

## **Clinical Practice Guide**

### Telehealth in Optometry

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## **CLINICAL PRACTICE GUIDE**

### **Telehealth in Optometry**

Note: This clinical practice guide provides advice on the use of telehealth in optometric practice. It is not intended to be prescriptive and optometrists are required to exercise their clinical judgement. The guide should not be used as a substitute for statutory responsibilities and optometrists must ensure that they comply with State and Federal Law. These guidelines do not constitute legal advice. Optometrists must ensure they comply with all State and Federal legislation and meet their responsibilities under common law.

### **Guidance for the use of Telehealth for Optometrists**

This guide is to help optometrists that would like to engage in telehealth and innovative models of eyecare. This may be directly with their patients and/or in collaboration with ophthalmologists and other health practitioners. Being able to provide appropriate eye care services via telehealth can improve patient access in circumstances where the patient is unable to attend the practice, or where it is safer for the consultation to occur remotely. Telehealth expands how the community can access care, and can be used appropriately to improve eye care outcomes.

### **What is Telehealth?**

Telehealth is the use of technology to communicate and provide care without being in the same room as the patient. This can be as simple as discussing the patient's symptoms over the phone and providing support, through to a fully integrated system that allows viewing of photos, videos and scans to enable a comprehensive diagnosis and management.

It is expected that the most common mechanism of telehealth that optometrists will provide is real-time videoconferencing between the patient and the optometrist. If videoconferencing is not available, then it may be appropriate to use audio only.

Providing patient-centred care is important when delivering all eye care, whether by telehealth or face-to-face. Prior to engaging in telehealth, the patient should be fully informed of the process and the other options for care. The patient should consent to the use of telehealth before care is provided.

## **Types of telehealth for optometrists**

Optometrists may participate in one or both types of telehealth and they are not obliged to participate in either. The following is a brief description of the types of telehealth that optometrists are likely to encounter.

### **1. Tele-optometry: optometrist to patient**

The optometrist provides direct care to the patient through videoconferencing or telephone. The optometrist explores the symptoms, signs and other risk factors with the patient as they would in a face-to-face consultation and using their professional clinical judgement decides on appropriate management. The results of the telehealth consultation may have several outcomes:

- a. The patient can be safely managed via telehealth with an appropriate follow up scheduled
- b. A telehealth consultation is not appropriate to safely manage the patient's eye care needs and a face-to-face consultation with an optometrist is organised for an appropriate time.
- c. The optometrist finds that organising a telehealth consultation between optometrist, ophthalmologist and patient is the most appropriate course of action and this is scheduled for an appropriate time.
- d. The patient requires direct care from an ophthalmologist, or other health professional and a direct referral to appropriate care is provided.

While many patients will be able to be safely managed through telehealth, there will be occasions where a face-to-face consultation is required. Optometrists should take steps to ensure that they have the capacity to organise a face-to-face consultation for the patient with themselves or another practitioner if this is required, prior to initiating telehealth consultation.

### **2. Tele-ophthalmology: collaboration between optometrist and ophthalmologist or other health practitioner**

The optometrist collaborates with an ophthalmologist or other health practitioner to enhance care of the patient. These consultations enable the opportunity to provide a collaborative management plan for the patient, with input from the optometrist and the other health professional.

This may follow:

- a face-to-face or tele-optometry consultation between the patient and the optometrist, where it is found appropriate to seek assessment from an ophthalmologist or other health practitioner
- assessment or treatment of the patient by an ophthalmologist or other health practitioner
- where an ophthalmologist recommends a follow-up appointment that requires facilitation and clinical support by the optometrist.

It is important that optometrists proactively engage with other practitioners to understand the telehealth services that they can access. Optometrists will need to know which health practitioners or ophthalmologists offer telehealth access, the process for organising these appointments, and the software required to facilitate these consultations (see below).

### **Do all optometrists have to participate in telehealth?**

Optometrists do not have to provide telehealth consultations. The use of telehealth is optional for those optometrists who feel comfortable and equipped to participate in telehealth. A practitioner may also only choose a set of parameters within which that they are comfortable undertaking telehealth consultations.

For example, they may only be comfortable undertaking telehealth consultations when videoconferencing is possible, or when patients have urgent or critical eye care requirements. This is up to the judgement and discretion of the optometrist.

### **When is it appropriate to use telehealth? Consider risk vs. benefit for the patient.**

Telehealth directly with a patient provides an opportunity to understand the patient's concerns and manage the patient effectively in many circumstances. For some consultations it is more appropriate to delay consultations until a face-to-face appointment can take place, or direct that patient to where face-to-face care can be provided. For example, an optometrist may decide that for regular check-ups in healthy individuals without significant risk factors or symptoms, delaying the consultation until face-to-face care is possible is in the best interests of the patient. In other circumstances where a patient has presented with new signs or symptoms and a face-to-face appointment has increased risks (for example, for vulnerable patients during the COVID-19 pandemic) it may be in the best interests of the patient for the optometrist to provide guidance, prescribe optical devices, prescribe medicines or provide guidance via telehealth.

It is important optometrists make professional judgements about when it is appropriate to manage certain patients and presentations via telehealth. The optometrist needs to consider all the risks and compare these to all of the benefits of providing care by telehealth. As with all clinical decisions this needs to be considered for each patient scenario.

Optometrists are bound by their [code of conduct](#). Optometrists are required to provide appropriate clinical care in all consultations whether by telehealth or face-to-face. The decision about whether telehealth care is appropriate should be made in collaboration with the patient on a case-by-case basis.

## What if I cannot provide appropriate care via telehealth?

There will be circumstances that telehealth consultations are not able to provide the appropriate care for the patient. If the optometrist has engaged in a telehealth consultation and subsequently finds that the patient requires a face-to-face consultation or a consultation with another health practitioner, the optometrist should provide guidance and referral when required. The optometrist can seek remuneration for a consultation that was required to come to this conclusion.

Prior to engaging in telehealth, the optometrist should consider how they will manage:

### 1. Patients that require face-to-face optometry care.

In circumstances where appropriate management of the patient is not possible via telehealth the optometrist should have a system in place to provide or refer the patient for face-to-face care. This may include referring to another optometrist as appropriate.

The details of those pathways to care will be specific to the location and the healthcare environment around the patient and the practitioner.

### 2. Patients that require ophthalmology or other health practitioner care.

Telehealth consultations may result in an optometrist finding that a patient requires care from an ophthalmologist. It is important that the optometrist can effectively guide the patient to the care they require. Particularly when health systems are changing and adapting this may require the optometrist to proactively engage with other health services to establish how they can best work together to enable access to appropriate care.

## Funding for telehealth consultations

Currently there is no Medicare items that are billable for optometrists engaging directly with patients without an ophthalmologist participating. Optometrists may choose to bill consultations privately, provided the patient is fully informed of the costs prior to the consultation taking place. Optometry Australia is currently advocating for telehealth services by optometrists to be expanded to enable greater flexibility for optometrists to deliver care.

Optometrists should consider how consultations will be billed both in terms of amount charged, and the infrastructure required. If the optometrist is providing telehealth services from the practice the standard billing processes may be used. If the optometrist is providing telehealth services from home, or elsewhere, they will need to ensure that they have access to billing facilities. POS terminals such as HICAPS may be able to be moved and plugged into different locations. This should be confirmed with the specific billing hardware and software used in the practice.

Currently there are 4 Medicare item numbers that are available to optometrists for the use of telehealth in collaboration with an ophthalmologist, [10945](#), [10946](#), [10947](#) and [10948](#). All of these items require real-time video conferencing with an ophthalmologist, optometrist and patient present at that same time. There are also location restrictions. Optometrists should read the associated note carefully to ensure that billing is compliant.

## What facilities will be required?

It is important that optometrists undertaking telehealth consider the environment that they will be delivering care as well as the hardware and software required to communicate.

Optometrists delivering telehealth require a private, quiet location when undertaking telehealth. The patient has all the same rights to privacy and confidentiality as they do in a face-to-face interaction, so make sure that people will not unnecessarily interrupt, or be able to inadvertently listen in on the consultation.

### Hardware

To enable videoconferencing the optometrist will require facilities to capture audio, and ideally, video. This may be possible through phone applications, however a camera attached to the computer, such as a webcam, or an integrated laptop camera may provide a more convenient solution. If telehealth becomes a significant part of the practice it may be beneficial to invest in specific hardware.

### Software

#### Optometrist to patient

Software utilised when holding video conferencing should be easy to use for the patient, and not require significant time to set up. There are some consumer-based products that are being used with success with our medical colleagues such as Zoom, Skype, Whatsapp and others. The Australian College of Rural and Remote Medicine have compiled a useful directory of hardware and software solutions <http://www.ehealth.acrrm.org.au/technology-directory>

[Medicare](#) provides the following advice regarding telehealth options:

*What telehealth options are available?*

*MBS telehealth services are videoconference services and this is the preferred approach for substituting a face-to-face consultation.*

*No specific equipment is required to provide Medicare-compliant telehealth services. Services can be provided through widely available video calling apps and software such as Zoom, Skype, FaceTime, Duo, GoToMeeting and others.*

*Free versions of these applications (i.e. non-commercial versions) may not meet applicable laws for security and privacy. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws.*

The choice of software used is dependent on the needs of the practice and their patients. Practices and optometrists should consider trialling different options and ensure a system that will be usable for the optometrist and their patient.

### Collaboration between optometrist and ophthalmologist or other health practitioner

Practitioners may choose to utilise that same technology platform for practitioner to patient interactions, and practitioner to practitioner interactions however there may be advantages of utilising different software. When performing collaborative telehealth consultations, it is often required to share images, scans or other clinical data while also engaging in videoconferencing. These capabilities should be considered when deciding on software platforms.

Currently we are only aware of one platform that has been produced for the eyecare professional that is able to share clinical information, and has the capability to undertake videoconferencing and that is OCULO (<https://www.connect.oculo.com.au/what-is-oculo/>)

### **Billing infrastructure**

As outlined above, if the optometrist is providing telehealth services from the practice the standard billing processes may be used. If the optometrist is providing telehealth services from home, or elsewhere, they will need to ensure that they have access to billing facilities. Point of sales terminals, such as HICAPS may be able to be moved and plugged into different locations. This should be confirmed with the specific billing hardware and software used in the practice.

### **Record Keeping**

The obligations on optometrists regarding record-keeping are the same for telehealth consultations as face-to-face consultations. Optometrists are required to record contemporaneous and comprehensive notes of all consultations. It is recommended that optometrists have access to their records during all telehealth consultations. This enables efficient data entry and being able to see previous consultation findings. This may require remote access to electronic records if telehealth consultations are taking place from home, or a practitioner may choose to undertake telehealth consultations from the practice location to enable appropriate access.

## Templates and checklists

Practices should develop templates and checklists to enable safe and consistent implementation of telehealth services.

The below templates may need to be adapted or modified to suit the practitioner and practices and should be a guide to the templates and checklists that should be considered.

### Prior to telehealth consultation

Check clinical appropriateness to telehealth	
Check patient consent to telehealth consultation	
Record patient consent	
Check patient understands technology required	
Inform patient how consultation will be billed, and any associated costs	
Coordinate telehealth consultation booking	
Pre-test video conference equipment and connectivity	

### During telehealth video consultation

Introduce yourself	
Check patients' details are correct	
Check that the patient can see and hear you, and troubleshoot if required	
Confirm and record consent to be consulted through telehealth	
Undertake clinical consultation	
Make clinical notes as you would in a standard consultation	
Summarise diagnosis, management and all follow-up actions	
Ask the patient if they have questions or need anything clarified	

### After telehealth video consultation

Review your notes and ensure they are appropriate	
Implement management and follow-up actions	
Record any technical malfunctions	
Update review schedule	





## **Is Telehealth covered with Optometry Australia's Professional Indemnity Insurance?**

Optometrists who are covered by Optometry Australia's Professional Indemnity Insurance are covered to provide telehealth services (NB: jurisdictional limits apply to Australia which means the cover does not include services provided by a practitioner, or to a patient that is, outside Australia), and may choose to do so providing care provided accords with all other professional responsibilities.

### **Support for our members**

[Optometry Australia's optometry advisor helpdesk](#) offers our members dedicated experienced optometrists ready to provide confidential support.

Email: [national@optometry.org.au](mailto:national@optometry.org.au)

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