance care, and will unlock revenue streams.

## WISH LIST FOR DIGITAL HEALTH PLATFORMS

Simply addressing an unmet need is insufficient for widespread adoption of an innovation. In a practical sense, other barriers must be overcome for a technology to be accepted. Many eye care providers interested in digital health have a wish list that includes some or all of the following:

**Reliance on proven clinical trial and real-world data.** Clinicians who adopt any new technology want to know that the science backing it is legitimate. Contributions to the literature from studies examining the safety and efficacy of a digital health tool are important to consider.

**Ease of integration.** If a technology is to be adopted, it must be relatively unintrusive to workflow and clinical routine.

**Creation of more time for clinicians to personally manage patients who need one-on-one treatment.** Digital health that serves as an adjunct to in-person examination, thereby allowing doctors to rest easy knowing that their patients are experiencing high-quality care outside the clinic, may free providers to offer more intimate services to those in their chair.

**Little (or no) capital investment.** Most optometrists are not in a position to sink tens of thousands of dollars into reorienting their clinic toward digital health. The more affordable it is to adopt a technology, the better.

**Little (or no) cost to the patient.** Patients, too, are concerned about cost. They are more likely to embrace innovation if it comes at reduced or no cost.

**Generation of recurring revenue.** A technology that can funnel patients to a clinic, thereby increasing cash flow, may be attractive to business-oriented clinicians who are concerned with the financial stability of their practice.

**No increase in uncompensated evaluations.** Changes to a practice should increase patient quality of care without occupying too much of the providers' time. Digital health technologies that generate more work for the provider aren't holding up their end of the bargain, a sting that is particularly noticeable if evaluation of digital health reports go uncompensated by payors.

### DIGITAL HEALTH AS A STREAMLINING TOOL

Digital health streamlines both the patient and provider experience. In my practice, patients with iAMD who are not enrolled in home monitoring are scheduled for appointments every 3 months, whereas those who undergo home monitoring return to

my office every 4 months. Irrespective of their scheduling frequency, patients undergo testing with either OCT, dark adaptation, or electroretinogram on a rotational basis; if a patient experiences conversion to nAMD, results of these longitudinal tests are passed along to the comanaging provider.

My clinic emphasizes efficiency,

and I am reluctant to adopt a digital health technology that detracts from my tightly constructed workflow. In the case of ForeseeHome, referring patients to the monitoring program is seamless and takes less than 1 minute. The Notal Vision Monitoring Center then reviews insurance benefits with the patient, assists them with

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at-home set-up, fields any queries they may have, and monitors testing compliance. From there, my office simply schedules patients for in-office examinations as needed if they experience a statistically significant change in their home-based testing.

**REVENUE CONSIDERATIONS**

Digital health is becoming essential for quality patient care, and payors are taking notice. Updates to coding and billing guidelines include review of third-party remote patient data on the evaluation and management (E/M) level. For example, review of remote monitoring data can allow billing opportunity at E/M level 4 instead of level 3. Use of digital health technology can also create recurring revenue streams for a clinic that it may otherwise not realize. Appointments for patients with iAMD whose testing triggers an in-office examination may require E/M codes that pay more than routine exam codes and may offer opportunities for reimbursement related to image capture and interpretation.

Participating in a self-care

program keeps ocular health top of mind for patients, in turn making them more compliant with their regular office appointments. The rotational OCT/dark adaptation/electroretinogram testing invites recurring revenue from patients who are likely to keep their appointments, thereby unlocking value from imaging equipment already purchased.

There is no cost to providers who refer patients to use the ForeseeHome AMD Monitoring Program. Doctors don’t need to invest in hardware or software because patient monitoring and test result interpretation are performed by the Notal Vision Monitoring Center. Patients, too, have little to no cost, and might only be responsible for a low monthly copay, as the service is covered by Medicare. Most patients who also have supplementary insurance have no out-of-pocket cost.

**STANDING OUT IN A CROWDED MARKETPLACE**

In a larger sense, embracing digital health platforms will give you experience with digital health

implementation. Establishing digital health as a scaffolding for operation may allow optometrists to quickly realize the benefits of new technologies. This may hold especially true if AI-based health care systems start coming online, as we expect they will in the coming decade.

By building a digital health framework for retinal monitoring, it’s easy to stand out in my market. As more patients enroll in my digital health-oriented practice, word gets out that my clinic embraces the latest technology to improve patient experience. Knowing this, my patients and colleagues alike send referrals for ocular health concerns and retinal pathology to me.

When viewed as a low-cost, high-quality framework for a clinic that doesn’t consume provider time while improving patient care, use of a digital health framework is a slam dunk for optometrists seeking to stand out. If you want to see growth but are reluctant to take big risks with unknown returns, consider digital health technology for your clinic. ■

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