

POSITION STATEMENT REGARDING TELEMEDICINE IN OPTOMETRY



Telehealth is an evolving tool in patient care. Technological advancements are bringing new options for patient care. Given the rapid change in telehealth capabilities, in 2020, the American Optometric Association (AOA) initiated a review of our organization's 2017 policy statement regarding "Eye and Vision Telehealth Services." The following revised policy statement was developed with input from leaders in eye health and vision care, artificial intelligence, telehealth platforms and practicing physicians. The policy statement was approved by the AOA Board of Trustees in October 2020.

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KEY TERMINOLOGY

Many definitions of telehealth, telemedicine and related concepts exist. The following terms and definitions are accepted and used throughout the AOA's Policy Statement on Telemedicine in optometry.

Asynchronous telemedicine in optometry: This type of care is not provided in real time. This type of care refers to the "store-and-forward" technique. Clinical data is collected at the site of service and transmitted for review by a doctor of optometry. In turn, the doctor of optometry provides a consultative report back to the referring clinicians or patient at the site of service.

Care Team: A physician led group of health care practitioners who collectively take responsibility for a patient or set of patients. Care teams blend multidisciplinary skills and involve the efficient delegation of responsibilities such that no team members perform duties that do not require their skills.

Doctor-Patient Relationship: A consensual relationship in which the patient knowingly seeks the physician's assistance and in which the physician knowingly accepts the person as a patient. The doctor-patient relationship represents a fiduciary relationship in which, by entering into the relationship, the physician agrees to respect the patient's autonomy, maintain confidentiality, explain treatment options, obtain informed consent, adhere to the standard of care, and commit not to abandon the patient without giving him or her adequate time to find a new doctor.¹

Originating site: The location where a patient receives health care services through a telecommunications system.

Physician: a person skilled in the art of healing including Doctors of Optometry as defined in Federal law.²

Remote patient monitoring: This type of care refers to personal health and medical data collected within the context of an existing doctor-patient relationship from an individual in one location via electronic collection technologies, which is transmitted to a physician in a different location for use in continued care coordination and related support.

Remote Site: The location where a physician provides health care services through a telecommunications system.

Synchronous telemedicine in optometry: This type of care uses videoconferencing as a core technology. Participants are separated by distance but interact in real-time.

Telehealth: The Health Resources Services Administration (HRSA) defines telehealth as "the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications."³

Telemedicine: The Office of the National Coordinator for Health Information Technology notes, "telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services, such as clinician training, administrative meetings, and continuing medical education, in addition to clinical services."⁴

Telemedicine in optometry: The American Optometric Association defines telemedicine in optometry as the provision of eye, adnexa, visual system and related systemic health care services (collectively “eye, health, and vision services”). Asynchronous and synchronous technologies can be used to provide this type of care including videoconferencing, internet-based services, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4732308/>

²https://www.ssa.gov/OP_Home/ssact/title18/1861.htm

³<https://www.hrsa.gov/rural-health/telehealth>

⁴<https://www.healthit.gov/faq/what-telehealth-how-telehealth-different-telemedicine>

AOA SUPPORT OF TELEMEDICINE IN OPTOMETRY

The AOA supports the appropriate use of telemedicine in optometry to access high-value, high-quality eye, health and vision care. Telemedicine in optometry can serve to expand patient access to care, improve coordination of care, and enhance communication among all health care practitioners involved in the care of a patient. The AOA supports coverage of and fair and equitable reimbursement for telemedicine in optometry.

CRITERIA FOR ENSURING HIGH QUALITY TELEMEDICINE IN OPTOMETRY

Important criteria must be met to ensure that telemedicine in optometry meets the existing standard of care, is of high-quality, contributes to care coordination, protects and promotes the doctor-patient relationship, complies with state licensure and other legal requirements, maintains patient choice and transparency, and protects patient privacy.

- The standard of care for eye, health, and vision services must remain the same regardless of whether services are provided in-person, remotely via telehealth, or through any combination thereof. Doctors may not waive this obligation or require patients to waive their right to receive the standard of care. Further, a payor may not require either the doctor or patient waive the right to receive the standard of care.
- Fundamental elements of the doctor-patient relationship must be established and maintained. Physicians must act as advocates on behalf of the patient and are obligated to discuss necessary and appropriate treatment alternatives, and in good faith to fully inform the patient of all treatment options.
- Physicians must ensure all protected health and other personal information is held in confidence.
- Patients consent to receive telemedicine in optometry and understand their right to choose (at any point in the care continuum) in-person eye, health, and vision services provided by a doctor of optometry. Telemedicine in optometry must be provided consistent with and in compliance with existing laws and regulations of practice in the respective jurisdiction.
- In-person care, provided by a doctor of optometry, is the gold standard for the delivery of a comprehensive eye exam and for the prescription of glasses or contact lenses.
- The use of remote patient monitoring may be appropriate for data acquisition, patient communication, confirmation of expected therapeutic results, confirmation of stability/or homeostasis, and assessing changes in previously diagnosed chronic conditions.
- The use of telemedicine in optometry may in certain circumstances be appropriate for establishing a doctor-patient relationship for an initial diagnosis. Telemedicine in optometry should not be used to replace partial or entire categories of care available in-person where the doctor-patient relationship is strengthened through personal face-to-face interactions.

- Unless otherwise permitted by law or regulation, doctors of optometry delivering telemedicine in optometry must be licensed in the state in which the patient receives care and must abide by that state's licensure laws and regulations.
- Patients must be made aware of the limitations of telemedicine in optometry. Doctors of optometry delivering eye, health, and vision services via telemedicine in optometry must, when clinically appropriate, promptly provide in-person care or refer the patient for an in-person visit with a doctor of optometry or refer to another qualified physician for diagnosis and/or care. Referrals must adhere to the same standard of care with regard to the timeframe for appropriate referral.
- The patient's relevant health history must be collected as part of telemedicine in optometry. Appropriate health records should be available to the doctor of optometry prior to or at the time of the telehealth encounter. Doctors of optometry should have a good understanding of the culture, health care infrastructure, and patient resources available at the originating site. The provision of eye, health, and vision services delivered by telemedicine in optometry must be properly documented. These health records should, when appropriate, be available at the remote site and at the originating site and electronically or physically available to the patient.
- The provision of eye, health, and vision services delivered via telemedicine in optometry should adhere to the in-person standard of care with regard to care coordination with the patient's additional health care practitioners. This coordination is especially important to ensure that information regarding diagnoses, test results, and medication changes are available to the care team, when one exists.
- In the absence of an existing doctor-patient relationship, services which, remote or otherwise, offer a prescription for glasses or contact lenses without a comprehensive eye exam, including all the elements of a comprehensive exam would not meet the current standard of care and as such cannot be delivered independently by telemedicine in optometry. Any doctor of optometry who offers a prescription under such circumstances would be in violation of their ethical obligations and duty of care.

ORGANIZATION, TRAINING, AND IMPLEMENTATION

Patients or referring practitioners seeking telemedicine in optometry must have a choice of doctor of optometry, if possible, and must have access, in advance, to the licensure and qualifications of the clinician providing services. The delivery of telemedicine in optometry must be consistent with state scope of practice laws in the state in which the patient is located at the time of the encounter. Organizations and clinicians providing telemedicine in optometry should have an ongoing training program and current list of required criteria for both the distant and receiving sites. In addition, those programs that are using telemedicine in optometry should have documentation of their training programs and proof of competency for any technician who is capturing clinical data and for any clinician who is providing telemedicine in optometry. Each organization should also maintain documentation on how the program protects patient privacy, assesses patient satisfaction and safety, promotes continuity of care, and facilitates care coordination for patients who may request or require subsequent in-person evaluations or procedures.

While monitoring patients remotely, the regular interaction between clinical care coordination staff, patients, and their doctor of optometry and other primary care practitioners is critically important for successful outcomes. Practitioners who offer remote monitoring services are responsible to assure devices are being utilized in the manner for which they were designed and are appropriate to be used to monitor patients remotely. The risks and benefits of medical devices should be properly and thoroughly weighed through science and evidence to ensure efficacy and quality and to protect the public health.

Organizations and clinicians providing telemedicine in optometry must have protocols for local referrals (in the patient's geographic area) for urgent and emergency services. Mechanisms to facilitate continuity of care, follow-up care, and referrals for urgent and emergency services in the patient's geographic area must be in place. Any new prescriptions must be communicated to the patient's care team.

When creating directories for establishing network adequacy, an insurer may not consider access to telemedicine in optometry as a substitute for locally available doctors of optometry, who can offer a wider range of eye health and vision services.

THE DOCTOR-PATIENT RELATIONSHIP AND THE USE OF DIRECT-TO-PATIENT TECHNOLOGY

Use of direct-to-patient eye and vision health-related applications (including online vision tests and other mobile eye and vision-related applications) does not constitute telemedicine in optometry unless used under the direction of a doctor of optometry. In such cases the supervising doctor of optometry must either:

- Have an existing doctor-patient relationship (having previously seen the patient in-person); or
- Before providing services, establish communication with the patient's existing care team, including the patient's doctor of optometry, if applicable, in order to document eye, vision, and systemic history, past comprehensive eye and other examinations, and any related patient diagnosis.
- Be a part of an integrated health delivery system where the patient already receives care, in which the consulting doctor of optometry has access to the patient's existing medical record and can coordinate follow-up care.

The use of direct-to-patient eye and vision-related applications, including online vision tests and other mobile eye and vision-related applications, raises several additional issues (and all of the above criteria still apply):

- Direct-to-patient eye and vision-related applications, based on current technologies and uses, cannot replace or replicate a comprehensive eye exam provided by a doctor of optometry.
- Direct-to-patient eye and vision-related applications may provide data related to elements of a comprehensive eye exam but do not constitute patient care and fragmentation of a

comprehensive eye exam into components delivered independently is deleterious and deceptive to patients. A prescription for glasses or contact lenses can only be derived through the completion of a comprehensive eye examination.

- The eye and patient health portion of a comprehensive eye examination or the refractive portion of a comprehensive eye exam, based on current technologies and uses, cannot be replaced or replicated by direct-to-patient eye and vision-related applications.
- Screening for specific or groups of eye health issues using technology for direct-to-patient eye and vision-related applications, based on current technologies and uses, should not be used to diagnose eye, health, and vision conditions or as a replacement or replication for a comprehensive dilated eye exam. Screenings with high sensitivity and specificity may help identify risk, which is a risk that only an in-person comprehensive eye examination can begin to evaluate, mitigate, and/or address.
- Photographs obtained by patients, their family members, or their friends outside of a clinical setting may not be of adequate quality or may not include the information needed to make an accurate diagnosis.

ADMINISTRATIVE AND LEGAL CONSIDERATIONS

Credentialing and Privileging: The Joint Commission (TJC) has implemented standards for telehealth/telemedicine. Under the TJC telemedicine standards, practitioners who render care using live interactive systems are subject to credentialing and privileging at the distant site when providing direct care to the patient. The originating site may use the credentialing and privileging information from the distant site when certain requirements are met. Doctors who render services using store-and-forward systems are viewed by TJC as “consultants” and might not be required to be credentialed at the originating site. However, standards can vary by state and organization.

Privacy and Confidentiality: Practitioners who provide eye and vision telehealth services should ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and its implementing regulations. The handling of records, faxes, and communications is subject to the same HIPAA standards as those that apply in a standard office environment. For asynchronous telehealth uses, HIPAA compliance largely relies on the originating site informing patients that their information will be traveling by electronic means to another site for consultation. This should be noted in the consent form at the point of service, and the HIPAA notice of privacy practices. In addition, all electronic transmissions should be encrypted and reasonable care should be taken to authenticate those clinicians who have electronic access to the records.

Licensing: Interactive telehealth requires the equivalent of direct patient contact. In the U.S., telehealth using interactive technologies is generally restricted to jurisdictions where the doctor is permitted, by law, to practice. In other words, the clinician using interactive technologies is typically required to be licensed to practice in the jurisdiction in which the patient is located. For store-and-forward applications, most states require telehealth clinicians to be licensed in the same state in which the patient resides, even when he or she acts only as a consultant. Doctors of optometry and other appropriate, licensed

clinicians who wish to provide store-and-forward consultations across state lines should limit such consultations to originating states in which they are permitted, by law, to provide care.

Responsibility/Liability: If direct services (doctor-to-patient) are provided (no assistance at the referring site), the consulting doctor bears full responsibility (and potential liability) for the patient's care. The diagnostic and therapeutic recommendations rendered are based solely on information provided by the patient. Therefore, any liability should be based on the information available at the time the consult was answered. In a consultative model (doctor-to-doctor), liability may be shared; however, the allocation of responsibilities will vary on a case-by-case and state-by-state basis. Doctors of optometry and other appropriate, licensed clinicians should verify that their liability insurance policy covers telehealth/telemedicine services, including those services provided across state lines, if applicable, prior to the delivery of any such service.

DISCLAIMER

This Position Statement is intended to be for informational and educational purposes only. It is not intended to establish a legal, medical, or other standard of care. Individual doctors should make independent treatment decisions based on the facts and circumstances presented by each patient. The information presented herein is provided "as is" and without any warranty or guarantee as to accuracy, timeliness, or completeness. AOA disclaims any liability arising out of reliance on this Position Statement for any adverse outcomes from the application of this information for any reason, including but not limited to the reader's misunderstanding or misinterpretations of the information contained herein. Users are advised that this Position Statement does not replace or supersede local, state, or federal laws. As telehealth/telemedicine laws vary by state, this Position Statement is not a substitute for an attorney or other expert advice regarding your State law, policies and legal compliance with applicable statutes. The material in this Position Statement is based on information available at the time of publication. As laws and regulations continually change, doctors must keep themselves informed of changes on an ongoing basis.