

Delegate Discussion

Challenge themes

Advocacy environment

Awareness

Patient
information

Referral

Screening and
diagnosis

Capacity

HCP
communication

Reimbursement

Treatment &
Follow-up

Challenge theme: Advocacy environment

Advocacy environment

Challenge overview:

- Political effectiveness, capacity and agenda alignment of non-governmental organisations, patient organizations and medical societies
- Political environment, specifically healthcare finances, competing priorities, absence of overarching diabetes plans and lack of focus on eyes within diabetes care
- DR, or its implications, are not fully understood by various stakeholders, including health policy leaders.
- Diabetes and vision loss and ageing organizations do not have a heritage of joint working and 'ownership' of DR has been overlooked in some cases

Challenge Discussion:

- Need to increase patient awareness
- Need to increase society awareness: (a) Policy (b) Industry (Support needs of patients)
- Provide support through providing data of implications of Diabetic Retinopathy for health investment
- Have specific goals, aka screening

Challenge theme: Awareness

Awareness

Patient
information

Challenge overview:

- Low patient awareness (including symptom recognition, potential risks of inaction / delayed diagnosis, benefits of effective treatment)
- Low HCP awareness (including symptom recognition)
- Low political awareness
- Inadequate supply of patient information
- Low profile of DR as a complication at key congresses

Challenge Discussion:

- Patient needs to be informed to know all the implications as Diabetes is only growing
- Important for the undiagnosed Type 2, eyes can detect
- Can we expand this to basic proper management and access to diabetes services and RX
- Assess geographic / social / economic environments to target messages to patients and manage expectations
- Information is important for coping
- Capacity issues with policy to address waiting times
- Must be in accessible format and know what makes it easy to understand and able to read it. E.g 12pt font is a barrier

Challenge theme: Referral and HCP communication

Referral

Challenge overview:

- High drop-off from patient referral pathways following positive DR/DME diagnosis / markers
- Inter-disciplinary/speciality communication
- Complicated/poor referral pathways

Challenge Discussion:

- Bring responsible back to the root of care as a complex perspective where each aspect is important
- Retinopathy is an indicator of high risk CV patient
- GPs are not confident in managing due to lack of education on DR and approved guidelines to follow
- Specific person in clinic to give and discuss disease/Rx info with directly and at their comfort point, “Eye Clinic Liaison”
- Heterogeneous system even within a country
- Services should be centered near the high diabetes population centers
- Patient is not in the center of the services
- Patient not fulfilling referral and dropping off before even getting to specialist

HCP communication

Challenge theme: Screening and diagnosis

Screening and diagnosis

Challenge overview:

- Uptake and delivery of routine eye examinations
- Performance or absence of an existing national screening programme
- Guidance on screening
- Guidance on grading
- Long wait times for eye examinations and time between screening and diagnosis

Challenge Discussion:

- If people know why it is not translating into action for preserving vision
- Prescription needed but without reimbursement - Cost
- Challenge goes back to awareness and call for action

Challenge theme: Capacity

Capacity

Challenge overview:

- Clinical capacity for DR/DME screening, diagnosis, patient education, treatment and follow-up
- Front-line HCP capacity
- System capacity
- Lack of ophthalmology professionals
- Availability of localised services
- Perception that complex patient needs will compound existing capacity challenges

Challenge Discussion:

- NGO capacity and competing disease areas within vision loss space
- Treatment capacity with advent of anti-VegF and same doctors treating

Challenge theme: Reimbursement

Reimbursement

Challenge overview:

- Reimbursement of approved therapies vary from country to country
- Cost of screening identified as a barriers in most countries

Challenge Discussion:

- Reimbursement of transportation to and back from screening / prescription appointments
- Screening / imaging reimbursement of current OOP
- Small number of patients might be able to access services
- Being a novel approach to tell the story to underpin the baseline of DME with support of complication prevention and ability to properly manager underlying diabetes
- Regions create a situation where variance in access to certain treatment and doctors are selecting based on patients ability to pay not based on best choice for patient profile
- Difference based on private/public clinic; patients pay OOP and wait for reimbursement which is a deterrent as can't afford upfront payment

Challenge theme: Follow-up

Treatment & Follow-up

Challenge overview:

- Follow-up appointments are not always routinely available due to capacity-related issues
- Lack of understanding of treatment course drives failure to adhere to treatment
- Some patients do not attend follow up appointments and stop treatment too early, this is often associated with a lack of up-front information
- Due to capacity challenges some clinics are not able to offer timely follow-up appointments and patients can drop out of the system. Data is not routinely published on attendance of follow-up appointments

Challenge Discussion:

- Lack of specialists creates a leakage point
- Someone dedicated, no RS/OPH but a patient liaison to discuss treatment goals and importance of follow-up
- Lack of registries to follow patients due to data protection and enrollment and energy to continue in
- Health centers as using an optometrist for Retinopathy to send images to a professional grader