Beyond intervention: Our most important learnings from the journey

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Disclosure

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I have the following potential conflicts of interest to report:

- Consulting: Abbott, Acotec, Alvimedica, Boston Scientific, Medtronic, Provascular/ HMP Europe, Upstream Peripheral Technologies
- Grants/Research Support
- Honoraria/Travel Support
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

I do not have any potential conflict of interest
Beyond Intervention invests in **global research of patients, providers and hospital leaders** to get to the heart of vascular care gaps and supports programs committed to providing more personalized patient care and reducing friction across the care continuum.

YEAR 1: **Personalized Vascular Care Through Technological Innovation**
- 961 patients
- 126 healthcare leaders
- 345 physicians
- 1,432 interviews from 9 countries (Dec 2019-Jan 2020)

YEAR 2: **Improving Patient Experience by Addressing Unmet Needs in Vascular Disease**
- 1,289 patients
- 173 healthcare leaders
- 408 physicians
- 1,870 interviews from 13 countries

YEAR 3: **Enhancing Positive Outcomes for Patients**
- 1,350 patients
- 207 healthcare leaders
- 499 physicians
- 2,056 interviews from 16 countries
5,500+ physicians, healthcare leaders and patient participants surveyed

3 unique reports discussing how we can improve care across the patient journey
BEYOND INTERVENTION 2020 AND 2021
IDENTIFYING THE BIGGEST CHALLENGES THAT ARISE EARLY IN THE PATIENT JOURNEY

Perspectives from patients, healthcare leaders, physicians

EARLIEST STAGES OF CARE

Symptom Awareness
Diagnostic Testing

PATIENT JOURNEY

Immediate Recovery
Treatment

Long-term Wellness
Physicians lament the lack of time they have to spend with patients, their limited visibility into patient adherence to treatment and lifestyle changes, and challenges with other key factors that influence the quality of care they can provide.

Administrators are pressed to deliver patient satisfaction and reduce costs across multiple departments.

Patients are frustrated by the care they’re receiving – they understandably want a personalized healthcare experience “tailored for me,” across the care continuum.

72% of patients want more personalized, data-informed care.

55% of physicians say limited time with patients is a major barrier.

88% of administrators named patient satisfaction as highly important to the overall procedure experience in the hospital.
YEAR 2 SURVEY HIGHLIGHTS SUCCESSFUL PATIENT OUTCOMES DEPEND ON EARLIEST STAGES OF THE HEALTH CARE CONTINUUM

Key findings show three key areas for improvement:

1. AWARENESS OF SYMPTOMS AND TREATMENT OPTIONS

2. STANDARDIZED PROCESSES AND TECHNOLOGIES FOR DIAGNOSIS

3. COORDINATION AND COMMUNICATION AMONG PCPS AND SPECIALISTS
PAD PATIENTS REPORT MORE CHALLENGES THAN CAD PATIENTS

% reporting misdiagnosis
- CAD: 17%, PAD: 26%

% reporting ineffective treatment
- CAD: 20%, PAD: 34%

% frequently switch doctors and do not consistently see the same doctors
- CAD: 11%, PAD: 21%

% struggle to find the right doctor or get the right healthcare treatment
- CAD: 14%, PAD: 22%
HOW ARE UNDERSERVED PATIENTS DEFINED IN THE PAPER?

- Underserved patients are defined based on measures of social determinants of health, which are global and irrespective of the healthcare system.

- We used the following weightings (on a scale of 5) to determine whether patients were “less” underserved, “moderately” underserved, or “highly” underserved:
  1. Difficulties affording food (1.75)
  2. Difficulties affording medicine (1.5)
  3. Avoids medical care due to costs (1.0)
  4. Lower income than others in state/region (0.5)
  5. Has access to transportation when needed (0.25)
EXPERIENCE FOR UNDERSERVED PAD PATIENTS

% having difficulty finding a reputable physician

- PAD NON-UNDERSERVED: 16%
- PAD UNDERSERVED: 34%
- PAD NON-DIABETIC UNDERSERVED: 27%
- PAD DIABETIC UNDERSERVED: 45%

% reporting ineffective treatment

- PAD NON-UNDERSERVED: 27%
- PAD DIABETIC UNDERSERVED: 48%
- ALL PAD: 37%
- PAD DIABETICS: 41%
Year 3 perspectives from patients, healthcare leaders, physicians complete our research on the patient journey.

**PATIENT JOURNEY**

- **Symptom Awareness**
- **Diagnostic Testing**
- **Treatment**
- **Immediate Recovery**
- **Long-term Wellness**
YEAR 3 SURVEY HIGHLIGHTS

• Patient **satisfaction is based on a comprehensive care experience** interacting within the healthcare system.

• Finding the **motivation** and **time** to manage their conditions, and the **costs** related to treatments, are the primary challenges for patients.

• Many **patients see the value in digital solutions** for managing their own health and wellness, although physicians and healthcare leaders seem less eager to adopt such solutions at present.
KEY FINDING NO. 1
OVERALL PATIENT EXPERIENCE, END-TO-END

Patient satisfaction is based on the overall end-to-end experience interacting within the healthcare system and not solely on the success of the treatment.

90% of patients surveyed believe 2 most important factors shaping their overall experience are 1) clear understanding of next steps and 2) having all questions answered.

60% of patient satisfaction (also in the opinion of all 3 surveyed groups) comes from the other aspects of the patient experience (other than the actual treatment) including what happens both inside and outside the hospital or doctor’s office.

Source: Abbott Beyond Intervention Research, Year 3.
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Patient motivation, time, and costs are the biggest barriers to an optimal care journey post-intervention.

57% of patients believe they were “fixed” after a coronary or vascular intervention despite the progressive nature of disease.

More than 1/2 of physicians thought clearer lifestyle recommendations (50%), additional cardiac rehab (53%) and clearer explanations on next steps (58%) are the best ways to help patients.

Patients think they are doing a better job of following “doctor’s orders” than the doctors themselves do, e.g., attending cardiac rehab, wearing a smart watch to track steps/heart rate, using a phone/tablet to input/track symptoms, reduce alcohol consumption.

Source: Abbott Beyond Intervention Research, Year 3.

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KEY FINDING NO. 3
HEALTH TECHNOLOGY AS ENABLERS OF PATIENT CARE

Nearly 60% of patients and 1/2 of all healthcare leaders would trust AI to help them diagnose a patient with the correct condition or recommend the best treatment; however, just over 1/3 of physicians felt the same way (34-35%).

Despite patient appetite, fewer than 20% of physicians use digital health tools to monitor disease progression and get information following a procedure.

Only 37% of physicians believe that the large quantities of patient data available now are helping them provide better care today. Nearly half of all physicians (48%) believe large data will help them provide better care in the future.

With increasing global penetration of health and wellness monitoring devices, it's important for physicians and healthcare leaders to understand that such digital health tools are favored by patients.

Source: Abbott Beyond Intervention Research, Year 3.
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Vascular patients are patients for a lifetime; it is no different than cancer and just like cancer—restenosis with ischemia or just like re-ulceration with diabetic foot complications—these patients are not ‘cured.’ They are in remission...A procedure to address an acute episode of vascular disease is only one moment in time in the ongoing comprehensive care of our patients.

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