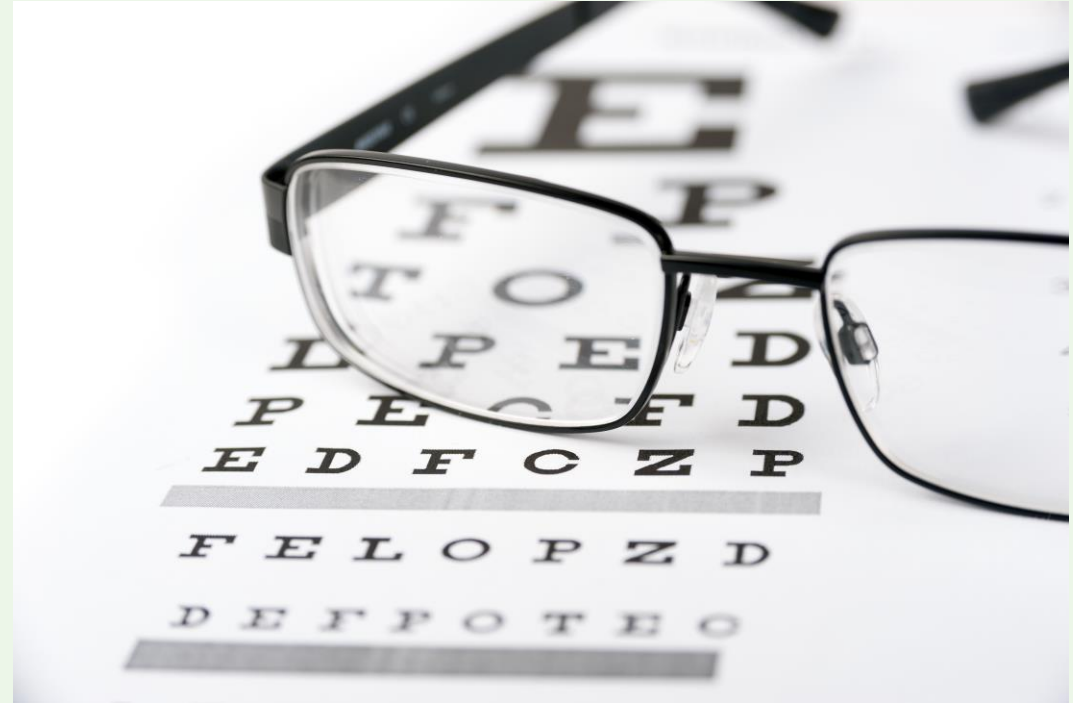


# IMPROVING DIABETIC EYE SCREENING IN MICHIGAN'S CERTIFIED RHCS



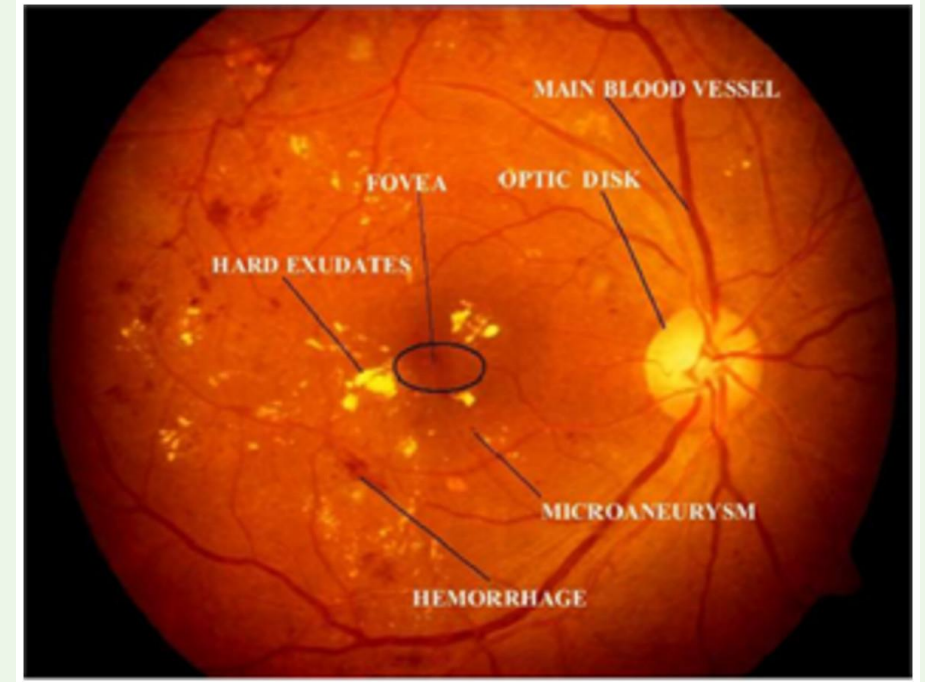
# WHY THIS MATTERS

- Leading cause of blindness in working age adults
- Often symptom free until advanced stages
- Early detection preserves vision



# ADA SCREENING RECOMMENDATIONS

- Type 1: Screen within 5 years of diagnosis
- Type 2: Screen at diagnosis
- Frequency: Every 1 to 2 years if no retinopathy
- Annual or more frequent if retinopathy present
- Pregnancy: Eye exam before or during pregnancy and follow up postpartum



# SETTING THE FOUNDATION IN YOUR CLINIC



Defined roles and responsibilities



Written workflow plan

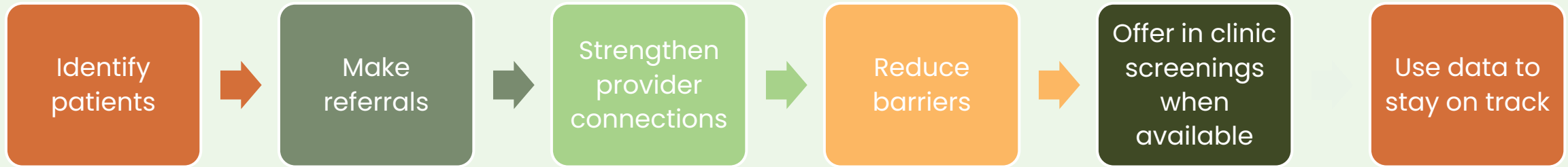


Address barriers such as cost, transportation, language, scheduling



Track by demographics to spot disparities

# SCREENING WORKFLOW OVERVIEW



# STEP 1 – IDENTIFY PATIENTS



Use EHR alerts  
and care gap  
reports



Chart prep  
and morning  
huddles



Engage CCM  
programs



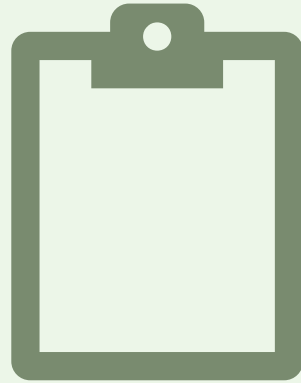
Educate  
during visits



## STEP 2 – MAKE REFERRALS SIMPLE



Use EHR when possible



Standardize documentation and follow up



Assign referral management to a team member



Build direct scheduling relationships with eye care providers

# STEP 3 – BUILD STRONG COMMUNITY CONNECTIONS



Know your local  
providers



Confirm services such  
as dilated exams,  
Medicaid acceptance,  
follow up process



Create internal maps  
and patient handouts

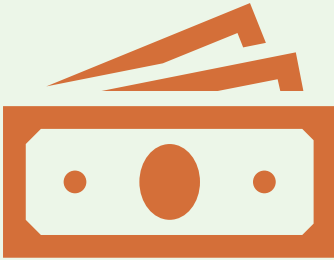




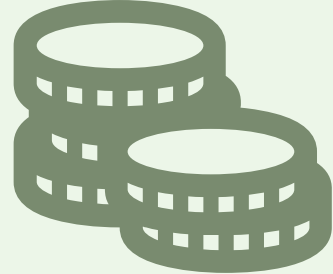


Provide scripts for staff

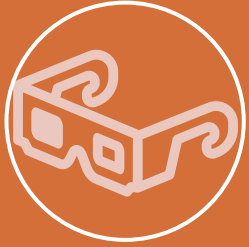




# STEP 4 – REDUCE BARRIERS

					
COST AND COVERAGE GUIDANCE	FLEXIBLE SCHEDULING	TRANSPORTATION RESOURCES	LOW LITERACY AND MULTI LANGUAGE MATERIALS	CARE COORDINATION SUPPORT	INCENTIVES WHEN AVAILABLE

# STEP 5 – IN CLINIC SCREENINGS



Fundus cameras  
during routine  
visits



Staff training









Standing orders



Immediate  
documentation



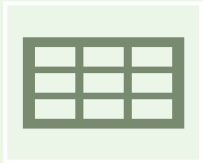
# STEP 6 – USE DATA TO STAY ON TRACK

					
Run EMR dashboards	Verify coding accuracy such as CMS 131 and HEDIS EED	Backcode missed screenings	Audit monthly	Track referral follow through	Share progress with staff

# PDSA CYCLES FOR CONTINUOUS IMPROVEMENT



Plan small, test quickly, study, act



Examples include chart prep, referral scripts, follow up tracking



Regular check ins and visual trackers

# QUICK WINS TO START TODAY

- Train staff to flag patients during chart prep
- Run a baseline EHR report
- Build one strong referral relationship
- Use standing orders
- Act same day when possible

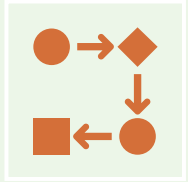


# TOOLS AND TEMPLATES AVAILABLE

- Referral tracking log
- Patient handouts in English and Spanish
- Fundus camera protocol
- Standing order templates
- EHR tip sheets for Epic and Cerner



# WRAP UP AND NEXT STEPS



SMALL STEPS, BIG  
IMPACT



TEAM BASED  
APPROACH



MOMENTUM MATTERS



QUESTIONS AND  
DISCUSSION