



AMERICAN OPTOMETRIC ASSOCIATION

Position Statement Regarding Eye and Vision Telehealth Services

Approved by the AOA Board of Trustees February 2017

Telehealth, which includes the related concept of telemedicine, is a rapidly-evolving tool for the delivery of health information and services. The AOA supports the appropriate use of eye and vision telehealth services to supplement access to high-value, high-quality eye and vision care. Eye and vision telehealth services, when used appropriately, can serve to improve patient coordination and communication among and between doctors of optometry and ophthalmologists, as well as other primary care or specialty care providers.

The AOA supports coverage of and payment for eye and vision telehealth services provided by doctors of optometry and other appropriate, licensed providers when several important criteria are met (see details below in Section II). These criteria are essential to ensuring that vision, eye health, and other suitable health and information services provided via eye and vision telehealth are of high-quality, contribute to care coordination, protect and promote the doctor-patient relationship, meet state licensure and other legal requirements, maintain patient choice and transparency, and protect patient privacy.

While eye and vision telehealth services are a viable option for the delivery of quality services to patients in certain circumstances, the AOA supports patients' right to choose (at any point in the diagnosis and care continuum) in-person eye and vision health care provided by an eye doctor – a doctor of optometry or ophthalmologist. Significant differences exist between eye and vision services delivered via telehealth and the diagnosis and care delivered in-person by an eye doctor. The standard of care must remain the same regardless of whether eye and vision services are provided in-person, remotely via telehealth, or through any combination thereof.

Eye and vision telehealth services may identify risk factors for eye health and vision issues and may provide a linkage to diagnosis and treatment provided in-person by an eye doctor. Doctors of optometry have extensive knowledge and expertise in examining, diagnosing, treating, and managing diseases, injuries, and disorders of the visual system, the eye, and associated structures as well as identifying and helping to manage chronic and systemic conditions. Whether provided in-person or via telehealth, the optimal delivery of a wider range of vision and eye health services, diagnosis, and care involves doctors of optometry.

Eye doctors and other appropriate, licensed providers, when delivering eye and vision telehealth services, may choose between or combine different telehealth platforms – live interactive, store-and-forward, remote patient monitoring, and others – each of which has strengths and weaknesses. Direct-to-patient eye and vision health-related applications, including online vision tests and other mobile eye and vision-related applications, raise several additional issues and the criteria for high-quality eye and vision telehealth services still apply.

I. Platforms for Eye and Vision Telehealth Services

- A. Definitions: Live interactive eye and vision telehealth services use videoconferencing as a core technology. Participants are separated by distance, but interact in real-time. Store-and-forward eye and vision telehealth services refers to a method of providing asynchronous consultations to referring providers or patients. A history and a set of images are collected at the point of service and are transmitted for review by an eye doctor. In turn, the eye doctor provides a consultative report back to the referring provider or patient at the point of service. Eye and vision remote patient monitoring services refers to personal health and medical data collected from an individual in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in care coordination and related support.
- B. Technology: For synchronous telehealth uses, a controlled environment, including adequate lighting, and a high resolution video camera is typically required at the originating site, and a monitor with resolution matched to the camera resolution is required at the distant site. Videoconferencing systems work optimally when a high-speed connection speed is used. Slower connection speeds may necessitate that the individual presenting the patient perform either still image capture or freeze frame to render a quality image. For asynchronous uses, a controlled environment, including adequate lighting, and a digital camera with a high pixel resolution is typically required. For systems that transmit over the Internet, secure encryption and multi-factor authentication are recommended. Remote patient monitoring solutions often take the form of software as a service, with clinical software that allows eye doctors and other clinical staff to manage patient populations by exception. Direct-to-patient eye and vision health-related applications, including online vision tests and other mobile eye and vision-related applications, must also comply with the above requirements.
- C. 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.
- D. 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 providers who have electronic access to the records.
- E. 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 eye doctor is permitted, by law, to practice. In other words, the provider 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 providers 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 providers 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.

- F. Responsibility/Liability: If direct services (doctor-to-patient) are provided (no assistance at the referring site), the consulting eye 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 providers 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.

II. Criteria for High-Quality Eye and Vision Telehealth Services

The AOA supports the use of eye and vision telehealth services provided by licensed eye doctors – doctors of optometry and ophthalmologists – and other appropriate, licensed professionals in certain instances, and supports coverage of and payment for eye and vision telehealth services, when several important criteria are met:

- A. The standard of care must remain the same regardless of whether eye and vision telehealth 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.
- B. Eye and vision telehealth services cannot, based on current technologies and uses, replace an in-person comprehensive eye examination provided by an eye doctor. Eye and vision telehealth services must be provided consistent with and in compliance with existing rules and regulations of practice in the respective jurisdiction.
- C. The use of eye and vision telehealth services may be appropriate for standard basic data acquisition, gathering repetitive specific data, confirmation of expected therapeutic results, confirmation of stability/or homeostasis, and notifications of changes in chronic conditions. Further uses may be appropriate as new evidence and technologies are made available.
- D. The use of eye and vision telehealth services is not appropriate for establishing the doctor-patient relationship, for an initial diagnosis, as a replacement for recommended face-to-face interactions, or as a replacement for partial or entire categories of care.
- E. Eye doctors and other licensed professionals delivering eye and vision telehealth services must be licensed in the state in which the patient receives services (subject to respective laws and regulations), and must abide by that state's licensure laws and regulations.

- F. Patients must be made aware of potential limitations of the services that can be provided via telehealth. Eye doctors or other licensed professionals delivering eye and vision telehealth services must, when clinically appropriate, promptly refer patients for an in-person diagnosis and/or care.
- G. Patients or referring practitioners seeking eye and vision telehealth services must have a choice of eye doctor, if possible, and must have access, in advance, to the licensure and qualifications of the clinician providing services. The delivery of eye and vision telehealth services must be consistent with state scope of practice laws in the state in which the patient is located at the time of the encounter.
- H. The patient's relevant health history must be collected as part of the provision of eye and vision telehealth services. Appropriate health records should be available to the consulting eye doctor prior to or at the time of the telehealth encounter. Consulting eye doctors should have a good understanding of the culture, health care infrastructure, and patient resources available at the site from which consults are originating. The provision of eye and vision telehealth services must be properly documented. These health records should, when appropriate, be available at the consultant site and at the referral site.
- I. The provision of eye and vision telehealth services should include care coordination with the patient's primary care provider, and eye doctor, if one exists. This coordination should include, at a minimum, identifying the patient's primary care provider and eye doctor in the eye and vision telehealth services referral record, and providing a copy of the health record to those members of the treatment team who do not have electronic access to it. This provision is especially important so that information regarding diagnoses, test results, and medication changes are available to the care team.
- J. Organizations and clinicians participating in eye and vision telehealth services 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 eye and vision telehealth services should have documentation of their training programs for any technician who is capturing clinical images and for any clinician who is providing consults. Each organization should also maintain documentation on how the program protects patient privacy, promotes high-quality clinical and image data, continuity of care, and care coordination for patients who may request or require subsequent in-person evaluations or procedures.
- K. While monitoring patients remotely, the regular interaction between clinical care coordination staff, patients, and their eye doctor(s) and other primary care providers is critically important for successful outcomes. Only FDA-approved devices being utilized in the manner for which they were approved may 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.
- L. Organizations and clinicians participating in eye and vision telehealth services 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 directly to the patient's care team (unless the team has easy electronic access to the eye and vision telehealth record).

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

N. The AOA supports eye and vision telehealth services designed and dedicated to provide demonstrably high-quality patient care. The AOA does not support eye and vision telehealth services primarily focused on offering access to prescriptions without conducting an adequate history, examination, patient diagnosis, and/or valid and proper doctor-patient relationship.

O. The doctor-patient relationship:

a. For eye and vision telehealth services where a referring provider ultimately manages the patient (including prescriptions), the consulting eye doctor is not required to have a pre-existing, valid doctor-patient relationship. It is optimal, however, if the patient has available access to in-person follow-up with a local eye doctor when needed.

b. For live interactive eye and vision telehealth services and direct-to-patient eye and vision health-related applications, including online vision tests and other mobile eye and vision-related applications, the consulting eye doctor must either:

i. Have an existing doctor-patient relationship (having previously seen the patient in-person), or

ii. Before providing services, establish communication with the patient's existing care team, including the patient's eye doctor, in order to document eye, vision, and systemic history, past comprehensive eye and other examinations, and any related patient diagnosis.

iii. Be a part of an integrated health delivery system where the patient already receives care, in which the consulting eye doctor has access to the patient's existing medical record and can coordinate follow-up care.

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

a. Direct-to-patient eye and vision-related applications, based on current technologies and uses, cannot replace or replicate in-person comprehensive eye examination provided in-person by an eye doctor.

- b. The eye health portion of a comprehensive eye examination and 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.
- c. Screening for specific or groups of eye health issues using telehealth for direct-to-patient eye and vision-related applications, based on current technologies and uses, should not be used to diagnose eye health conditions or as a replacement or replication for a comprehensive dilated eye exam. Screenings solely identify risk, which is a risk that only an in-person comprehensive eye examination can begin to evaluate, mitigate, and/or address.
- d. Refractive tests, including online vision tests and other mobile vision-related applications, cannot be, based on current technologies and uses, used to provide a refractive diagnosis and/or an eyeglass or contact lens prescription, due, in part, to these tests not currently including a controlled testing environment, subjective refraction, or professional judgement. Additionally, self-administered vision tests, based on current technologies and uses, cannot be relied on as accurate for an objective refraction.
- e. 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.

III. 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.