

Area GPRA Coordinator's Virtual Conference

Diabetic Retinopathy: Annual Retinal Examination Rate

4 December 2014

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DR GPRA Measure

- **Annual examination rate of qualifying DR examinations**
 - **Active DM pts without bilateral blindness**
 - **Qualifying retinal examinations**
 - **Dilated eye exam by OD or MD**
 - **ETDRS study**
 - **Validated telemedicine retinal study**

IHS-JVN Teleophthalmology Program

- Centrally funded
- Primary care based Tmed
- Non-invasive- ad hoc workflow
- ATA Category 3 validation
(equal or better than live eye exam for DR dx)
- Reading Centers- PIMC, Flagstaff



Diabetic Retinopathy Surveillance

IHS-JVN Teleophthalmology Program

94 Fixed/Hybrid sites + 7 Portable Sites in 25 States

- Phoenix, AZ
- Sacaton, AZ
- Polacca, AZ
- San Carlos, AZ
- Salt River, AZ
- Ft. Yuma, AZ
- Whiteriver, AZ
- Sells-, AZ
- Tuba City, AZ
- Tucson, AZ
- Parker, AZ
 - Peach Springs, AZ
- San Xavier, AZ
- Kayenta, AZ
- Chinle, AZ
- Flagstaff, AZ
- Inscription House, AZ
- Navajo Mountain, AZ
- Elko, NV
 - Goshute, NV
 - Ely, NV
 - Duckwater, NV
- Owyhee, NV
- Reno Sparks, NV
- Pyramid Lake, NV
- Fallon, NV
 - Schurz, NV
 - Yerington, NV
 - Yamba, NV
- Claremore, OK
- Wewoka, OK
- Eufaula, OK
- Okmulgee, OK
- Oklahoma City, OK
- Tahlequah, OK
- Lawton, OK
- Miami, OK
- Anadarko, OK
- Lawrence, KS
- Mayetta, KS
- Portland, OR
- Warm Springs, OR
- Salem, OR
- Cow Creek, OR
- Klamath, OR
- Pendelton, OR
- Nespelem, WA
- Yakama, WA
- Wellpinit, WA
- Tacoma, WA
- Fort Hall, ID
- Lapwai, ID
- Plummer, ID
- Pine Ridge, SD
- Rosebud, SD
- Ft. Peck, SD
- Ft. Thompson, SD
- Lower Brule, SD
- Sisseton, SD
- Eagle Butte, SD
- Spirit Lake, ND
- Ft. Yates, ND
- Belcourt, ND
- Ft Belknap, MT
- Crow Agency, MT
- Lame Deer, MT
- Browning, MT
- Ft Washakie, WY
- Red Lake, MN
- Minneapolis, MN
- Cass Lake, MN
- White Earth, MN
- Shiprock, NM
- Santa Fe, NM
- Albuquerque, NM
- Mescalero, NM
- Crown Point, NM
- Jicarilla, NM
- San Fidel, NM
- Pinon, NM
- Dallas, TX
- Winnebago, NE
- Hayward, WI
- Mt Pleasant, MI



Portable Deployments

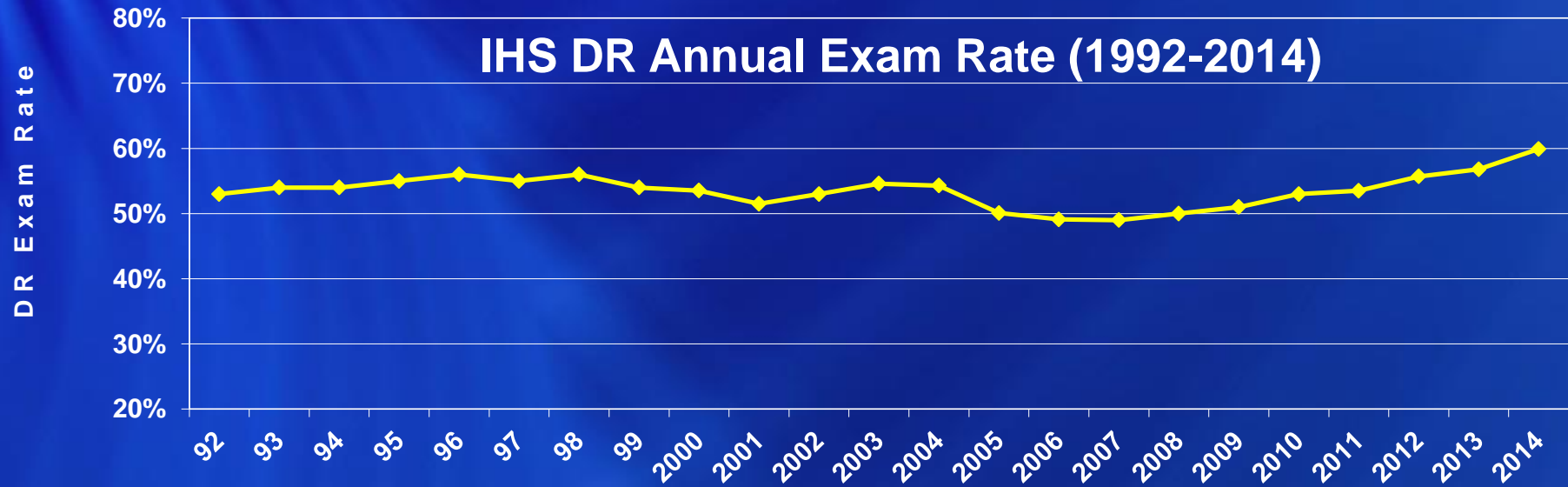
- Alaska- EAT, APIA
Ketchikan
Metlakatla
- North Carolina

Planned Deployments

- Santa Domingo

Clinical Outcome

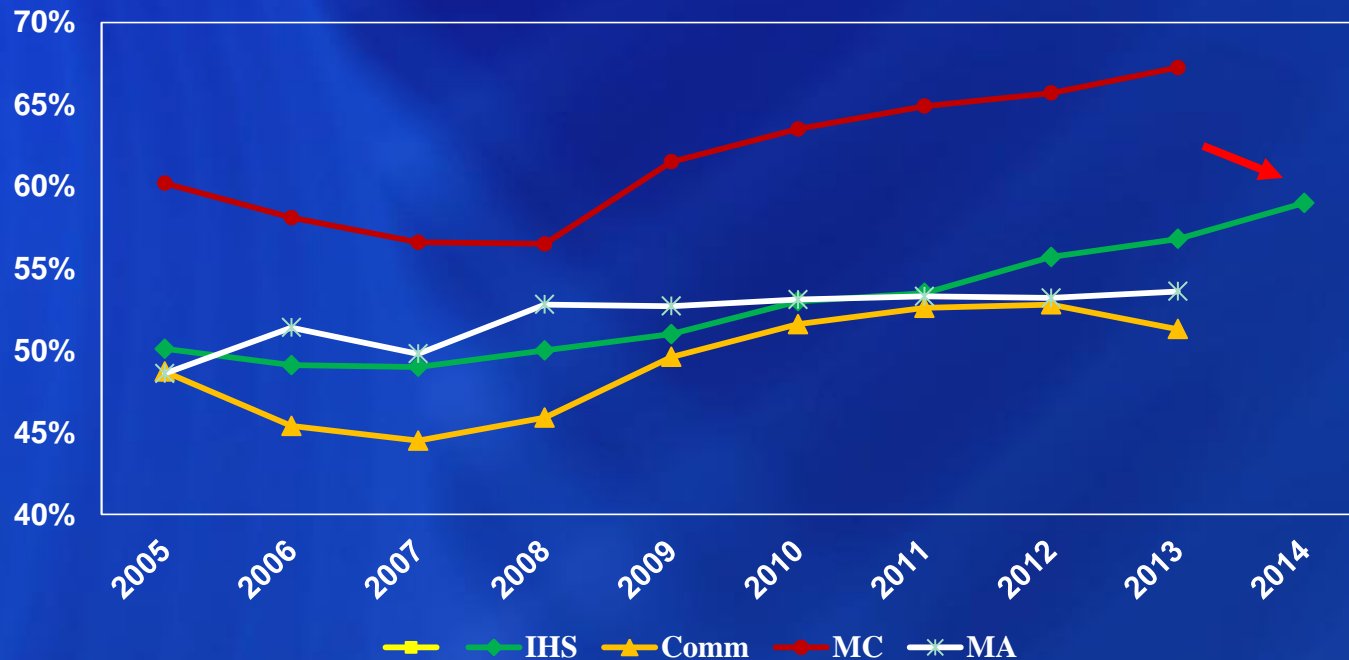
Annual DR Examination Rate



Clinical Outcome

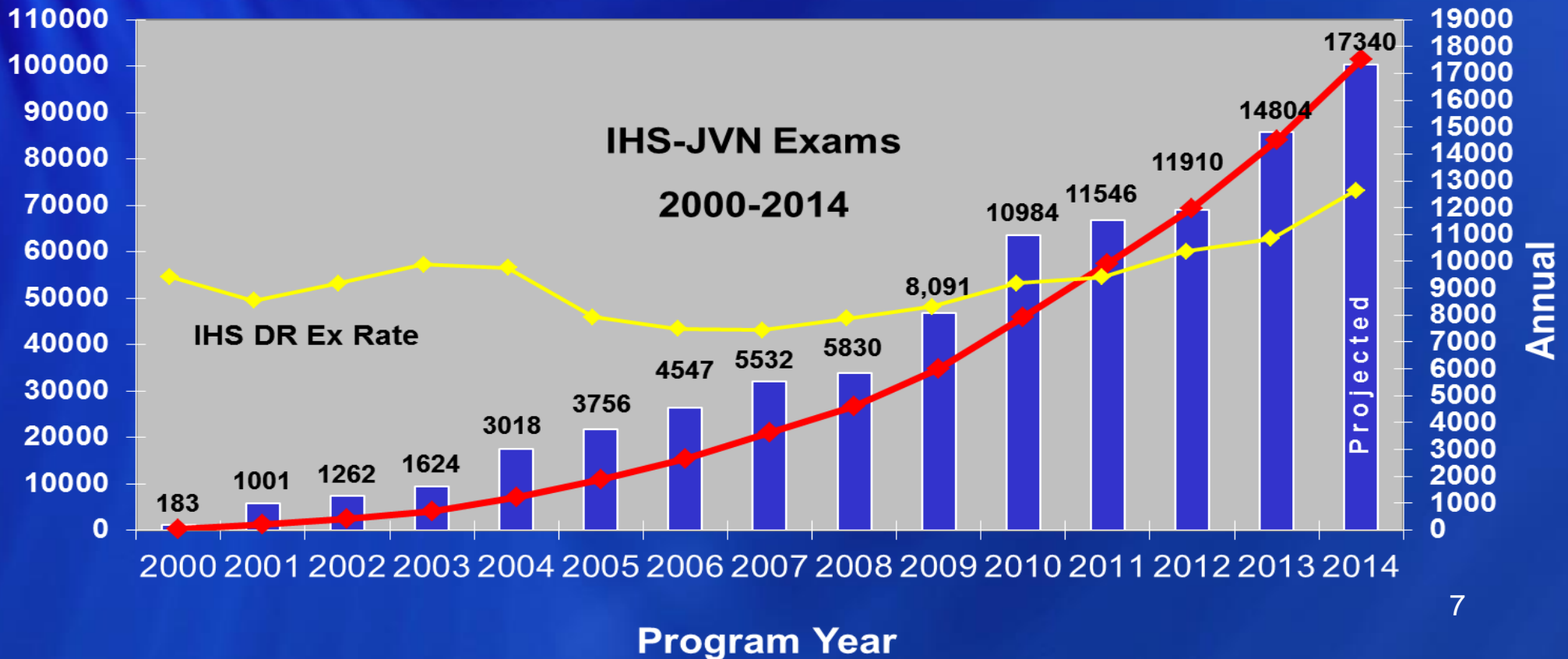
Access to Care

NCQA 2014 Report
State of Health Care Quality
<http://www.ncqa.org/Directories/HealthPlans/StateofHealthCareQuality.aspx>



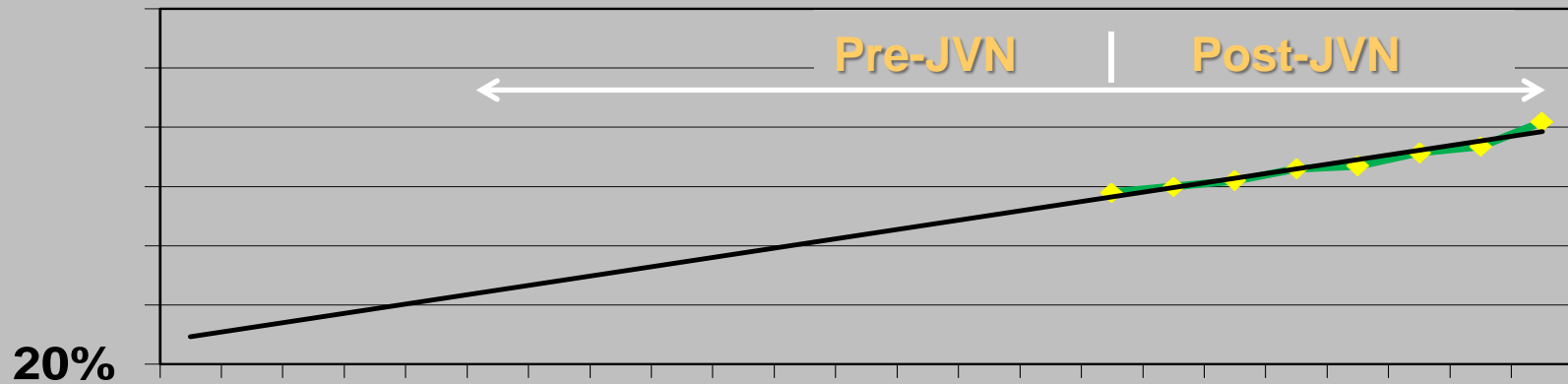
Clinical Outcome

IHS-JVN Exams vs IHS DR Exam Rate

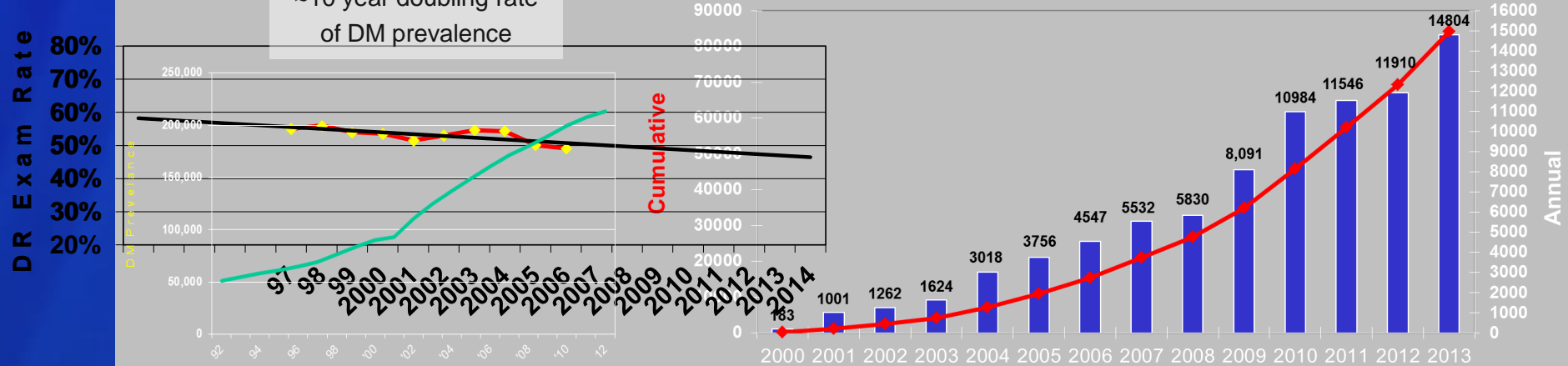


Clinical Outcome

IHS DR Exam Rate pre/post JVN Ramp-up



~10 year doubling rate of DM prevalence



Lost Opportunities

Other Ocular/Visual Public Health Targets

- **Survey of eye care providers- Oct 2013**
 - 42% of providers reported the burden of DR eye exams compromised their ability to address other important eye care needs
 - School aged children eye exams- 86%
 - Uncorrected refractive error- 76%
 - Glaucoma- 57%
 - Preventative preschool exam- 43%
 - Age related macular degeneration- 38%

Telemedicine-DR: A better tool to address this universal public health problem

- **VHA**
 - 1.3 million veterans with DM (25%)
 - ~90% annual DR exam rate
- **UK**
 - ~2.9 million with DM
 - ~82% annual DR exam rate
 - 2014- For the first time in 5 decades of survey, DR is no longer the leading cause of new blindness among working age adults in UK

Liew G, Michaelides M, Bunce C. A Comparison of the causes of blindness certifications in England and Wales in working age adults (16-64 years), 1999-2000 with 2009-2010. *BMJ Open* 2014;4:e004015.

IHS-JVN Implementation

- **IHS HQ requirement, 16 May 2012**
 - All agency hospitals
 - All agency facilities with DM prevalence >500
 - All agency facilities with IHS-JVN must meet or exceed the GPRA goal AND $\geq 125\%$ of pre-deployment rate
 - All agency facilities will report their JVN performance in bi-monthly Accomplishment Meetings

This is not a problem with
eye doctors, or even an
eye doctor problem

A primary care diabetes
management problem

From: Karol, Susan (IHS/HQ)
Sent: Thursday, December 27, 2012 10:09
To: NCCMO Group; IHS Area Directors; LISTSERV-IHS Chief Medical Officer; LISTSERV-IHS National Council Of Clinical Directors; LISTSERV-IHS Nursing; LISTSERV-IHS Pharmacists
Cc: Leach, Diane Louise (IHS/HQ); Horton, Mark (IHS/PHX); Church, Richard M. (IHS/HQ); Frazier, Francis (IHS/HQ); Hile, Kerry A (IHS/ALB)
Subject: FW: GPRA - Please forward to providers in the field.
Attachments: DR GPRA Outcome.docx

Good Afternoon,

The IHS-GPRA measures exist as key public health goals and serve to demonstrate our performance against established benchmarks. The outcome has a significant business impact on IHS operations and a huge health impact on our patients.

In April, I updated you on our progress with the 2012 GPRA measures and asked for your help to close the gap on several GPRA targets. One of these was the annual diabetic retinopathy assessment rate.

I am very happy to report that due to your special effort this target of 54.8% was met. Please accept my thanks for a job well done.

The diabetic retinopathy GPRA target for GY2013 was increased to 55.8%, so we will need to work even harder this year. Historically we have had difficulty meeting this standard with the rate stuck in the low 50% range for over two decades.

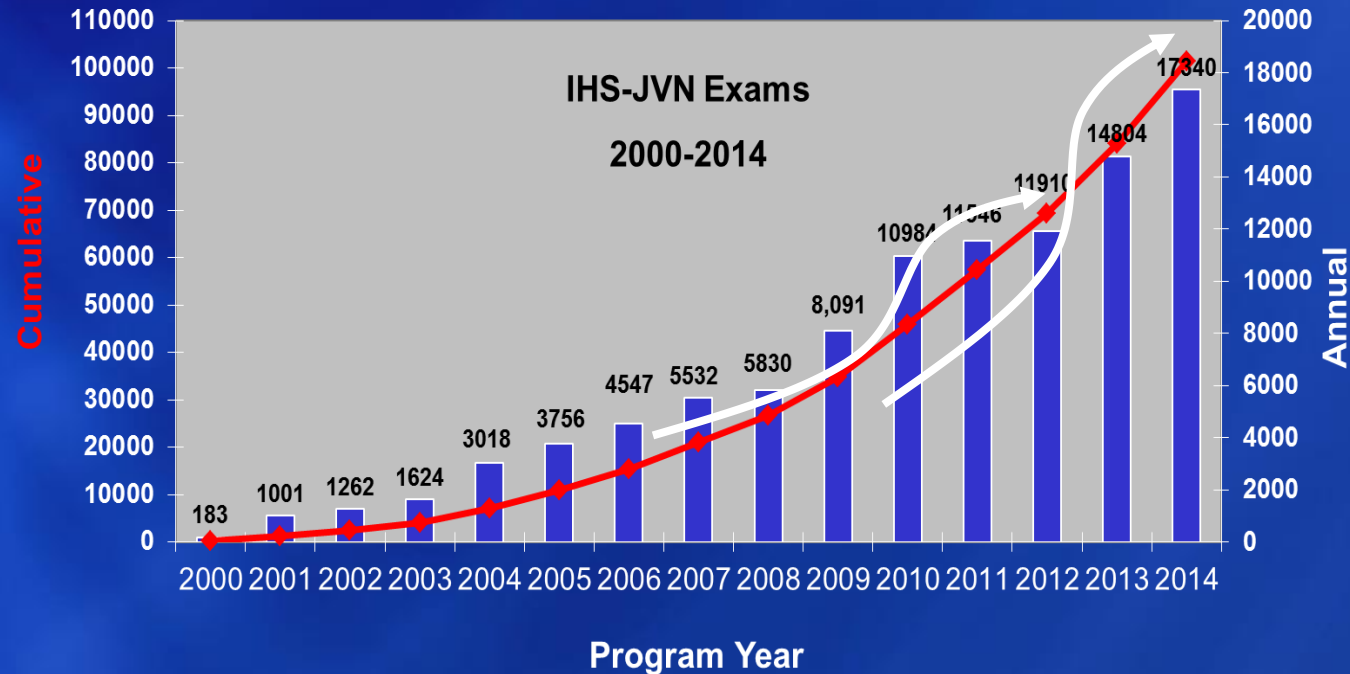
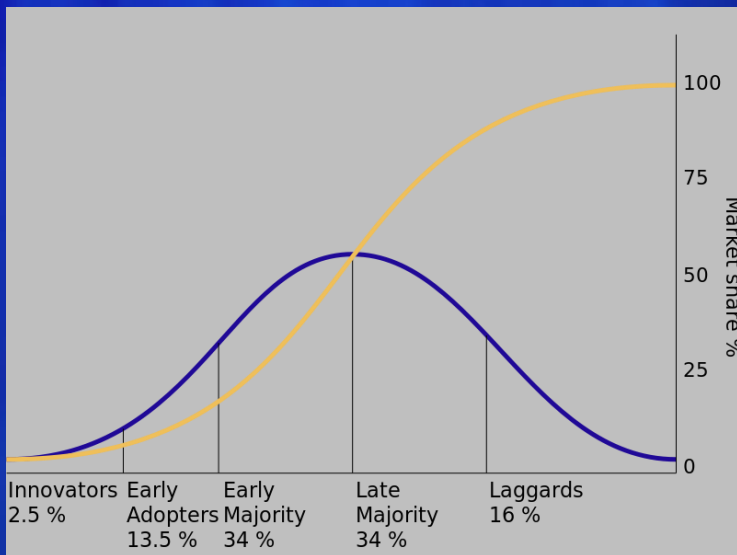
Through your hard work, we have managed to keep pace with the rapidly growing prevalence of diabetes but have not been able to make significant gains beyond that. Our eye doctors are committed to providing our patients with a diabetic eye examination, but experience has shown that centering the effort in the eye care department may not be the most effective paradigm. Evidence suggests that the primary care department must play a central role for this standard of care to be met. One way to do this is through use of the IHS-JVN Teleophthalmology Program. Since this technology is located in the primary care clinic the patient with diabetes is accessed directly without delay and referrals to the eye doctor is limited to individuals with higher risk disease. Current policy provides for this in all IHS hospitals and all IHS facilities serving more than 500 individuals with diabetes, but there are many sites that do not have access to this special program. All sites should recognize that success with the diabetic retinopathy assessment GPRA measure begins in the primary care setting and requires careful coordination with the eye care service. Since future increases in the target for this measure are likely to occur, I encourage each facility to establish a policy that describes and monitors this collaboration. If you have questions about how this may be done, please contact the following staff for their assistance:

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Diffusion of Innovation

HQ programmatic direction
(facilitated corporate will)



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