Successfully addressing digital exclusion at Moorfields Eye Hospital: patients at risk and the effective interventions

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Introduction

Accelerated use of telemedicine risks exacerbating **health inequalities** due to digital exclusion.
Currently, there are **no guidelines** on how to reduce such inequalities.
We explored attitudes surrounding teleophthalmology consultations among patients at Moorfields Eye Hospital (MEH) and identified key barriers:

- **Lack of digital access**
- **Lack of skills**
- **Lack of confidence**

We are presenting our multiple initiatives to **tackle digital exclusion**.

Methods

- The Digital Medicine team at MEH conducted a 15-item questionnaire among 92 patients attending consultations in-person and online, exploring perceived barriers to using teleophthalmology services and patient characteristics.
- **Training** on specific digital tasks was provided to 51 patients who had previously declined video consultations. (Figure 1)
- Thirty **recycled devices** were gifted to patients with poor digital engagement; common characteristics include **older age, being an ethnic minority, socio-economic deprivation.**
- Devices were equipped with data SIMs, funded by the Good Things Foundation.

Initiatives to tackle digital exclusion at Moorfields Eye Hospital



Lack of access:

- Recycled devices were gifted to patients, equipped with data SIMs



Lack of skills:

- One-on-one training sessions on tasks such as taking a 'selfie' and sending it via email



Lack of confidence:

- Questionnaire explored barriers to using tele-ophthalmology services

Lack of access to devices and data

Digital exclusion

Lack of digital skills ⟷ **Lack of confidence in digital technologies**

Who is at risk of digital exclusion?

- Lower visual acuity[2]
- Long-term health conditions
- Older age[1]
- Ethnic minority backgrounds[1]
- Lower education levels[1]
- Lower income[1]

Results

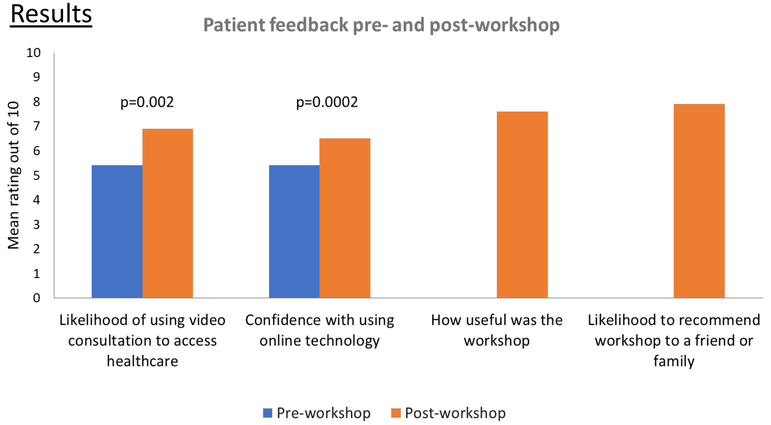


Figure 1. Bar chart showing a statistically significant improvement in 51 patients' confidence and likelihood of using video consultations, following the workshop.

Conclusions and recommendations

Following training, patients rated the likelihood of using video consultations in future as 6.9/10, a **statistically significant improvement** from 5.5/10 at baseline (p=0.002).

Further work exploring risk factors for digital exclusion, specifically **social isolation**, is warranted. Successes in improving patient confidence and utility of telemedicine justify **scaling up** to local initiatives and liaising with existing networks for **collaboration**.

References

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2. Korot E, Pontikos N, Drawnel FM, Jaber A, Fu DJ, Zhang G, et al. Enablers and Barriers to Deployment of Smartphone-Based Home Vision Monitoring in Clinical Practice Settings. JAMA Ophthalmol. 2022;140(2):153–60.