CAO position statement on Telemedicine

Policy Issue:

Though nothing can replace a comprehensive eye examination, rapid advances in diagnostic imaging and assessment technologies for eye care have created an opportunity for Canada's optometrists to enhance patient care through telemedicine.

The Canadian Association of Optometrists defines Telemedicine as:

The provision of health care through the electronic transmission and exchange of health data including image transfer and/or video conferencing.

Tele-eyecare is the use of telemedicine to provide eye health care.

Policy Position:

Optometrists may use tele-eyecare to deliver clinical care where circumstances exist that either restrict direct patient contact or delay consultation. Patients in communities without direct access to either optometry or ophthalmology will benefit most from tele-eyecare, when available. Remote diagnostic procedures, combined with electronic transfer of information, have the potential to reduce wait times and may result in earlier intervention. (1)

Tele-eyecare may assist with early diagnosis through image transfer for a variety of eye diseases. As primary eye care providers, optometrists are well positioned to evaluate patients with ocular diseases through tele-eyecare and to triage their care.

Additionally, and in areas where access to care is unrestricted, telemedicine can facilitate collaboration between optometry, ophthalmology, and other physicians through improved communication. Information transfer and telecommunication are accomplished either through real time video conferencing or store-and-forward data sharing depending upon the circumstances of the consultation. Image sharing through store-and-forward technology is suited to co-management arrangements between optometry and ophthalmology. (2)

While useful in particular clinical situations, tele-eyecare does not replace a traditional in-person comprehensive eye examination where direct patient examination, personal interaction and counselling is the generally accepted standard of care. Mass screenings may result in members of the public thinking that they have had an eye examination, and delay them from receiving comprehensive care, enabling pathology to progress. A refraction is not independent from a comprehensive eye exam, and is therefore not suited to telemedicine.

Guidelines:

Various organizations have published standards and guidelines for telemedicine including some provincial medical regulatory authorities and Digital Health Canada. Provincial optometry regulatory authorities are ultimately responsible for establishing standards and guidelines for tele-eyecare within their provincial jurisdiction. CAO recommends that the following principles apply:

- Optometrists must be licensed in and may practice tele-eyecare in the provincial jurisdiction where the patient resides
- Recognize that a practitioner/patient relationship exists and that the same standards of practice and guidelines apply as with an in-person professional relationship
- Determine if tele-eyecare is the most appropriate method to provide care
- Ensure that all information collection, retention, and transmission is secure and stored in accordance with privacy requirements
- Follow either accepted standards of practice for telemedicine or standards established by the provincial regulatory authority
- Consider the reliability and quality of data collection
- Ensure that any delegation of procedures is consistent with delegation guidelines established by the provincial regulatory authority

Conclusions

1. Tele-eyecare has the potential to increase access to quality eye care throughout Canada, particularly for persons living in underserviced areas.
2. Tele-eyecare does not replace an in-person comprehensive eye examination.
3. Tele-eyecare is a useful application in co-management arrangements and consultations between optometry, ophthalmology, and other health care providers.
4. Each provincial regulatory authority should establish standards of practice for tele-eyecare.

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References

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2. The Alaska experience using store-and-forward telemedicine for ENT care in Alaska. SLP, ENT, Audiology, Dentistry October 2011 Author(s): Kokesh J, Ferguson AS, Patricoski C. Source: Otolaryngol Clin North Am. 2011 Dec; 44(6):1359-74, ix. Epub 2011 Oct 2.