



3 de Dezembro

08h30 | 10h00 – Sala 3

Glaucoma, Geral | Glaucoma, General

Moderadores | Chairs: Paula Tenedório (HPH), Mariana Cardoso (HVFX), Isabel Sampaio (CHUPorto)

CO 123

GLAUCOMA VIRTUAL MONITORING CLINIC – DEVELOPMENT AND IMPLEMENTATION IN A PORTUGUESE PUBLIC HOSPITAL

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Introduction: A virtual clinic is a new model of glaucoma care in which the ophthalmologist is removed from the face-to-face patient consultation. Virtual glaucoma services are intended to improve both patients' experiences and clinics' capacity. In this study, we describe the development of a virtual glaucoma monitoring clinic within a public hospital of the Portuguese national healthcare service and describe its implementation outcomes.

Materials and Methods: A prospective, service evaluation study was performed including patients referred for an in-house glaucoma monitoring service structured as an asynchronous virtual clinic at the Department of Ophthalmology, Centro Hospitalar Vila Nova de Gaia/Espinho, Portugal. Consecutive patients with stable disease and low risk of glaucoma progression were considered for enrollment. Feasibility of development of the glaucoma virtual clinic (GVC), improvement of patient journey times, and patients' experiences at the service were studied.

Results and Discussion: A total of 177 patients attended the GVC during its first year of activity. The most prevalent diagnosis were primary open-angle glaucoma (50.3%) and ocular hypertension (26.0%). The journey time at the GVC had an average reduction of 37.8% when compared to the conventional clinic (56 minutes vs 90 minutes, respectively). Most patients (88.7%) attending the GVC were subsequently scheduled for a follow-up visit at an adequate monitoring interval. Twenty patients were referred for an anticipated face-to-face appointment. Evaluation of patients' experiences showed high levels of satisfaction with the service. Patient-doctor relationship, previous experience of care within the hospital, level of information about the disease status, and knowledge about the GVC were found to be important factors for acceptance of this model of care. Greater efficiency and less waiting times at the appointment were pointed by patients as strengths of the GVC.

Conclusion: Virtual monitoring services are a clinically efficient, alternative model for glaucoma care within the hospital setting. In this study, we reported a decrease of patient journey time, a low rate of referral back to face-to-face appointments, and high levels of patient acceptance and satisfaction in the virtual glaucoma monitoring clinic.