



The Use of Teleoptometry in Post-COVID Practice

Background

COVID-19 has had demonstrable effects on the provision of optometry services, most notably in the restriction of access to vision care during the first wave of the pandemic. Stay-at-home orders and clinic closures created the need for alternate patient care modes to ensure the safety of patients, staff, and optometrists resulting in teleoptometry becoming a particularly valuable modality for vision care services.

Policy Issue

Changes and adaptations in health systems normally take years to occur, however, the COVID-19 crisis necessitated a rapid evolution in the provision of care within weeks and months. The pandemic accelerated the opportunity for optometry to integrate telehealth to accommodate more flexible delivery and access to care. The pandemic left optometrists not only better prepared to manage similar crises that may arise in the future, but more importantly, it introduced many to telehealth as an opportunity to explore should Government and private insurance carriers fairly reimburse them for it. The rapid pace of change, however, created several practical, systemic, and regulatory challenges, such as implementation, quality of care, patient privacy, cybersecurity, benefits coverage, liability insurance and reimbursement. Provincial colleges and the Federation of Optometric Regulatory Authorities of Canada (FORAC) have carefully considered these issues to create regulatory guidelines for the provision of teleoptometry services.

With an improved understanding of both synchronous (Real-time) and asynchronous (Store-and-forward) teleoptometry, it is important to recognize its limitations and risks. Teleoptometry emerged out of necessity when in-person care was restricted or unavailable. Current technology does not yet allow for thorough remote examination of all ocular structures. Consequently, an in-person comprehensive eye examination remains the gold standard of care and the preferred option for evaluation and treatment of certain ocular conditions. When in person primary eyecare is readily accessible, teleoptometry is best utilized as a complementary tool to support in-person primary care, and patients may benefit particularly in the context of an existing patient-optometrist relationship as defined by provincial regulatory authorities. Synchronous care allows for evaluation, diagnosis communication, education and treatment of certain conditions that can be appropriately managed remotely.

Asynchronous care focused on co-management consults can provide more timely referrals and support the collaboration between optometrists, ophthalmologists, family physicians and other practitioners, which allows for more efficient and cost-effective patient care.

Policy Position

The Canadian Association of Optometrists (CAO) supports the ongoing use of teleoptometry to augment in-person patient care. When barriers to care exist, teleoptometry provides an essential mechanism for continued provision of eyecare. In the absence of barriers to care, teleoptometry can support in-person eyecare delivery. As telehealth technology continues to evolve, CAO supports the development of evidence-based guidelines and regulatory standards to allow for its optimal implementation in

optometric care across Canada. When providing vision care services via teleoptometry platforms, optometrists should adhere to their provincial regulatory college guidelines on telehealth. If provincial regulatory guidelines are not available, optometrists should adhere to FORACs Policy on Teleoptometry and the guiding principles listed therein. The CAO supports fair and equitable reimbursement and coverage for teleoptometry services.