



# Objectives of the Workshop:

- **Evidence**: Inform delegates of global and country specific high level findings from the DR Barometer Study as a reference point for the development of strategy
- Key Messaging: Help build the capacity and capability of organisations in the development of messages specific to country findings;
- Communication: Introduce and help skill-up delegates in specific communication strategies with media and communication outreach;



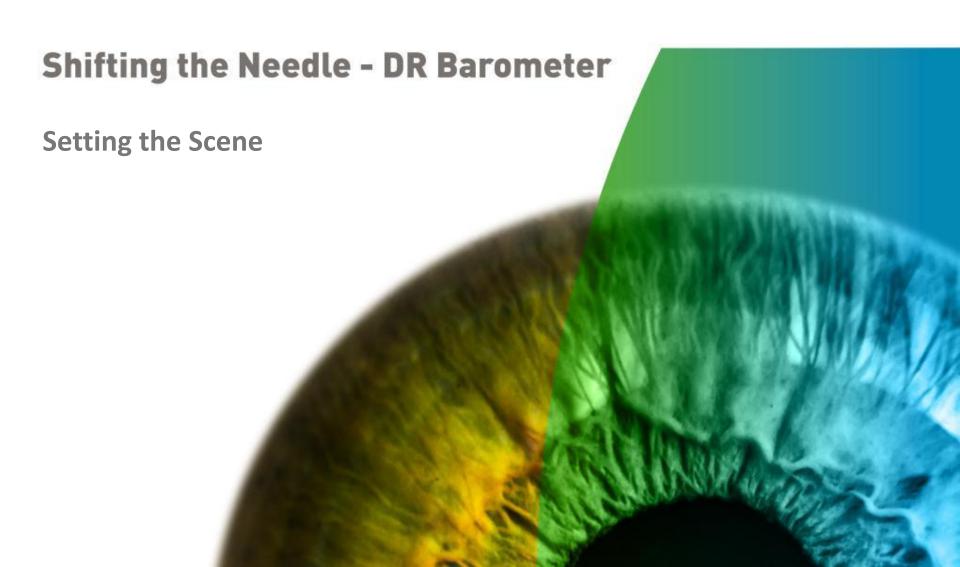
# Objectives of the Workshop (Cont.):

- Advocacy: To help to develop short-term and long-term goals for an effective advocacy campaign that is specific, measurable, achievable, realistic and timely
- Audience: Identify the audience that the advocacy campaign will target as necessary for reaching optimal policy and practice to improve access and education for healthy vision;
- Deliverables: To identify the deliverables necessary to execute an advocacy campaign on a national level and to ensure an effective monitoring and evaluation strategy is established



Day 1 – DR Barometer Workshop	
8:30am – 9.15am	Welcome and Introductions
9:15am – 10.30am	Setting the Scene
10.30am – 11.00am	Health break
11.00am – 12.00am	Perspectives from the Patient and Advocacy Groups
12.00pm – 2.15pm	Shifting the Needle – DR Barometer
	Part 1. Identify the Challenges and Issues
2.15pm – 2.45pm	Health Break
2.45pm – 4.00pm	Part II. Developing your messages
4.00pm – 4.45pm	Report Back: The Challenge and the specific strategies
	from each group

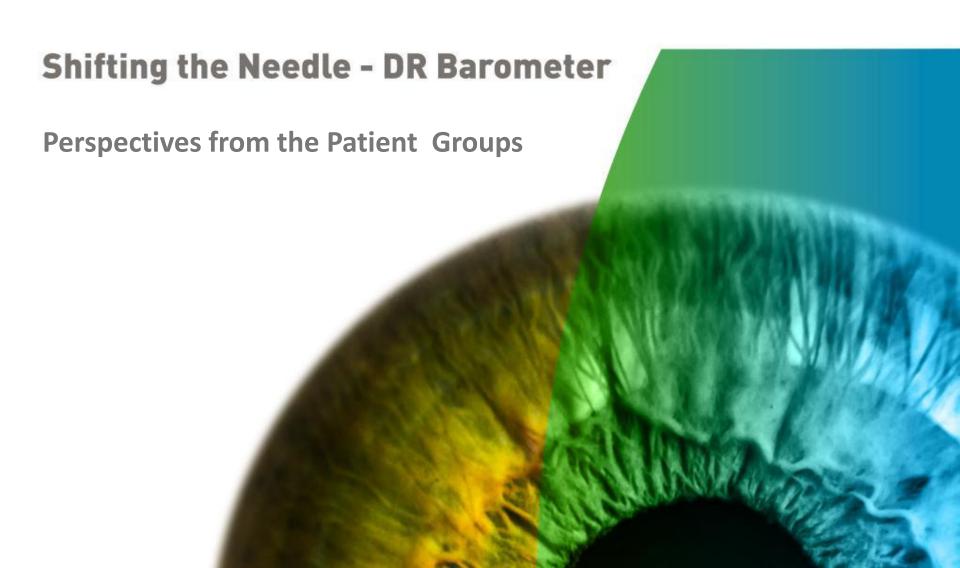






# Health Break Please Return by 11:00







# Perspectives from the Patient and Advocacy Groups

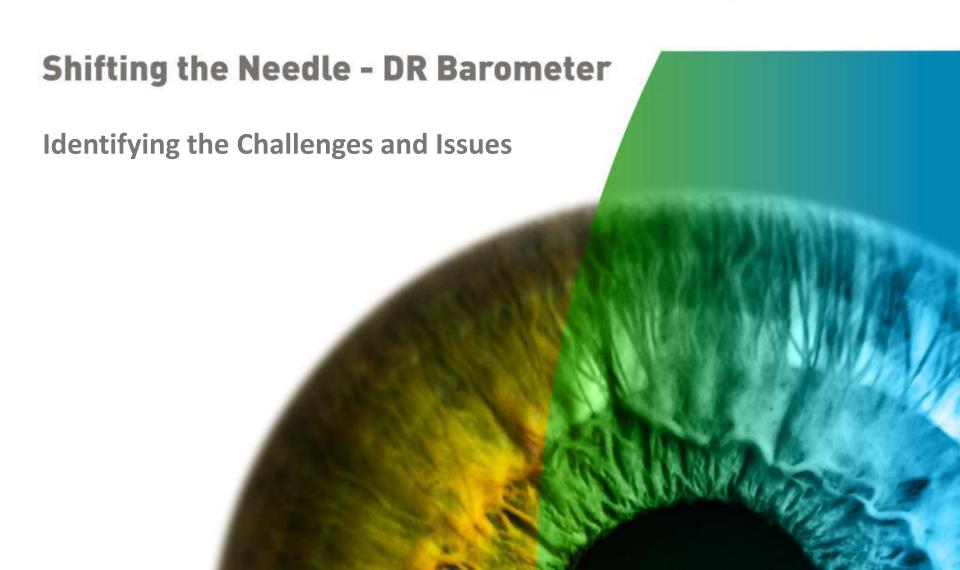
#### **Panelists**

- Mr Guiseppe Castronova,
   President, International Agency for the Prevention of Blindness(IAPB Italy)
- Mr Bastien Roux,
   Head of Corporate Relations, French Diabetes Association
- Ms Małgorzata Pacholec,
   President, AMD Retina Poland
- Dr Jane Barratt,
   Secretary General, International Federation on Ageing (IFA)



# Group Photo & Lunch Please Return by 13:00







# **Challenge themes**



Awareness

Patient information

Referral

Screening and diagnosis

Capacity

HCP communication

Reimbursement

Treatment & Follow-up



# **Challenge theme: Advocacy environment**

# Advocacy environment

- 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 theme: Awareness**

Awareness

Patient information

- 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 theme: Referral and HCP communication

#### Referral

HCP communication

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



# Challenge theme: Screening and diagnosis

Screening and diagnosis

- 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 theme: Capacity**

#### Capacity

- 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 theme: Reimbursement**

Reimbursement

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



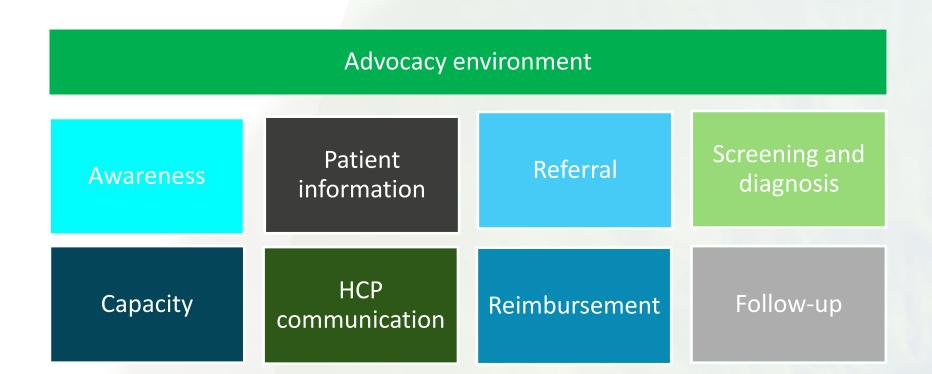
# Challenge theme: Follow-up

Treatment & Follow-up

- Follow-up appointments are not always routinely available due to capacityrelated 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 followup appointments and patients can drop out of the system. Data is not routinely published on attendance of follow-up appointments



# **Challenge themes**





## What challenges are you facing?

Discuss top five challenges with your country colleagues

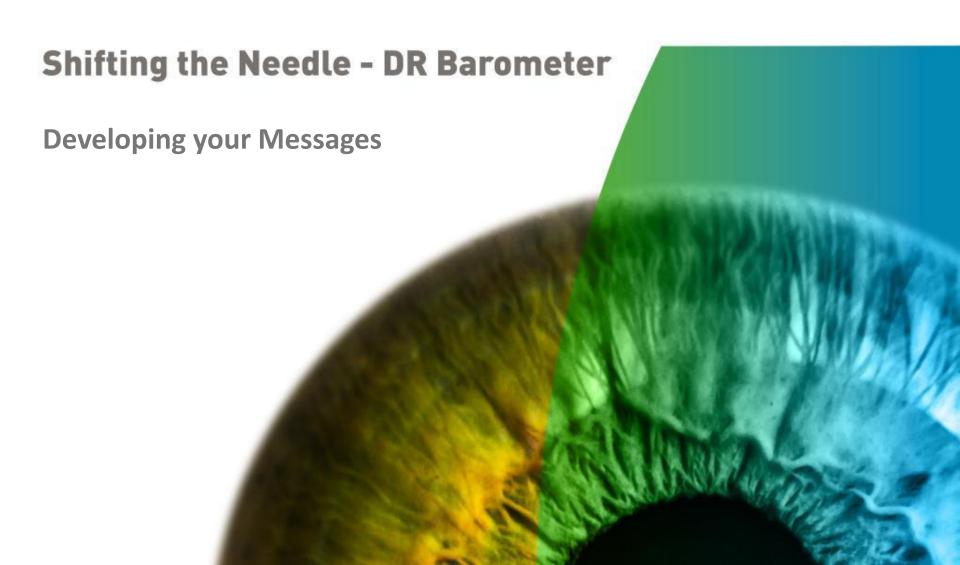
Once agreed, vote for top four challenges using flags provided

Votes will be counted and used to inform the next working session



# Health Break Please Return by 14:45







### **Group task**

- Priority challenges identified:
- Each break-out group is provided generic country environment and data summaries and is asked to consider:

What is the objective and strategy to address this challenge

How can the DR Barometer data help overcome challenge Who are the decision makers & target audiences who can help address the issue

What are the key messages from barometer data to deliver to these audiences

What resources will be required and what timeline will you achieve this in?

How will you measure success (KPIs)



#### Developing a 'White Paper' on the management of DR

#### 0bjective(s)

To make recommendations on improving the patient pathway and addressing specific local challenges informed by DR Barometer data

#### Activity

- Patient organisations and medical societies partner to develop a 'White Paper' on the management of DR, including a call to action on to address specific local challenges
- Leverage 'White Paper' to organise meetings attended by key influencers, politicians and policy-makers
- Produce briefing materials to communicate key messages of the 'White Paper', with key messages customised for each audience

#### Timing

The timing will depend on the level of engagement from partner organisations, but activity could begin in Q4 2016 and the 'White Paper' could be published Q2 - Q4 2017

#### **Audiences**

- Patient organisations
- Medical societies
- Payers
- Policy-makers
- **Providers**

#### Messages

- DR Barometer data demonstrates that there are opportunities to make improvements across the DR patient pathway
- The DR community are speaking with a single voice on the need for specific changes
- Improving the patient pathway and addressing specific local challenges is 'mission critical' for improving patient experiences and outcomes

#### Resource requirements

- Professional Writer Fees
- One day meeting to align organizations around topic and call to
- Dedicated time of contributing organizations to development of

HCP

Theme(s):



# Day 1 Breakout Group

#### Group 1 (RED)

Ms Malgorzata Paholec (Poland)

Ms Elzbieta Szeratics (Poland)

Mr Dale Milligan (UK)

Dr Giuseppe Castronovo (Italy)

Dr Michele Corico (Italy)

### **Group 2 (YELLOW)**

Prof Hanes-Peter Hammes (Germany)

Dr Tiziano Melchiorre (Italy)

Dr Manuel Carrageta (Portugal)

Mr Matt Broom (UK)

#### **Group 3 (BLUE)**

Mr Bastien Roux (France)

Prof Piotr Bledowski (Poland)

Dr Focke Ziemssen (Germany)

Mr Andrea Bruno (Italy)

Dr Luis Gardete Correia (Portugal)

#### **Group 4 (GREEN)**

Dr Jose Manuel Boavida (Portugal)

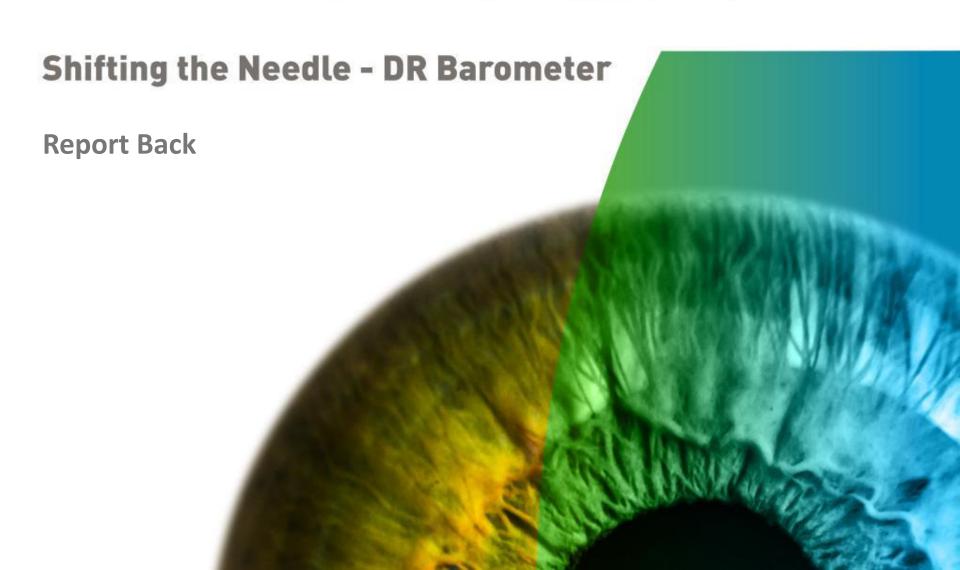
Mr Luc Licari (France)

Dr Johannes Egerer (Germany)

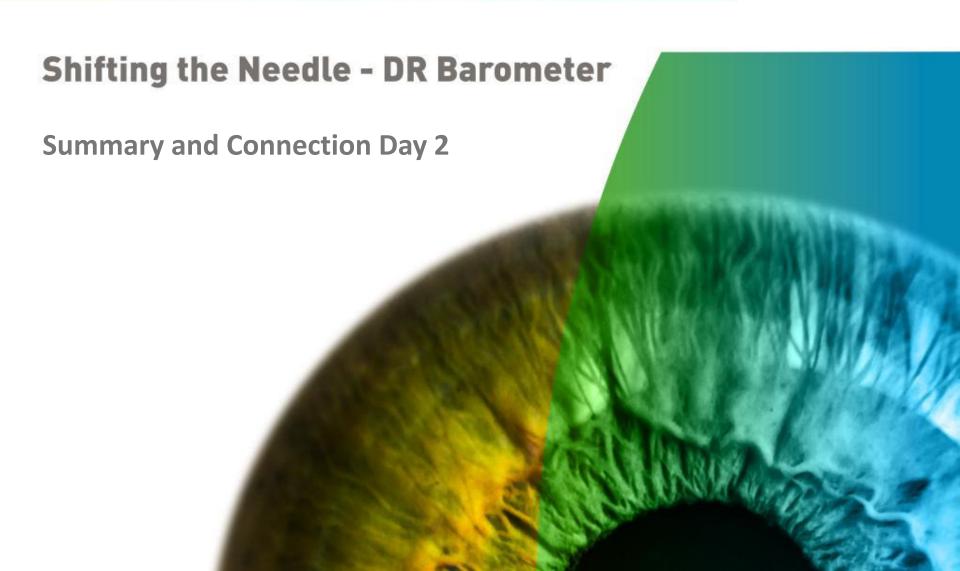
Mr Andreas Altemark (Germany)

Ms Marie-Laure Le Pommelec (France)











# Meeting Close Please meet in lobby at 18:15 for group dinner