

## DEVELOPING AND IMPLEMENTING DR PROGRAMS: CHALLENGES TO SUCCESS

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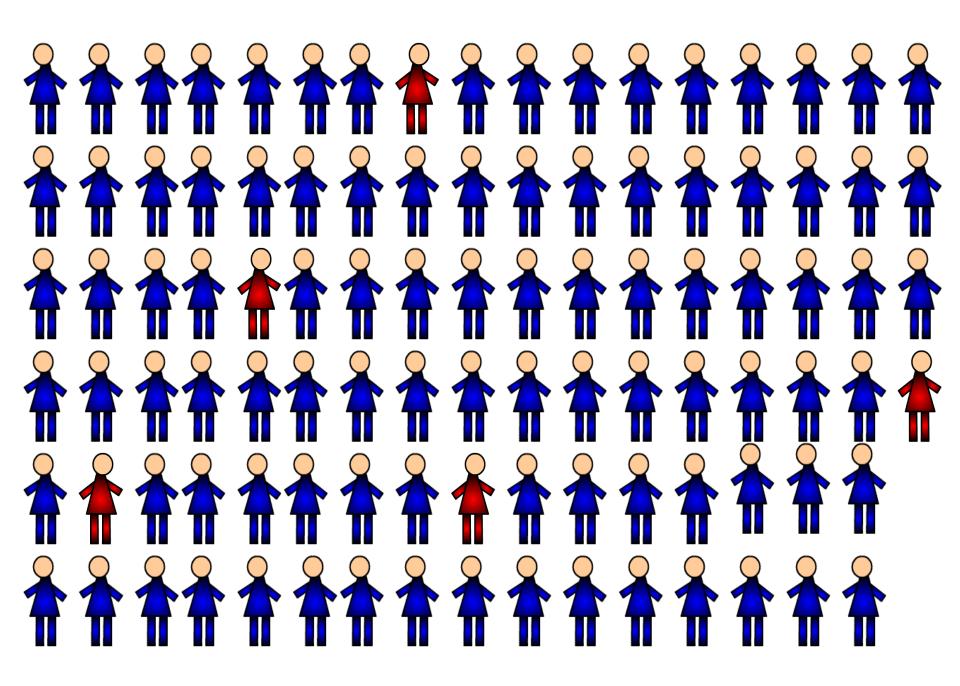
#### IMPORTANT CONSIDERATIONS FOR DR

- Most people screened will not need treatment. Need to screen about 20 people to find one who needs laser
- Screening has to happen over and over again and has costs associated with it
- Treatment prevents vision loss, does not restore lost vision



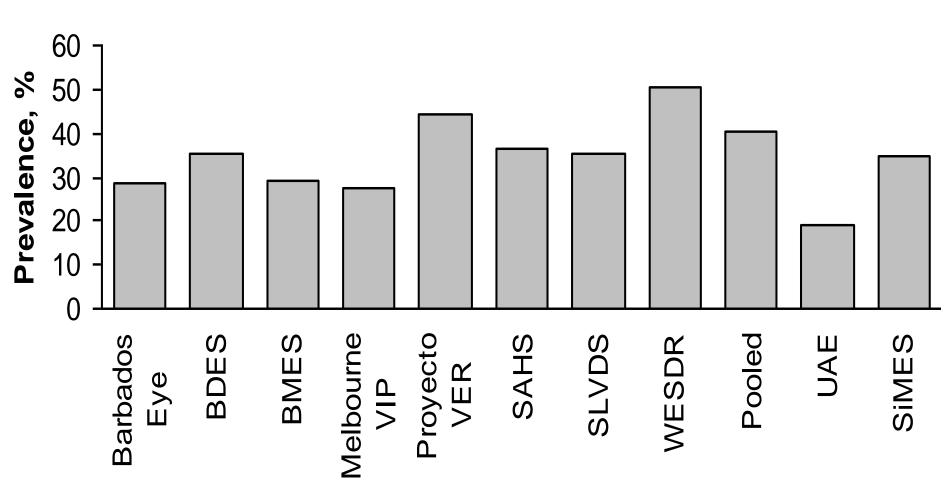






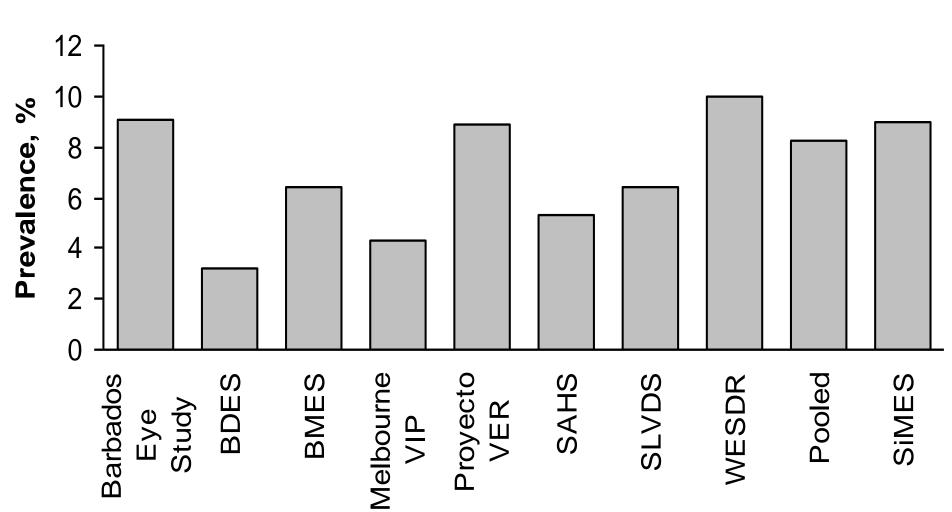
#### PREVALENCE OF ANY RETINOPATHY AMONG DIABETICS





# PREVALENCE OF VISION THREATENING RETINOPATHY AMONG DIABETICS





#### **CHOOSING THE PARTNER**



- Committed to the process
- Available personnel to either be trained or to do the work
- Staffing (including management)

#### IDENTIFYING THE POPULATION



- Need large numbers with diabetes to justify telemedicine
  - Eye hospitals?
  - Endocrine?
- Establishing routine screening is a challenge

## **IMAGE ACQUISITION**



- IT infrastructure
- Camera selection and purchase
- Training of personnel

#### **IMAGE ANALYSIS**



- Graders...training, certification, re-assessment
- Retina faculty to re-check
- Repeat training as graders turnover

#### DATA MANAGEMENT



- Need to track the entire process
- \$\$\$
- Many challenges here



#### PATIENT TRACKING



- Screening and re-screening
- Treatments obtained
- Issues with obtaining treatment

## **PROVISION OF CARE**



- Purchase of laser
- Training of those providing treatment
- Availability of those providing treatment
- Cost!

#### **OBSTACLES TO TRAINING**



- English needed for many training programs
- Graders, Photographers, Doctors
- Local training requires companion head for laser, expensive, needs to be budgeted

#### **IMPORTANT THEMES**



- Partners are often enthusiastic but may not commit the resources necessary
- Managing these projects is a full-time job
- Personnel: can change over time, may not have control over hiring and firing
- Ideal protocols are frequently not followed

#### IMPORTANT THEMES



- Cost recovery sounds good, but is very hard to implement
- Tracking patients is difficult
- Transferring responsibility to the partner can lead to less focus on the program

## **COSTS AND BENEFITS**



- Institutions see the day-to-day cost of personnel, equipment and space
- Downstream income from increased care is not recognized

#### **MAJOR NEEDS**



- Centralized training and certification process
- Inexpensive and simple tracking software
- Ideally a universal ID number to track patients
- Ways to generate revenue so programs can expand
- Low cost cameras



### THANK YOU.

"Although the world is full of suffering, it is also full of overcoming it."
-Helen Keller