



## TELE-RETINOPATHY APPLICATION 2021

Applicant Information	
<b>Healthcare Organization Legal Name</b>	
<b>Street Address</b>	
<b>City, State, Zip Code</b>	
<b>Primary Contact for the Application</b> (one of the individuals identified below)	<b>Name:</b> <b>Title:</b> <b>Email:</b> <b>Phone:</b>
Applicant Representatives	
<b>Clinical Champion</b> (Individual leading the implementation)	<b>Name:</b> <b>Title:</b> <b>Email:</b> <b>Phone:</b>
<b>Project Lead</b>	<b>Name:</b> <b>Title:</b> <b>Email:</b> <b>Phone:</b>
<b>Authorized Signatory</b> (Individual authorized to sign on behalf of the hospital)	<b>Name:</b> <b>Title:</b> <b>Email:</b> <b>Phone:</b>



<p><b>Contract Representative</b></p> <p>(Individual responsible for agreement processing and negotiations)</p>	<p><b>Name:</b></p> <p><b>Title:</b></p> <p><b>Email:</b></p> <p><b>Phone:</b></p>
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Budget: Maximum \$5,000			
	Itemized Expenses	In-Kind	Budget Justification
<p><b>Funding Support For:</b></p> <p>Funding will support implementation and optimization of diabetic retinopathy screening programs using telehealth</p>			<p>(e.g. staff time to attend learning collaborative meetings)</p>
<p><b>TOTAL PROGRAM COSTS</b></p>	<p>\$</p>	<p>\$</p>	



## **I. Eligibility**

1. Does your organization provide primary care services?
2. Do you currently have equipment such as retinal cameras for diabetic tele-retinopathy screening or the funding to acquire one?

## **II. Project Goals and Experience (25 points)**

1. In 1-2 sentences, describe why your organization is interested in using telehealth to optimize diabetic retinopathy screening? (5 points)
2. Do you currently have a workflow for ensuring patients with diabetes receive tele-retinopathy eye exams? If so, please describe. (5 points)
3. Describe the barriers and facilitators your organization has experienced in implementing diabetic tele-retinopathy screening, if applicable. (5 points)
4. Is your organization using telehealth for other health priority areas? If so, please describe. (5 points)
5. What do you hope to gain by participation in a Learning Collaborative focused on using telehealth for diabetic retinopathy screening? (5 points)

## **III. Patient and Practice Characteristics (20 points)**

1. Briefly describe (1 paragraph) the patient population and catchment area of your organization. Please include demographics and population size. (10 points)
2. What is the prevalence of diabetes in your patient population? (5 points)
3. How many practice locations are part of your organization? (5 points)



#### IV. Readiness Assessment and Evaluation (30 points)

Organizational Readiness Information	YES	NO
1. Has your organization attempted to implement diabetic retinopathy screening on-site using a camera and a telehealth reading center? Please describe those efforts. (10 points)		
2. Is your organization currently implementing diabetic retinopathy screening on-site using a camera and a telehealth reading center? Please describe those efforts. (10 points)		
3. Does your practice currently report on Healthcare Effectiveness Data and Information Set (HEDIS) measures for eye exams for patients with diabetes? (5 points)		
4. Do you have existing relationships with eye care organizations who can read images transmitted digitally from an on-site camera? (5 points)		

#### V. Project Description (25 points)

1. Describe your project team. (10 points)
2. Describe your current plan for sustaining a diabetic tele-retinopathy screening program? (10 points)
3. List any collaborations your organization currently leverages for diabetic tele-retinopathy screening. (5 points)

#### VI. Baseline Data *(This section will be used for data collection and will not be used for scoring)*

1. If you have used diabetic tele-retinopathy, what percentage of your patients with diabetes received tele-retinopathy screenings in the year 2020?
2. Where are images read and evaluated?



## VII. Signatory Page

I certify that to the best of my knowledge that the information included in this application is complete and accurate.

Authorized Signatory	
Signature:	
Name and title:	Date:

Submit your application to [ChicagoCARES@iphionline.org](mailto:ChicagoCARES@iphionline.org) with “<<Your Organization Name>>--- Diabetic Tele-Retinopathy Screening Application” in the subject line. Submission deadline is 08/13/2021.

Submit questions regarding the RFP via email by 8/6/2021.