



Expanding Diabetic Retinopathy Screening in Primary Care Clinics

Share and Learn
Webinar Series

October 5, 2016

Agenda

- Introductions (all)
- Panelist Presentations
 - Open Door
 - NorthBay
 - UCB Digital Health
- Q&A

open door

Community Health Centers

Expanding Diabetic Retinopathy Screening Program

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If it's not documented, it didn't happen!

After scrubbing the charts for patients with diabetes we discovered:

- Patients were being told they need an annual exam even though the ADA guideline recommends an eye exam every two years when the last exam was normal.
- Some eye exam reports were scanned into the EMR without recording them in the health maintenance section for tracking purposes.
- Many exams were recorded with the date done but not with the result (normal or not), so all the scanned eye exam reports were reviewed to correctly update the patient's health maintenance information.
- Eye exam reports were sometimes a) not received or b) shredded after the exam date was charted, so we had to request hundreds of copies of eye exam reports from the local eye doctors.

After all this, our diabetic retinopathy screening rate improved from **23.7%** to **51.1%** across all sites!

Data Review

- Over 900 PHC patient charts were reviewed for the QIP
- Two Population Management Staff were needed for the chart review and contacting patients
- About 60-75 hours of time was needed (about 4-5 minutes per patient chart)

Contacting Eye Specialists

- What resources were needed (staff, time, etc.)?
Population Management staff compiled weekly lists of eye exam reports needed, sent them to the eye specialists, and tracked receipt of the reports.
- How did eye specialists respond?
All except one eye specialist office responded within about one week.
- Do you have a checklist or template to share that facilitated the communication with eye specialists?
Yes. We have a referral and result form used by eye specialists who do not have an EMR.

Lessons Learned

- Understand and test the EMR's health maintenance workflows for each measure.
- Develop and implement standardized EMR workflows across all sites.
- Train staff on EMR workflows, then audit and train again as needed!
- Eye specialists routinely prompt patients to have eye exams but do not always send copies to the patient's PCP.

What Next?

In order to sustain the data review and coordination with eye specialists on an on-going basis, we will:

- Medical records staff stamps all eye exam reports “Return for scanning” to remind care teams not to shred the report after documenting in the EMR.
- Staff who update eye exam Health Maintenance information are being trained to use the standardized EMR workflow.
- Patients due for an eye exam will be sent a reminder during their birth month.

Green Valley Center for Primary Care

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The Team

- Ashley (RN) – Quality Improvement department
- Brittany (MA) – assisting with DRS project
- Deanna (LVN) – photographer
- Ricky (MA) – photographer
- Rosanna (RN) – photographer
- Kevin – Practice Manager

The Issue:

- Our assumption was that the low numbers of patients completing the DRS was related to patients not completing retinal imaging.
- After about a week of work, we were able to increase our diabetic retinopathy screening rate, for PHC members from **33%** to **66%** in one month
- This doubled our retinopathy screening rate, which places us just 2% below the HEDIS benchmark for the 90th percentile on Diabetic Eye Exam.
- How did we do it?

The solution:

- We screened the charts of the diabetic population and called the patients to schedule them for DRS's.
- What we found, though, is that many of them had already visited their ophthalmologist and completed the exam.
- For those patients, we were able to call the ophthalmologist's office, request the results, and post them in the patient's chart.
- This was a case of taking credit for work we had already done.
- Of course, if the patient had not completed the DRS, we tried to set up an appointment.

Data Review

- 250 chart reviews for one site (Green Valley) (All 3 sites were reviewed, this is the number for the site with the PHC camera)
- Record audits completed by the Ashley, the Registered Nurse in the Quality Improvement department
- Took approximately 1 week (for all sites, but completed the audits in between other tasks)

Contacting Eye Specialists

- The phone calls were completed by Brittany, a Medical Assistant at the Green Valley Center for Primary Care.
- It took her approximately 4 hours to complete these calls to the patients and eye specialist.
- The ophthalmologists were happy to help. They faxed the consult reports over immediately.
- Brittany worked from the Excel spreadsheet, produced by Ashley.
 - She did a quick chart check to see if the patient had a referral to an ophthalmologist.
 - If not, she called the patient to check.
 - Then she called the ophthalmology offices.

Lessons Learned

- Like all Lean or Quality Improvement Projects, what you think is the problem does not always turn out to be the issue.
- While it was time consuming to complete the chart audits and phone calls, the benefit was huge. It would have taken a LOT longer to get all these patients into an appointment and complete the eye exams.

What Next?

- We are still working on how to sustain this effort.
- Part of the solution is going to be Pre-Visit Planning: preparing for appointments by checking the record for patients who are due for Diabetic Retinal Exams.
- Work on having automatic reports written, which can routinely give us these lists of patients who do not often come into the clinic for diabetic care.



Questions?