Transcript Details

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Released: 09/11/2020
Valid until: 09/11/2021
Time needed to complete: 15 minutes

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A National Eye Institute Initiative—Ensuring the Health of Patients and Staff in Eye Health Practices During COVID-19

Announcer:
Welcome to CME on ReachMD. This activity, entitled “A National Eye Institute Initiative—Ensuring the Health of Patients and Staff in Eye Health Practices During COVID-19” is provided by Prova and is supported by an independent educational grant from Regeneron Pharmaceuticals, Inc.

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Dr. Dunbar:
This is CME on ReachMD, and I’m Dr. Mark Dunbar. Joining me to answer key questions related to preventing the transmission of COVID-19 is Dr. Diana Do.

Dr. Do:
Great to be with you.

Dr. Dunbar:
So, let’s get started. To help limit the spread of COVID-19, a number of strategies have been proposed by local, state, and federal organizations. Dr. Do, can you discuss the American Academy of Ophthalmology recommendations in light of these recommendations?

Dr. Do:
Sure, Mark, I’d be happy to answer that question. As the COVID pandemic continues, there are very important strategies that we need to employ to keep our patients, our staff, ourselves, and our families healthy. The American Academy of Ophthalmology has provided us with important guidelines. First and foremost, until there’s a reliable point-of-care testing and an FDA-approved treatment or an effective vaccine, we have to take extreme precautions to protect ourselves. First, in our clinics, we have to have social and physical distancing to prevent the easy transmission of this virus. And before that can even happen, patients need to be effectively screened before they enter our clinics and waiting rooms. We recommend that staff screen patients with a brief questionnaire about their symptoms, if they have any fever, cough, or respiratory illnesses, or if they have encountered a family member or friend who has contracted the COVID disease. If those patients answered yes to any of those questions, then their appointment should be rescheduled, and they should be sent to another clinic for evaluation. If patients do not have any risk factors for having COVID, then they are welcome to come into our clinic space.

We provide all patients with personal protective equipment, such as a surgical mask, or if they have their own face covering that doesn’t have a vent. These patients then are placed in our waiting room, which has been rearranged in order to allow physical distancing between patients. In addition, we recommend that family members or caregivers wait outside of the clinic, either in their car or in the parking lot, to prevent overcrowding of the waiting area.

Mark, how does what I’m doing compare to what the American Optometric Association’s recommendation are?

Dr. Dunbar:
I would say probably one thing that, you know, somebody in the trenches, whether you're an optometrist or an ophthalmologist, where you don't have quite the volume that you and I might have in our hospital-type settings, is just making sure in a smaller practice that patients are aware that you are taking necessary precautions. You might want to limit your office space or office room for a certain number of patients. You had indicated that family members are really not allowed to come in unless, of course, it's a pediatric patient, and the AOA has recommended the same thing. If it's a patient, they're only allowed to come in themselves. But also letting patients know that we can access family members or loved ones by FaceTime or Zoom, so when you're having an important discussion with a patient, if they feel like they want to have somebody with them, that's I think a great way to make sure that that experience is shared and that—again, I think more people listening to help understand the problem, I think the better it is.

Dr. Do:
Have you encountered any challenges in the clinical setting in having all this personal protective equipment or following these guidelines?

Dr. Dunbar:
Absolutely. Especially when we were beginning, one of the questions was: Do we also need to wear face shields? Some of the masks have them incorporated, and we've seen all kinds of masks with face shields. And as you know, if you're sitting behind a slit lamp, it's difficult to have a face shield on. Or if you're going to put on your indirect ophthalmoscope, it's almost impossible. So I think very quickly we learned those were some of the kind of learning on the hoof how to deal with what some of the recommendations are that may be difficult in practice to utilize. And so some of our providers will wear goggles or large glasses to be able to protect them because it's not just applicable when you're in a setting working with a slit lamp or using indirect ophthalmoscopy. What have you found?

Dr. Do:
Yes, I think that's an excellent example. In addition, sometimes patients who are elderly or very high risk, possibly, of contracting the COVID virus, we've moved to using virtual visits and telemedicine for certain subspecialty care. Certainly, retina is a little bit more difficult because the exam and the ocular imaging is so important, and that is mostly office-based. But for other subspecialties, such as neuro-ophthalmology or maybe strabismus, sometimes the virtual visit can be helpful, and patients have appreciated having that option. Have you utilized virtual visits and telemedicine?

Dr. Dunbar:
Absolutely. And if there is a silver lining in all this, I think that may be part of it. I think very quickly we recognized that this would be a way that we could still stay connected to patients and still provide the necessary care, for example, oculoplastic, strabismus—even a glaucoma patient, where you may not be able to measure the pressure, but just being able to touch bases with them. Are they getting their medications? Are they able to put their medications in? We have established at Bascom Palmer a rapid telehealth service, so instead of patients coming into the emergency room—again, for certain conditions they need to, an open globe, a corneal ulcer pain, those type of things—but the patient who has a subconjunctival hemorrhage or a patient who has a chalazion or something that they may be very concerned about but have fear and maybe don't want to come in to see an eye care provider. So we've established a rapid telehealth way to connect to our patients and be able to answer some of these more simple routine things that for us may not be a big deal but for the patient is a big deal.

Dr. Do:
And I think it's important, as we work together with our optometry and our other ophthalmology colleagues, that a lot of these patients have chronic eye conditions that need care, and we don't want them to develop vision-threatening complications if we can help it. So, many of my macular degeneration patients who need frequent follow-up and anti-VEGF injections, I reassure them that it is safe to come in the clinic with all this personal protective equipment, because the last thing I want is for them to lose their vision while sitting at home.

How have you dealt with some of your patients and relieving some of their anxiety?

Dr. Dunbar:
We've created something called a hybrid visit, and what that is, is a patient will come in just for imaging. We've also recognized that maybe not every patient who has an OCT needs to be dilated, so with some of the newer OCT devices, through an undilated pupil, you can get very good images. So those AMD patients or those patients with diabetes or glaucoma patients who are getting an RNFL, you can acquire or obtain very good scans through an undilated pupil. And so, many times, this hybrid visit patient comes in just for their imaging, they're there for the minimal amount of time, and then they're able to leave and go home. And so what happens then is the eye care provider, whether it's an optometrist or an ophthalmologist, can communicate with that patient either via the telephone or in a telehealth format to go over some of that testing.

Dr. Do:

Exactly. I think having those separate imaging visits if possible are an excellent and outstanding idea to minimize the time in the clinic. What about your staff and keeping them safe? Do you do anything special about the clinic staff during this pandemic?

Dr. Dunbar:
Every day when employees come in, just like our patients are screened, our employees are screened as well, and they are asked the same questions that we ask our patients: Have you been sick? Have you been around anybody with COVID? Have you had a fever, sore throat, any trouble breathing? Any of the typical questions that we would ask our patients we ask our employees, and they are asked if they don't feel well to not come in. And if they feel like they have been exposed to somebody with COVID, we've asked them to sometimes self-quarantine. And then, obviously, throughout the day, just like our patients are wearing masks, we are also wearing masks. Even in areas where—common areas where you might be taking a lunch break, for example, our employees are asked to continue to wear their masks and to limit exposure to other people in the office. Again, handwashing, using the hand sanitizers, all those things, of course—I think all of us, whether we're healthcare providers or not—I think we've all taken that to heart, and I think we have all been meticulous about making sure we wash our hands routinely, we clean, make sure our office areas, our home areas are clean and sanitized. So yeah, I think it's just become the new normal.

Dr. Do:
Why do you think it's important for us to keep continuing our care collaboration of patients even during this pandemic time period?

Dr. Dunbar:
Well, the reality is healthcare—and eye care—doesn't slow down just because there's a pandemic. Patients continue to have healthcare problems, and they need to be able to access, and that's just the reality. We saw too many patients, especially in the beginning of this pandemic, for example, who had diabetic retinopathy or macular degeneration and were having frequent injections, that were afraid to come in. And then it's unfortunate to say that we saw some of those patients come in with spread of their disease, or they've had a bleed from a choroidal neovascular membrane, or their diabetic macular edema or proliferative diabetic retinopathy continued to advance. Glaucoma patients who—their visual field may get worse, their pressure may go undetected, becoming high. So healthcare or eye care doesn't stop. Some things like myopia, hyperopia, presbyopia, perhaps you can put that off without too much of a negative effect, but other conditions, as we've just talked about, are serious and may progress. So it's important that patients continue to know that we are there for them, that we are taking all the precautions, that we will continue to take care of them. And again, whether it's through social media websites, that they are able to know and understand they still need to come in, they still need to seek care, and that we're able to control their disease and obviously prevent the spread of the COVID-19 infection.

Well, this has certainly been a valuable conversation. And before we wrap up, can you share with our audience the one take-home message you want them to remember from our discussion?

Dr. Do:
I think, certainly, this whole period has been challenging and unprecedented, and we're adapting to this new normal of trying to be more aware of physical distancing in order to protect ourselves and our loved ones from transmitting this type of disease. But I think we realize that also working together as a community, we can overcome the challenges together. And I know that the American Academy of Ophthalmology, and I know all of the optometrists that we collaborate with, are working together to save vision and to keep everyone safe in the community. So I really appreciate the team spirit we've had together to work and to keep everybody safe.

Dr. Dunbar:
I would agree. I would echo those exact same sentiments. And I think going forward, obviously, we don't know if and when this will end, but I think we need to stay diligent. Obviously, social distancing, wearing masks. I was going to say it's amazing how normal that has become for us, to spend a whole day wearing gloves, when you're being behind a slit lamp and doing indirect ophthalmoscopy, wearing masks, how normal that has become, and I think for the patients as well. I think it's been interesting. I hope, sincerely hope, that very soon we can come up with a vaccine, and we'll see as we go forward how this kind of changes healthcare and eye care.

But unfortunately, that's all the time we have for today, so I want to thank our audience for your participation and thank you, Dr. Do, for joining me and for sharing your valuable insights. It was great speaking with you today.

Dr. Do:
It was great joining you and having everyone on board today.

Dr. Dunbar:
For those just tuning in, you're listening to CME on ReachMD. I'm Dr. Mark Dunbar, and I'm joined by Dr. Diana Do. We are discussing the importance of establishing safety protocols to protect the healthcare team and patients during the COVID-19 pandemic.

Announcer:

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