

THE CRISIS CONTINUES



Retina specialists wish they knew what to tell their patients when asked what will happen as the coronavirus pandemic endures. Our patients often share risk factors with patients who are most at-risk of dying from COVID-19, such as advanced age, diabetes, and systemic complications. Their fear is real and justified.

It behooves us to remember that we are physicians first and retina specialists second—that is, although our role is to treat diseases of the retina, our overall function is to care for our patients. Understanding that our patients are frequently at a unique risk in this environment requires us to rethink the very essence of our practice.

In this issue of *Retina Today*, we challenge our readers to perform a structural analysis of their practices. Rahul Reddy, MD, examines the future through a public health lens, asking which of today's adjustments are tomorrow's protocols. Low-cost additions to a practice that do not create inefficiencies (eg, wearing a mask) may be a part of our future. But how will we weigh the implementation of, say, a new practice footprint against the realities of running a practice in a building without movable walls?

For Patrick Oellers, MD; Vamsee Neerukonda, MD; and Kevin Rosenberg, MD, the time for conceptualization of a future layout has passed: The virus is in the OR. The authors share their experience of operating on a COVID-19-positive patient. Which of their surgical protocols will remain and which will be amended remains to be seen, but the certainty is this: the OR of July 2020 will not look like it did in July 2019.

The promise of telemedicine has been discussed with enthusiasm for the past several years. To Edward S. Lu, BA; S.K. Steven Houston III, MD; Ehsan Rahimy, MD; and

John B. Miller, MD (the latter three are cofounders of the new telehealth company HealTheia), the time has come to leverage the opportunities of telemedicine to ensure that patients receive the highest quality care during the pandemic. They introduce their hybrid in-person/telehealth model of teleophthalmology—what they term *HyTEC*—and discuss the execution and billing of telehealth sessions in the retina clinic.

But wait, says David A. Eichenbaum, MD: Telemedicine may be useful for some of what we do, but it cannot provide the specificity of in-person examinations. In his article, Dr. Eichenbaum explores which parts of the clinic translate well to telehealth and which elements prove challenging, and offers some examples of how creative thinking may allow us to use the tools at our disposal in such a way as to reduce patient risk and maintain high standards of care.

During a pandemic, we must rely on our colleagues elsewhere in ophthalmology—and even medicine—to learn about the changing realities we are all forced to navigate. Glaucoma specialists Cara E. Capitena Young, MD, and Malik Y. Kahook, MD, summarize two peer-reviewed studies relevant to our era. The first examines ocular findings in COVID-19-positive patients, and the second reviews the utility of telemedicine consultations from various nonophthalmic specialties.

We're not out of this yet—not by a long shot. But *Retina Today* will be with you the entire time. ■

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