

Dear Primary Health Care Provider,

Unison Health & Community Services is offering the Teleophthalmology program to patients who have been diagnosed with diabetes. This service is provided by South Riverdale Community Health Centre, in collaboration with Dr. Michael Brent MD FRCSC and the University Health Network (UHN) to provide eye exams and retinal screenings at no cost to the patient.

As you are aware, retinopathy is a complication of diabetes that is highly preventable through annual examination and retinal screenings. It can prevent blindness in up to 90% of those affected if diabetic retinopathy is detected and treated in a timely manner. Approximately one-third of Ontarians with diabetes do not receive retinal screening, something Ontario Telemedicine Network (OTN) is working to resolve with its Teleophthalmology program.

The Teleophthalmology exam is done in 3 steps:

1. A visual acuity exam is done. This is where the patient's current vision is measured using a Snellen eye chart. It is important that the patient bring their glasses or contacts with them to the exam.
2. A numbing eye drop is given in each eye and a tonopen is used to measure intraocular pressure. This procedure is painless.
3. Another eye drop is given to dilate the pupil of each eye. Once the pupils are dilated, the technician will take photographs of the retina. Dilated pupils provide the best view of the retina for photography.

The Teleophthalmology service is covered under OHIP. We also accept non-OHIP insured patients with diabetes. The service is for people who live in the Toronto Central LHIN boundary.

Patients who meet the following criteria are eligible for this service:

- Diagnosis of diabetes;
- Referral from a physician or nurse practitioner; and,
- Has not had an eye exam that involves dilation of pupils within the past year.

We can help to connect patients that may require further follow up or on-going care to Ophthalmologists and Optometrists within their community.

Please see and fill out the attached referral form for the Teleophthalmology service. This form may be photocopied. If you have further questions, please contact Clinic Assistant at 416-461-2493 ext. 276.

Screenings are currently being held at South Riverdale, Flemingdon, Parkdale Community Health Centres, Anishnawbe Health Toronto, Scarborough Academic Family Health Team, and **Unison Health & Community Services**.

For primary care providers who are a part of a FHT, referrals to Teleophthalmology is a viable way of meeting the retinal screening element required for billing the annual Diabetes Management Incentive.

For primary care physicians or nurse practitioners who are compensated using a fee for service model, referrals to Teleophthalmology may be billed under the K738 code (Physician to physician e consultation – referring physician), which is currently compensated at \$16.00 per referral.

Please FAX all referrals to (416) 461-8245

Attention Teleophthalmology Program

For all inquiries regarding this project please contact:

South Riverdale Community Health Centre

955 Queen Street East, Toronto, ON., M4M 3P3

Phone: 416-461-2493

Michael H. Brent, MD. FRCSC

399 Bathurst Street East Wing 6-423

Toronto, Ontario M5T 2S8

416-603-5444 (office)

416-603-5903 (Fax)

TELEOPHTHALMOLOGY PROGRAM - Referral for Retinal Screening

Date: _____

Patient Name: _____

Date of Birth: _____ HCN #: _____ VC _____

Phone #: _____ Address: _____

Diabetes : Type 1 Type 2 Years since diagnosis: _____

BMI: _____ Date: _____

BP Value: _____ Date: _____

Smoker Y/N, Years: _____ Ex-smoker, years: _____

A1C value: _____ Date: _____

LDL Cholesterol Value: _____ Date: _____

Complications:

Cardiovascular Disease Kidney Disease HTN Neuropathy

Cataracts/Glaucoma Insulin? YES NO

Medcations: _____

Date of last documented eye examination: _____

Optometrist/Ophthalmologist Name (if available): _____

Referring Physician/ Nurse Practitioner Name: _____

Signature: _____ Billing #: _____

Referring Provider phone #: _____ Fax #: _____

Diabetes Educator Name (If applicable): _____