Public willingness for accessing teleconsultation services for eye care

Dear Editor,

Teleconsultation (TC) evolved mainly to reduce distance barriers and to provide quality medical care. With the COVID-19 pandemic, the safety dimension for the patient and the practitioner also got included. While approximately 78% of ophthalmologists are utilizing TC after COVID-19, it is not known if patients would be willing to utilize these services. We undertook an online survey for electronic gadget usage and as a part of it also wanted to understand the public's willingness toward accessing teleconsultation services. Only the latter results are discussed here within the scope of this letter. The study protocol was approved by the institutional review board and was in accordance with the Declaration of Helsinki. Table 1 summarizes the development of the survey.

The survey was completed by 432 participants (mean age ± standard deviation = 26.06 ± 13.92 years, 230 females and 307 adults (>16 years)); 393 participants were from India and the rest were from other countries.

Through our survey, we found that 44% of people were willing for teleconsultation for eye care, of which half of them (22%) only wanted a teleconsultation [Fig. 1]. A little over one-third of patients still preferred a physical consultation. This pattern was similar between participants in India and other countries, even with a small sample size in the latter group. Future studies can explore the barriers for uptake to improve the teleconsultation services.

Teleconsultation is the second most preferred choice among the survey participants. This reveals the familiarity and increasing popularity of this mode of eye care. In years to come, teleconsultation services have the potential to become the major healthcare delivery system. This will warrant changes in clinical management policy and measures for planning timely appointments, dynamic screening tools, and providing cost-effective treatments.

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Conflicts of interest
There are no conflicts of interest.

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Table 1: Summary of the methodology

| Description                  | Survey report                                                                 |
|------------------------------|-------------------------------------------------------------------------------|
| Survey development           | Literature review followed by a discussion between four optometrists to finalize the contents of the questionnaire |
| Number and nature of Items   | 9 close-ended questions                                                        |
| Reliability                  | Not determined                                                                 |
| Mode of survey               | Internet-based (Google forms), anonymous                                        |
| Survey period                | October 2020-January 2021                                                     |
| Sample frame                 | Open survey: School/college-going students and working professionals in India and few other countries |
| Target population            | School/college going students and working professionals                         |
| Recruitment process          | Emails and social media (such as WhatsApp, LinkedIn, and Facebook) accounts of LV Prasad Eye Institute; reminder sent 4 times |
| Participation                | Voluntary participation                                                        |
| Survey administration        | Sequential questions administered using Google forms                           |
| Informed consent             | E-consent. Parents gave consent and filled the form for children (<16 years of age) |
| Number of screens            | 5                                                                              |
| Review step                  | Review with back button; no alteration possible once the response is submitted |
| Data capturing               | Automatic conversion into a Google spreadsheet                                  |
| Data analysis                | Descriptive statistics and Chi-square test                                     |
| Software for statistical analysis | SPSS Version 20                                                                    |

Figure 1: Pie chart demonstrating the types of consultation services preferred by the participants during the survey.
Dear Editor,

Eye fixation during slit-lamp examination is an important prerequisite for a careful and proper ocular exam. Difficult target fixation of the patient's eye during slit-lamp examination is a common problem faced by ophthalmologists. Attempts are made by an examiner by asking the patients to fixate on a certain target to obtain a stable fixation; however, they are often unsatisfactory due to inability of few patients to comply with instructions, lack of a proper target, or obstruction due to movement of the optical portion of the slit lamp.

[1] Patients tend to have a still gaze when they fixate on a simple visual target. [2] Previous studies have reported the best fixation stability with combination of bull's eye and crosshair. [3]

The COVID-19 pandemic has led to the introduction of a slit-lamp shield, which prevents aerosol transmission between the doctor and patient. [4] The presence of a faded shield can lead to further confusion during target fixation. Using the slit-lamp shield as a base, we attached two coin magnets (10 mm × 1 mm) on either side of the shield to make a freely movable fixation target named magnifix [Fig. 1a and b]. The coin magnet facing the patient is stuck with a red reflector that helps in an easier fixation location. The magnetic force makes the movement on the shield easy with good fixation location and ocular stability in the clinician's desired direction. Attractive magnets can be used for pediatric patients for easy compliance and fixation.

Magnifix is a cost-effective, universal, do-it-yourself solution to the basic problem of target fixation during slit-lamp examination. It is especially indicated when accurate, prolonged, and yet variable fixation is desired. We have found that it is of particular value for corneal foreign body removal, pediatric patients, uncooperative patients, and hard of hearing patients [Fig. 2a-d].

References

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Declaration of patient consent
The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given this/her/their consent for this/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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