



# DIABETIC RETINOPATHY: MEETING PATIENT NEEDS

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## BACKGROUND

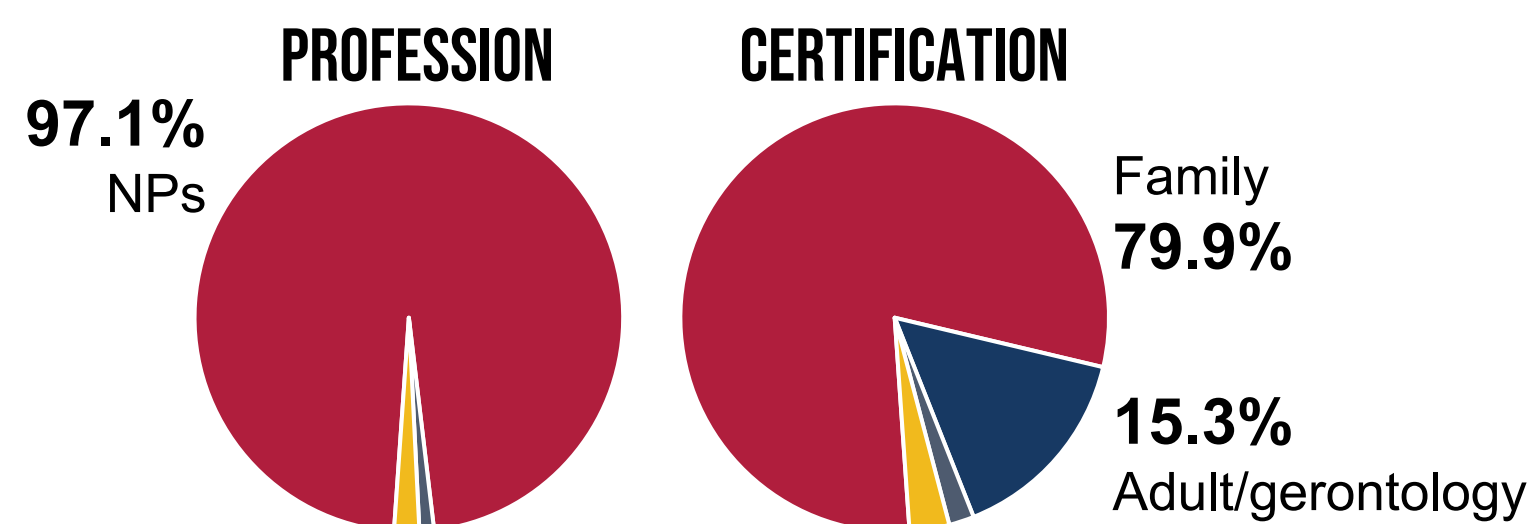
- Diabetic retinopathy (DR) is a microvascular complication of diabetes caused by damage to the retinal blood vessels due to hyperglycemia
- Ophthalmic vascular changes in patients with diabetes can lead to retinal damage, vision loss, and blindness
- In the US, about 7.7 million people had DR in 2017, and the prevalence is expected to double by 2050
- NPs are important care providers for patients with diabetes, as they are key members of diabetes care teams
- To improve NP knowledge and confidence in screening for and partnering to manage DR, AANP developed a 1.25-credit hour online CE program

## METHODS

- Outcomes questions were developed based on the learning objectives, needs assessment, and content
- Learners answers questions online
- Statistically significant differences pre- to posttest were identified using McNemar test for multiple choice questions and Wilcoxon test for overall percent correct and rating scale questions
- $P \leq .05$  indicated a statistically significant difference
- Effect size (ES) to indicate the size of the change was calculated using Cohen's  $d$  (0.20, small; 0.50, medium; 0.80, large)

## AUDIENCE

Learners: **2301** total    **1359** who could or are screening for DR    **32** who completed follow-up survey

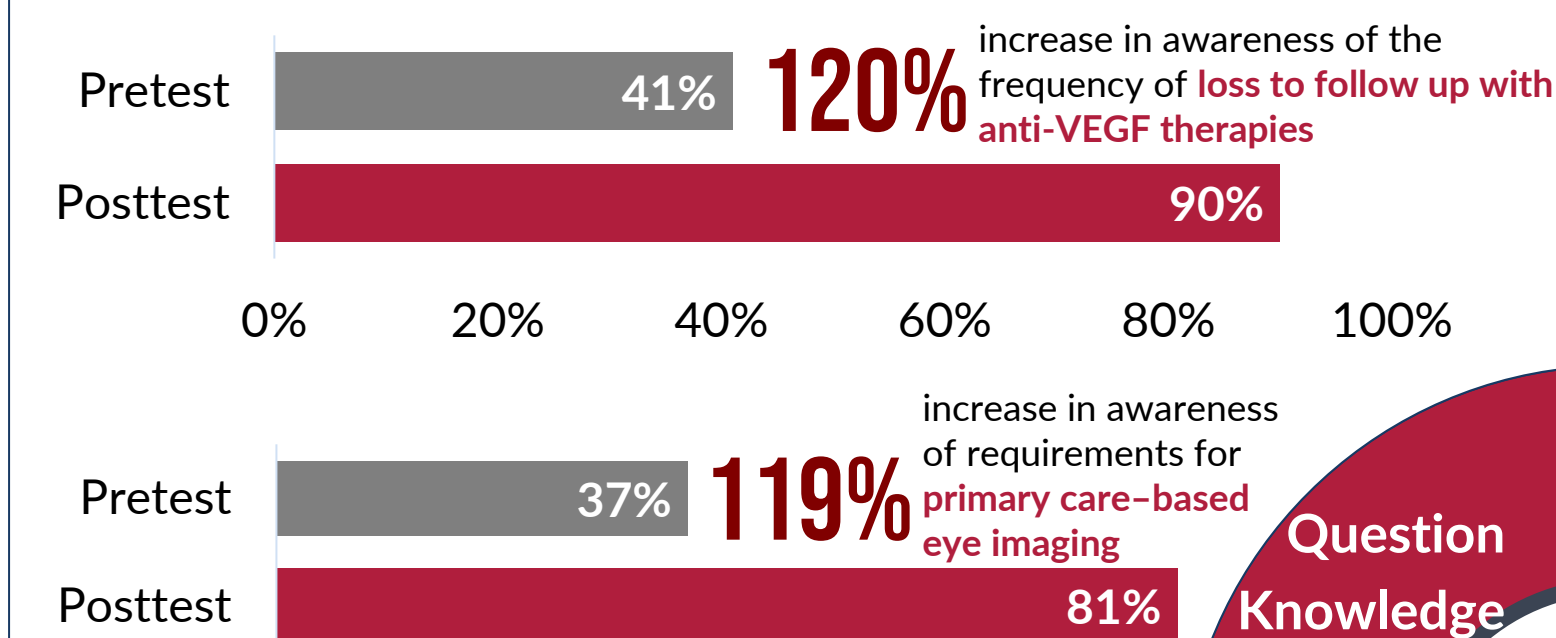


## LEARNING OBJECTIVES

1. Identify patients who are candidates for DR screening according to guideline recommendations
2. Summarize recent clinical evidence on the safety and efficacy of anti-VEGF therapies for DR
3. Incorporate strategies for effective patient-centered approaches to DR management, including education, promotion of adherence, and coordination of interdisciplinary care
4. Explain individualized and evidence-based strategies to overcome barriers to treatment adherence

## RESULTS

### Most notable increases in knowledge



### In posttest evaluation (n = 1359)...

**88%** of learners planned to implement at least one practice change

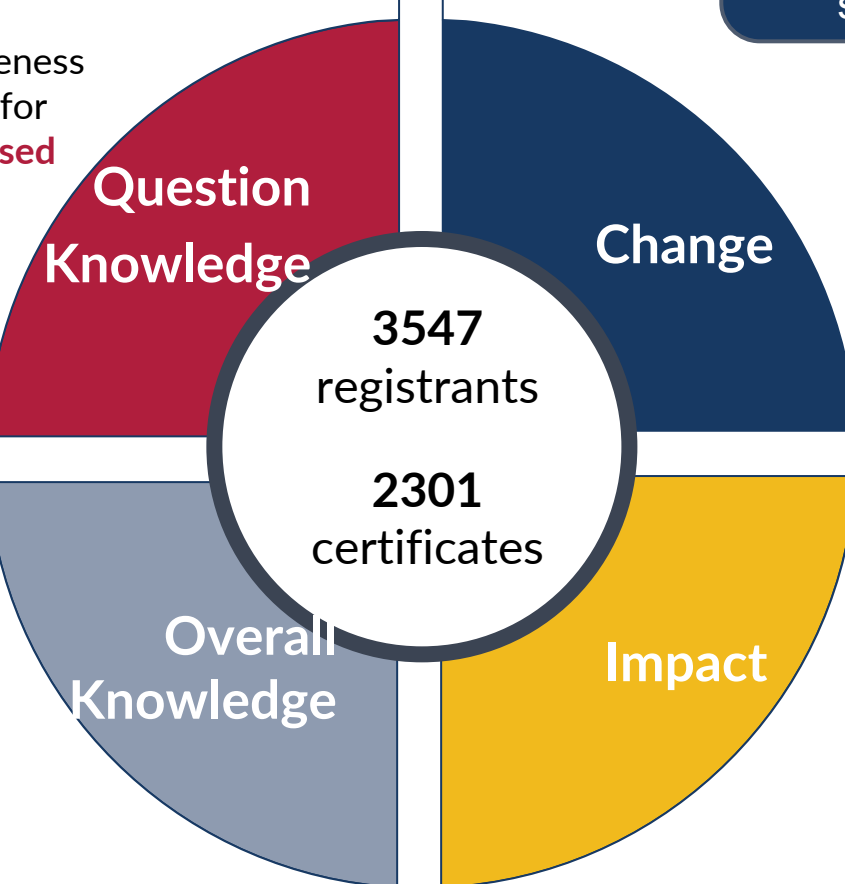
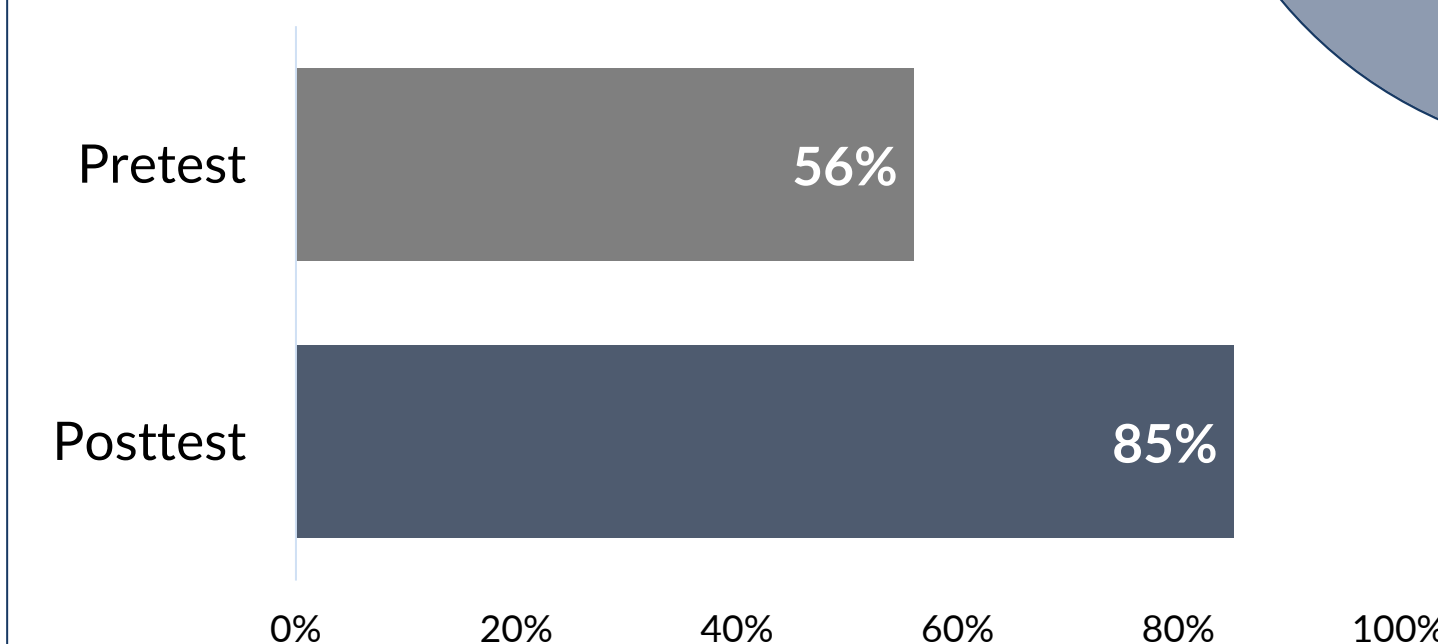
#### Practice changes

- Identify patients who are candidates for DR screening
- Patient-centered approaches to DR management
- Strategies to address barriers to treatment adherence

### In 60-day follow-up (n = 32)...

**53%** of learners reported at least one practice change

**52%** increase in overall correct answers from pre- to posttest with large effect size (Cohen's  $d = 1.42$ )



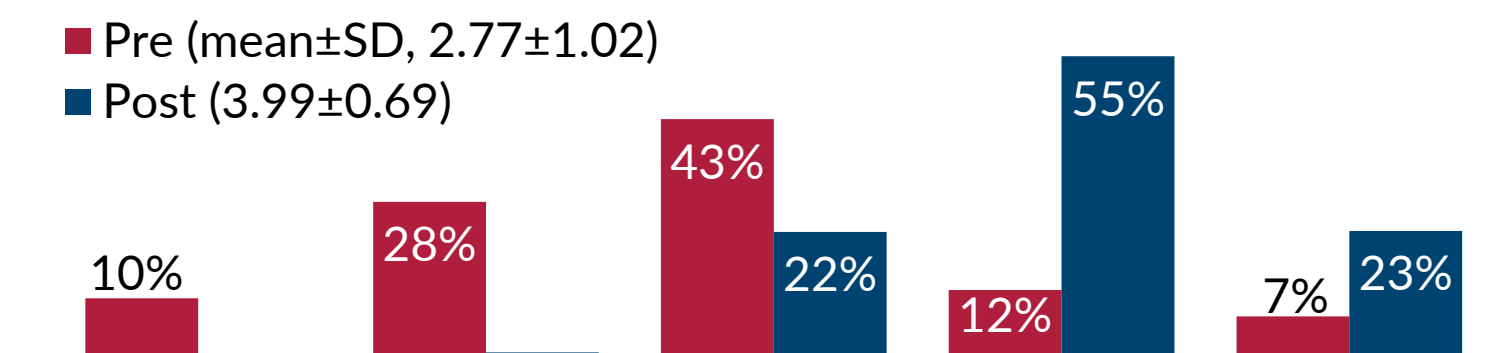
**59%** (N = 1359) of learners saw an average of **33.1 patients** each month who could be or are being screened for DR

Mean: 33.1 patients/per month  
Mode: 5.5 patients/per month  
Minimum: 5.5 patients per month  
Maximum: 201 patients/month

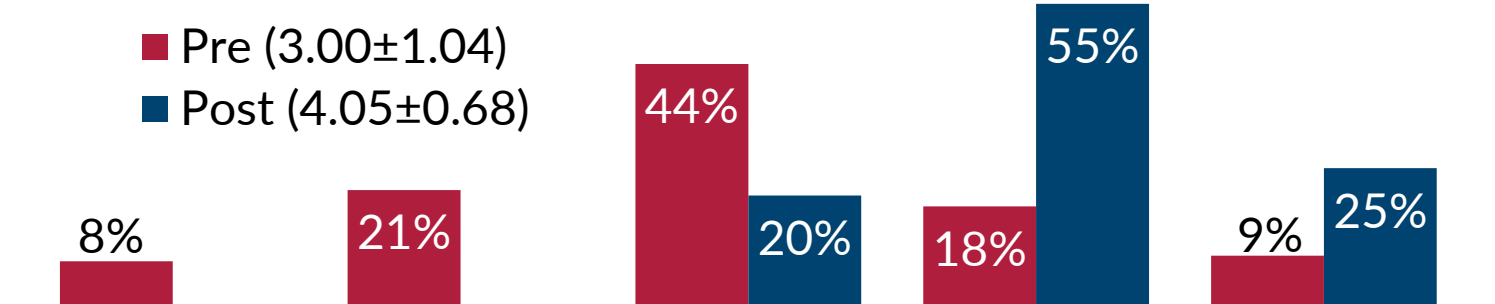
**44,945** potential patient impact from learning activity

## CONFIDENCE CHANGE

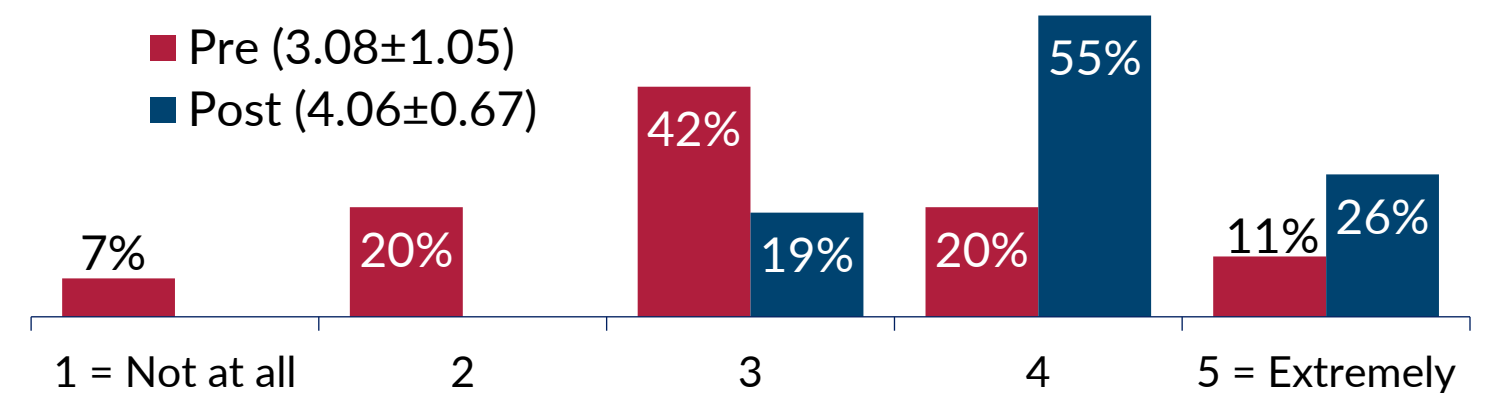
### Confidence in identifying patient populations at risk for DR



### Confidence in discussing DR screening importance with patients



### Confidence in referring patients with DR for guideline-recommended screening



## ONGOING BARRIERS AND NEEDS

### Greatest barriers to implementing lessons learned:

- 27.1%** patient education level
- 17.7%** cost or lack of insurance coverage
- 14.6%** time constraints
- 23.9%** reported no barriers to implementing lessons learned.

### Top 3 suggestions for future activities:

