

Brett P. Bielory, MD

Closing Care Gaps and the Referral Loop with Topcon Healthcare

VBCExhibitHall
.com



Educational Webinar Series





Introduction Brett Bielory, MD

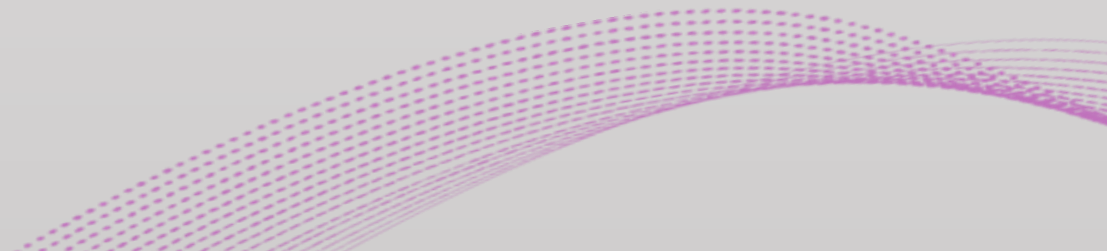
- Parnter, Glassman Eye Associates, PC
- Member, Eye Center of America
- Former Medical Director of Ophthalmology of Optum Tri-State (NJ)
- Formerly known as Riverside Medical Group
- Teaneck, NJ



Introduction

John Bartolovich

- Manager Healthcare Economics and Reimbursements Manager at Topcon Healthcare
- 13+ years of experience in diabetic imaging
- 30 years of experience helping medical professionals with innovative products and ideas
- Proud father of twin daughters and twin sons
- Enjoys family time when not working



Poll Question

Is your practice/plan currently performing the diabetic eye screening in office?

A.

Yes

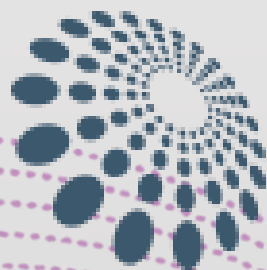
B.

No

C.

We were but.....

**Topcon
Harmony™**



iris™

**IRIS platform
services**

Best Workflow Integration with EMR

Best in Class Camera Technology

Largest Physician Reader Network

Largest Curation of AI offerings

Largest Eyecare Network

Industry Leading Customer Success Program

IT Security and Data Protection

 **TOPCON** Healthcare

 Microsoft

 AEYE Health

Healthcare From The Eye™

Our vision is to improve access and quality of healthcare while decreasing the cost of care. To achieve this vision, we created Healthcare from the Eye™, the strategy of applying AI models to imaging data from the eye to facilitate earlier detection and better management of disease. Healthcare from the Eye™ is powered by Harmony®, a cloud-based, vendor-inclusive digital health information platform enabling a connected care ecosystem.

Healthcare From The Eye™

CURRENT SCREENING ENVIRONMENT



DIABETES

Blood test (FPG, A1C) + body measures



CARDIOVASCULAR DISEASES

Blood test + ECG/CT



NEUROLOGICAL DISEASES

MRI, PET, spinal fluid analysis



EYE DISEASES

Slit lamp biomicroscopy



HEALTHCARE FROM THE EYE™

Robotic, rapid, accessible, and
affordable eye test



Health score risk calculators



TOPCON Healthcare

The Problem

- **Diabetes Mellitus II affects 38M in the US (11.6% of Pop)**
 - 9.6M of the Diabetes Mellitus II (DM II) with Diabetic Retinopathy (26.4%)
 - 1.84M with Vision Threatening DR (5.06% of DM II pop) in 2023 vs 899K in 2004.
 - 250K Primary Care Physicians (PCP) in the US
 - 4K Board Certified Retinal Specialists
 - 1K “hybrid” specialists, non-board certified retinal care
 - $5k/250K = 0.02$
 - 2 Retina providers for every 100 PCP

Why do we have the problem?



Socioeconomic Disparities



Racial and Ethnic Disparities



Systemic Challenges

Poll Question

In your experience, what is the primary reason patients fail to complete specialty referral appointments?

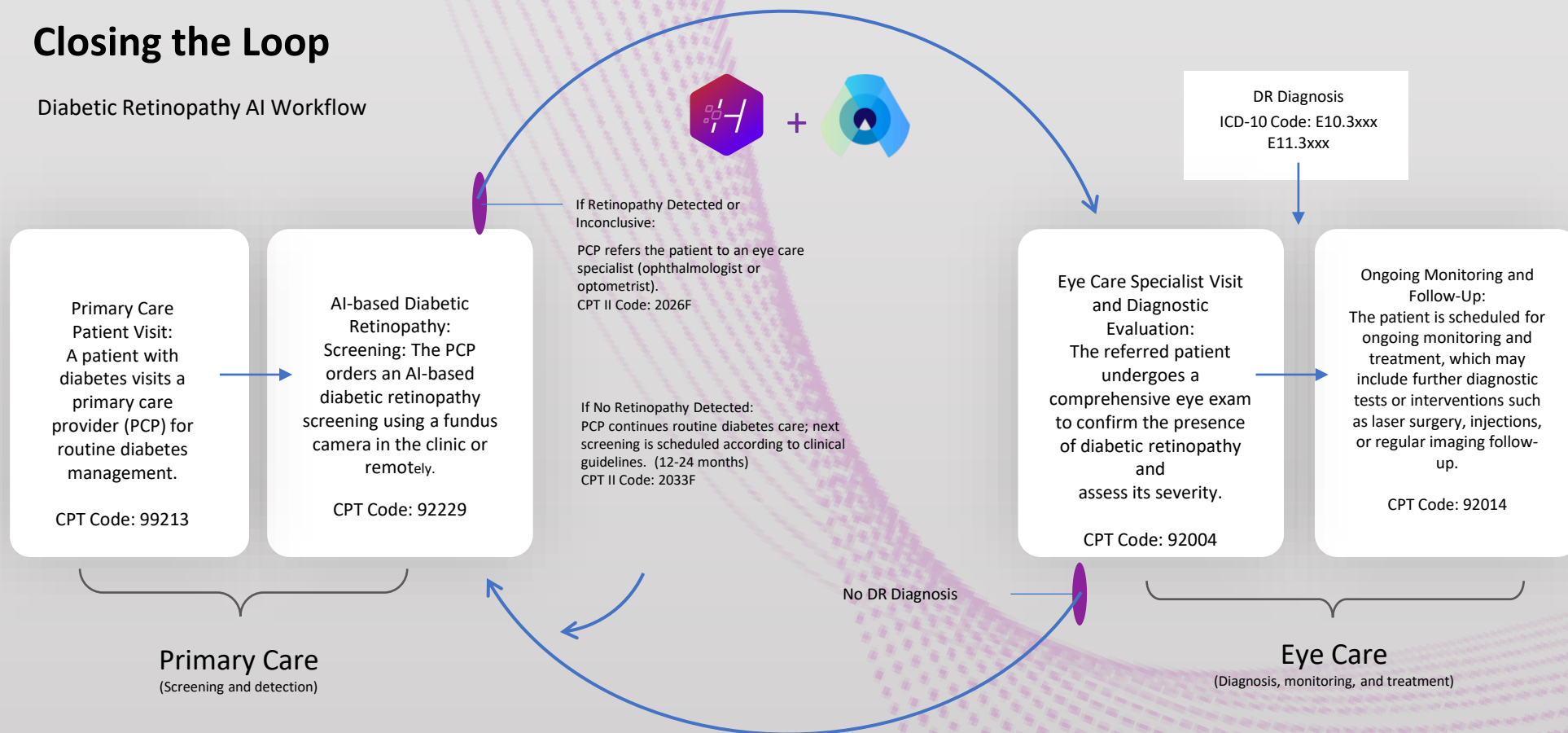
- A.** **Financial/Insurance Barriers** high out-of-pocket costs, lack of coverage, prior authorization issues
- B.** **Access Barriers** transportation difficulties, long wait times, inconvenient appointment slots
- C.** **Communication Gaps** unclear referral instructions, inadequate patient education, limited language support
- D.** **Care Fragmentation** poor handoff between PCP and specialist, EHR interoperability issues, referral leakage outside network
- E.** **Patient Perceptions** fear of diagnosis or treatment, stigma, or belief that the referral is unnecessary

The Solution

- Identify Disease
- Risk-Stratify, triage, capacity building
- Education, Education, Activation

Closing the Loop

Diabetic Retinopathy AI Workflow



All trademarks are the property of their respective owners.

©2025 Topcon Healthcare Inc. | MCA #5735

The Pilot: Proof in Practice



We launched a pilot in a real-world setting to answer one question:

Can this model actually work for patients, PCPs, and Eyecare?



Focus on the results

Treated as a vital sign

High accuracy in detecting referable DR

Unreadable images identified and referred

Care escalated in a timely manner (retina referrals, injections, cataracts caught)

Barriers (transportation, pre-existing relationships) acknowledged and tracked.

The Pilot #1: Proof in Practice



Baker Health (August - October 2024)

Focus on results:

- Concierge Urgent Care Primary Care Model
- 21 Total Patients screened
- 72% (-) vs 14% (+) vs 14%(unimageable)
- Payor mix = 100% Commercial and Medicare, NO MEDICAID
- Barriers to Entry:
 - MD oversight.
 - Staff buy-in to workflow

The Pilot #2: Proof in Practice



OneMD (March - May 2025)

Focus on results:

- Pilot Study - OneMD
- Routine Primary Care
- 47 Patients Screened
- 4% (+) vs 66%(-) vs 30%(unimageable)
- Payor mix = Commercial, Medicare, Medicaid
- Age range: 21 -93
- Interval Time from AeyeHealth screening test to Eye appt: 8 days
- 1 patient unimaginable test with suspicious PED referred to Retina with immediate follow up, no injection required. Observation recommended.

Results

- 31 patients tested negative for mtmDR.
- 2 mtmDR positive cases.
- 14 unreadable images referred for follow-up eye care.
 - Mean and Median Age 77.5
 - Non-dilated
- 7 confirmed referrals:
 - 2 received injections
 - 3 cataracts identified.
- 2 patients declined referral:
 - Transportation issue
 - Existing eyecare relationship

The Impact: Value-Based, Patient- Centered

The AI workflow didn't just find disease—it prevented potential blindness and strengthened value-based metrics.

- Increased early identification of more than mild Diabetic Retinopathy and macular edema.
- Sight saved: 2 patients
- Referral saves: 9 of 14 patients completed referral
- Support for HEDIS and quality initiatives.
- Reduced burden on primary eyecare and eyecare specialists by prioritizing those needing care.
- Improved equity and access for underserved populations.

Conclusions

- AI-augmented telehealth workflows are clinically effective.
- Enhance early DR detection and timely specialty referrals.
- Support value-based care delivery and improved patient outcomes.
- Further research needed to address unreadable image limitations and scalability.
- Reimbursement is established if not uniform

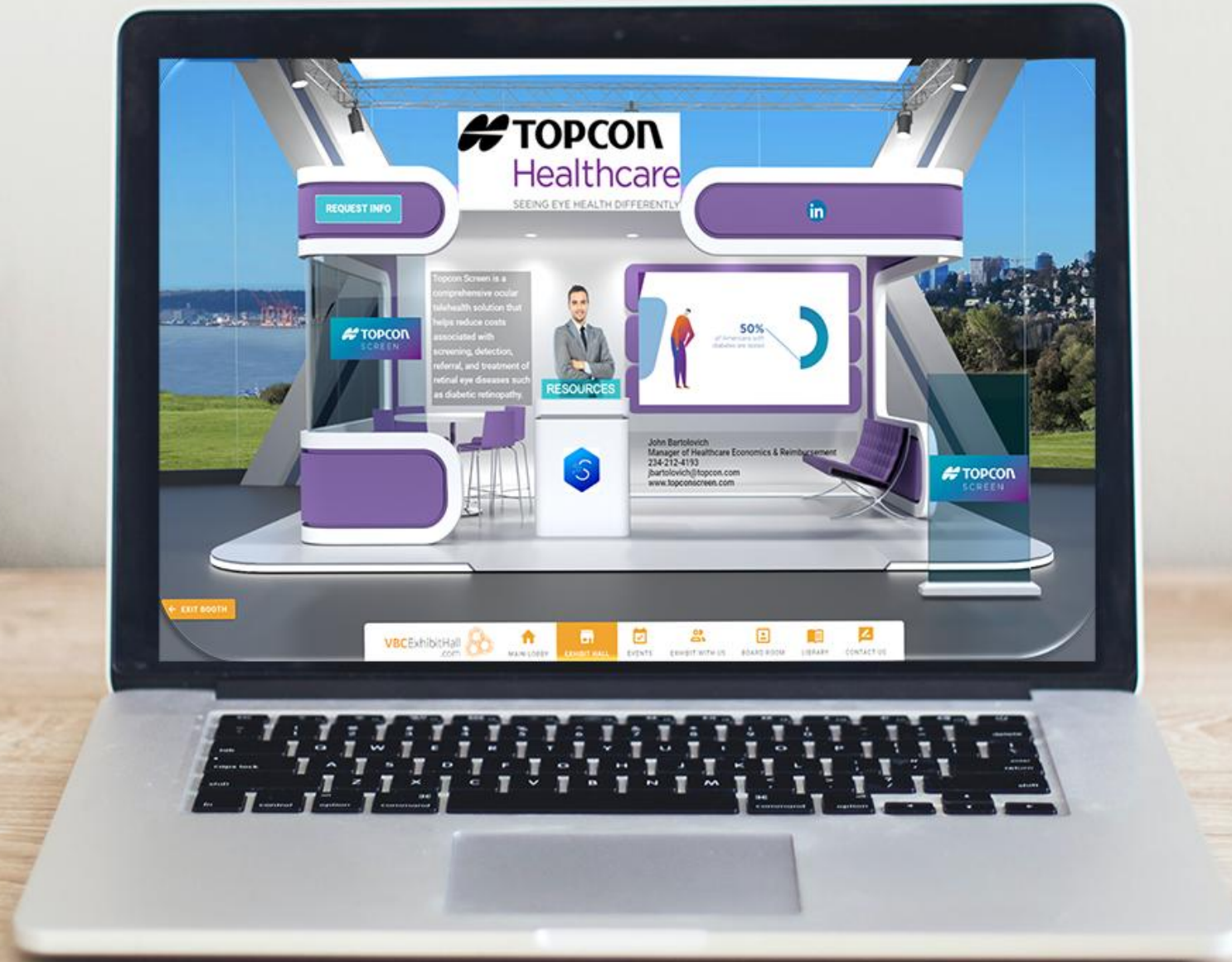
Poll Question

Has your perspective changed about the importance/effectiveness of providing in-office retinal screening at your practice?

- A.** Yes
- B.** No
- C.** Not sure/need more information

Q&A

Stop by our VBCExhibitHall.com Virtual Booth



[ENTER BOOTH](#)

Contact Information

John Bartolovich

234-212-4193

jbartolovich@topcon.com