# Telehealth Resources for Eye Care During COVID-19

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## AMERICAN TELEMEDICINE ASSOCIATION
## OCULAR TELEHEALTH SPECIAL INTEREST GROUP (SIG)

The following resources may help eye care providers to rapidly transition to telehealth for providing vital eye care while reducing risks to patients and communities during COVID-19. Being flexible and creative allows providers to gain new skills in patient care while strengthening the patient-provider relationship.

## AAO RESOURCES ON BILLING/CODING (Continuously Updated):

- https://www.aao.org/practice-management/news-detail/coding-phone-calls-internet-telehealth-consult

- https://www.aao.org/practice-management/coding-news

## CHECKING VISION (Free Printable And Electronic Options):

- https://eyes.arizona.edu/sites/default/files/eyechart.pdf

- https://www.aao.org/eye-health/tips-prevention/home-eye-test-children-adults

- http://farsight.care/

- https://www.essilor.com/en/vision-tests/test-your-vision/

- https://apps.apple.com/us/app/eye-handbook/id335546959

## INNOVATIVE STRATEGIES:

- Drive-thru iCare tonometry (UCSF/Proctor, Gerami Seitzman MD)

## AUDIO TELEHEALTH:

- Subjective changes in vision or objective vision tests (using above resources)

- May obtain detailed History of Present Illness (HPI) and discussion of any patient concerns

- Review medications and usage (if applicable)

- Can work especially well for low-risk postop care (e.g. uncomplicated cataract surgery) or new patient consults when all prior testing/imaging/clinic notes have been received from referring provider

## VIDEO TELEHEALTH:

- See attached tipsheet (Emory/VA, April Maa MD; Univ. of Wisconsin-Madison, Yao Liu MD MS)

## DOCUMENTATION:

- See attached Epic dotphrases for Audio and Video Telehealth (Univ. of Vermont, Chris Brady MD MHS), which will need to be edited according to each individual institution/organization's policies

* Please note that the resources listed above are meant to serve as a starting point for patient evaluation and that an eye care provider's professional judgment must be used in interpreting the results and/or applying the information in clinical care settings. The inclusion of a resource does not constitute an endorsement of effectiveness by the American Telemedicine Association.

## PRE-VISIT:

- Staff should verify patient identifiers, consent patient, ensure patient has ability to connect, and troubleshoot any technical issues
- Patient should have: newspaper/magazine, flashlight and/or bright reading light (optional: printed or electronic vision chart along with a credit card, quarter or ruler, etc. to standardize chart size; Amsler grid).
- Patient should be seated such as to avoid having their back towards a window or other bright light, otherwise their face will be in shadow. Ensure the device they are using is supported on a stable surface.

## DURING VISIT:

- Obtain History of Present Illness, Chief Complaint, Review Medications, etc.
- Check Vision
  - Options:  Checking near vision by reading a newspaper/magazine with spectacle correction is quickest. Have the patient show you their reading material and then read it aloud to you.



- Alternatives: Vision chart displayed on your screen or ask patient to use a printed or electronic vision chart
  - Consider checking for metamorphopsia with Amsler grid (printable or electronic) if applicable

- Check Extraocular Movements
    - Verbally instruct patient or use your finger as a guide for where they should look
- Confrontational Visual Fields (limited)
    - Ensure that the patient is sitting close to a large screen (smartphone screen is too small)
    - Patient should cover one eye and stare directly at your nose on the screen with their eyes level
    - Provider can bring fingers in from the periphery and ask patient to tell you when they see them or if parts of the provider's face are missing from their view (may be helpful in setting of severe visual field deficit)
- Anterior Segment Exam
    - Patient should bring their eye close to the camera aperture or have family member/friend hold the device close to their eye. Patient can also try to take a close-up "selfie" of their eye (provider can demonstrate).
    - Ask patient or family member/friend to shine a bright light on the patient's eye to improve image quality or take images near bathroom counter with bright lighting
    - Can ask patient to look directly at the camera aperture or have them move their eyes right/left/up/down. Ask patient to lift their eyelid when they look down.

## AUDIO-ONLY PHONE VISIT

**CONSENT:**

Patient initiated a request for follow-up care of their eye condition. The concept of "Telemedicine" has been described to the patient. Patient has been informed of the anticipated benefits and possible risks. Patient informed that not all elements of an in-person eye exam are possible using remote technology, but given potential risks of COVID-19, patient agrees that remote exam may allow better continuity of care than postponing care completely.

Patient informed that we will attempt to bill insurance for this remote encounter. Patient understands the information provided regarding telemedicine, has had the opportunity to ask questions about this information, and all questions have been answered to patient's satisfaction. Patient consents for the use of telemedicine in his/her medical care and authorizes the transmission of any relevant medical information to providers and their staff involved in patient's medical or mental health care.

I confirmed that the patient had no visit or procedure within last week and any visit planned within next week will be cancelled due to the ongoing COVID-19 pandemic. Confirmed patient is not within a surgical global period.

**VERIFICATION:**

Confirmed patient's name as @NAME@ and date of birth as @DOB@.

Confirmed that the patient is an established patient at [*NAME OF PRACTICE*].

During this virtual check-in, the following issues were discussed:

***

We confirmed that a subsequent office visit for the patient's problems were not indicated within 24 hours or the next available appointment. The patient will have their next appointment on *** either virtually or in person.

Total Time of Virtual Check-in: *** minutes. This visit was conducted by telephone.

## E&M VIDEO VISIT

*Note that documentation of the eye exam is now NOT REQUIRED for E&M visits; can use time alone or Medical Decision Making alone.*

**CONSENT:**

Patient initiated a request for follow-up care of their eye condition. The concept of "Telemedicine" has been described to the patient. Patient has been informed of the anticipated benefits and possible risks. Patient informed that not all elements of an in-person eye exam are possible using remote technology, but given potential risks of COVID-19, patient agrees that remote exam may allow better continuity of care than postponing care completely.

Patient informed that we will attempt to bill insurance for this remote encounter. Patient understands the information provided regarding telemedicine, has had the opportunity to ask questions about this information, and all questions have been answered to patient's satisfaction. Patient consents for the use of telemedicine in his/her medical care and authorizes the transmission of any relevant medical information to providers and their staff involved in patient's medical or mental health care.

**VERIFICATION:**

Confirmed patient's name as @NAME@ and date of birth as @DOB@.

Confirmed that the patient is an established patient at [*NAME OF PRACTICE*].

Chief Complaint: ***

History of the Present Illness: ***

Review of Systems: ***

**EXAM:**

Visual Acuity/Method used: ***
Right Eye: ***
Left Eye: ***

Field/Amsler:
Method used: ***
Right Eye: ***
Left Eye: ***

Eye Movements:
Right Eye: ***
Left Eye: ***

**ANTERIOR SEGMENT EXAM:**
Lids/Lashes:
Right Eye: ***
Left Eye: ***

Conjunctiva:
Right Eye: ***
Left Eye: ***

Cornea:
Right eye: ***
Left eye: ***

Anterior chamber:
Right eye: ***
Left eye: ***

Iris
Right eye: ***
Left eye: ***

Lens
Right eye: ***
Left eye: ***

IMPRESSION: ***

PLAN: ***

Follow-up: ***

Today's visit was provided through telemedicine video conferencing:

The location of the patient: ***

The location of the provider: ***

The following staff and their role did participate in today's encounter visit: ***
I, [*NAME OF PROVIDER*], have performed my own HPI, ROS and exam.