Office Hour Q&A Summary

February 2022 Session: Best Practices for a Hybrid Model of Care

The following questions were submitted during the LIVE Office Hour Session held on March 8, 2022. This Q&A document is purely for information sharing purposes and is not an exact transcription. CTRC does not provide legal advice or coding services. CTRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services mentioned below. The questions below were directed to and answered by Harry Green, OD, Ph.D., FAAO and Mark Shertinsky, OD, MPH, FAAO, or the UC Berkely Digital Health Team. For more information or questions about this session information, contact the UC Berkeley Digital Health Team at: ucbdh@berkeley.edu or visit eyecare.berkeley.edu/dh.

Q: I have had retinopathy screening and treatment and injections myself. How are these telehealth appointments helping patients receive care like that?

A: If you have diabetic retinopathy that needs to be treated you need to see a live care provider. Really, what our service is concentrated on is identifying those patients that need care, especially the ones that have barriers to care and may not be regularly getting eye exams. A telehealth visit cannot provide a surgical procedure, but that's not the purpose. Most patients with diabetic retinopathy, that are at a stage where treatment can be helpful, are not aware and are not showing symptoms. About 80% of patients get screened out, preventing unnecessary burden on the specialty providers. The purpose of the program is to be able to identify the right patients at the right time to get them treatment before vision is impaired.

Q: How are things documented? Do you note directly in the clinic's EHR?

simplest is the pdf report (example shown in the presentation) gets downloaded and entered in the patient's chart. That qualifies as the documentation for the visit as it includes thumbnails of the images, the diagnosis, assessment, and recommendations, patient information, doctor's information, and signature. That form itself is a compact chart note if you have to do it manually. Some interfaces allow the system to integrate directly into the EHR depending on which one you're using.

Q: What does the use of NPI for a UC Berkeley Optometrist mean?

A: One of the key components of getting HEDIS points is that it can't be done by anybody, it must be done by an optometrist or ophthalmologist. So if you use the NPI of those optometrists or ophthalmologists when your billing, that automatically registers that along with the CPT II codes and the ICD-10 codes. Billers extract those three elements to automatically register them as retinopathy screenings to get your HEDIS credit. The advantage of doing that is it is automatic, so you don't have to go back and spend that administrative time to pull a bunch of charts to show that you did X for X patient, etc. It saves your administrative time and the payers time since they don't have to come in and check that.

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Q: Do you know what cost there is associated with the interface for the EMR?

A: There is a cost, although it's relatively nominal. It does depend on the specific type of EHR that you have. The EHR company will have a cost but EyePacs, in general, might be able to waive their side of the cost for FQHCS. Having this greatly helps to minimize the administrative burden and the number of mix-ups or errors in patient charting.

Q: Are optometrist services paid by you, or our FQHC?

A: The consult that we do would be directly paid from the FQHC to UC Berkeley DH at a flat fee. What this model allows you to do is bill the PPS rate for that visit, using UC Berkeley as the credentialed consultant and billable provider.

Q: Does UC Berkeley have a contract that they use for FQHCs?

A: Yes, we do have a template for contracts. It's a reasonable template, pretty straightforward. We are willing to work with clinics to adjust depending on their needs, they do change slightly. A sample contract has been provided in the session materials with the presentation slides.

Q: How long would it take to modify the contract template if that were needed?

A: It really depends on the organization. For the vast majority of FQHCs, I'd say 2-4 weeks, especially if they are minor changes. Larger changes of course could take longer.

Q: Do you have clinics using this payment model already? If so, how many?

A: we have a number that is using this payment model as we are slowly implementing this. I want to say around 20 so far. As contracts are coming up this is the model we are using.

Q: Have you guys had any major challenges trying to implement this model?

A: Not really, no. There is just the change in scope and working with the billing department at the clinics ensures that they know what to do next and there is a good information flow. We've been working through those issues, and it does add a little administrative work, but it is worth it in the long run. Because there are so many situations where there are local payers involved it's much more effective to do everything through the FQHCs because they have those relationships in place already.

Q: Are you mandated to get a change of scope with the state in order to bill? This is an enormous process. Does it open us up to PPS rate change, up or down?

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A: Even though the screening for diabetic retinopathy can be considered a primary care task, we have optometrists doing the work so this is the safest way forward. Essentially, I'm saying yes, but I have not seen this impacting the PPS rate at any of the clinics. It may take a bit of homework on the FQHCs end to find out for sure.

Q: If the FQHC is not able to or is not willing to get a change of scope, are you still willing to work with them using a different model?

A: We are. We're trying to head in this direction, but we are flexible as we are working this out. We want to reach as many patients as possible, especially for the disadvantaged populations that a lot of these FQHCs are serving.

Q: Do you work with FQHCs outside of California?

A: UC Berkeley does not. Historically we have not operated outside of California, though that could change in the future. EyePacs does though so if you are outside of California, you can contact them directly or we are happy to act as a conduit for you

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