

FOCUSED SIGHT WORKBOOK



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Focused Sight Initiative: Quality Improvement Interventions in Retinal Disease

FACULTY



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Overcoming Cultural and Communication Disconnects

David Chin Yee, MD, FASRS

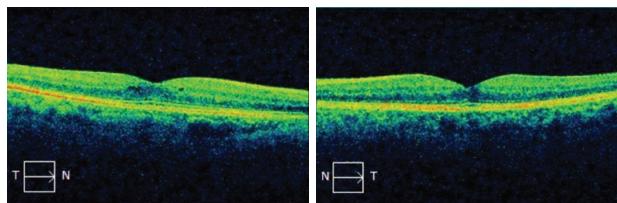
Watch Now: <https://evolvemed.com/segment/37710/>

CASE HIGHLIGHTS

- Dr. Yee provides strategies for overcoming cultural and communication barriers in the management of diabetic macular edema (DME), with an emphasis on patient education and a team-based approach.
- The case involves a 58-year-old Spanish-speaking woman with poorly controlled type 2 diabetes who presented with bilateral center-involved DME and reduced visual acuity. Despite clear indications for intravitreal anti-VEGF therapy, she initially declined treatment due to fear of injections, limited English proficiency, reliance on folk healing practices, and mistrust of the medical system.
- After vision loss began to interfere with daily functioning, the patient re-engaged in care. A modified approach was implemented, including bilingual staff support, culturally tailored educational materials, family involvement, and community-based assistance with transportation. Respect for the patient's beliefs, combined with clear explanations and empathetic communication, helped build trust and facilitate treatment initiation.
- With sustained follow-up, the patient demonstrated progressive anatomical and visual improvement, culminating in complete resolution of macular edema and near-normal vision at 2 years. Improved engagement with care was also associated with better systemic glycemic control.
- This case highlights that addressing cultural, linguistic, and social barriers is essential to maximizing the real-world effectiveness of retinal therapies and supporting durable visual outcomes.

"Treatment adherence improves when there are bilingual navigators. We also know that validating cultural practices have been shown to reduce no-show rates, similar in this patient, as well as long-term trust; you'll sustain glycemic and visual gains. There's nothing better than being able to develop a bond with the patient, developing confidence and trust to be able to obtain better outcomes for our patients. Communication and understanding can help to allay some of these barriers that we and many of our patients are faced with on a day-to-day basis."

David Chin Yee, MD, FASRS



VIDEO CASE: Final OCT at 2-year follow-up after treatment, OD: 255 OS: 265



NOTES

Patient at High Risk of Loss to Follow-Up

Deepak Sambhara, MD, FASRS

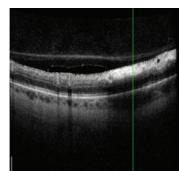
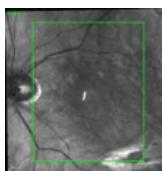
Watch Now: <https://evolvemed.com/segment/37711/>

CASE HIGHLIGHTS

- Dr. Sambhara provides strategies to ensure treatment compliance and follow-up care in a busy, working-age patient with severe non-proliferative diabetic retinopathy (DR) and diabetic macular edema (DME) through setting expectations, collaborative communication, and visual engagement.
- The patient is a 63-year-old man with recently diagnosed but poorly controlled type 2 diabetes who presents with progressive bilateral vision loss that he believed could be corrected with new glasses. Imaging revealed severe non-proliferative DR requiring frequent anti-VEGF therapy, leading to initial mistrust and frustration when early visual gains were modest.
- By setting clear expectations, using simple analogies to explain disease mechanisms, and directly reviewing OCT and near-infrared images, the care team helped the patient understand both the severity of his condition and the incremental nature of treatment response.
- After limited improvement with initial therapy, a thoughtful treatment modification led to meaningful anatomical and visual gains. Actively involving the patient in reviewing imaging over time reinforced progress, validated his efforts, and strengthened engagement.
- Ultimately, sustained communication, shared decision-making, and transparency transformed a skeptical patient into an active participant in his care, enabling stabilization of disease and functional visual improvement. This case underscores how patient-centered communication and multimodal imaging are as critical as pharmacologic choice in achieving durable outcomes in chronic retinal disease.

“Sometimes you can have neovascularization in the absence of edema where patients' visual acuity are maintained, and in those cases, showing them a fundus photo or if you have leakage that you could demonstrate on a fluorescein angiogram, all of those things can work very well in demonstrating exactly the extent of pathology, especially when you have a control normal that you can look up and show them as a frame of reference. And by setting expectations on the front end, letting the patient know what normal looked like and what his own retinas looked like, knowing what therapy is necessary, the patient had a more realistic point of view of what to expect.”

Deepak Sambhara, MD, FASRS



VIDEO CASE: NIR and OCT imaging at follow-up following treatment with faricimab, VA 20/50

NOTES

A Case of Missed Diagnosis

Esther Lee Kim, MD

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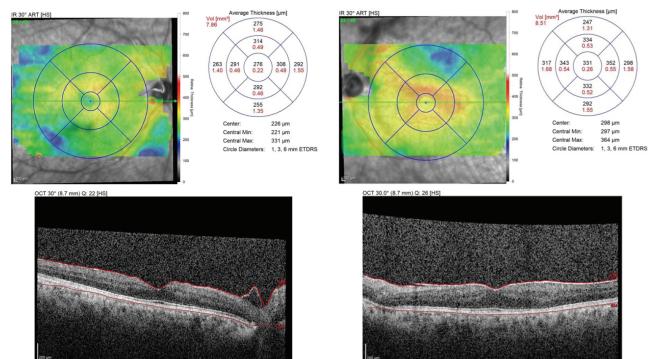
CASE HIGHLIGHTS

- Dr. Kim explores a case of misdiagnosis in a patient with long-standing type 2 diabetes who presented with bilateral vision loss and was initially referred for possible retinal vein occlusion. She reviews risk factors, imaging findings, the importance of referral timing, and optimal management strategies in this clinical scenario.
- The patient is a 36-year-old man with type 2 diabetes, hypertension, and kidney disease who presented with bilateral vision loss after years of annual eye exams without a documented diagnosis of diabetic retinopathy (DR). Referral for possible retinal vein occlusion underestimated the urgency of his condition.
- Comprehensive retinal evaluation and ancillary imaging revealed severe bilateral proliferative DR with macular edema and extensive neovascularization. Prompt initiation of anti-VEGF therapy combined with panretinal photocoagulation led to rapid visual and anatomic improvement, averting vision-threatening complications. Long-term follow-up demonstrated sustained disease control and excellent visual outcomes.
- This case underscores the importance of frequent monitoring, early referral, and use of multimodal imaging in high-risk patients, particularly those with long diabetes duration and systemic comorbidities. Maintaining a low threshold for retina referral is critical to preventing missed or delayed diagnoses and preserving vision.

"Patients with severe NPDR need to be seen more frequently, and especially depending on compliance, on the status of the fellow eye, in terms of their A1c control, considering treatment even at this stage, be it with PRP or anti-VEGF injections, to reduce the likelihood of progressing to PDR, especially PDR that can be vision threatening."

Esther Lee Kim, MD

VIDEO CASE: Final OCT (6.5 years after initial referral); VA is 20/20 OU



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It Takes a Village

David Eichenbaum, MD

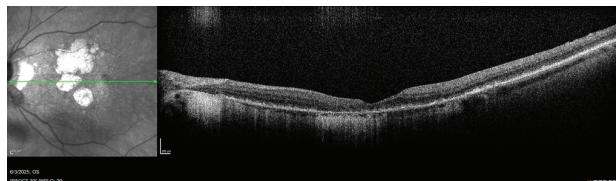
Watch Now: <https://evolvemed.com/segment/37714/>

CASE HIGHLIGHTS

- Dr. Eichenbaum presents a case that illustrates the challenges of maintaining continuity of care for patients with geographic atrophy (GA), particularly elderly individuals who receive retinal care across multiple geographic locations.
- The patient is an 88-year-old woman with non-center-involving GA in her better-seeing eye and long-standing vision loss in the fellow eye. Monthly pegcetacoplan therapy was initiated, and the patient maintained good adherence to therapy. She understood that treatment aimed to slow, but not stop, disease progression and expressed gratitude for the proactive approach to preserve her vision.
- As part of routine seasonal relocation, a referral was coordinated to ensure uninterrupted care. However, a breakdown in communication led the patient to receive treatment from a different out-of-state retina provider, where bevacizumab was initiated for presumed neovascular age-related macular degeneration—a diagnosis she did not carry. This resulted in patient confusion, unnecessary treatment exposure, and perceived acceleration of vision decline before she returned to her original provider and resumed appropriate GA-directed therapy.
- This case underscores the importance of structured referral handoffs, reinforcing patient understanding of the diagnosis and treatment intent, and encouraging bidirectional communication when care plans change. For chronic retinal diseases requiring long-term management, effective coordination among providers and active patient engagement are essential to ensuring evidence-based treatment and minimizing avoidable care gaps.

"This is obviously a quality problem when the patient's getting the wrong drug for the wrong diagnosis in the correct eye, at least. But I think that this type of thing could be mitigated with better patient understanding and easier-to-use patient portals. It could be mitigated with better communication between patients and their doctors."

David Eichenbaum, MD



VIDEO CASE: Imaging after 10 treatments of pegcetacoplan; VA: CF2' OD, 20/40-2 OS



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