The Southern New England Practice Transformation Network

Quality Improvement in Practice: Diabetes Eye Exam
Goal:

Review the role and impact of optometrists on population health specifically their impact on their diabetic cohort

Objectives:

✓ What you need to know about SNE-PTN
✓ How this information applies to you and your practice(s) in terms of public health
✓ What you need to do in terms of quality improvement (Plan-Do-Study-Act/PDSA) to increase the adherence to the annual diabetes eye exam
Why we’re here: Offer quality improvement support

• **SNE-PTN** is one of 29 practice transformation networks (PTNs) across the country to support practices of all types to prepare for value-based payment; we’re not CMS.

• **SNE-PTN provides education** to support quality improvement as part of the TCPi transformative aims/efforts.

• **SNE-PTN collects diabetes eye exam clinical quality measure (CQM) data** for our quality improvement purposes; to demonstrate optometry’s potential to drive healthcare transformation efforts nationally.
Why we’re here: Offer quality improvement support

• **SNE-PTN is a free service**; We’re here until September 2019.

• **SNE-PTN is not a registry** nor is it an electronic health record (EHR), and we do not submit any MIPS data on behalf of your practices to CMS.

• **SNE-PTN is not MIPS** (Merit-based Incentive Payment System); however we fulfill one of the four components of MIPS (Improvement Activities) for practices of 15 or fewer eligible providers.
1. **Who**: Optometrists as public health eye care clinicians
2. **Why**: Impact of diabetes eye exam & collecting clinical quality measure (CQM) data
3. **When**: Timelines
4. **What**: Quality improvement process you can do now & next steps
5. **Where**: At your local practice(s)
6. **How**: How you can impact your public health & sustain your business via quality improvement methodology
Optometrists

• Because you see roughly half of the population each year, you directly impact those living with diabetes, undiagnosed diabetes, or pre-diabetes.

• You’re positioned to provide comprehensive care to at-risk patients to reduce the long-term impact of their disease through your ability to detect eye and systemic disease early on and prevent vision loss.
Diabetes, hypercholesterolemia, and hypertension were the most prevalent diagnoses identified by optometrists.

Prevalence of chronic disease was identified through comprehensive eye exams by eye care practitioners (ECPs).

28.5% of people age 40 or older with diabetes have diabetic retinopathy and 4.4% have advanced diabetic retinopathy.

We know that:

National Eye Institute estimates that diabetic retinopathy is expected to nearly double between 2000-2050 in the US.

https://nei.nih.gov/eyedata/diabetic

National Eye Institute, National institute of health
The staggering costs of Diabetes in America

Nearly 30 million Americans have diabetes.

86 million Americans have prediabetes.

$1 in $5 Health care dollars is spent caring for people with diabetes.

Diabetes and prediabetes cost America $322 billion per year.

Today, 3,835 Americans will be diagnosed with diabetes. Today, diabetes will cause 200 Americans to undergo an amputation. 136 to enter end-stage kidney disease treatment and 1,795 to develop severe retinopathy that can lead to vision loss and blindness.

$1 in $3 Medicare dollars is spent caring for people with diabetes.

Learn how to fight this costly disease at diabetes.org/congress.
**Do you know that:**

23.1 million are diagnosed with diabetes and 7.2 million are undiagnosed*

<table>
<thead>
<tr>
<th>Result</th>
<th>Fasting Blood Glucose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Less than 100 mg/dl</td>
</tr>
<tr>
<td>Prediabetes</td>
<td>100 mg/dl to 125 mg/dl</td>
</tr>
<tr>
<td>Diabetes</td>
<td>126 mg/dl or higher</td>
</tr>
</tbody>
</table>

Optometrists can perform finger sticks=CLIA Waived Test Pay=$5.43

*CDC National Diabetes Statistics Report. 2017
Improve the diabetic population health and save money

- You directly impact lives and cost through comprehensive and coordinated care.
- Optometrists have the skills, ability, and resources to directly contribute to the medical neighborhood.
- Collecting diabetes eye exam clinical quality measure data is essential for the improvement process.
PATs, transformation plans, data collection and improvement efforts are all tools of our program to introduce and measure ongoing metric based quality improvement.
Where

At your practice site(s); this is a nation-wide effort to improve care.

We want your practice to succeed!
Patients with diabetes who consistently receive their yearly dilated/retinal exam benefit from early detection and intervention before the disease becomes symptomatic.

Optometrists become better recognized within the medical neighborhood as clinicians who provide additional patient touches and drive early detection, education, and intervention efforts.
What is the Clinical Quality Measure (CQM/#117)?

Focus: Did patients with diabetes have a yearly eye exam?

“Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period.”
Being a member of SNE-PTN will benefit your practice(s) with quality improvement support.

Plan-Do-Study-Act (PDSA)
Model for Improvement: PDSA

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Plan

Do

Act

Study

Quality Improvement Activities

What you can do now

Steps for PDSA:

1. **Plan**: Develop the Experiment
2. **Do**: Run the Experiment
3. **Study**: Check the Results
4. **Act**: Make Further Improvements
Here are 2 ideas:

Log diabetic patients who have not showed or cancelled; use this log to outreach to these patients.

OR

Book the patients with diabetes for the follow-up eye exam BEFORE they leave the office.

Don’t forget: Establish your baseline % for completing the exam, then plan the experiment.
Identifying potential barriers…

You may have already had conversations within your practice that identified a barrier that impacts your ability to complete a diabetes eye exam consistently.

Ideas to consider as potential barriers to address:

✔ Patients refusing dilation
✔ Exams completed by ophthalmologists or other OD
✔ Patient non-compliance
Removing identified barriers…

With your team, use PDSA to identify and remove a barrier that prevents your practice from completing the exam.
4-step process for the diabetes eye exam

The next slides outline the **PDSA quality improvement methodology** to improve completing the diabetes eye exam on a yearly basis.
Measure #117: Diabetes Eye Exam

**Initiative (Plan):**

1. **Create your team:** Identify staff members who will have a role in this initiative.

2. **Problem statement:** Patients with diabetes are not receiving their yearly eye exams.

3. **Goal:** Patients with diabetes to complete their exams at a rate above the national average of 63%.
1. **PLAN**: Develop the initiative

**Measure #117: Diabetes Eye Exam**

**Initiative (Plan continued):**

4. **In scope/relevant**: Patients with diabetes who are due to past due for their yearly exam.

5. **Out of scope/not relevant**: Patients with diabetes who have received their yearly exams elsewhere or are no longer part of the patient panel.
Implementation (Do):

Identify patients who are overdue for their eye exams; implement a process for monthly outreach and document barriers to care

- Identify patients who are overdue or have recently missed their yearly exams
- Place patients who are unable to schedule on a ‘call-back’ list

OR

Book patients with diabetes for their follow-up eye exam before they leave the office

- Schedule a follow-up at the conclusion of the exam
- Place patients who are unable to schedule on a ‘call-back’ list
3. **Study**: Check the results

**Results/Conclusion (Study):**

1. **Review the results with the team:**
   - How did your actual outcomes compare against your goal for the period?
   - Did you identify any barriers to achieving your goals?

2. **Identify lessons learned:**
   - What could have been done better?
   - Were there opportunities that the team identified during the process?
4. **Act:** Make further improvements

1. **Follow-up actions (Act):** Identifying barriers to adherence and scheduling allows the process to be fluid to adapt to challenges and succeed.

2. **Modify or discontinue:** If the process was unable to provide positive results, return to the planning phase and start over with a new intervention.

“The PDSA cycle is meant to be continuous; even your best processes can be improved and become more consistent. You can further refine your processes by repeating the cycle.”

Hall, Lara Lee, PhD. Quality Improvement using Plan-Do-Study-Act, 2017
PDSA of the experiment described:

Plan
Identify staff members:
They will play a key role in this initiative.

Do
Identify patients overdue for eye exams:
Implement process for booking follow-up appts./do monthly calls; document barriers to care.

Act
Carry out the new fluid process:
Consistently identify and complete yearly exams for all diabetics

Study
Review results with team:
How did your outcomes compare against your goal? Were you able to identify any trends in your results? Barriers?

Not all patients with diabetes are receiving their yearly exams
One page document that details the short cycle experiment to improve on adherence to the diabetes eye exam.

This tool is pre-populated based on our curriculum and this presentation and available for download.
Benefits of PDSA to optometrists:

Top-tier performance

- You’ll be able to implement new workflows to improve processes and time-savings.
- Diabetics are better served because of your level of care and consistency.
PDSA and PAT milestones:

Milestone scores will naturally increase over time as you implement QI processes.

- **Milestone 1**: Practice is tracking identified metrics.
- **Milestone 6**: Clear expectations and roles are set for staff members.
- **Milestone 8**: Practice facilitates referrals to community and direct care providers.

Tied to our Quality Improvement curriculum.
PDSA and PAT milestones:

Milestone scores will naturally increase over time as you implement QI processes

Tied to our Quality Improvement curriculum

- **Milestone 9:** Practice works with the PCP’s in their network, and has criteria in place to transfer care
- **Milestone 10:** Practice identifies patients Primary care provider.
PDSA and PAT milestones:

9 milestone scores will naturally increase over time as you implement QI processes

Continuous, data-driven QI

- **Milestone 13**: Practice has set aims for transformation ★
- **Milestone 14**: Organized approach to QI (e.g., PDSA) ★
- **Milestone 15**: Staff trained and involved in a QI process
- **Milestone 16**: Sharing process performance with staff
Take-away:

Next transformation process steps

☐ Use PDSA and the provided materials to execute the experiment

☐ Collect data; did this result in a change? If so, implement the change and track progress

☐ If not, re-do the experiment by changing the intervention, continue to collect data to measure and drive change
Hands-on resources:

PDSA tools – Cancellations/No-Show

Overview checklist of what you need to do.

Lean (A3) project sheet that outlines the project, intervention, and includes an easy to use tracking sheet.

Sample standard-of-work (SOW) document that provides an example of how to execute this process in your office.

All of these documents are available for download from this webinar, or SNEPTN.ORG
Hands-on resources:

PDSA tools – Booking next appointment in office

Overview **checklist** of what you need to do.

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Questions & Answers
Resources: Contact information

- SNE-PTN’s pre-recorded webinars and other information: https://www.sneptn.org

- Email for the optometry operations/project team: Optometry.PTN@umassmed.edu

- Access to the online portal: https://portal.sneptn.org

- Email for the portal project team: portal.ptn@umassmed.edu
Thank you for joining us!