

# Improving the Evaluation of Diabetic Retinopathy Within a Closed Health System A Quality Improvement Program

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## 1 QI-CME FRAMEWORK

### Defining the Need for QI-CME

- Prevalence of diabetic retinopathy (DR) is increasing<sup>1</sup>**
  - By 2020, nearly 6 million Americans may suffer from DR
  - Rates of DR are projected to triple by 2050
- Yet screening rates remain poor<sup>2-3</sup>**
  - Approximately 73% of Americans with DR are unaware of their condition
  - Varies by geography and ethnicity

### Establishing Partnerships



- ✓ Accredited provider
- ✓ Faculty coordination
- ✓ Content development

- ✓ Access to endocrinologists and PCPs for QI-CME participation
- ✓ EHR access, data collection, and analysis

## 2 PROGRAM GOALS

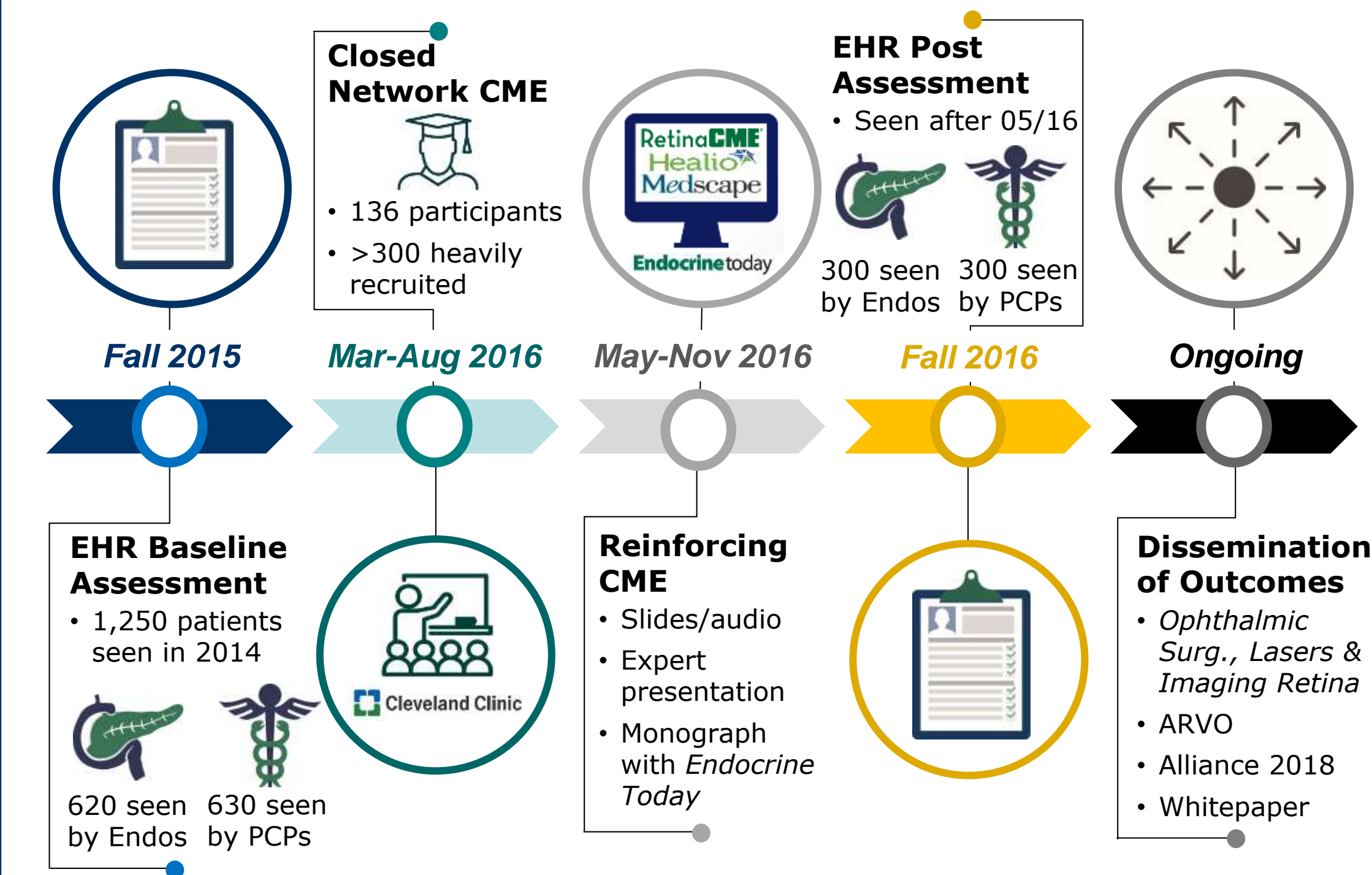
### Primary Objective

- To improve screening rates for DR within a closed health care system

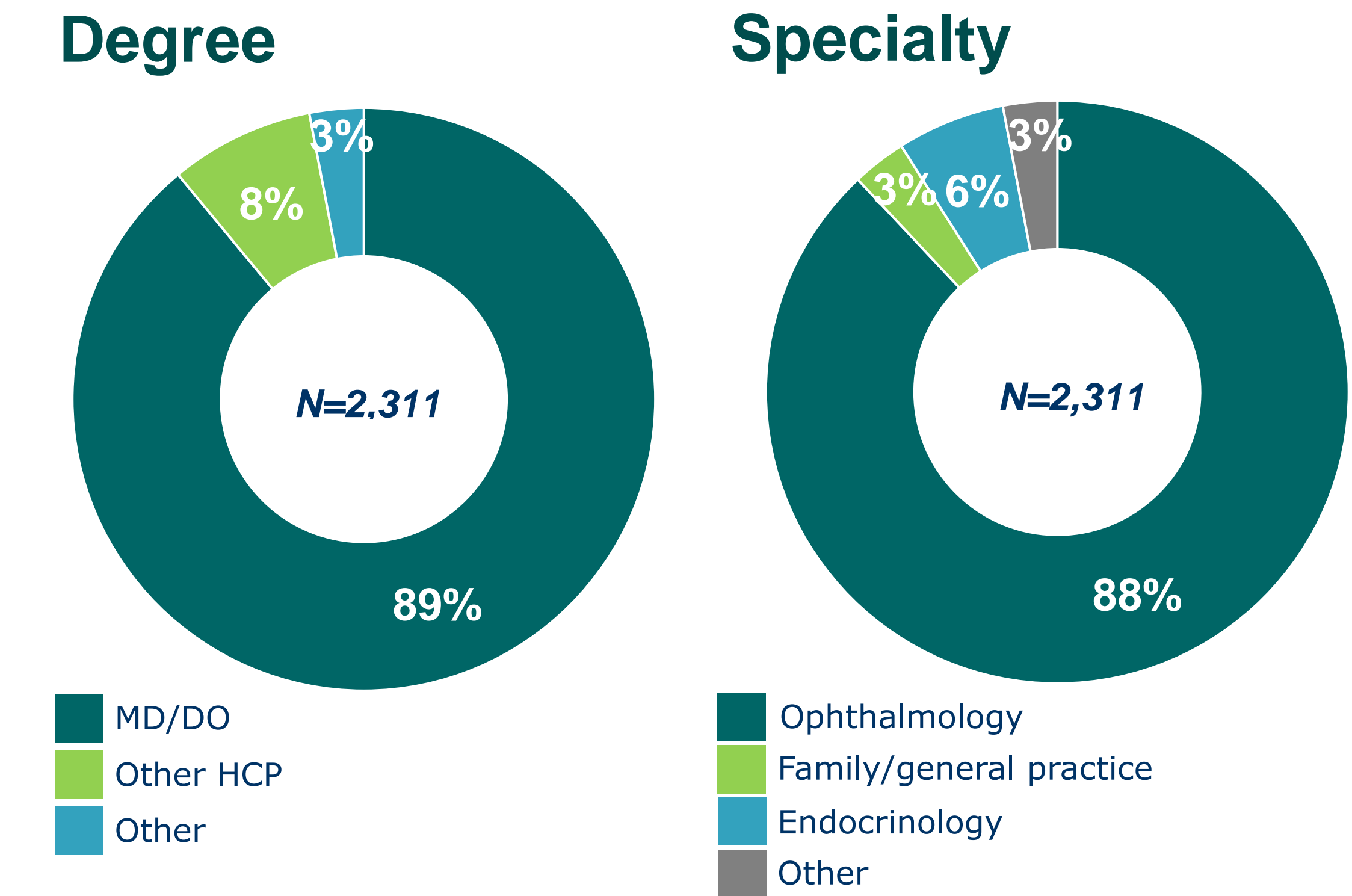
### Secondary Objectives

- Increase knowledge regarding DR screening guidelines
- Improve communication between providers & patients

## 3 TIMELINE & INTERVENTIONS

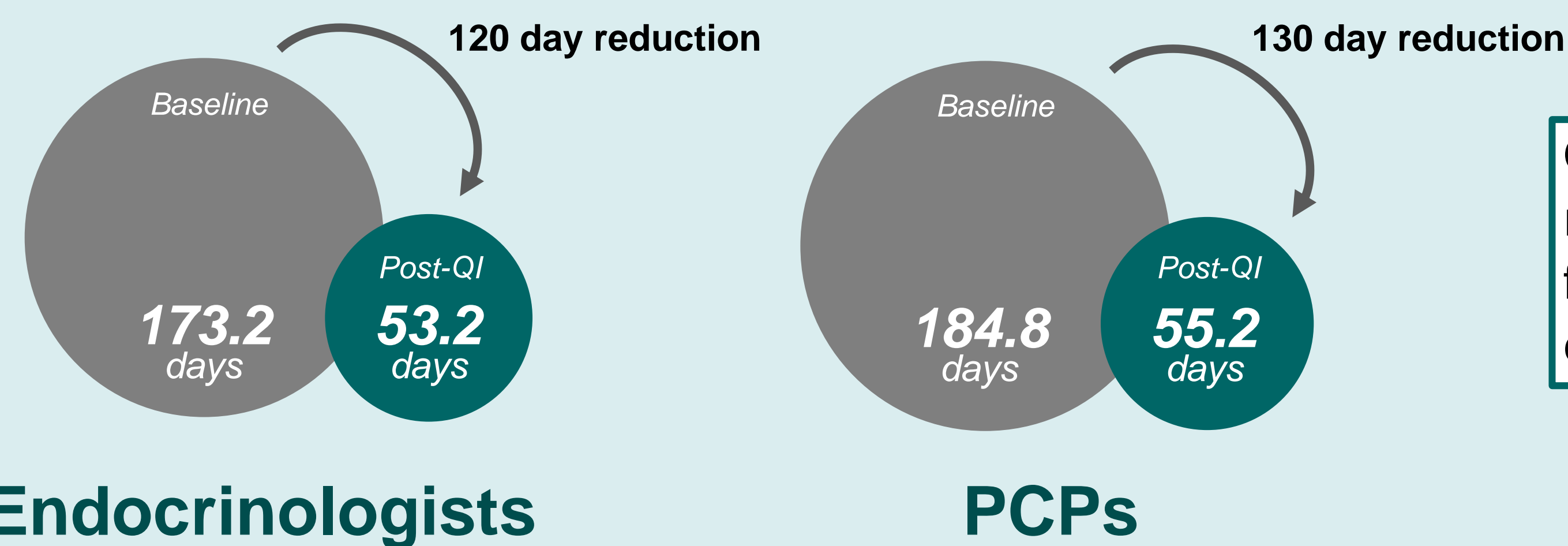


## 4 DEMOGRAPHICS



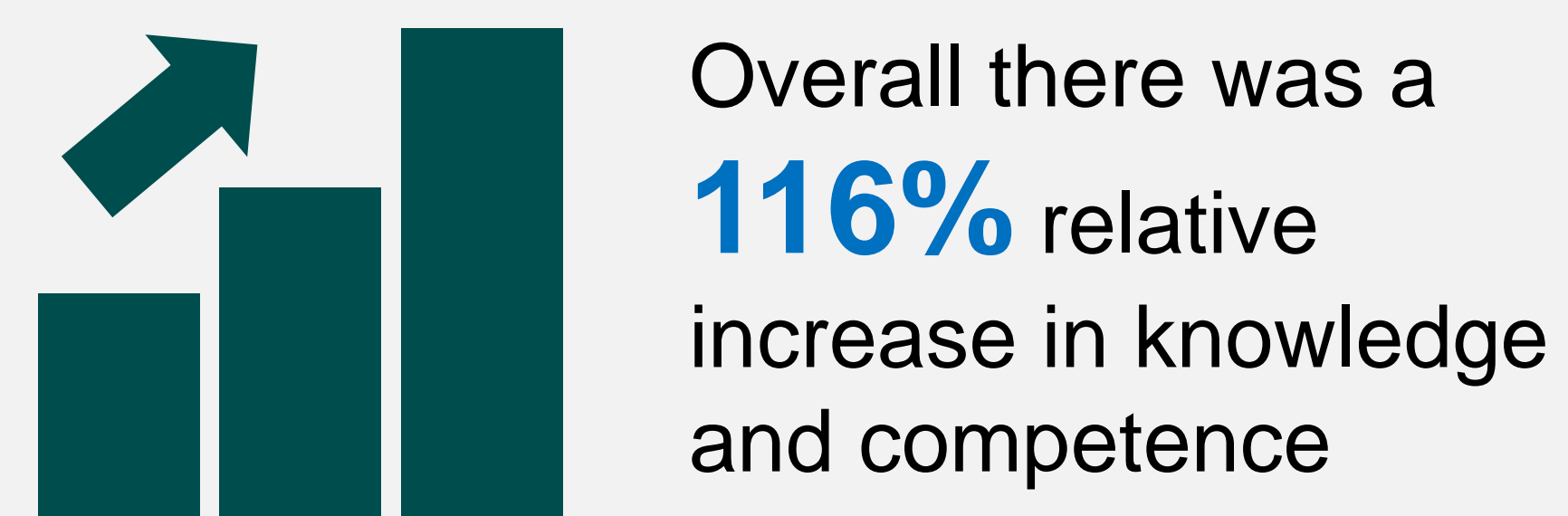
## 5 CLOSED NETWORK OUTCOMES

### Primary Objective – Reduced Time to Follow-up with Ophthalmology



QI-CME resulted in a substantial reduction in time to DR screening for patients seen by either endocrinologists or PCPs

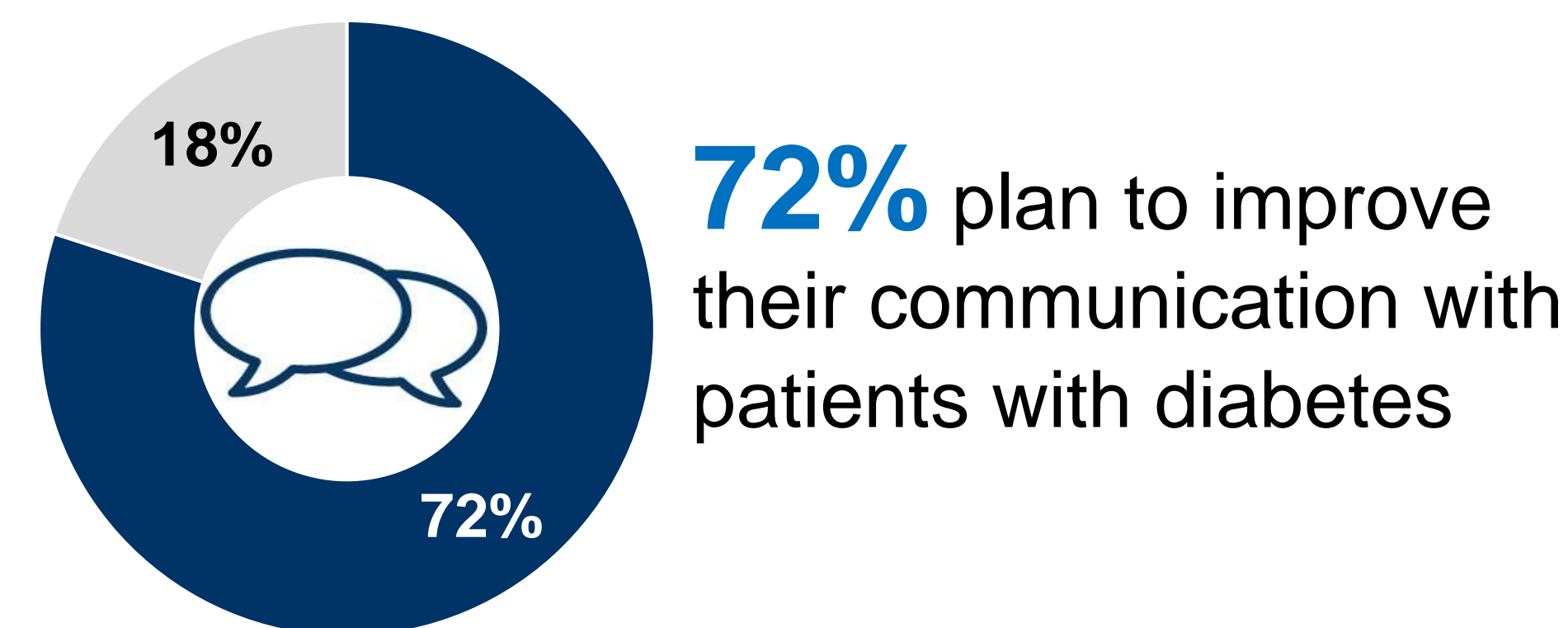
### Secondary Objectives – Knowledge, Competence, and Satisfaction



54% relative increase regarding DR pathophysiology

Post-learning, 100% knew DR screening guidelines

54% relative increase regarding DR treatment



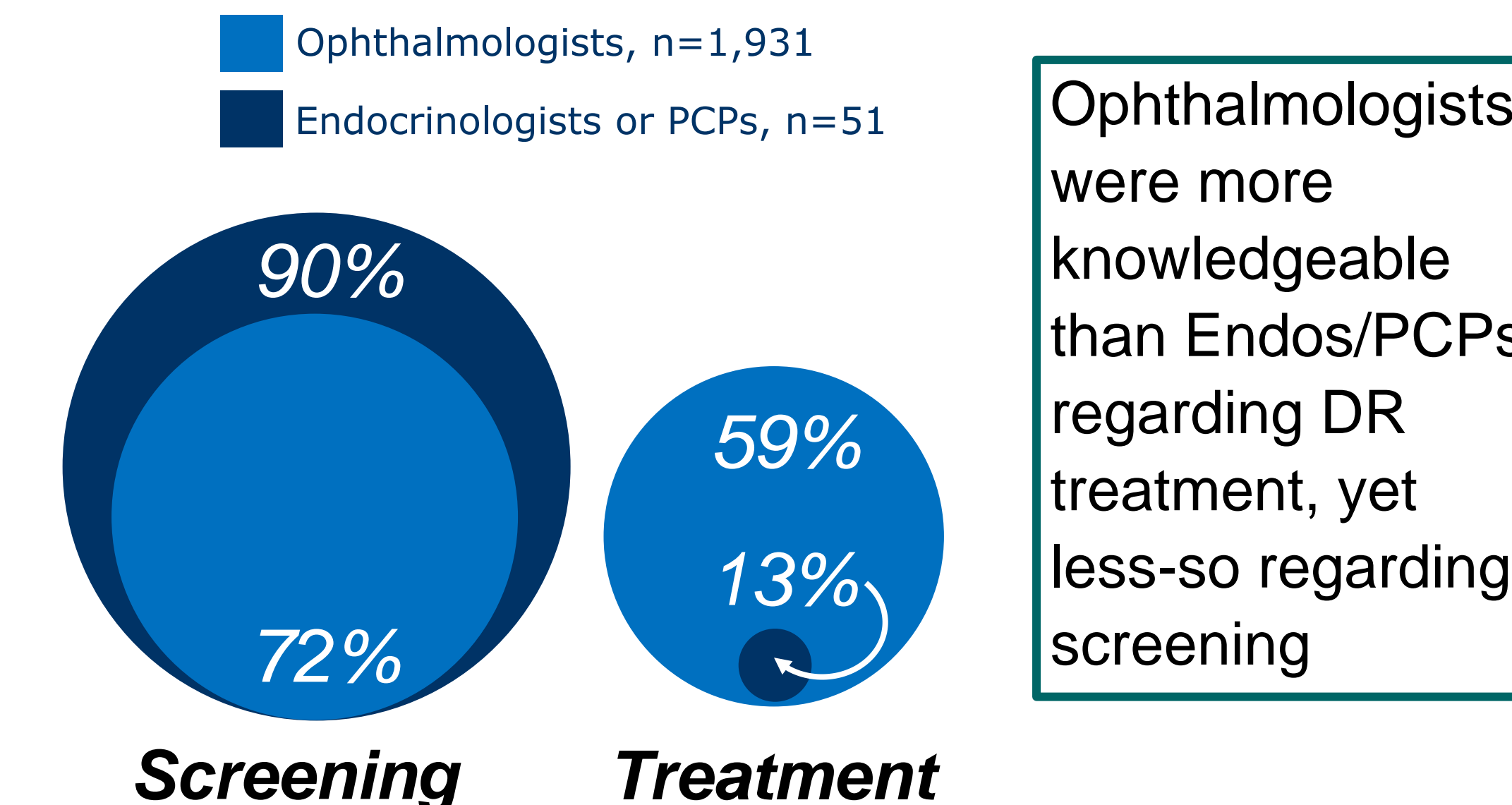
**99%** overall satisfaction rating

**100%** report that future education is necessary

## 6 EXTENDED REACH OUTCOMES

### Pre-education

#### Correct responses on pretest



### Post-education



Post-learning, providers are **30%** more likely to provide evidence-based care

## 7 CHALLENGES & OPPORTUNITIES

### Challenges were encountered, albeit with potential solutions for future QI-CME

- Establishing partnerships**
  - ✓ Must engage correct people within system with access to pertinent tools and data
  - ✓ Select faculty champion to gain buy-in from health system

- Within-system participant recruitment**
  - ✓ Engaging a faculty champion to motivate learners
  - ✓ Personalized report of baseline practice to activate learning

- Scalability & Reproducibility**
  - ✓ Engaging a different system using this model of success
  - ✓ Recruiting additional relevant audiences within same system

**References**

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- Lu Y, et al. Diabetes Care 2016;39:e31-e32.
- Gibson DM. Am J Prev Med. 2012;43(1):48-54.