



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

PBODO

GUIDELINES FOR TELEHEALTH IN OPTOMETRY

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DEFINITIONS

“**Telehealth**” is the use/application of digital and/or electronic information and communication technology in the provision and/or administration of health care and health care services.

“**Telehealth in Optometry**” (THO) is the use/application of electronic telecommunications, information technology or other electronic means to provide eye care services between remote locations for the purpose of facilitating, improving and enhancing clinical services, education and research particularly for the benefit of under-served populations.

“**Social media**” means online tools, electronic platforms, applications etc that people use to share content such as opinions, information, photos, videos and audio content. Social media includes social networks such as Facebook, Twitter, WhatsApp, TikTok, Linked-In, YouTube, Telegram, Instagram and other content-sharing platforms. It also includes personal and professional blogs, emails, SMSes, electronic journals as well as those published anonymously, discussion forums, and the comment sections of websites or other similar platforms.

“**Healthcare practitioner**” means a person registered in terms of the Health Professions Act No. 56 of 1974 providing health services as defined in the National Health Act No. 61 of 2003.

“**Practitioner- Patient Relationship**” refers to a consensual relationship in which the patient knowingly seeks the healthcare practitioner’s assistance and in which the healthcare practitioner knowingly accepts the person as a patient. The practitioner-patient relationship represents a fiduciary relationship in which, by entering into the relationship, the practitioner agrees to respect the patient’s autonomy, maintain confidentiality, explain treatment options, obtain informed consent, adhere to the standard of care, and commit to not abandon the patient without giving him or her adequate time to find a new doctor

“**In-person/ face to face**” refers to healthcare provided in the physical presence of the patient and/or primary practitioner.

“**Attending Practitioner**” refers to the practitioner who conducts a “face to face” interview or examination with the patient or refers patient’s information to a practitioner located at a remote location for further advice.

“Consulting practitioner” refers to the practitioner who offers advice or intervention or patient information from a remote location.

“Patient” is the person who seeks healthcare services and consents to be treated by both the attending and consulting practitioner.

“Primary Practitioner” refers to the practitioner responsible for the initial consultation and/or referral of the patient

“Remote consultation” refers to healthcare provided from a physical location different to that which the patient and/or referring practitioner is located, conducted via a telecommunication medium.

“Originating site” is the location where a patient receives health care services through a telecommunications system.

“Remote Site” The location from where the practitioner provides health care services through a telecommunications system.

“Synchronous telehealth” This type of care uses videoconferencing as a core technology. Participants are separated but interact in real-time.

“Eye, eye health, and vision services” Healthcare involving mainly the eye, adnexa, visual system and related services.

“Contact Lenses” Refers to all types of contact lenses, as all contact lenses are medical devices, including lenses that do not have refractive power. This includes but is not limited to cosmetic contact lenses (soft and rigid), hybrid contact lenses, all types of soft and rigid contact lenses.

ABBREVIATIONS:

PBODO	Professional Board for Optometry and Dispensing Opticians
HPCSA	Health Professions Council of South Africa
THO	Telehealth in Optometry

1. INTRODUCTION

Telehealth is the use of technology to communicate and provide health care without physically being in the same room as the patient. It encompasses a simple telephonic discussion with a patient as well as providing support through fully integrated telecommunications systems that allow viewing of photos, videos and scans to enable a diagnosis and management.

Telehealth creates a new and different environment to deliver healthcare. In addition, telehealth offers the opportunity to enable more people to access eyecare.

It is expected that as technology evolves and the expectations of patients and practitioners change telehealth will become a larger part of the care that optometrists provide. However, it is not expected that telehealth will replace the need for in-person consultations, but it provides another mechanism to improve care and communication with patients.

The purpose of this guideline is to provide guidance to practitioners registered under the Professional Board for Optometry and Dispensing Opticians (PBODO) regarding telehealth practises in optometry (THO) in the provision of eye and vision care.

The guidelines must be read in conjunction with other rules and regulations and provisions outlined in the Ethical Booklets of the HPCSA including but not limited to:

- a. Booklet 1: General ethical guidelines for healthcare professions
- b. Booklet 4: Patient consent
- c. Booklet 5: Confidentiality
- d. Booklet 9: Keeping of patient records
- e. Booklet 10: Telehealth

The objective of the Guidelines for Telehealth in Optometry is to inform members of the public and practitioners of acceptable practices in the provision of eye care via telehealth.

2. PROFESSIONAL DUTY AND RESPONSIBILITIES

- 2.1 Duties to patients include, but are not limited to, always acting in the best interest of the patient, respecting patients' privacy and dignity, providing patients information about their conditions, and maintaining confidentiality at all times as required by the National Health Act No. 61 of 2003 and the South African National Patients' Rights Charter.
- 2.2 Healthcare practitioners should not give medical advice or provide treatment using THO without obtaining proper informed consent, verbally or written, from the patient for both the treatment to be given and the use of Telehealth technology.
- 2.3 The primary practitioner is responsible for the treatment, decisions and other recommendations given to the patient, as well as for keeping detailed records of the patient's condition and of information electronically transmitted.
- 2.4 The primary practitioner should verify:
 - a. The identity, qualifications and location of the consulting healthcare practitioner/s;
 - b. The identity and location of the patient
- 2.5 The consulting practitioner must also securely keep detailed records of the professional services he/she delivers and information received.
- 2.6 The consulting practitioner must further ensure that advice on treatment given is understood by the primary practitioner and the patient.

3. AUTHORITY TO PROVIDE TELEHEALTH SERVICES

- 3.1 Unless otherwise permitted by specific law or regulation, practitioners delivering or participating in telehealth in optometry (THO) must be registered and in good standing with the HPCSA.
- 3.2 Foreign registered practitioners must be registered and in good standing with the regulatory authority of the country in which he or she reside/ their qualification originates, and must be recognised by the HPCSA.

- 3.3 Support and/or administrative staff who are not healthcare providers registered and in good standing with the relevant regulatory authority, may not engage in clinical activity.
- 3.4 Healthcare personnel and support staff who may have access to patient information or may be involved in processing the electronic information must be legally obligated to maintain confidentiality at all times. Disclosure of patient information, practitioner information and THO processes and outcomes constitute a breach of confidentiality and may be punishable by law.

4. INDICATIONS FOR PRACTISING THO

- 4.1 THO may be practised in special circumstances and/or where there are limited human or other resources and to facilitate access to certain categories of eye care services.
- 4.2 Socio-economic or other circumstances may prohibit a patient from accessing urgent in-person care resulting in THO being the only available avenue for the patient to access eyecare/eye care services either directly or indirectly.
- 4.3 The occurrence of global or local crises demands healthcare decision making in the interest of promoting safety and security of patients and/or practitioners. Conditions under which population movement is restricted may arise e.g. local and global travel restrictions during COVID 19 State of Disaster; violence, war, other individual debilitating health conditions etc. such circumstances may warrant the use of THO.
- 4.4 THO enables faster, more cost-effective clinical decision making for patients and practitioners consulting with colleagues and/or other professionals/experts in seeking further expertise to improve patient care and/management.

5. USES OF THO

- 5.1 The gold standard in conducting comprehensive eye examinations and the prescription and dispensing of spectacles and/or contact lenses and other eye care services remains face to face/in-person consultations.

- 5.2 THO should not be used to replace or omit any category of eye care that is available to patients during in-person interactions either entirely or in part. **Practitioners may not render professional services through THO exclusively.**
- 5.3 THO may be used when remotely monitoring patients for acquiring data, communicating with patients, confirming/communicating of expected diagnostic/therapeutic results, confirming stability and/or homeostasis, and assessing changes in previously diagnosed chronic conditions.
- 5.4 In certain circumstances the use of THO may be appropriate/necessary for establishing a practitioner-patient relationship to obtain an initial diagnosis.
- 5.5 In the absence of an existing practitioner-patient relationship, services which offer a prescription for glasses or contact lenses without a comprehensive eye exam, do not meet the current standard of care and therefore cannot be delivered independently via THO.

6. THO PLATFORMS, MEDIA AND DEVICES

- 6.1 Platforms used in THO include information sharing and communication platforms technologically suited to sharing clinical/patient related information in a safe, secure and efficient environment. This includes applications and/or media accessed via devices such as smart cellular phones, telephones, tablets computers etc.
- 6.2 Communication applications such as Skype, Teams, Google Meet, Zoom etc. may be used to exchange information for the diagnosis, treatment and management of eye conditions in patients, for furthering patient care, supporting research and evaluation, and for the continuing education of health professionals.
- 6.3 The use of social media platforms for THO is discouraged. Health practitioners are advised not to interact with patients via social media platforms as they are not secure. This includes platforms such as Facebook, Twitter, Tiktok, Instagram etc.
- 6.4 Important criteria must be met to ensure that telehealth in optometry meets the existing standard of care, is of high-quality, contributes to care coordination, protects and promotes the practitioner-patient relationship, complies with HPCSA and other legal requirements, maintains patient choice and transparency, and protects patient privacy.

7. THE STANDARD OF CARE

- 7.1 The standard of care for eye, health, and vision services must be maintained regardless of whether services are provided in-person, remotely via telehealth, or through any combination thereof. Practitioners may not request patients to waive their right to receive the minimum standard of care, neither may practitioners waive their obligation to provide such care. Furthermore, a payor may also not require either the practitioner or the patient to waive the right to receive the standard of care.
- 7.2 Practitioners must in good faith, act as advocates on behalf of patients and are obligated to discuss any/all necessary, available and appropriate treatment options.
- 7.3 The standard of care with respect to general eye examinations requires that patients be examined in-person at least every two years.
- 7.4 The standard of care with respect to patients wearing contact lenses requires that patients undergo an in-person contact lens and corneal assessment at least once a year.

8. INFORMED CONSENT

- 8.1 Informed consent for the use of Telehealth technologies can be obtained in writing or recorded verbally.
- 8.2 Informed consent documentation for THO should include the following:
 - a. The identities of the patient and the servicing practitioner/s.
 - b. Agreement by the patient that the primary practitioner should decide whether the condition being diagnosed or treated is appropriate for a telehealth consultation.
 - c. a THO consultation should not be conducted in the absence of such an agreement.
 - d. The healthcare practitioner/s HPCSA registration number.
 - e. The types of transmissions consented to using telehealth technologies e.g. prescriptions, refills, appointment scheduling, patient education etc.
 - f. Details/description of the security measures taken with the use of telehealth technologies, such as encrypting data, password protected screen savers and data files, or the use of other reliable authentication techniques.

- g. Any material risks to confidentiality arising from the use of telehealth technologies that may influence the patient's decision to consent.
 - h. The patient's express consent to the transmission of the patient's personal medical information to consulting practitioner/s or other appropriate third parties.
- 8.3 Patients must be made aware of the limitations of THO. When clinically necessary/appropriate, practitioners must promptly provide/refer the patient for an in-person consultation with a healthcare/ eyecare practitioner for further diagnosis and/or care. Referrals must adhere to the same standard of care with regard to the timeframe for appropriate referral.
- 8.4 Patients must consent to receiving THO and must indicate that they understand their right to withdraw at any point, choose alternate in-person eye, health, and vision services provided by the practitioner.
- 8.5 A patient should be informed about who will access their information, the purpose of the Telehealth service, the cost of the service and what the implications of the use of such information will be.
- 8.6 It is the duty and responsibility of the primary practitioner to obtain express informed consent for THO from the patient.
- 8.7 A copy of the consent form should be kept with a patient's records and a duplicate given to the patient when required.
- 8.8 In the case of videoconference consultations, the patient must be aware of the presence of other people on the other side, and that the patient's identity may be revealed to such people and s/he must consent to this.

9. CONFIDENTIALITY

- 9.1 Patient confidentiality should be ensured by all practitioners involved in line with the provisions of the Constitution, the National Health Act No. 61 of 2003, the Promotion of Access to Information Act No. 2 of 2000, the Protection of Personal Information Act No. 4 of 2013, the Common law and the HPCSA's ethical guidelines on patient confidentiality in Booklet 5.

- 9.2 Policies and procedures for documentation, maintenance and transmission of records regarding Telehealth consultations should be maintained at the same standard of care as is the case during face-to-face consultations.
- 9.3 Healthcare personnel and support staff who may have access to patient information or may be involved in processing the electronic information must be obligated to maintain confidentiality and non-disclosure of information and processes that may constitute a breach of confidentiality.
- 9.4 The patient's relevant medical and/or ocular health history must be collected as part of THO. Appropriate health records should be available to the practitioner prior to or at the time of the telehealth consultation. Practitioners should have a good understanding of the culture, health care infrastructure, and patient resources available at the originating site.
- 9.5 Eye health, and vision services delivered via THO must be properly documented and protected. They should be available to the patient either electronically or physically and should also be available at the remote site and at the originating site.
- 9.6 The provision of eye, health, and vision services via THO should adhere to the in-person standard of care with respect to care coordination with the patient's additional health care practitioners. This is important to ensure that information regarding diagnoses, test results, and medication changes are available to the patient's health care team.
- 9.7 The Protection of Personal Information Act (POPIA) outlaws the acquisition of data about individuals, including that which relates to their health, outside a healthcare setting. Practitioners must be cautious and judicious in communicating via social media as it may provide access to personal patient information that has not been shared in the health care context.

10. FEES

- 10.1 Regulatory guidelines regarding acceptable business practices must be followed.
- 10.2 Practitioners may charge consultation fees for services rendered through THO.

- 10.3 HPCSA strongly cautions against practices that may amount to over-servicing and perverse incentives.
- 10.4 Patients must be advised of fees that will be charged or costs that will be incurred in respect of THO prior to the consultation being held.

11. QUALITY, SECURITY AND SAFETY OF PATIENT INFORMATION AND RECORDS

The primary practitioner must take responsibility for the determining the appropriateness of the service being provided for telehealth, the quality of THO service delivered in addition to confidentiality, security and safety of patients' information.

11.1 Quality

11.1.1 Regular evaluation of healthcare delivered via telehealth is important to ensure that the standard of care is adhered to, and acceptable quality of care is provided. The primary practitioner must take responsibility for conducting regular evaluations.

11.1.2 Domains of evaluation include but are not limited to (2):

a. Access to care:

- access for patient, family and/or caregiver
- Access for care team
- Access to information

b. Experience:

- Patient, family and/or caregiver experience
- Care team member experience
- Community experience

c. Cost:

- Cost to patient, family and/or caregiver
- Cost to care team
- Cost to health system or payer
- Cost to society

d. Effectiveness:

- System effectiveness
- Clinical effectiveness

- Operational effectiveness
- Technical effectiveness

11.2 Safety and Security in telehealth

11.2.1 The primary practitioner and consulting practitioner/s must ensure that security measures are taken to protect telehealth data. Measures such as encrypting data, password protecting document and data files etc. may be required.

11.2.2 The quality, quality assurance, security and safety of the THO interaction must be conducted in accordance with the guidelines of Ethical Booklet 10 of the HPCSA, on Telehealth.

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ETHICAL GUIDELINES FOR GOOD PRACTICE IN THE HEALTH CARE PROFESSIONS

- Booklet 1: General ethical guidelines for health care professions**
- Booklet 2: Ethical and professional rules of the Health Professions Council of South Africa as promulgated in government gazette R717/2006**
- Booklet 3: National Patients' Rights Charter**
- Booklet 4: Seeking patients' informed consent: The ethical considerations**
- Booklet 5: Confidentiality: Protecting and providing information**
- Booklet 6: Guidelines for the management of patients with HIV infection or AIDS**
- Booklet 7: Guidelines withholding and withdrawing treatment**
- Booklet 8: Guidelines on Reproductive Health management**
- Booklet 9: Guidelines on Patient Records**
- Booklet 10: Guidelines for the practice of Telehealth**
- Booklet 11: Guidelines on over servicing, perverse incentives and related matters**
- Booklet 12: Guidelines for the management of health care waste**
- Booklet 13: General ethical guidelines for health researchers**

- Booklet 14: Ethical Guidelines for Biotechnology Research in South Africa**
- Booklet 15: Research, development and the use of the chemical, biological and nuclear weapons**
- Booklet 16: Ethical Guidelines on social media**
- Booklet 17: Ethical Guidelines on Palliative Care**