

Managing new glaucoma referrals in Virtual service- Efficient model of service delivery

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Introduction: There is a need for innovation of newer models of care to meet the increasing demand for services. Virtual clinics are one of such developments. There are only a few 'optometrist led' virtual glaucoma clinics in the country.

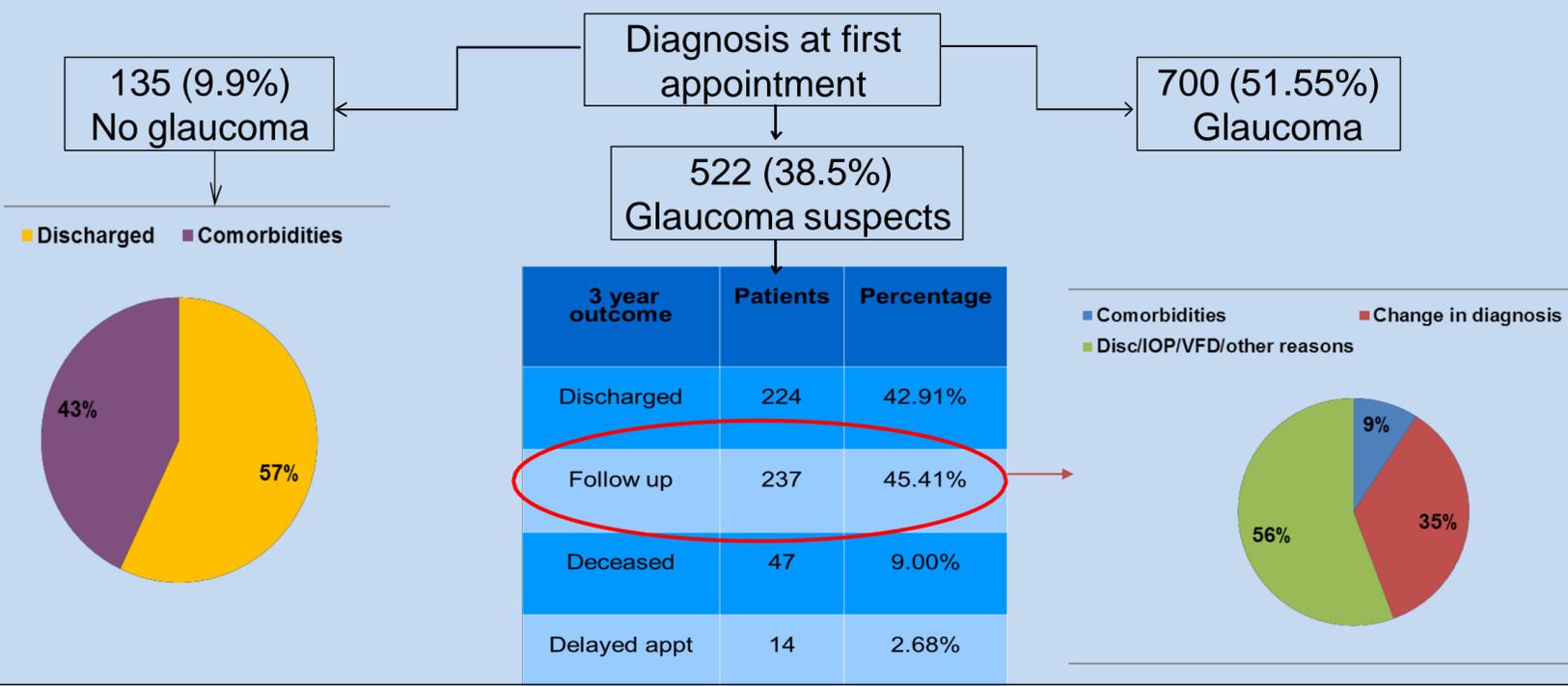
Aims:

- Retrospective study of outcomes of all 'new' patients reviewed in an 'optometrist led' virtual service.
- To assess: Profile of new patients seen in virtual clinics 2014- Diagnosis; Initial discharge rates; Outcomes at end of 3 year follow up (2017)- Change in diagnosis, Mode of follow up, discharge rates.

Methods: Data retrieved from EMR (Medisoft). Review of outcomes after 3 years follow up.(2014 –17).

- Virtual service set up - Inclusion: New patients referred to glaucoma service.
 - Exclusion : Patients referred in with significantly raised intraocular pressures (IOP), Visual field defects, co-morbidities (eg cataract), narrow angles were not seen in virtual service.
 - Technician led assessment - Visual acuity, Applanation IOP, Van Herick's test, Fields 24-2, Disc photographs & HRT. Virtual Review by Hospital Optometrists.

Results: 1357 patients were reviewed in the virtual service.



Discussion: Significant numbers of new referrals (1357) were effectively managed in 'optometrist- led virtual' service. One-off doctor appointments were arranged for comorbidities, evidence of progression etc. Patients who remained as glaucoma suspects at 3 years(133) were reviewed virtually by Glaucoma Consultants who agreed with plan in 75 % of cases. For patients who remained as GS at the end of 3 years, virtual review by a consultant has been recommended.

Summary:

- This model of care delivery improves capacity in overburdened clinics, enables timely doctor appointments for patients with more complex pathology and facilitates efficient use of resources.
- Imaging modalities for glaucoma assessment are routinely used in glaucoma clinics for consultant review of stable follow-up patients. These existing resources can be extended to include new patients. Training of optometrists in glaucoma assessment by apprenticeship programme and quality checks by consultants in the initial period ensure patient safety. This model of care is safe and easily replicable.