Commentary: COVID-19—How it has impacted ophthalmic care and where do we go from here?

The COVID-19 pandemic has sent the world in a turmoil. A prominent strategy for minimizing the COVID-19 transmission has been social isolation and lockdown measures. An important yet little understood aspect of the pandemic has been the impact it has had on patients suffering from non-COVID-19 illnesses. Initial evidence suggests that patients are being deprived of access to surgical treatments in UK and poorer adolescent sexual and reproductive health in low and middle income countries, and disrupted healthcare services in rural India. Government of India has circulated guidelines on essential services during the pandemic as has the World Health Organization. There is no doubt that the health systems need to adapt to the pandemic, and the first step in remediation is an assessment of where we stand.

The present article is one of the initial studies quantifying the impact of the pandemic on ophthalmic services. Through analysis of data from a multi-tier ophthalmology network, the authors have quantified COVID-19 associated lockdown’s impact on patients with ocular disorders. As expected, there was a drastic decrease in footfall, and patients living further away were more affected. The results suggest that the requirement of ophthalmic sub-specialties also is altered during lockdown. Lockdown was also associated with inequity. Nearly two-thirds of patients were emergency and one-fourth were routine, when classified as per the AIOS-IJO guidelines. It was interesting to observe that among patients who were triaged as routine, nearly one-fourth had conjunctivitis and another 6% had allergic conjunctivitis. There should be no reason for patients to travel to a tertiary eye care institutes for minor ocular conditions.

As the pandemic associated lockdown is lifted, there is an anticipation that patients will be able to access ophthalmic healthcare services. That said, because of the community awareness about social distancing and quarantining, patients requiring routine ophthalmic services may hesitate leading to delays in their care seeking. While there were initial expectations that the pandemic may quickly attain a peak and then fall off, recent estimates indicate that the pandemic is here to stay. As a corollary, the effects of endemic on ophthalmic care seeking will continue being felt for months. We may be looking at a situation where cataracts are left to get mature, and follow-up of chronic ophthalmic conditions such as diabetic retinopathy or glaucoma get delayed. In the current situation, the poor and marginalized communities are likely to get further marginalized in terms of access to ophthalmic services. Reasons may be manifold: prioritization of livelihood over health seeking, lack of transportation, fear of getting infected, travel back to hometown where ophthalmic care services are not easily available, etc. A key question is how to mitigate the setbacks that COVID-19 is posing.

The ophthalmic health systems must rapidly evolve. We will need to explore mechanisms to facilitate routine ophthalmic care in a manner that minimizes COVID-19 transmission risk to the patient as well as to the healthcare workers. There is a need to rapidly ensure an effective tiered system of ophthalmic care seeking, with the well-rounded referral mechanisms. Teleophthalmology could play a major role, and with the notification of the telemedicine guidelines in India, the legal landscape is also becoming clearer. Also, there is plenty of room for innovation and we would quite possibly need to adopt a horses-for-course approach. What works in one setting may not work in another. As we implement more and more models, we will become richer in our experiences and be able fine-tune ophthalmic care systems that are best suited to the “New Normal” that is the COVID-19 world.

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