### PURPOSE
To ensure that patients with diabetes receive their yearly eye exam.

### PROCESS
Booking follow-up exams for patients with diabetes while they are in the office.

**Revision #0 and Date: 9/1/2017**

**Document Owner: Michael Steinkrauss**

<table>
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<tr>
<th>Step</th>
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<th>Key Point / Image / Reason</th>
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</table>
| 1    | **Resources:**  
Webinar/Slide Deck: Overview of the intervention and the methodology utilized.  
Standard of work: This document; used as a guide to implement countermeasures. May be adapted for future projects.  
A3: Outline of the countermeasure; describes the team, problem, goals, and test.  
Log Sheet: Used to track real or perceived barriers to patient’s keeping their appointment. | **Foundation for understanding:** The success of quality improvement efforts hinges on involvement and commitment of the entire team.  
**Basis for feedback:** regular feedback between the team and the staff regarding progress, barriers, and performance is key to building on successes. | All staff | N/A |
| 2    | Inform patients of the importance of booking their yearly diabetes eye exam, and their ability to pre-book their exam for next year. | Reinforces the need and value of an annual exam to the patient before they leave the exam lane. | Clinician | 10 sec |
| 3    | Offer patients the ability to pre-book their exam for next year. | Provides patients with the option of preferential times/dates, and helps to pre-fill the schedule for the next year. | Front Desk | 30 sec – 2 minutes |
| 3a   | **Use the included log sheet:**  
If the patient is unable, unwilling, or does not stop to schedule the appointment, log the reason on the sheet, and the patient’s information on an outreach log for the following year. | If the patient is unable to book at the time; it is essential to identify why and track the reasons. | Front Desk | 20 sec |
| 5    | **Monthly - Review the results of the countermeasure:**  
1. Using the log sheet(s), tally the most common barriers to scheduling patients.  
2. Pull data on the Clinical Quality Measure for the Diabetes eye exam (117) from you electronic health record (EHR) for the period. | Pulling, tallying, and sharing data allows the practice to continuously learn and adapt their approach to getting patients in for their exams.  
This is an opportunity for the staff to share their experiences and to brainstorm additional strategies. | Admin. or Clinician | 2-3 Minutes |
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<td>3.</td>
<td>Display the results/performance on a monthly or quarterly basis. Run charts (charts tracking progress) are automatically created and may be printed from portal.sneptn.org as you enter your data.</td>
<td>Processes to experiment with. Pulling data from your EHR or via chart audits will get your practice used to obtaining and using data for both quality improvement and for MIPS Quality reporting.</td>
<td>Admin. or Clinician</td>
<td>2-3 Minutes</td>
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<td>4.</td>
<td>Review the performance with the team/staff including the results and identified barriers.</td>
<td></td>
<td>Admin. or Clinician</td>
<td>5 Minutes</td>
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<td>5.</td>
<td>Work with your team/staff to identify additional countermeasures to get patients with diabetes into the office for their yearly exams.</td>
<td></td>
<td>All</td>
<td>10-15 Minutes</td>
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