

Glaucoma Care Process in Stable Glaucoma

Good quality, high volume, low cost



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Main principles

Prioritization

- Most resources to prevent *permanent* visual disability*

High Volume, Good Quality, Low Cost Services

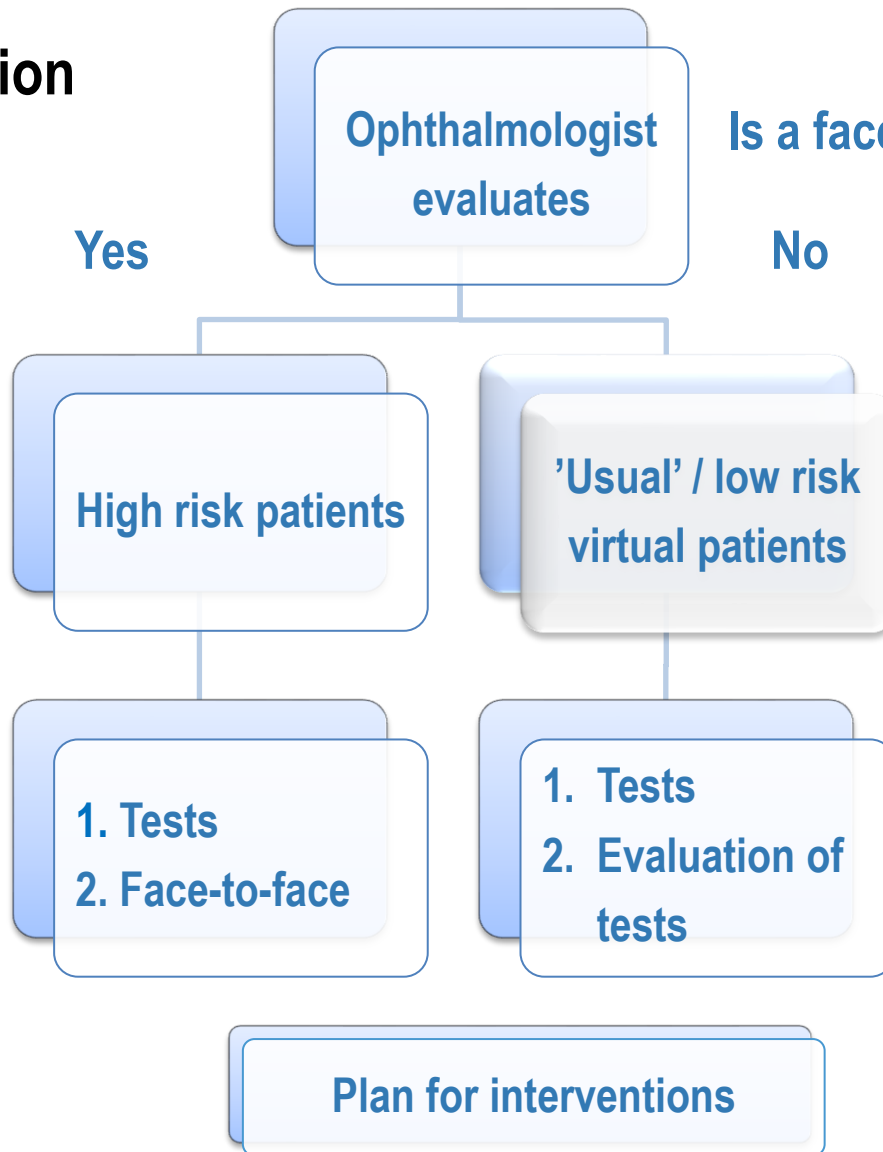
- Segmentation according to risk of vision loss
- Standardization of care processes in 'usual' patients
- Efficient ways to produce services

Shared care

- Physicians, nurses, optometrists, secretaries, technicians
- Patients

* Suggestion of prioritization order by all chief physicians to Ministry of Health 2016:
AMD, glaucoma, retinal diseases, cataract

Segmentation



Glaucoma

Similar to AMD, cornea, DM, lid, retina (pucker)...

Tays Glaucoma Process – **stable (low risk) glaucoma**

1. Virtual follow-up visit (18 patients per day)

- 👁️ Automated refraction + VA + iCare by a technician
- 👁️ Visual field (VF): 2 patients simultaneously by a technician
- 👁️ ONH and RNFL photos
- 👁️ No face-to-face exam

2. Glaucoma nurse fills in a standardized form

- 👁️ ONH, RNFL, VF: Damage? Progression?
- 👁️ Suggestion for ideal and reaction pressure, next visit

3. Medical glaucomatologist

- 👁️ Reviews the nurse's pre-filled forms
- 👁️ Face-to-face visits, lasers (ALT, SLT, diode)

Follow-up based on FinEBM Guide Line for glaucoma

Tuulonen et al. 2014

National Access to Care Legislation (updated 2016) is based on the National Guidelines

Glaucoma (similar to for AMD, Diabetic retinopathy and Cataract)

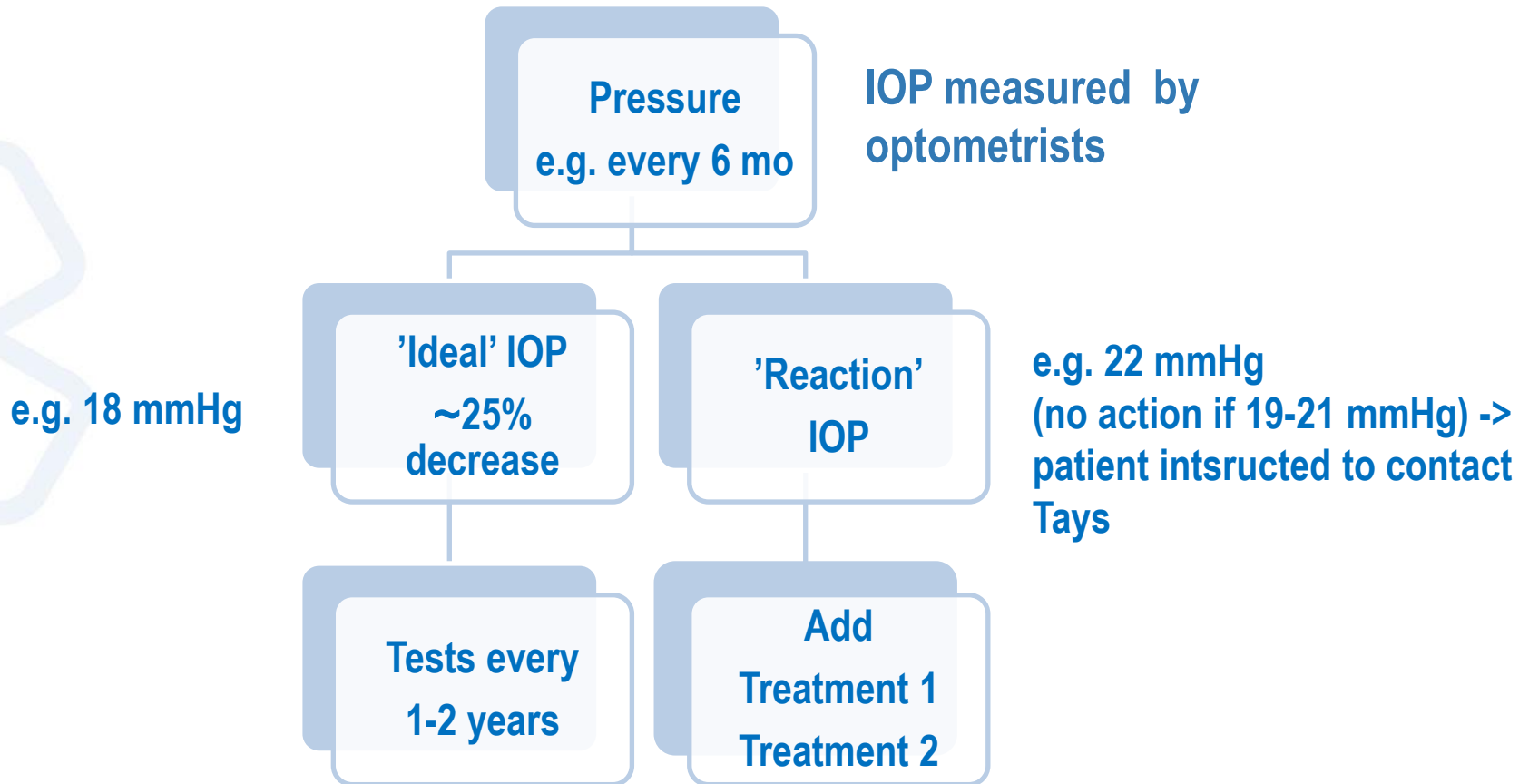
English translation of glaucoma guide line with evidence summaries

<http://www.kaypahoito.fi/web/english/guidelines>

Recommendations for everyday practice in 9 Tables.

Standardization - stable glaucoma

2-year plan



FinEBM Guide Line 2014

<http://www.kaypahoito.fi/web/english/guidelines>

