Interview: Ulla Näpänkangas, CEO, Coronaria Eye Health Finland

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HBI catches up with Ulla Näpänkangas, CEO at Finland's Coronaria Eye Health ahead of her appearance at HBI 2022 and hears how innovation in ophthalmology is as much about patient pathways and business models as it is about the tech.

Näpänkangas is a panellist alongside Tim Clover, CEO, Rayner and Peter Byloos, CEO, Optegra at HBI 2022's Ophthalmology panel which is being moderated by Tobias Koesters, Partner, L.E.K. Consulting. Click here to see the agenda for the conference. To read more about Ophthalmology in intelligence click here.

Covid may have seen a shift to telehealth but Näpänkangas says ophtha often needs to be hands on. She explains: "It is easier for patients to come to us, but it also gives us the opportunity to explain everything thoroughly and without distraction for patients, especially when it's something the patient has to live with for the rest of their life. It's really better to be in the same room and have that personal contact. Most people say that to lose their sight is the scariest thing, so given that fear, some level of in-person interaction is preferred.

"There is a small amount of work that can be done remotely, say with glaucoma patients, testing intraocular pressures and such, but otherwise, currently the online microscopes just don't work that well. There are scanning optics and refraction vision control but this is only really valid for young healthy eyes. Remote options are predominantly complementary through ongoing treatment or monitoring, rather than diagnostics."

In Finland, remote truly means remote – there is a very low population density and 13.9% of the 5.5m Finnish people live rurally. Ophthalmology often requires complex and calibrated equipment for often extremely delicate procedures. This has prompted providers to develop other solutions, Näpänkangas explains: "We have been developing a model where we build up a clinic in an area where there is a minimum of 20,000 people and we take all the treatments and all the staff to some of the more remote places. We can do a range of smaller surgeries like cataracts and eyelid surgeries and then send the more demanding surgeries and acute patients to the bigger hospitals."

For those who live beyond the towns, Näpänkangas leans into telehealth: "What is making a difference is remote Healthcare centres, providing testing through for example Optical Coherence Tomography (OCT) operated by trained healthcare professionals, that are then assessed remotely. This is saving patients hundreds of kilometres and means that people are able to determine courses of treatment a lot quicker."

Staffing is an issue: "Unfortunately one of the reasons it has been necessary to look for new models or digital solutions is due to the lack of eye doctors, the lack of nurses and personnel. We have to create new systems because of this." She says this is further impacted by protectionism seen in ophtha, with clinicians seemingly making a rod for their own backs by refusing to delegate work. She says: "Doctors

and especially eye doctors tend to be very protective, particularly in Finland where still 30% of glass prescriptions still come from doctors. If we can make the shift and free up that 30% then we can better utilise the doctor's time. And whilst our optometrists cannot diagnose they can do a lot of the testing which can also make it a lot easier for the ophthalmologists. But in order for this all to happen there has to be a set of " house rules" that everybody needs to abide by. It is working well but with the current demographics and demand growing we need to do more of it."

Näpänkangas believes focusing on specialisms is the first step to finding efficiency in an under resourced and struggling workforce: "It's important to develop teams of excellence around a specialist doctor, so for example in macular degeneration, you have a nurse that can do the injections and a specialist support helpline that focuses on providing patient support to that condition. If all doctors continue to focus on everything it won't work."

Ultimately the way in which the system is designed and delivered will dictate its success: "We have to build the system to exactly what we want to achieve rather than buying a digital system and then building everything around that, which is what has traditionally happened here in Finland. We have to think past the limitations of the old ways of doing things, and we have to look at the whole process and system, not just digital, for example, how we use resources and what work is allocated to nurses or technicians."

One of the biggest challenges in ophthalmology and eye care right now Näpänkangas tells us is how to divide work between public and private providers. She explains: "It is of course dependent on the country, but given the strained resources and declining public health budgets, what is the balance? What can you outsource? What do you keep in public hospitals? Of course the demanding cases, all the acute cases, all the traumas, but the resources are no longer there to handle the bulk of the other work.

"It's hard to keep professionals in the public sector, often it's a matter of pay cheque, working times, flexibility and so on. So as private providers we have more tools to keep the experts and ophthalmologists happy. So if countries can strike a balance between private and public it would allow patients to access treatment in a more timely manner."

On the flip-side, the biggest opportunity and where much of the innovation lies for Näpänkangas is with integrated eye-health and optics models and creating holistic eye and sight centres. Clearly passionate about the subject, she explains: "Invariably in most countries there is a line between optical retail or vision correction and eye health. You have very different solutions for each of those and if a patient decides that something is not right with their eyesight, how do they know where to go? Do they go to a GP, an optometrist or an ophthalmologist? Many patients are not sure who has responsibility for what. If they decide to check out their vision but the problem evolves and the optometrist doesn't work very closely with the doctors, then there is a gap. And vice versa too. If the two services are segmented there is always the possibility of falling through the gap.

"Traditionally because of the gap between optical retail and eye health, you don't really think about the eyes, instead it's about sight, which is really a problem because you can't really prevent anything. How can you track changes if you are always meeting for the first time? Which is why it's so funny that it is as separate as it currently is, fighting over whose money it is and whose expertise. But a collaborative approach is exciting, building trust with the patient. Ask anyone, they always value sight as the most precious sense that they have, and what is better than genuinely being able to look after that throughout the patient pathway from childhood glasses to the latter years where more intervention may be needed. If the customer trusts us, to keep them seeing good as possible during their walk here on Earth. I think that if they trust that we consider all the options, then they come back to us but if they think that we just sell everything that we happen to have a campaign on, they will never come back. Bringing together the services means you get all the best options presented to you, not just one half of them or the one that happens to be on offer that week."

We would welcome your thoughts on this story. Email your views to Kirsty Withams or call 0207 183 3779.