

Supplementary Data

Supplementary Methods: Survey of Ophthalmic Clinician's Attitudes Toward Telemedicine During the COVID-19 Pandemic

Demographics

1. What is your position at KEC?
 - Faculty physician
 - House officer physician
 - Optometrist
 - Advanced practice provider (e.g., PA, NP)
 - Other _____
2. How long have you been in practice?
 - <5 years
 - >5–10 years
 - >10–15 years
 - >15 years
3. What is your specialty?
 - General ophthalmology
 - Cornea
 - Oculoplastics
 - Pediatrics
 - Glaucoma/neuro-ophthalmology
 - Retina
 - Vision care/contact lens/optometry
 - Other _____

Practice

1. Before the coronavirus epidemic, did you provide any of the following telemedicine services? (check all that apply)
 - Phone visits
 - Video visits
 - Interprofessional e-consultations
 - None
2. Since the coronavirus epidemic began, how many times have you conducted consults with other health care providers that included photographs or videos provided in person, through e-mail, or online?
 - Never
 - 1–2 times
 - 3–10 times
 - ≥11 times
3. Since the coronavirus epidemic began, how many times have you received photographs from patients through e-mail or online?
 - Never
 - 1–2 times
 - 3–10 times
 - ≥11 times
4. Since the coronavirus epidemic began, how many times have you conducted video visits with patients?
 - Never
 - 1–2 times
 - 3–10 times
 - ≥11 times
5. Since the coronavirus epidemic began, how many times have you conducted phone visits with patients?
 - Never
 - 1–2 times
 - 3–10 times
 - ≥11 times
6. Based on your experience with telemedicine since the coronavirus epidemic began, how would you describe your confidence in using remote screening for eye care?
 - Not at all confident
 - Somewhat confident
 - Confident
 - Extremely confident
 - N/A
7. Since the coronavirus epidemic began, how do you feel about telemedicine utilization in ophthalmology?
 - Highly underutilized
 - Somewhat underutilized
 - Utilized appropriately
 - Somewhat overutilized
 - Highly overutilized
8. How likely are you to continue to provide eye telemedicine services (video visits, phone visits, e-consultations) for the next 1 year?
 - Unlikely
 - Somewhat unlikely
 - Unsure
 - Somewhat likely
 - Likely

Description of Telehealth-Based Eye Care Visit Types and Compensation During COVID-19

| VISIT TYPE ^{a,b} | VISIT DESCRIPTION | REIMBURSEMENT ^c |
|--------------------------------|--|-------------------------------|
| Phone visit | Live interaction of a patient and a clinician over the telephone used in situations that a patient was not able or not willing to participate in a video visit | \$46–110 |
| Video visit | Live interaction of a patient and a clinician over secure videoconference | New patient: \$46–211 |
| | | Established patient: \$23–148 |
| Interprofessional consultation | Interprofessional phone/internet/electronic health record assessment and management service provided by a consultative clinician to the requesting clinician | \$18–73 |

Before COVID-19, telehealth-based eye care services were conducted primarily for diabetic retinopathy screening and oculoplastics postoperative visits.

^aVisit type selected at the discretion of the treating clinician unless referring clinician requested an interprofessional consultation only (clinician-to-clinician encounter over telephone, video, or HIPAA compliant e-mail).

^bOphthalmological examination elements were included at the discretion of the treating clinician. Specific technologies available to clinicians included: high-contrast visual acuity checked using available smartphone apps and intraocular pressure checked using a portable device by a drive-thru service.

^cBased on the Centers for Medicare and Medicaid Services Fee Schedule, which varies based on time spent and/or complexity. Effective April 30, 2020, CMS increased the allowable reimbursement by cross-walking values for phone visits to evaluation and management codes; this may vary by geographic region.

HIPAA, Health Insurance Portability and Accountability Act.