Look to ophthalmology for a glimpse of telemedicine’s future

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Early on in the COVID-19 pandemic, ophthalmology struggled to adapt to telemedicine. It just wasn’t set up for virtual visits.

“Ophthalmology is an exam-heavy specialty, and we really rely on all the clinical clues that we capture—either at the slit lamp, or looking at the retina, or checking people’s vision and their eye movements—and those things don’t readily replicate into a telemedicine environment,” said Grayson W. Armstrong, MD, MPH, a Boston ophthalmologist in a recent episode of the "AMA Moving Medicine" video series.

Historically, however, ophthalmology has been one of the trailblazing specialities when it comes to embracing new technology. Retinal scanners, for example, have been around for decades and enable ophthalmologists to read scans remotely to provide early detection of diabetic retinopathy.

As the health care system regains its footing and patients reengage with physicians, ophthalmology is where some of the most innovative uses of telemedicine are taking root.

Rethinking what’s possible

Many patients—and physicians too—have come to think of telemedicine as a largely synchronous experience. But in many situations, an asynchronous model can better achieve the triple aim of better care, lower costs and greater patient satisfaction.

“We’re creating something called hybrid telemedicine, where patients can go into any number of eye exam offices, get their testing or imaging done and go home,” Dr. Armstrong said, citing work he is doing with a team at the Massachusetts Institute of Technology. “The ophthalmologist will review that test, come up with a treatment plan, call the patient either on video or audio, go over those results—even show the patient the results of their testing—and then come up with a plan and a follow-

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up plan too.”

The primary goal is to improve access to care.

“Imagine you go into an underserved community,” said Dr. Armstrong, a former member of the AMA Board of Trustees. Patients “may already have a community health center that they’re familiar with and they go to often. If you put those tools right into the heart of the town where they live—instead of forcing them to come all the way to us—those patients all of a sudden have access to eye care that they may not have had before.”

“AMA Moving Medicine” highlights innovation and the emerging issues that impact physicians and public health today. You can catch every episode by subscribing to the AMA’s YouTube channel or the audio-only podcast version, which also features educational presentations and in-depth discussions.

Making it easy is key

One of the biggest barriers to the adoption of telemedicine in ophthalmology is that the clinical exam often is not digitized, Dr. Armstrong said.

“New technologies really do need to be created to make sure that we can get high-quality information at the point of care,” he said. For example, “instead of forcing patients to come use our $100,000 camera to take a picture of the back of their eye, if something’s handheld and $20, then maybe everyone could afford to go to the local” drug store to get such pictures taken.

There are also systemic factors, however. Foremost among them is payment. During the pandemic, insurers were required to pay for telemedicine that was on par with in-person care. But payment could dry up post-pandemic if Congress doesn’t take action.

“If federal and state and private insurers don’t continue to pay for it, then there's a lot of uncertainty,” Dr. Armstrong said.

The benefits of expanded telemedicine are clear. Join physicians who are advocating to permanently expand virtual care coverage.