

South Riverdale Community Health Centre 955 Queen Street East, Toronto, ON., M4M 3P3 Phone: 416-461-2493

FAX all referrals to (416) 461-8245

Dear Primary Health Care Provider,

South Riverdale Community Health Centre is offering the Teleophthalmology program to patients who have been diagnosed with diabetes. We are working in collaboration with Dr. Michael Brent MD FRCSC and 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 (http://otn.ca/en/programs/teleophthalmology).

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.

Teleophthalmology service at SRCHC 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 will 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 Garo Rapea our Clinic Assistant at 416-461-2493 ext. 276.

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

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.



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Attention <u>Tele-Ophthalmology Program</u>
For all inquiries regarding this project please contact:
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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)

TELE-OPHTHALMOLOGY PROGRAM - Referral	l for Retir	nal Screening	Date:
Patient Name:			
Date of Birth:	HCN #:		VC
Phone #:	Addres	s:	
Diabetes: Type 1 Type 2	Years si	Years since diagnosis:	
BMI:	Date: _	Date:	
BP Value:	_ Date: _	Date:	
Smoker Y/N, Years:	_ Ex-sm	Ex-smoker, years:	
A1C value:	_ Date:		
LDL Cholesterol Value:	_ Date:		
Complications: Cardiovascular Disease Cataracts/Glaucoma Kidney Disease Insulin?			Neuropathy
Medcations:			
Date of last documented eye examination:			
Optometrist/Ophthalmologist Name (if availabl	le):		
Referring Physician/ Nurse Practitioner Name: _			
Signature:		Billing #:	
Referring Provider phone #:		_ Fax #:	
Diabetes Educator Name (If applicable):			



