

# Barometer Ambassador Programme

## Ambassador Spotlight...



### Dr Raúl Vélez-Montoya

**Role:**

*Associate Professor and Instructor of  
Ophthalmology  
Retina and Vitreous Diseases and Surgery  
Instructor  
Internal Review Board Member*

**Clinic name and location:**

*Hospital de la Ceguera, México*



**Why did you agree to take part in the patient and clinician multi-country survey and what is your involvement in the survey?**

Participation in the Barometer programme has been an amazing opportunity that allows us to see treatment from various perspectives, including patients, doctors and clinic personnel. This will help to visualise the patient/doctor universe from a third-person perspective, and provide new insights into our effectiveness in our role as doctors and treatment providers.



**How many patients has your clinic recruited to date and what is your strategy for recruiting patients?**

We have had over 600 surveys completed across all respondent types and indications, and have recruited 304 patients in total (age-related macular degeneration: 75; diabetic retinopathy: 65; diabetic macular edema: 164). Once the patients realized that their participation may improve their treatment access or outcomes, they were very willing to participate. Furthermore, we have completed all surveys assigned to doctors (142 total) and staff members and personnel (180 total). Feedback from patients, doctors and personnel has been overwhelmingly positive.

Our implementation strategy has been stratified where we recruited the allied personnel first, followed by the doctors, and lastly the patients, allowing us to roll out the survey at a very fast pace.

Another aspect of our strategy was completing patient surveys after their appointments, which avoided anxiety or frustration before the appointment and encouraged participation. However, assistance from a staff member is required to complete the questionnaire, as the patients' pupils are often still dilated after the retinal consultation.



**In your practice, you chose for providers and staff to complete the questionnaires prior to approaching the patients. Do you think this motivated them to recruit patients and allowed them to explain the survey in a clear manner to encourage recruitment?**

Yes. However, it did require a bit of explanation first. We all know that questionnaires require some concentration and knowledge, but mostly time. Time is a valuable commodity for everyone, so simply rolling out the survey without warning may have led to poor uptake by the staff. Therefore, in the weeks prior, we held briefing meetings with key personnel and the leadership teams of individual hospital areas. We conveyed the importance of our efforts to the staff, so they were aware in advance of the survey and the importance of setting aside time to fill it in properly. They were able to communicate the importance of participating to the patients, which I think resulted in an improved level of survey acceptance.



**Do you think that having your resident doctors heavily engage with the young ophthalmologists within your clinic broadened their view so as not to focus solely on the disease and its treatment, but to consider the perspective of the patient in a broader way?**

Yes - this is especially true for the new generation of ophthalmologists and medical students who, in addition to learning ophthalmological science, feel that they are part of something greater and need to contribute more to their communities. This survey provides them with the opportunity to be a part of an international effort that aims to improve clinical practice. It also makes medical students aware that the patient is not just a disease, or an eye attached to a human body, but an individual that requires our assistance in various ways. Hence, it is a win-win situation for us all.



**The two major challenges during survey roll-out were administrative support and timing resources. Could you expand on your experience in justifying the time needed and in convincing the administrative staff of the importance of their support?**

An important part of our strategy included holding meetings with the leadership team in our hospital, not only with the medical directors, but also with other key departments, such as accounting and human resources.

The goal was to make the team aware of the importance of the survey at both the clinic and country level and the potential benefits that



participating in the Barometer programme can bring to their specific areas, to secure their support. Beyond the obvious medical benefits, improved adherence to treatment and better outcomes will reflect positively on the hospital's potential revenue performance indicators, which allows us to provide continuous healthcare to our community, even in a non-profit institution such as ours.

As a result, we set an expectation and the staff were motivated to achieve maximum survey completion so that we could leverage the results for various purposes. As a matter of fact, the team are now eager to gain further knowledge of the perspective of the patient and how the hospital can enact new campaigns or policies to attract new patients or to improve our outreach in the local community.



#### What does patient-focused care mean to you?

Participation in the Barometer survey has allowed me to demonstrate the importance of patient-focused care to our fellows. The survey highlights that patients are multi-faceted human beings with individual needs, concerns and goals. Furthermore, it helps us to understand the particular hurdles faced by our patients on a daily basis.



#### Are there any other recommendations or insights into patient-focused care that you would like to share with the Ambassador community?

The Barometer survey has allowed us to gain insights into the patients' interpretation of our terminology and language, their comfort with their physician or the way that new information has been received. The survey also highlights aspects beyond the medical act, such as economic issues. These could be highly specific to certain communities or areas, and can severely affect treatment adherence.

The activities of the Barometer Programmes are funded and facilitated by Bayer where the scientists and representatives from IFA, IDF and IAPB retain decision authority to the research scope, methods, analysis of findings and dissemination of the outputs of the nAMD & DR Barometer Programme.

November 2021 MA-PFM-OPHT-ALL-0681-1