Quantitative assessment of effectiveness of remote telephone consultations in a uveitis clinic

Moorfields Eye Hospital NHS Foundation Trust

Aditi Agarwal, Deepthy Menon, Harry Petrushkin

The ROYAL COLLEGE of OPHTHALMOLOGISTS

Poster No: rco2021.118046d

Introduction

- During the COVID-19 pandemic, as with many specialities, remote consultations were adopted for uveitis services as well.[1]
- Purpose of these services was to help patients access an expert opinion regarding their condition and decide on further balanced plan of treatment.

Objective

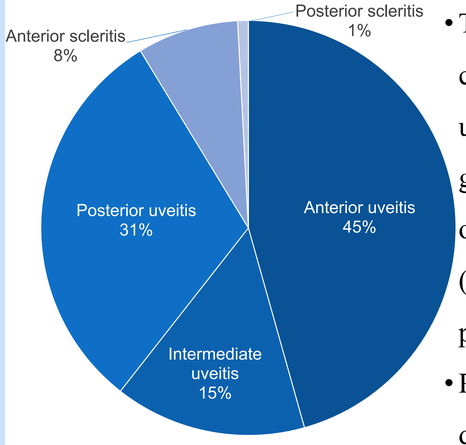
- Our study aims to quantitatively assess the efficacy of remote uveitis tele-consultations in a tertiary care eye hospital.

Methods

- A questionnaire was formulated to be answered by the ophthalmologist at the end of the consultation.
- Patients were categorized into anterior, intermediate, posterior uveitis and anterior/ posterior scleritis.
- Only follow-up patients were included in the study.
- Our aim was to determine proportion of patients who could be diagnosed and treated remotely in each category.
- Failure to reach a diagnosis or provide a treatment plan in relation to patient's complains warranted for them to be called to the hospital for face to face appointment.

Results

Distribution of cases

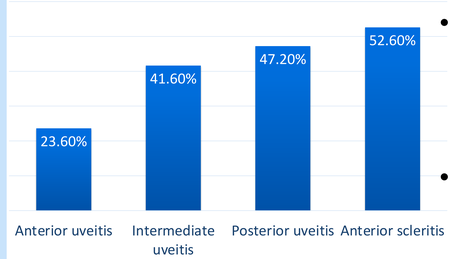


- Total of 242 telephone consultations for follow-up uveitis patients conducted by a group of 22 ophthalmologists over a period of 2 months (June-July 2020) were assessed prospectively.
- Posterior Scleritis was excluded due to small number.

	Diagnosed remotely	Treated remotely	Called face to face
Anterior uveitis	86%	85%	15%
Intermediate uveitis	80%	72%	28%
Posterior uveitis	79%	67%	33%
Anterior Scleritis	79%	73%	27%

- A working diagnosis could be established in a total of 82.2% (199/242) cases remotely.
- 76.44% (185/242) cases could be treated remotely and remaining 23.55% (57/242) had to be called for face to face assessment.

Number of patients in whom a remote DIAGNOSTIC HUB would have aided our management plan



- Slit lamp photo, OCT and IOP check were the most often requested diagnostic modality.
- Mobile photos- helpful in anterior scleritis.

Discussion

- Use of mobile/ slit lamp photos- helpful in formulating diagnosis.
- Arrangement for remote investigations- specially OCT and IOP check with community optometrist and GP.
- A system to share the images confidentially (GDPR compliant).
- At home monitoring such as Snellen's chart applications is helpful. A change in visual acuity on same application is useful.[2]
- Limitation: Inter-observer variability.

Conclusion

- Remote consultation has a role in management of uveitis patients.
- Maximum benefit of this service was seen in anterior uveitis compared to intermediate and posterior uveitis.

References

1. Centers for Disease Control and Prevention. Get your clinic ready for coronavirus disease 2019 (COVID-19). Available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinicpreparedness.html. Accessed April 18, 2020.
2. Holekamp NM. Moving From Clinic to Home: What the Future Holds for Ophthalmic Telemedicine. Am J Ophthalmol. 2018 Mar;187:xxviii-xxxv. doi: 10.1016/j.ajo.2017.11.003.