## **Supplemental Online Content**

Sanayei N, Albrecht MM, Martin DC, et al. Outcomes of a hybrid ophthalmology telemedicine model for outpatient eye care during COVID-19. *JAMA Netw Open*. 2022;5(8):e2226292. doi:10.1001/jamanetworkopen.2022.26292

**eTable 1.** Comparison Between the Standard of Care In-Person Visit With Different Forms of Telemedicine **eTable 2.** Imaging Protocols by Chief Concern

This supplemental material has been provided by the authors to give readers additional information about their work.

eTable 1. Comparison between the standard of care in-person visit with different forms of telemedicine. The hybrid model can mimic all aspects of an in-person visit unlike other telemedicine models.

	Standard in- Person	Hybrid	Telephone	Video	Store-and- Forward
Medical History	>			$\checkmark$	
Ocular Vitals	$\checkmark$	Limited			Limited
Physical Examination	$\checkmark$	Proxy		Proxy	Proxy
Testing	$\checkmark$	$\checkmark$			$\checkmark$
Management	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$

## eTable 2. Imaging protocols by chief complaint

Hybrid Imaging Protocols					
	1.	VA with and without pinhole			
Glaucoma Suspect	2.	Automated refraction			
(Glaucoma,	3.	IOP by two different methods (applanation and			
Comprehensive,		tonopen)			
Optometry Services)	4.	HVF 24-2			
	5.	OCT RNFL			
	1.	VA with and without pinhole			
	2.	IOP by tonopen			
Retina	3.	Ultrawidefield fundus photographs			
	4.	Ultrawidefield fundus autofluorescence			
	5.	OCT macula			
	1.	VA with and without pinhole			
Keratoconus	2.	Automated refraction			
(Cornea Service)	3.	Automated keratometry			
	4.	Topography			
	1.	VA with and without pinhole			
	2.	IOP			
Neuro-ophthalmology	3.	Color plates			
	4.	OCT RNFL/GCL			
	5.	Optic nerve photographs			

GCL: ganglion cell layer, HVF: Humphrey visual field, IOP: intraocular pressure, OCT: optical coherence tomography, RNFL: retinal nerve fiber layer, VA: visual acuity