# A global survey of patients, providers, and clinic staff from 24 countries reveals barriers to optimal care delivery for nAMD due to constraints and gaps in clinic capacity

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**Problem:** Regular anti-VEGF treatment for nAMD frequently leads to maintenance or improvement of visual acuity;<sup>1-3</sup> however, numerous factors, including the need for repeated visits, can be burdensome for patients.<sup>4</sup> This can lead to non-adherence, which negatively affects long-term visual outcomes<sup>5</sup>



**Objective:** To improve management of nAMD in clinical practice through a deeper understanding of factors that may contribute to patient burden and suboptimal adherence from the perspectives of patients with nAMD, providers, and clinic staff



**Outcome:** Quantifying known and unknown barriers to identify meaningful evidence-based actions in order to improve eye care of people with nAMD

Survey design: Multi-country paper-based survey of patients, prescribing physicians, and clinic staff

- **Patients with nAMD:** 38 questions on personal characteristics, treatment adherence, disease information provided at diagnosis, challenges with attending appointments, treatment experiences, and opportunities for improving support
- **Providers** (who administer and/or prescribe anti-VEGF treatment): 34 questions on similar topics from their perspective
- Clinic staff (who do not administer and/or prescribe anti-VEGF treatment) 22 questions on similar topics from their perspective

<sup>a</sup>Adherent defined as missing 1 or fewer appointments over a 1-year period; non-adherent defined as missing  $\geq$ 2 appointments over a 1-year period.

nAMD, neovascular age-related macular degeneration; VEGF, vascular endothelial growth factor.

1. Ohji M, et al. *Adv Ther* 2020;37:1173–1187. 2. Mitchell P, et al. *Retina* 2021;41:1911–1920. 3. Weber M, et al. *BMC Ophthalmol* 2020;25:20(1)206. 4. Talks SJ, et al. *Ophthalmol Ther* 2023;12:561–575. 5. Okada M, et al. *Ophthalmol* 2021;128:234–247.



## Individual questionnaires for respondents









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## Survey participation and analysis





<sup>a</sup>Defined according to Okada M et al., *JAMA Ophthalmol.* 2021;139:769−776: adherent, missing 1 or fewer appointments over a 1-year period; non-adherent, missing ≥2 appointments over a 1-year period. No statistical comparisons were planned or performed; survey data were analysed and are reported descriptively.



## Do patients understand their disease and treatment?







## Do patients understand their disease and treatment?







## Are appropriate expectations set for our patients?



Patient survey results

## For patients with nAMD:



73.6% expected their vision to continue to improve with treatment



47.5% did not know how long treatment would be required



**34.1%** were not sure how many treatments they will need to receive in the next 12 months



**14.1%** had not discussed a long-term treatment plan at the start, or after starting, treatment

# As you continue with treatment, do you expect your vision to:





## What are the factors causing burden to patients?



#### Treatment and appointment burden

45.9% of patients reported that the frequency of treatment was too much
44.4% of patients were concerned about being a burden to family or friends
39.9% of patients have long periods of waiting during appointments
32.4% of patients were fearful of the treatment procedure



#### Financial burden

59.7% of patients wanted reimbursement restrictions lifted

42.3% of patients had personal costs related to the treatment

26.7% of patients struggled with costs related to office/parking fees

### Logistical burden

**31.3% of patients** said that other **chronic health conditions** make appointment attendance difficult

**39.6% of patients** found **traveling to the clinic** hard (ability/distance/cost)

34.5% of patients described that it was challenging for their accompanying person to attend

62.2% of providers think clinic capacity constraints make it difficult to deliver the best outcomes for patients



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## **Opportunities identified by patients to support them with the management of nAMD**



**Clinic processes** 

My doctor proactively discusses challenges I may face (83.8%)

Always having the same clinic team treating me (82.2%)

More time for my doctor to answer questions or concerns at an appointment (77.8%)

Longer time between treatments without losing vision (74.1%)

Extra time with my doctor to plan the next 6 months of treatment (72.9%)

**Dedicated nurse in the clinic** to that I can discuss my questions or concerns with (71.0%)



#### Access to treatment

Appointment reminders sent by the clinic (79.1%)

Phone consultations to answer questions I may have (74.6%)

Medical services/treatment that travel to/near my home (64.4%)

**Transportation assistance** to attend treatment/monitoring visits (62.4%)

Ability to monitor my vision accurately with a home monitoring machine (61.8%)



#### Financial assistance

With drug prescription costs (65.6%)

With office/parking fees (52.7%)



## How can these findings enhance patient-focused care?





This survey provides **important and novel insights** into the scale and breadth of key challenges in clinical management of nAMD as perceived by patients, providers, and clinic staff. Addressing opportunities highlighted in this novel survey could enhance care by **alleviating treatment burden and improving clinic capacity** 

#### Improve patient understanding and access

- Have earlier and more frequent conversations with patients on their treatment progress and long-term plans
- Better educational material for patients, and better availability of this material

#### Manage patient expectations:

• Training of providers and clinic staff to educate patients about treatment expectations

#### Alleviate appointment burden:

- Better use of **patient waiting time** as an opportunity to provide additional services or information
- Longer duration therapies and treatment interval extensions to improve clinic capacity constraints and reduce the burden on the patient and clinic
- Improved **financial assistance** with costs associated with treatment and office/parking fees



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#### **Survey centers:**

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