

Letters

Optometrists' Resistance to Telehealth

Telehealth is a means of collection, storage, dissemination, and interpretation of patient health information. In its various forms, telehealth frequently channels a remote patient's critical first engagement with professional health services, providing rapid access, quality of care improvement, and reduced cost. Cost and access are factors that directly influence a patient's ability to travel and seek relief for incipient vision health problems.

Various eye care telehealth systems purport to deliver accurate refractions, excellent health screenings, and efficient contact lens renewals. Telehealth is the stuff that keeps the innovators "burning the midnight oil" to find the next great application of artificial intelligence. Telehealth has the potential to bring innovative technologies to a patient's home, efficiently, and help us find the 30 million Americans with undiagnosed eye disease. It's all of that, and I'm a believer.

Telehealth itself cannot harm. It cannot function without licensed providers making clinical judgments. Unfortunately, optometrists are promulgating Luddite and protectionist statutes to block telehealth in state legislatures.

OD actions. So why does telehealth make optometry so squeamish? I'd like to say it's all about patient safety. However, according to a lobbyist for optometry, it's about "the bread and butter." They have an unfounded fear of reduction in revenue. This has forced lawyers on both sides to clean up the messes left by state legislatures beholden to optometry and its desire to protect the status quo. Ask the Board of Medicine in South Carolina if you don't believe me. It is being sued, along with the Board of Optometry, by the Institute for Justice, for a misguided anti-telehealth bill passed in 2016. Gov. Nikki Haley unsuccessfully tried to veto it. She said, "I am vetoing this bill because it uses health practice mandates to stifle competition for the benefit of a single industry." Optometrists obtruded on the plenary license of ophthalmologists and walked the physicians in the board of medicine and optometry (and taxpayers) right into a legal battle.

MD actions. It seems obvious that we should not subject our physician "family" to litigation and restrict access to care. But in Kentucky last week, a few ophthalmologists emerged to support optometry's wish to regulate telehealth out of existence. The Kentucky ophthalmology society, following well-vetted Academy talking points, was at the table testifying against HB191 (an anti-telehealth bill) while 5 ophthalmologists supported the optometric position. The Kentucky society members spent numerous hours volunteering, lobbying, and rescheduling patients, all for a position that we felt was good for patients—and we ultimately lost our battle in committee.

What can we do? We must help our dissenters, as well as organized optometry, find the silver lining in telemedicine. Here it is: 30 million undiagnosed patients! I'll state it again: 30 million! Whatever reductions in revenues that eye care professionals experience because of telehealth spectacle prescriptions and contact lens renewals will be more than offset by the detection, via telehealth, of new patients with chronic disease in need of care. This potential for better intervention furthers our professional obligation to the oath that binds us.

I believe that the Academy, medical associations, state ophthalmology societies, Americans for Tax Reform, and the Federal Trade Commission cannot *all* be wrong on this issue. We should not be a party to dismantling some of the most promising patient-access technologies of our lifetime.

For reference, the Academy generated a statement in December 2014 entitled *Innovative Technologies in Diagnosing Eye Diseases*.¹ In it, the Academy "recognizes the potential of information technology, including internet-based screening, refraction, and other diagnostic tests, in increasing access to health care services, enhancing patient involvement in their health care decision making, improving efficiency, and reducing overall health care costs."

William W. Richardson II, MD
Georgetown, Ky.

1 aao.org/clinical-statement/innovative-technologies-in-diagnosing-eye-diseases.



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

EyeNet: Poll-topping,
digestible coverage of all
things ophthalmologic

Visit Us Online: aao.org/eyenet



Protecting Sight. Empowering Lives.®

Your one-stop shop for the following:

- In-depth clinical information
- Bite-sized research summaries
- Intriguing mystery cases
- Practice management tips from the experts
- Thought-provoking editorials