

Commentary: Teleconsultation at a tertiary care set-up during COVID-19 lockdown in India

The current predicament is how to sustain the capacity to provide medical service to the needy while protecting healthcare workers. Telemedicine has clearly outpaced the traditional medical care during this COVID-19 pandemic. Telemedicine is need of the moment to reduce face-to-face encounters at a time when the country is unlocking but the pandemic is persisting.

There are 3 modes of communication in telemedicine: video, audio, and texting. A tertiary care centre should have a set of guidelines for the operator dealing with teleconsultations. An implied consent of the patient is considered as the patient himself registers for teleconsultation.

Telemedicine enables “virtual triage” of patients.^[1] In case of emergency ocular conditions including trauma, patient can

be immediately called in-person to eye casualty. A non-urgent condition might be managed through teleconsultation without compromising patient’s health or quality of care.^[2] Teleconsultation can also be utilized for reassurance and follow-up of chronic conditions. Use of self-home assessment tests such as Amsler grid is advisable for patients with macular diseases such as Neovascular AMD.^[3] These patients can be then followed up through teleconsultation.

However, it is the discretion of tele-ophthalmologist to diagnose and prescribe medications, as a teleconsultation warrants similar professional accountability as in-person consultation.^[4] It is hence prudent to maintain a central record of patient information, diagnosis, and treatment advised. Consulting ophthalmologist must observe the prevailing institutional norms, protocols, and quality assurance mechanisms in place.

Though telemedicine has allowed to decrease the load on medical care, there are still several obstacles to its success. Telemedicine may be immensely useful for adnexal and ocular

surface diseases but its role in other sub-specialities such as retina, uvea, and ocular oncology is limited. As a matter of fact, we have observed a trend toward worsening of diabetic retinopathy during the pandemic.^[5] Secondly, the accessibility of telemedicine is confined to the upper strata of society. The impoverished strata and the elderly might not be able to access the registration system and tele-consult. Simplifying the process of teleconsultation can increase its accessibility.

As the country is gradually unlocking from lockdown, teleconsultation requires a change in guidelines. For example, many routine visits to the eye clinic may be subdivided to reduce in-person contact; A diagnostic in-person visit (biometry, OCT retinal scan) followed by tele-consult to discuss the results. This reduces the number of contacts for clinician and patient and the time spent in clinic waiting areas.

The challenge for telemedicine researchers and providers is to acquire the right learning from this experience, ensure the pertinent guardrails are in place, and collect the necessary evidence for building the health system of the future.^[6] Though reaching for telemedicine at the current time may be motivated by panic about maintaining a semblance of normalcy during the maelstrom, however in the calmer waters of the future, this practice which we develop now may carry forward.

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References

1. Saleem SM, Pasquale LR, Sidoti PA, Tsai JC. Virtual ophthalmology: Telemedicine in a Covid-19 era. *Am J Ophthalmol* 2020. doi: 10.1016/j.ajo. 2020.04.029.
2. AIOS Telemedicine practice guidelines. Available from: <https://aios.org/pdf/AIOS-Telemedicine-Practice-Guidelines.pdf>. [Last accessed on 2020 Jun 14].
3. Faes L, Bodmer NS, Bachmann LM, Thiel MA, Schmid MK. Diagnostic accuracy of the Amsler grid and the preferential hyperacuity perimetry in the screening of patients with age-related macular degeneration: Systematic review and meta-analysis. *Eye (Lond)* 2014;28:788-96.
4. Telemedicine Practice Guidelines by BOARD OF GOVERNORS In supersession of the Medical Council of India constitutes, Appendix 5 of the Indian Medical Council.
5. Ghosal S, Sinha B, Majumder M, Misra A. Estimation of effects of nationwide lockdown for containing coronavirus infection on worsening of glycosylated haemoglobin and increase in diabetes-related complications: A simulation model using multivariate regression analysis. *Diabetes Metab Syndr* 2020;14:319-23.
6. Pandey N, Srivastava RM, Kumar G, Katiyar V, Agrawal S. Teleconsultation at a tertiary care government medical university during COVID-19 Lockdown in India – A pilot study. *Indian J Ophthalmol* 2020;68:1381-4.

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