

LETTER

Therapy Area: Other

Patient perceptions on telemedicine eye clinics during COVID-19 pandemic

To the Editor

Telemedicine has been advocated as a useful and effective alternative clinical care pathway for managing patients in many medical and surgical specialties including ocular diseases.^{1,2} The severe disruption from the COVID-19 pandemic on routine clinical activities had led to further implementation and adaption of telemedicine as much needed precautions and strategies to reduce COVID-19 transmission and prioritising urgent clinical demands.³⁻⁵

Although the effectiveness of telemedicine and guidance on setting such telemedicine clinics are readily available, very little is

known on patient perceptions on this modified patients' care pathway in any specialty.¹ We believe understanding patient perceptions and satisfaction plays an important role in improving the existing telemedicine service. We therefore conducted a telephone survey of a group of patients who had a 'tele-eye' clinic experience during the early stage of the COVID-19 pandemic in 2020.

During the pandemic, majority of patients in our department who previously attended face-to-face Retinal-Vein-Occlusion clinics were channelled to either receive a telephone consultation alone (TC) from a specialist or to attend a hospital-based

TABLE 1 Survey results of patients' perception on tele-eye clinics

	Tele-consultation Group (TC) n = 50	Virtual clinic Group (VC) n = 50
Mean age (SD) y	69.6 (14.3)	66.8 (13.1)
Range	39-93	43-91
Females:males	20:30	28:22
Ethnicity (Whites:Asian:Black)	32:13:5	29:17:4
Happy with the last "tele-eye clinic" experience	47 (94%)	50 (100%)
Satisfaction score 0-10, mean \pm SD (range) ^a	8.6 \pm 1.6 (2-10)	9.0 \pm 0.8 (7-10)
Feel the last "tele-eye-clinic" is definitely adequate to decide on eye treatment plan	22 (44%)	32 (64%)
Undecisive	7 (14%)	6 (14%)
No concern with the last "tele-eye clinic"	43 (86%)	44 (88%)
Happy to have the same "tele-eye clinic" in future	40 (80%)	37 (74%)
Undecisive	4 (8%)	3 (6%)
Patient's preferred clinic choice at any time		
Tele-consultation	5 (10%)	2 (4%)
Virtual clinic	13 (26%)	9 (18%)
Face-to-face doctor-led clinic	29 (58%)	32 (64%)
Undecisive	3 (6%)	7 (14%)
Frequent comments from patients in clinic choice		
Would like to see doctor sometimes, at least once a year		
Would prefer to discuss all aspects of tests in one day with a doctor		
Would vary, depends on how vision is		
Feels more confident to see doctor		
It helps to be reassured on same day by a doctor		
Difficult to express yourself over phone, forget questions to ask doctor.		

Abbreviations: n, number of patients, SD, standard deviation.

^aSatisfaction score 0-10: (very poor) 1-2-3-4-5-6-7-8-9-10 (very good).

diagnostic virtual clinic (VC) without a doctor's consultation. Patients of TC group had their management plan decided over the telephone based on subjective symptoms and medical notes. The VC group would receive a letter from the specialist detailing results and treatment plan following the remote review of all test results (vision, tonometry, OCT scan and widefield fundus photography).

The survey was conducted by completing a short standard questionnaire over the phone on a random selection of 100 patients (50 TC and 50 VC) who had recently attended 'tele-eye' clinics and were available to answer the telephone questionnaire.

Table 1 shows our survey results. The mean age and ethnicity profile in both TC and VC groups were similar, whereas there were slightly more male responders in the TC group. Nearly all patients were happy with their last "tele-eye" clinic experience (94% TC and 100% VC) with high mean satisfaction score of 9 (highest positive satisfaction score is 10). The majority had no particular concerns with the last tele-eye clinic (86% TC and 88% VC) and were happy to reattend similar tele-eye clinics in future (80% TC and 74% VC) if needed. However, some patients had reservations on the impact of such clinics on their future eye-care plan: only 64% from VC group felt the "tele-eye" clinic was definitely adequate to decide on their future treatment plan, with a much less positive response from TC group (44%). If given an option of clinic choice, 58% TC and 64% VC would prefer to attend the face-to-face clinic, and around 10% or less would choose TC or VC choices, with patients' frequent reasons/comments as listed in Table 1.

In summary, patients expressed high satisfaction with our current "tele-eye" clinic set-up during the COVID-19 pandemic, but face-to-face eye clinics remain a preference of choice by these patients. Although the "tele-eye" clinic may be an effective option to meet challenging clinical demands, retaining some attendance at a face-to-face clinic (perhaps alternating clinics) may help to address patients' satisfaction and confidence in accessing eye care and improving communication.

DISCLOSURE

The authors declared no conflict of interest.

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