Screening for Diabetic Retinopathy in Europe
Impact of New Technologies

National Representatives Meeting
EASDec Pre-meeting, Manchester 2016

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Abstracts

Extended intervals
- dependent on context.

Harmful effects of extending screen intervals
- debate about negative impact
- low levels of concern for those with no DR
- Finland and Denmark reported no issues
- but also some concern about attendance

Dangers of logistic problems differ in countries with ophthalmologists as screeners vs those with technician based

Need good quality images esp type 1 (Finland v high prevalence)

Remote areas

New technologies/concepts
- telemedicine
- mobile vans “van drivers take photos”
- GPs with portable cameras
- etc

Target poorly served areas

Try to target resources saved from extended screen intervals
- develop cost models for remote area access
- balance cost of missing severe disease with cost of detection

Short discussion on increasing numbers of ophthalmologists on remote areas
- part time

Access to commissioners

business case/ well worked out model of care and programme
the DR Screening in Europe workshops
guidelines on numbers of staff/lasers / population

politicians respond to votes and finance
“patient power”

target ministers/commissioners with DR or affected family members

awareness raising by doctors themselves

Cost models ROI

Demonstrate the cost of blindness to politicians and policy leaders

- how much can be saved if you avoid blindness

Design the programme

- cost components and activity at upper limit

Show cost of screening and cost of blindness to the overall economy

- work out the crossing point
- 80% coverage

Deal with suppliers on drug costs

Agree and develop treatment centres

- 2/3rds funding to treatment centres
- 1/3rd to private providers

Activity based funding

Engagement of diabetologists

diabetologists appear to be mainly focussed on cardiovascular disease
this may be driven by Pharma

more research is needed on if improved DM management can affect DMO

data links are needed to allow ophthalmologists and diabologists to see each others' data to allow setting of follow-up intervals

Some statements from delegates:
"we don't see retinopathy"
"spend more time with our patients on other items
"ophthalmologist should be part of the rapid reaction force"

OCT in screening

no clear definition of screen +ve DMO on OCT

- we don't treat DMO with normal vision

how to define OCT screen +ve?

- combination of VA and OCT

evidence gap

- intervention in early DMO of value?

focus on VA for screening

use OCT as a secondary screen

- can identify people at risk
- lower false +ve

useful for situations which rely on telemedicine (eg. Greenland)

better technology soon: cheaper, combined with fundus cameras

Software and hardware

Automated grading

- widespread support for automated analysis
- view that only necessary at present for disease/no disease

Feature specific grading

- in development
- “you’re not ready for this…”

Remote grading is common

- telemedicine is different

Hardware

Smart phone imaging not sufficiently developed

Hand held dedicated cameras worth exploring

Main actions/messages

extended intervals are being introduced but may bring new challenges

remote grading is widespread

acceptance of automated disease no disease grading

access to treatment remains surprisingly variable in Europe and needs urgent attention

- depends on urban/rural; size of economy

push to politicians – engage large patient groups

- WDF to address still insufficient lasers in Eastern Europe

Models of delivery into remote/rural/non-urban populations are needed
Tool kit developed for implementation of screening in private healthcare systems

Importance of balancing admin complexity of screening vs. concordance

OCTs in screening pathway

- collect evidence develop pathways
- redefine screen +ve for the OCT era

Where next?

Do we want another meeting?
Eastern Europe

Reports
- can we develop another output?

How to engage with IDF, WDF?

Future topics:

- how to deal with non-attenders
- are we having an impact on visual impairment?
- number of fields in screening
- importance of systemic risk factors in screening
- focus on post-Soviet block where more progress is still needed