

E-HEALTH IMPLEMENTATION – READINESS OF BULGARIAN OPHTHALMOLOGISTS

K. Slaveykov, K. Trifonova, Zl. Trifonov

Trakian University, Department of ophthalmology and general medicine

Key words: E-ophthalmology, ICT, e-health implementation, telemedicine

Introduction: E-health can be defined as the use of information and telecommunication technologies (ICT) to provide or support a group of activities related to healthcare. [1] With the aging of the population and the increase demand for ophthalmological consultation, E-ophthalmology as a subsection of E-health can be used to compensate the lack of specialists, reduce traveling distance, and decrease expenses. [2]

Aims and tasks: To assess the readiness of ophthalmologist for e-health implementation.

Materials and methods: A written questionnaire was personally distributed to 21 randomly selected ophthalmologists in the Stara Zagora region. Standard statistical analysis was used.

Results: E-ophthalmology is a new and very fast developing part of ophthalmology. It can offer many benefits if properly implemented and open a lot on new opportunities for developing countries like Bulgaria. While it can improve healthcare drastically it requires a well prepared and trained medical staff to make full use of its abilities. [3] Developments in the field of telemedicine such as the mobile based

ophthalmoscopy [4] and teleophthalmology with optical coherence tomography [5] can be very useful for rural areas and those lacking appropriate specialist. Some services such as teleconsultation reduce the financial resources strain on the health care system, making e-ophthalmology very cost-effective. [6] Most studies on the subject show that e-health systems are feasible [7] and do not sacrifice accuracy or reliability of the diagnostic process [8] [9], in fact increasing both speed and accuracy [10] [11]. Tele-ophthalmology shows great promise for improving patient care and increasing access to specialty care not available in under-served areas. In developing countries tele-ophthalmology may be a cost-effective method by which richer countries can assist them. [12] E-ophthalmology can also play a role in screening of glaucoma [13] [14], diabetic retinopathy [15] [16] [17] and retinopathy of prematurity [18] [19]. Another aspect of e-health is the electronic storage of patient records. The need for high visualization in ophthalmology makes such storage very useful and would create long-term benefits for chronic diseases such as glaucoma and macular degeneration. [20] [21]

Age	25–35 y.o.	5 (23.8%)
	35–45 y.o.	6 (28.6%)
	45–55 y.o.	7 (33.3%)
	>55 y.o.	3 (14.3%)
Gender	Male	12 (57.1%)
	Female	9 (42.9%)
Workplace	University hospital	4 (19%)
	Regional hospital	6 (28.6%)
	Private hospital	5 (23.8%)
	Private practice	6 (28.6%)
Work experience	< 5 y.o.	5 (23.8%)
	5–10 y.o.	3 (14.3%)
	10–20 y.o.	6 (28.6%)
	20–30 y.o.	4 (19%)
	> 30 y.o.	3 (14.3%)
You currently are:	specialist	16 (76.2%)
	currently specializing	5 (23.8%)
How would you rate your computer skills and knowledge?	excellent	6 (28.6%)
	above average	7 (33.3%)
	average	3 (14.3%)
	below average	4 (19%)
	insufficient	1 (4.8%)
Would you attend computer literacy improvement courses?	yes	11 (52.4%)
	no	10 (47.6%)
Do you think you would benefit from e-ophthalmology in any way?	yes	9 (42.9%)
	no	12 (57.1%)
Do you think your patients would benefit from e-ophthalmology in any way?	yes	8 (38%)
	no	13 (62%)

The average age of the participants is around 40 years with a slight dominance of the male gender. There is almost equal separation by workplace, with representatives from University hospitals, regional hospitals, private hospitals and private practices. The larger part of the interviewed are already specialists and have at least 10 years of work experience.

More than half of the participants appraise their computer skills as excellent or above average. The younger ophthalmologist and those still specializing, while lacking working experience, rate their computer skills higher and are more open to additional courses for improvement. Those results correspond with a positive attitude toward e-ophthalmology and its potential benefits for the patient as well as the physician. On the other hand the older generation ophthalmologist, while experienced and able, have an inferior level of computer skill and refuse to attend improvement courses. This explains why they see e-ophthalmology usage and implementation as non-beneficial.

Discussion: The results from the survey suggest that while a large part of ophthalmologists are at least partly prepared, there still are a lot of ophthalmologists who are unconvinced of the benefits of e-health. Additional information and examples should be presented to show the advantages of e-health so they can improve the way it is perceived. Computer literacy improvement courses are required and should become an integral part of physicians' training for e-health implementation.

The reviewer: Professor, D.Med.Sc. Gruziova T.S.

REFERENCES:

1. G Eysenbach What is e-health?(*J Med Internet Res* 2001;3(2):e20
2. Jose Andonegui, Luis Serrano, and Aitor Eguzkiza *E-Health Applications in Ophthalmic Diseases: Ongoing Developments – Handbook of Research on Developments in E-Health and Telemedicine: Technological and Social Perspectives* 2010
3. de Mul M, de Bont AA, Reus NJ, Lemij HG, Berg M. Improving the quality of eye care with tele-ophthalmology: shared-care glaucoma screening. *J Telemed Telecare*. 2004;10(6):331-6.
4. Blanckenberg M, Worst C, Scheffer C. Development of a mobile phone based ophthalmoscope for telemedicine *Conf Proc IEEE Eng Med Biol Soc*. 2011 Aug;2011:5236-9
5. Kelly SP, Wallwork I, Haider D, Qureshi K. Teleophthalmology with optical coherence tomography imaging in community optometry. Evaluation of a quality improvement for macular patients *Clin Ophthalmol*. 2011;5:1673-8. Epub 2011 Dec 1
6. Lamminen J, Forsvik H, Vopio V, Ruohonen K. Teleconsultation: changes in technology and costs over a 12-year period *J Telemed Telecare*. 2011;17(8):412-6. Epub 2011 Oct 28
7. Bergrath S, Rortgen D, Rossaint R et al. Technical and organisational feasibility of a multifunctional telemedicine system in an emergency medical service – an observational study. *J Telemed Telecare*. 2011;17(7):371-7. Epub 2011 Sep 20
8. Ausayakhun S, Skalet AH, Jirawison C et al. Accuracy and reliability of telemedicine for diagnosis of cytomegalovirus retinitis. *Am J Ophthalmol*. 2011 Dec;152(6):1053-1058.e1. Epub 2011 Sep 8.
9. de Bont A, Bal R. Telemedicine in interdisciplinary work practices: on an IT system that met the criteria for success set out by its sponsors, yet failed to become part of every-day clinical routines. *BMC Med Inform Decis Mak*. 2008 Oct 27;8:47.
10. Martin-Khan M, Wootton R, Whited J, Gray LC. A systematic review of studies concerning observer agreement during medical specialist diagnosis using videoconferencing. *J Telemed Telecare*. 2011;17(7):350-7.
11. Chiang MF, Wang L, Kim D, et al. Diagnostic performance of a telemedicine system for ophthalmology: advantages in accuracy and speed compared to standard care. *AMIA Annu Symp Proc*. 2010 Nov 13;2010:111-5.
12. Tang RA, Morales M, Ricur G, Schiffman JS. Telemedicine for eye care. *J Telemed Telecare*. 2005;11(8):391-6.
13. Constable IJ, Yogesan K, Eikelboom R, Barry C, Cuypers M. Fred Hollows lecture: digital screening for eye disease. *Clin Experiment Ophthalmol*. 2000 Jun;28(3):129-32.
14. Yogesan K, Constable IJ, Barry CJ et al. Evaluation of a portable fundus camera for use in the teleophthalmologic diagnosis of glaucoma. *J Glaucoma*. 1999 Oct;8(5):297-301.
15. Yogesan K, Constable IJ, Barry CJ Telemedicine screening of diabetic retinopathy using a hand-held fundus camera. *Telemed J*. 2000 Summer;6(2):219-23.
16. Li HK, Horton M, Bursell SE, Cavallerano J Telehealth practice recommendations for diabetic retinopathy, second edition. *Telemed J E Health*. 2011 Dec;17(10):814-37. Epub 2011 Oct 4.
17. Cavallerano J, Aiello LM. Emerging trends in ocular telemedicine: the diabetic retinopathy model. *J Telemed Telecare*. 2005;11(4):163-6.
18. Au A, Gupta O. The economics of telemedicine for vitreoretinal diseases. *Curr Opin Ophthalmol*. 2011 May;22(3):194-8.
19. Jackson KM, Scott KE, Graff Zivin J Cost-utility analysis of telemedicine and ophthalmoscopy for retinopathy of prematurity management. *Arch Ophthalmol*. 2008 Apr;126(4):493-9.
20. Schargus M, Michelson G, Grehn F. Electronic patient records and teleophthalmology : part 1: introduction to the various systems and standards *Ophthalmologie*. 2011 May;108(5):473-84. doi: 10.1007/s00347-010-2314-5.
21. Schargus M, Michelson G, Grehn F. Electronic patient records and teleophthalmology. Part 2: concrete projects in ophthalmology *Ophthalmologie*. 2011 Jul;108(7):687-95; quiz 696. doi: 10.1007/s00347-011-2353-6.

**РЕАЛИЗАЦИЯ ЭЛЕКТРОННОЙ СИСТЕМЫ
ЗДРАВООХРАНЕНИЯ- ГОТОВНОСТЬ
БОЛГАРСКИХ ОФТАЛЬМОЛОГОВ**

Славейков К., Трифонова К., Трифонов З.

*Университет Тракиан,
кафедра офтальмологии
Болгария*

Резюме: Результаты исследования показывают, что в то время как большая часть офтальмологов, по крайней мере, частично подготовлена, остается еще много офтальмологов, которые убеждены в преимуществах электронного здравоохранения. Дополнительная информация должна быть представлена, чтобы показать преимущества электронного здравоохранения. Компьютерные курсы грамотности улучшения являются обязательными и должны стать неотъемлемой частью подготовки врачей для реализации электронного здравоохранения.

Ключевые слова: телемедицина, офтальмология.

**РЕАЛІЗАЦІЯ ЕЛЕКТРОННОЇ СИСТЕМИ ОХОРОНИ
ЗДОРОВ'Я-ГОТОВНІСТЬ БОЛГАРСЬКИХ
ОФТАЛЬМОЛОГІВ**

К. Славейков, К. Трифонова, З. Трифонов

*Університет Тракіан,
кафедра офтальмології
Болгарія*

Резюме: Результаты дослідження показують, що в той час як більша частина офтальмологів, принаймні, частково підготовлена, залишається ще багато офтальмологів, які переконані в перевагах електронної охорони здоров'я. Додаткова інформація повинна бути представлена, щоб показати переваги електронної охорони здоров'я. Комп'ютерні курси грамотності поліпшення є обов'язковими і повинні стати невід'ємною частиною підготовки лікарів для реалізації електронної системи охорони здоров'я.

Ключові слова: телемедицина, офтальмологія.