

Seminario ANMDO
Milano, 18 giugno 2018

Esempio gestione pazienti cronici



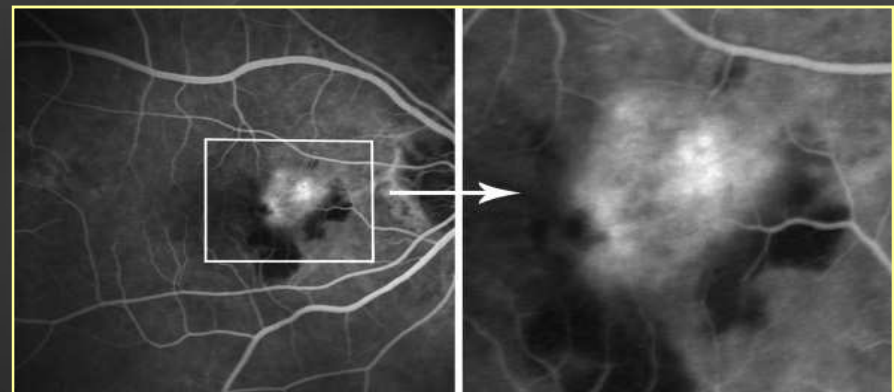
School of Medicine
Dept. of Surgical and Morphological Sciences
Section of Ophthalmology
University of Insubria, Varese - Italy
Chairman: Claudio Azzolini MD

Age Related Macula Degeneration

> 60 yrs

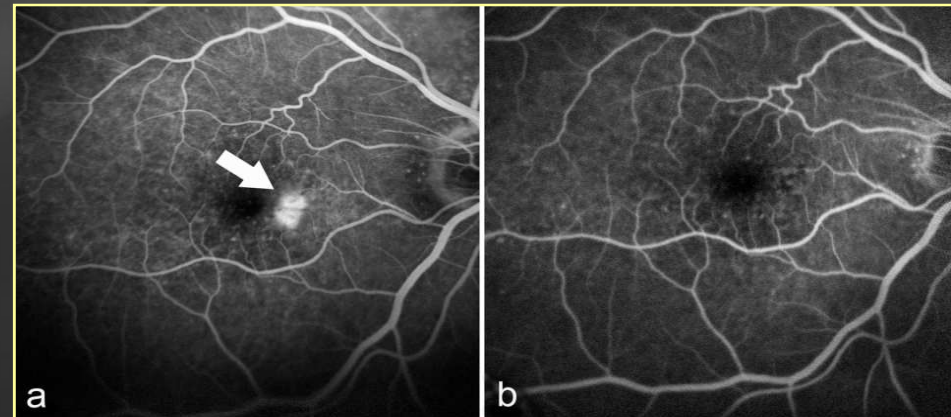
In Italy:

sign of disease: 1M
new cases: 20000/yrs
in next 25 yrs: X 3



**Prophylaxis: lifestyles
Genetic test**

Therapy: pharmacology, laser, (surgery)



Wet-AMD: from clinical study to clinical practice

To accelerate process of care:

- * quick access to therapy
- * screening campaign
- * retina center's map
- * more retina centers
- * rehabilitation
- * ophthalmologists' collaboration
- * more control's discretion
- * medical experience



Difficulties in real life

* high number of patients



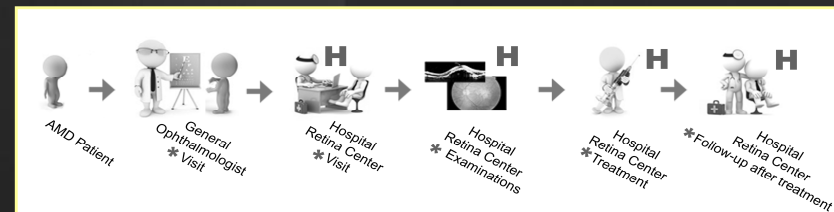
* intravitreal injection as surgery



* administration procedures (AIFA, hospitals, check..)



* often slow access to therapy

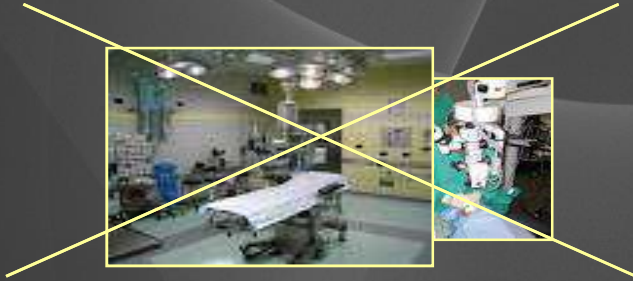


Possible steps of amelioration

* number of patients



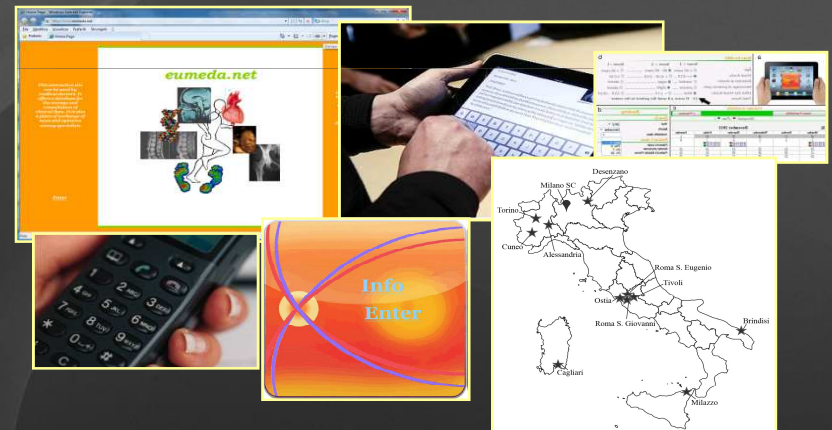
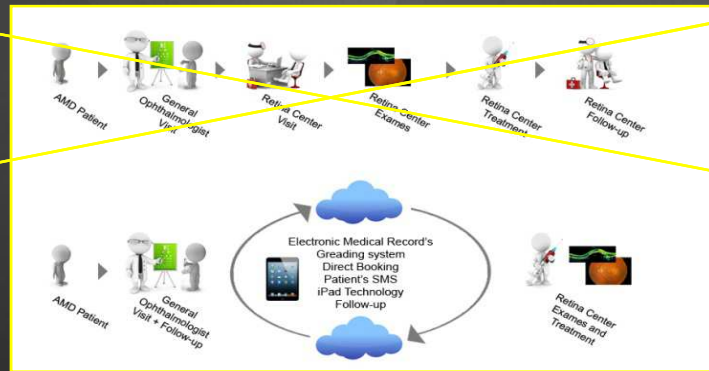
* simplify injection procedures



* simplify administrative procedures



* better access to therapy



Integration/collaboration

Represents the best way to raise medical care efficacy

- Hospital-territory integration
- Private/Public Health integration
- Multidisciplinary integration



iRetina Project Purpose

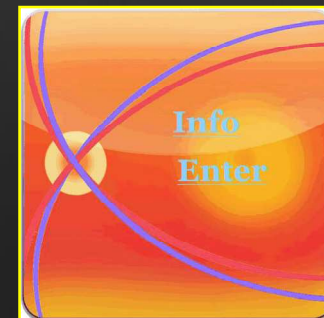
To improve eye care efficacy by using a teleconsultation network between ophthalmologist working on territory and those working in Retina Centers



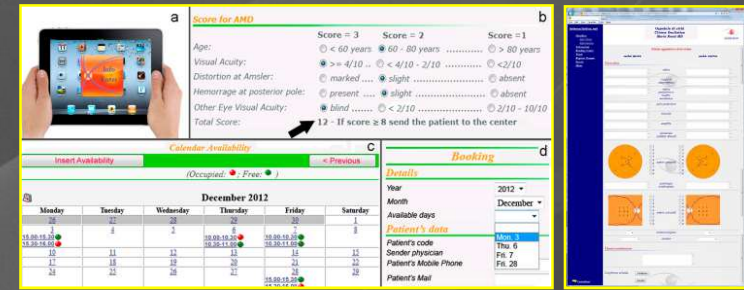
Materials & Methods

- iRetina app/iPad devices
- grading system with automatic scoring to quantify the risk of disease progression
- interactive remote booking system to make appointments directly with Hospital Retina Centers from outside
- three-months period
- 10 Italian cities/11 groups of ophthalmologists

eumeda.net

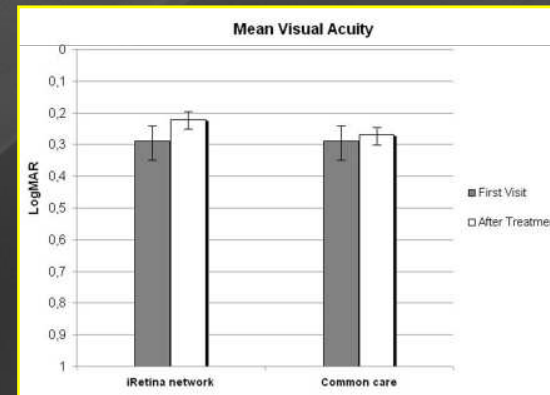
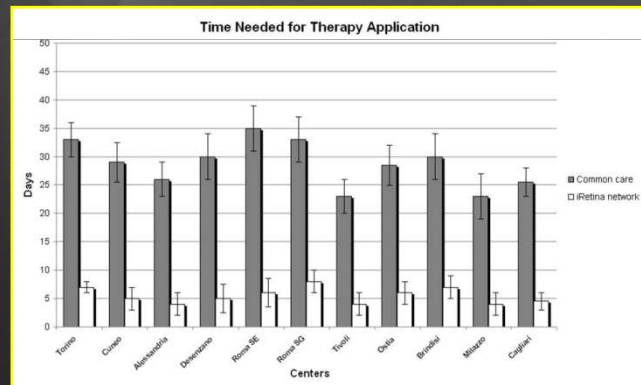


Results



10 Italian cities
11 groups of ophthalmologists

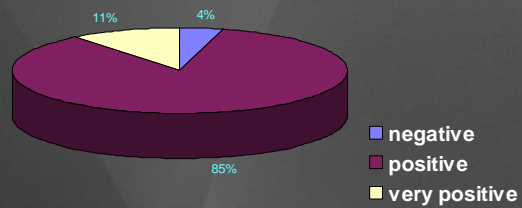
grading system with automatic scoring to quantify the risk of disease progression



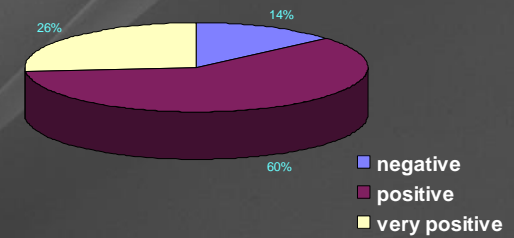
In 276 cases appropriate anti-VEGF treatment was promptly delivered within a mean of 5.5 days (range 4.6-6.4 days), compared to a mean of 28.7 days for common care used as a control group (range 26.2-31.2 days; $p=1.91E-10$).

Process of Care Evaluation

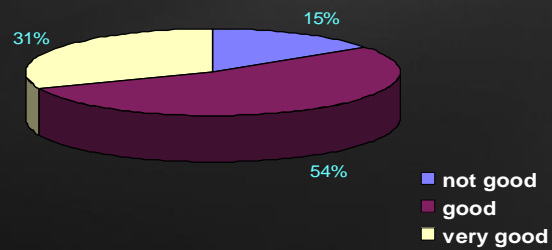
Access



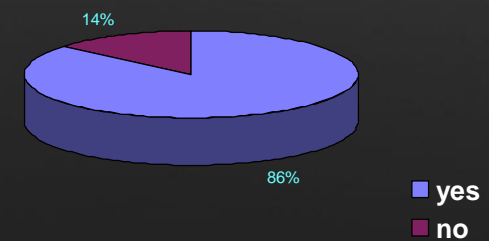
Acceptability



Data Quality

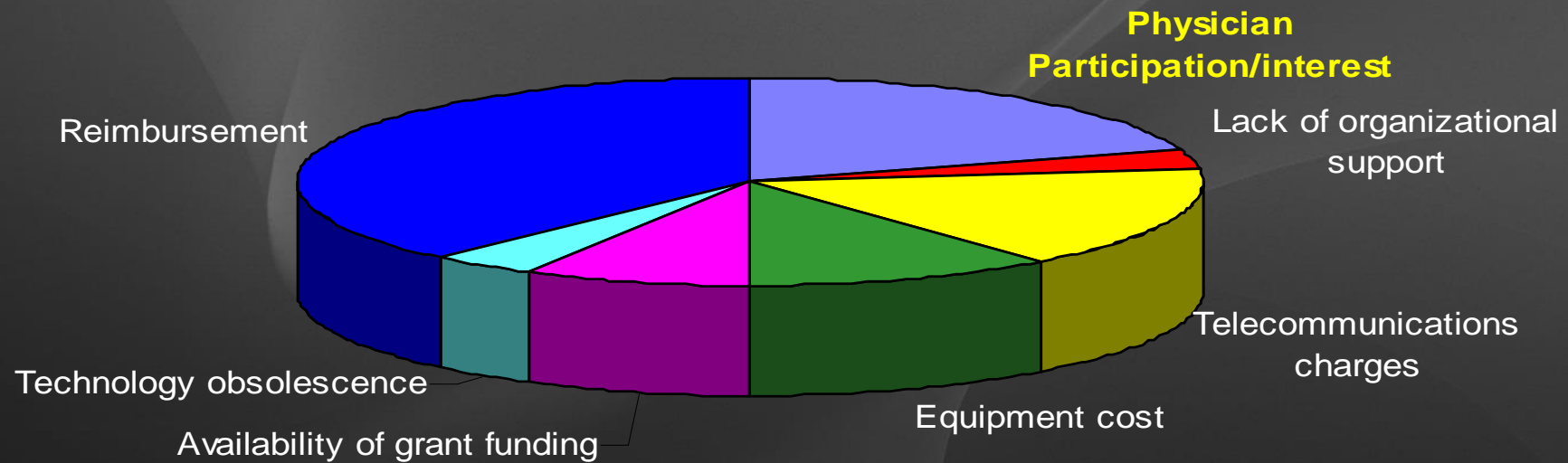


Med Efficacy



Enter' Barriers

Reported barriers to program sustainability



* From 1998 ATSP Report

