



Date: July 24, 2018
To: University of Mississippi Medical Center
From: Thomas Grant, Marketing Director, Welch Allyn Vision Care
Re: Sole Source Criteria for RetinaVue Network Software and Professional Medical Services from RetinaVue, P.C.

1. What is the unique functionality of this product?

While teleretinal imaging care delivery models are not new and have been proven successful,¹ there have historically been significant barriers to widespread adoption in primary healthcare settings. Fundus cameras were large, expensive, and required patient dilation. And, teleretinal software platforms and nationwide ophthalmic over-read services were rare. These barriers have all been eliminated with the RetinaVue care delivery model – the only turnkey teleretinal solution that includes:

- Award-winning, HIPAA-compliant RetinaVue Network software featuring fully-integrated, bi-directional EMR interfaces for Allscripts, athenahealth, Cerner, Epic, NextGen, and many others.
- Image analysis by state-licensed, board-certified ophthalmologists at RetinaVue, P.C. – the first tele-ophthalmology provider to earn The Joint Commission's Gold Seal of Approval®.
- Accurate clinical documentation of chronic conditions on a comprehensive diagnostic report that is delivered electronically, generally in one business day – complete with referral/care plan, ICD codes, signature, and license number.
- Welch Allyn®, as leading diagnostic device company and division of Hill-Rom® (NYSE: HRC), brings more than 100 years of experience and the nationwide resources to scale your program.
- Welch Allyn consultants will customize and operationalize a patient-centered system across your organization.

2. Why does UMMC need the specific unique functionality?

The RetinaVue care delivery model is a simple and affordable method to help eradicate diabetic retinopathy as the leading cause of blindness among working-age adults.² The best weapon against diabetic retinopathy is early detection, but compliance with diabetic retinal exams is low^{3,4} – nationally, only 20-to-50% of patients comply.⁴⁻⁷ Yet, 95% of vision loss can be prevented if caught and treated early.³ By embedding the diabetic retinal exam in primary healthcare settings to increase access to care, providers can achieve up to 90% diabetic retinal exam compliance in 12 months,^{8,9} thus accurately documenting chronic disease conditions and directing care delivery, improving HEDIS quality measures, enhancing patient satisfaction, and preserving vision.

2. Does the vendor allow resellers/can anyone else give a quote for this item?

The RetinaVue care delivery model consists of three core components:

1. Simple and affordable non-mydratic retinal cameras to capture images.
2. HIPAA-compliant RetinaVue Network software to transmit images and manage data.
3. Professional medical services from the ophthalmologists at RetinaVue, P.C. who interpret images and document diagnoses – including fundus images, ICD 10 codes, and a recommended referral/care plan.

While the cameras (#1) are available through medical products distributors, the RetinaVue Network software and professional medical services (#2 and #3) are only available directly from RetinaVue, P.C. and Welch Allyn.

References:

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3. National Eye Institute. 2016. <https://nei.nih.gov/health/diabetic/retinopathy>. Accessed March 9, 2017.
4. Sloan FA, Brown DS, Carlisle ES, et al. *Health Serv Res*. 2004; 39(5):1429–1448.
5. Lehigh Valley Health Network. <http://scholarlyworks.lvh.org/cgi/viewcontent.cgi?article=1036&context=select-program>. Accessed March 1, 2016.
6. Lee DJ, Kumar N, Feuer WJ, et al. *BMJ Open Diabetes Res Care*. 2014;2(1):e000031.
7. Rajput Y, Fisher M, Gu T, et al. *IOVS*. 2015; 56(7):1440.
8. Garg S, Jani PD, Kshirsagar AV, King B, Chaum E. Telemedicine and retinal images for improving diabetic retinopathy evaluation. *Arch Intern Med*. 2012 Oct 1;1-2.
9. Comparing the Effectiveness of Telemedicine and Traditional Surveillance in Providing Diabetic Retinopathy Screening Examinations: A Randomized Controlled Trial; Mansberger et al, *Telemedicine and e-Health*, Vol. 19 No. 12, Dec. 2013.