



Q&A Summary

Telehealth + Artificial Intelligence: A Clear Synergy to Increase Effectiveness of Screening in Primary Care

July 18, 2023

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Q: What are some cost and workflow factors that FQHCs need to take into consideration before they include AI for Diabetic retinopathy screenings?

A: The cost of the program itself and redesigning your workflow are both major factors. FQHCs should take into account their processes, such as what will happen when you get a diagnosis and so forth.

Q: Can you speak to your process to integrate insurance reimbursement alongside the clinical research?

A: That's been loosening up; however, there are mechs now for FQHCs and FFS that pay (and sometimes pay more) for AI.

Q: What are the states' roles in supporting the further utilization of these tools?

A: It is an active area that's changing quickly. What we've experienced the most is a lack of quality data to train the algorithms. The data we could share five years ago can no longer be shared due to patient privacy laws. Hopefully, the legislation won't stop the ability to collect accurate data so we can train the AI to be accurate and unbiased.

Q: Are the images with AI billable?

A: It is different for FQHCs and FFS. Insurance companies are paying under the code 92229 for AI billing.

Q: Are you aware of any pediatric research using AI-retina or other diagnostic screening?

A: Yes, for retinopathy of prematurity, they're going through a similar process as for diabetic retinopathy. and so that's for preemies that need to have the retinal exams done, and there's just not enough ophthalmologists to do it, and so then there are some special cameras now, and the AI has become very good at being able to detect retinopathy of prematurity. That's all I know for right now.

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