

Telemedicine in Pediatric Ophthalmology



March 20, 2020 would be the last day that I examined patients in the office for the next 2 months. It was the longest stretch of time not examining patients in the office since I first started at Wills Eye Hospital in July 1981. Most of us in the field of pediatric ophthalmology were caught off guard by the pandemic. Personally, I felt unsure of what I was going to do about patient care, considering our office was closed indefinitely. Most of our employees were furloughed. I made a number of phone calls to pediatric ophthalmologists trying to get a consensus as to how to move forward, at least in the short term. Some told me they were unsure and were hoping that they would be able to return soon. Others had already made plans to wait for the next 2 months and were not interested in telemedicine, at least initially. Others had decided that they would at least begin using some telemedicine.

Coincidentally, around the same time, Dr. Robert Arnold sent Dr. Wagner and me his telemedicine set-up in the hope of doing an institutional review board approved study. Dr. Arnold's entire telemedicine set-up convinced me that I should embark on doing whatever level of telemedicine was possible while I was confined to my home.

Luckily, I had access to our electronic medical records to identify the patients whose appointments had been canceled and others who needed follow-up examinations in the near future. I started the process by calling the patients and scheduling them myself. I became a one-man show. As more and more patients were interested in telemedicine, it became obvious that my current process was not sustainable. My wife, who was furloughed from her job, became my call center representative. Each day she would call patients from a list I made up the evening before and create an organized schedule.

I used a variety of video platforms, including FaceTime, Zoom, and WhatsApp. I was amazed at how much clinical information could be obtained by telemedicine. So many patients thanked me for the process. Each examination was meticulously recorded in our electronic medical records and our reduced staff billing department was able to send out the bills to the many insurance companies. For the next 8 weeks, my wife and I became a "well-oiled machine," making it possible to perform hundreds of telemedicine examinations. Even when I did return to the office, I was still performing telemedicine visits for patients who were apprehensive about an office examination.

Refracting patients or measuring how much deviation may be present is not possible with telemedicine. However, telemedicine may become an important adjunct for the ophthalmologist once the pandemic is over. Only time will tell.

Leonard B. Nelson, MD, MBA
Editor

Dr. Nelson has no financial or proprietary interest in the materials presented herein.
doi:10.3928/01913913-20200722-01