

# TELEHEALTH & FUTURE TECH: WHAT'S NEW?

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Lama Al-Aswad, MD, MPH; Ranya Habash, MD; and Roger Zaldivar, MD, MBA

The rapid expansion of digital technology has touched several aspects of everyday life, impacting everything from how commerce is conducted to how people connect with one another. In almost every instance, increased connectivity, when employed thoughtfully, serves to improve the experience.

Certainly, medicine is not immune to this trend. Throughout the COVID-19 pandemic, telemedicine has served as a useful clinical adjunct, helping physicians stay in touch with their patients when routine services were interrupted. And now, as we look to the future, those experiences can be used to imagine new—and better—ways of delivering quality eye care services.

In a recent YoungMD Connect workshop Lama Al-Aswad, MD, MPH; Ranya Habash, MD; and Roger Zaldivar, MD, MBA, offered their perspectives on telemedicine and shared why they think digital technology can help make ophthalmology more efficient, cost-effective, and accessible to patients around the world.



## TELEHEALTH: MODEL FOR THE FUTURE OF HEALTHCARE DELIVERY

Ranya Habash, MD

**"Telemedicine was not just a useful tool during the pandemic; that period of history simply accentuated the need and accelerated a trend."**

- Telemedicine was a crucial adjunct during the pandemic, and the early data suggest it was incredibly successful. Two pieces of data from a recent report are worth considering:
  - Doctors offering telemedicine tend to get higher approval ratings from patients.
  - Patients using telemedicine services are the same age as those using in-person services, so it's not just a tool for younger patients.
- Our institution (Bascom Palmer Eye Institute) offers a wide array of telemedicine services, and all of them are reimbursable. More importantly, they help us provide better patient care.
  - We use virtual urgent care to triage; around 90% of patients seen this way do not need an ER visit, and fewer than 10% require follow-up for serious issues. When follow-up is needed, we can have the appropriate specialist ready and waiting when the patient comes in.
  - Our experience with Virtual Counseling may seem counterintuitive: patients actually feel it is more personal because we can spend increased time interacting, because their families can be with them, and because it is more convenient for patients' schedules. As an additional benefit, Bascom Palmer has realized increased conversion to premium channel IOLs since starting this program.
  - Telehealth facilitates a global reach for peer-to-peer and second-opinion consultations. It's something we do on a routine basis, yet now we can do this in a more collaborative way and actually get reimbursed for it. Without ROI, these programs are not feasible.



## EXPERIENCE WITH TELEMEDICINE AT A PRIVATE CLINIC

Roger Zaldivar, MD, MBA

**"Telemedicine is just a door. There is a huge world behind that door."**

- Telemedicine is not a new concept that came about from the pandemic. We've been doing it for the past 21 years!
- There are many models, and because this trend is evolving, you can learn from others who have already done the trial-and-error. For us, a hybrid telemedicine model best serves our practice needs. We have found it helps us to be efficient, to personalize care decisions, and to stay organized.
  - Our doctors can prepare in advance for the consult while meeting the patient on his or her schedule. Because of that, there is often opportunity to spend more time with patients compared to an in-person consultation.
- The exciting thing about telemedicine is that we have only scratched the surface of the potential to integrate digital technology.
  - Think about the potential for mentoring and teaching to be conducted across the globe.
  - Also consider the tremendous economic and social impact: Digital technology literally brings the doctor to resource-poor areas of the world that are underserved by specialty care.



## REMOTE MONITORING: EMPOWERING PATIENTS AND IMPROVING CARE

Lama Al-Aswad, MD, MPH

**"Remote monitoring is the future of eye care. It empowers patients outside the clinic and helps us gain a better understanding of a patient's eye disease due to the frequent and continued use of monitoring."**

- The pandemic irrevocably changed how we deliver care. That period of history also magnified some of the shortcomings of the current health care system. For example, we learned that patients were feeling powerless between visits.
- Growing our capabilities in remote monitoring is one way we can start to address this issue.
  - I would contend that this is not a new kind of care; it's a new way of delivering great care.
  - As well, remote monitoring, when done correctly, helps control costs and lower cost burdens to the system.
- Remote monitoring does not necessarily have to require high-cost devices or exorbitant capital expenditures for clinics or for patients.
  - At NYU Langone, we developed a visual acuity app for use during the pandemic,

which we have since validated with high agreement with the Rosebaum card. We have also figured out a way to integrate the data into the electronic record. Altogether, it's a simple, straightforward, and effective way to monitor patients remotely.

- We are also studying a home tonometry and virtual visual field program for use with our glaucoma and glaucoma suspect patients. In a pilot study, every patient in the program was able to obtain an acceptable IOP and complete visual field test in the comfort of their home, and we found high rates of acceptance and satisfaction.
- So what does the future hold? The most exciting aspect of remote monitoring is that the full story hasn't been written yet. New models of care are already being created that incorporate telemedicine and remote monitoring. The next generation will be the ones to connect the dots, normalize this new form of care, and drive future innovations we haven't even conceived of yet.