



Advancing High Performance Health

**Together2Goal.**  
AMGA Foundation

**Together 2 Goal®  
Innovator Track  
Eye Care Cohort  
Case Study**



**Valley Medical Group**

## Organizational Profile

Valley Medical Group (VMG, [valleyhealth.com/valley-medical-group](http://valleyhealth.com/valley-medical-group)) is an ambulatory medical group practice established in 1996 in New Jersey and is part of an integrated health system that includes The Valley Hospital, Valley Home Care, Population Health, and Community Health. VMG employs 385 providers, including 285 physicians and 100 Advanced Practice Providers (APPs) in more than 70 practices across northern New Jersey (Bergen, Passaic, and Morris counties) and New York (Rockland County and New York City). VMG is comprised of about 25% primary care and more than 50 unique specialties. VMG completed more than 700,000 ambulatory visits in 2018 and utilizes athenaClinical<sup>®</sup> for its electronic health record (EHR), which was adopted in 2011.

## Executive Summary

According to the 2020 National Diabetes Statistics Report from the Centers for Disease Control and Prevention (CDC), more than 34 million Americans have diabetes, with up to 95% of those having Type 2 diabetes.<sup>1</sup>

Diabetes is the leading cause of new cases of blindness in adults, and diabetes-related blindness costs the United States about \$500 million annually.<sup>2</sup> The American Diabetes Association (ADA) recommends that people with diabetes get an eye exam following their diagnosis and at regular intervals every one to two years following.<sup>3</sup> Despite these recommendations, a significant portion of patients with diabetes are not meeting the recommended screening guidelines.<sup>4</sup>

AMGA convened the Together 2 Goal<sup>®</sup> (T2G) Innovator Track Eye Care Cohort (Eye Care Cohort) to address this problem by allowing groups to explore ways to increase eye exam rates for people with diabetes.

VMG elected to participate in the Eye Care Cohort in order to help standardize care delivery for its more than 8,000 patients with diabetes by learning from other successful organizations and implementing strategic best practices.

As a result of the Eye Care Cohort, VMG successfully increased retinal exam rates from 40.7% to 49.9% (more than 22% relative increase) over the course of the 12-month collaborative, the

equivalent of screening more than 775 additional patients. VMG initiated retinal photography with its new Topcon TRC-NW400 cameras, reaching more than 120 patients in the endocrinology practices during a four-month period. More than half of the patients completing retinal photography with the new cameras were found to have eye disease; 21.2% of patients screened had diabetic retinopathy (DR) present and 30.5% had another type of eye disease. In total, VMG tallied 60 “eyeballs saved” through the initiative. VMG successfully achieved a 5-Star rating with Medicare Advantage quality metric for diabetes eye exam in addition to achieving 90th percentile quality for diabetes eye exam with another large population of insured patients.

## Program Goals and Measures of Success

Through the Cohort, VMG aimed to facilitate earlier identification and treatment of DR by standardizing workflow and increasing staff and patient engagement. The primary measure of the Eye Care Cohort was the proportion of patients with diabetes in the T2G Cohort with a documented screening for DR disease. This measure, selected by the Eye Care Cohort Advisory Committee, was based on an adapted version of the HEDIS 2018 Technical Specifications for Physician Measurement: Comprehensive Adult Diabetes Care: Eye Exam Numerator (see Appendix).

In line with these goals, some of VMG’s key objectives included increasing gap closure at the point of care for diabetes eye exams and documentation of referrals to other providers and specialists. Increasing referrals required collaboration with VMG’s centralized Access & Navigation Center to ensure that patients were scheduled for referrals according to provider orders in the EHR and that results were returned to the referring provider for gap closure. Increasing referrals and communication between providers required increased staff and patient engagement, prioritization of prevention, and utilization of the right resources at the right time in the right care setting (and within the VMG system, if possible). In order to minimize the impact on workflow and time required for patient office visits, VMG needed to identify what work could be completed centrally and offloaded from the office staff.

Further, a critical component to identifying which patients to refer for eye exams included ensuring timely communication about eye care already received by VMG patients. Through its participation in multiple shared savings contracts, VMG needed to utilize payer claims data effectively in order to improve accuracy of documentation and identify true gaps. Data documentation and standardization needed to be measured using two distinct methodologies: internal and external. Internally, VMG defined success as meeting or exceeding benchmarks that were established per quality measure and per provider/practice. This included providing consistent performance feedback on at least a quarterly basis via provider and practice scorecards, reconciling EHR data with claims data to increase scores so that what is documented in the EHR matches the insurance company's record of quality metric satisfaction, and ensuring consistent review of scorecard data and documentation by practice staff. Externally, VMG defined success as meeting or exceeding established benchmarks per quality measure per insurance company benchmarks. This included providing supplemental data to demonstrate patient satisfaction of quality metrics to insurance companies based on what was documented in the EHR and achieving 75th percentile benchmarks or higher for diabetes eye exams.

## Existing Diabetes Population and Care Structure

At the start of the Eye Cohort, approximately 14% of VMG patients (i.e., 8,000 people) had diabetes. VMG treats these patients in 30 primary care practices and two endocrinology practices. In addition, VMG employs three ophthalmologists who share the same EHR. The EHR identifies patients with diabetes based on the problem list, diagnoses, claims, and diabetes medications. Care gaps for patients with diabetes are highlighted in the "Quality Tab" of the chart. In addition, patients who are due for eye screening are identified by both the Quality Tab in the EHR as well as through gap lists distributed to a designated Practice Champion in each office on a monthly basis. These dedicated Practice Champions attend bimonthly in-person meetings to learn more about and share strategies for quality improvement, teamwork, and managing population health.

Prior to the initiative, eye care for patients with diabetes was not discussed often or treated as a major priority in many practices. Most offices could not summarize how they were performing with diabetes eye care. Staff did not feel comfortable explaining to patients the importance of eye care for patients with diabetes and did not understand the rationale for routine dilated eye exams. Ophthalmology did not have a lot of communication with endocrinology or primary care. Often, documentation of eye exam results was limited to patients with an ophthalmologist in the VMG system who was using the same EHR. There was a lack of documentation from and communication with outside ophthalmologists.

## Interventions

During the 12-month eye care collaborative, VMG implemented a number of interventions:

- Developed an eye exam fax-back form within the EHR
- Educated staff and providers on the importance of timely and appropriate eye care for patients with diabetes and steps required to close the care gap successfully
- Developed a patient engagement tool in English and Spanish
- Developed and launched a DR screening clinic
- Developed an "eyeballs saved" tracker to document outcomes of patients screened on site and ensure timely and appropriate follow-up for eye disease
- Initiated targeted outreach to patients, focusing on patients with care gaps
- Implemented two Topcon TRC -NW400 retinal cameras in endocrinology practices
- Modified the compensation plan for endocrinologists to include quality outcomes related to diabetes eye exams
- Built a report identifying patients with a care gap for diabetes eye exam who had a claim with an eye care provider within the past two years

In order to improve DR screening rates, VMG needed to start by getting a better understanding of its actual performance. This required building a formal method for communicating with each patient's existing eye care provider. VMG had to standardize how and when patients were asked about their eye care provider, where this was documented, how information was obtained from this provider, and how results were documented. This led to the development of the fax-back form in the EHR (see Appendix).

Once it was clear which patients had not completed an eye exam within the appropriate timeframe, VMG needed to increase patient engagement in and understanding of the importance of eye care. Prior to the Cohort, patient education materials were limited and varied significantly by office. Since much of this education depended on the staff's ability to convey the message effectively, VMG created a patient education and engagement tool. Prior to the Cohort, provider and staff education materials did not exist. By utilizing free patient education resources from the National Eye Institute, VMG created customized printed materials for providers and staff (see Appendix). The materials were also translated into Spanish language by Spanish-speaking staff, using other Spanish-speaking nursing staff to validate and verify to ensure appropriate messaging and communication. The goal was to use the same materials for providers, staff, and patients to help ensure the message was delivered in a way that was understandable while also modeling to staff how they could engage patients in a discussion.

In order to distribute and promote the use of resources and messaging, VMG quality leadership presented on this topic and allowed staff to ask questions in both small and large group settings, including department meetings, staff meetings, Practice Champion huddles, and during brief bi-weekly telephone-based Webex meetings. Through this outreach, VMG quality leadership explained what treatment options were available for patients with DR, described the process in detail, and explained the costs of disease and treatment to both the patient and the healthcare system. To further illustrate urgency, VMG shared data on current performance, national benchmarks, and internal goals. VMG engaged physician leadership to develop messaging and champion the importance of the interventions.

After addressing education and engagement, VMG needed to decrease barriers to patients getting their eyes checked and ensure that there were different choices available. In collaboration with the expert staff in ophthalmology, VMG developed and launched a DR screening clinic at its ophthalmology practice, allowing central office staff to schedule patients every 15 minutes on Wednesdays for non-dilated retinal photos with an ophthalmic technician. Patients could be referred from primary care or endocrinology through the EHR, or could call a telephone line dedicated for DR screening that was advertised on the patient education materials. This line connected patients with staff who were trained to assess patient needs for dilated vs. non-dilated examination and schedule patient appointments.

In addition to developing a screening clinic, VMG also leased two Topcon TRC-NW400 retinal cameras, placing the cameras in endocrinology practices. Photo interpretation was completed internally by VMG ophthalmologists. It helped to have an established relationship between the endocrinologist and the ophthalmologist, particularly if there was disease present on the photo and there was a need for timely patient communication. In addition, having the photos read internally allowed for feedback about the quality of images and staff training to ensure appropriate patient selection, positioning, and follow-up.

In order to close the loop and ensure proper follow-up for patients screened in-house, VMG developed an "eyeballs saved" tracker to identify which patients had eye disease based on screenings. The tracker was maintained by the VMG quality team and required manual chart review. Data on "eyeballs saved" was shared back with the clinical teams to reinforce the importance of patient education and outreach efforts.

Leveraging information technology was critical to all efforts. athenaClinical<sup>®</sup>, VMG's EHR, helped to identify patients with a care gap for a diabetes eye exam. Patients with both diabetes and a care gap would be flagged in the "Quality Tab" of the chart as needing an eye exam. The measure was satisfied by documenting date of most recent retinal photo or eye exam and indicating the result (positive or negative). The care gap would appear again when required. For example, if a patient had an eye exam that was positive for DR, then the care gap would reappear in 12 months, as opposed to 24 months if the result

was negative. In order to streamline how documentation and results were obtained from the eye doctor, VMG established a standard practice that patients with diabetes should be asked the name of his or her eye doctor, allowing staff to update the “Care Team” with the provider’s information in the EHR. Patients were then asked the date of the most recent eye exam. If the eye exam was within the past two years, staff were instructed to push the fax-back form electronically, requesting details about the patient’s most recent eye exam and date. When results were received, they were documented in a standard way to satisfy the measure. If the result was positive and greater than one year ago, staff were instructed to coordinate with patient to return for a retinal photo or dilated exam. Information technology also helped VMG to initiate targeted outreach to patients who had orders for eye exams in the EHR but no results, in order to encourage follow-up, educate, and track down results.

Receiving DR diagnoses via fax-back or a consult note also helped providers to document to the highest level of specificity, which is critical to appropriate capture of patient severity of illness as required in value-based arrangements.

To further build on its utilization of information technology, VMG recognized that it had a wealth of information from payer claims data through its participation in shared savings contracts. VMG needed to find a way to bring this information to the point of care so that everyone had access to actionable information. Using a data visualization and analytics tool called “QLIK,” quality and analytics leadership built a report that utilized payer claims data to identify patients who had a claim with an eye care provider within the past two years, comparing this information to documentation from the EHR indicating patients with a care gap for diabetes eye exam. This allowed VMG to focus in on which reports needed to be obtained, allowing patient-facing teams to identify “true gaps” in the EHR. More specifically, this would help to improve documentation by allowing staff to track down results from eye care providers who billed a claim but did not communicate findings to the VMG provider. The remaining patients with care gaps in the EHR would theoretically have a “true gap,” meaning that no eye care provider has performed a retinal or dilated exam within the past two years. VMG anticipated that this population of patients would be at greater risk because of a lack of ongoing eye care.

In order for VMG’s efforts to be successful and sustainable, significant emphasis was placed on identifying and minimizing cost of implementation. By tapping into National Eye Institute resources, there were minimal costs associated with educational materials. The Topcon TRC-NW400 retinal cameras were leased for \$3,750 per camera, per year, and average reimbursement from retinal photos was about \$77, with a range of \$16 - \$190. Also, although there were costs associated with ophthalmologist and ophthalmic technician time dedicated to interpreting photos and communicating results, this became part of their daily workflow and was not seen as an added cost. The quality team dedicated a significant amount of time to education of staff and reinforcement of workflow. In addition, information technology analyst time was required to build queries and data analysis tools for targeted outreach. Lastly, compensation plans for endocrinologists were modified to include quality outcomes related to diabetic eye exams, which helped to reinforce importance and drive performance.

## Outcomes and Results

During the course of the 12-month collaborative, VMG observed increased rates of screening for DR from 40.7% to 49.9%, which represents a 9.2% absolute increase and a 22.6% relative increase from VMG’s baseline percentage of patients with diabetes with documented screening for DR (see Appendix). In total, VMG screened an additional 775 patients, or 92 patients per 1,000. By the end of the collaborative, VMG’s population of patients with diabetes had also increased by nearly 500 patients from baseline.

Internally, VMG completed 120 retinal photos on its new Topcon TRC-NW400 cameras during the four-month period between the implementation of the cameras and the end of the collaborative. Of the photos taken:

- 21.2% of patients (n= 25) had DR
- 30.5% of patients (n = 36) had other eye disease present

These outcomes resulted in 60 “eyeballs saved.” In addition, VMG initiated care with 19 new patients in its ophthalmology practice as a result of the retinal camera workflow.

VMG's success with this initiative is related to a number of factors, including a team of dedicated staff, appropriate use of resources, and leveraging a rich supply of data to create actionable reports. As a result of these efforts, staff and providers were able to clearly explain the relationship between diabetes and eye disease and what type of care is required to prevent loss of vision.

## Lessons Learned and Ongoing Activities

VMG has made significant progress in its strategies for achieving quality improvement as a result of the collaborative and a dedicated focus on improving eye care for patients with diabetes.

**Communication:** VMG has many practices (30+), which makes it challenging to educate staff consistently. Having bi-weekly "dial-in" calls and bi-monthly in-person meetings was critical to communication efforts and strategy. These touch points were necessary for educating staff and reinforcing the messaging and workflow. The touch points needed to be well supported and prioritized by leadership throughout the organization.

### **Billing, patient impact, and out-of-pocket cost:**

VMG included billers, practice managers, office staff, and ophthalmology as it developed its workflow. It was critical to maintain open lines of communication and allow frontline staff to help create and identify solutions. The workflow required many revisions along the way. It is critical to provide patients with consistent messaging about why routine eye care matters, potential out-of-pocket costs associated with retinal photos, what type of follow-up may be required, and how/when results will be communicated. VMG developed a patient consent form and built it into the workflow. Prior to taking any retinal photos, consent was reviewed with and signed by patients, who were asked to contact the office if they did not receive results within at least seven days. This helped to hold staff accountable and ensure results did not slip through the cracks (see Appendix).

**Refine and shine:** VMG observed a high rate of unreadable images (16.1%) when utilizing the retinal cameras. When an image was unable to be interpreted, staff were required to contact patients and encourage them to either return for repeat

images or to visit an ophthalmologist for a comprehensive dilated exam. Ongoing staff education is required, specifically focusing on which scenarios would warrant patients having a comprehensive dilated exam instead of retinal photography. Also, it is important to teach staff to rapidly identify potential problems based on the photos so that they can escalate for a more timely review, in order to ensure patients can follow up with an ophthalmologist in a timely manner if warranted. VMG is continuing to evaluate how artificial intelligence can be implemented to provide a real-time reading to indicate whether retinopathy is present or if dilation is required to improve the quality of the image. It is critical to ensure timely follow-up particularly on positive results and to ensure that providers convey the urgency of patient follow-up with an eye care provider. Patients may have a small window of time to seek treatment and prevent loss of vision if something is detected.

VMG also continues to struggle to standardize the process for scheduling patients in its screening clinic. VMG is working to build a stronger partnership with its Access & Navigation schedulers, which requires reinforcement of referral orders being placed in the EHR by providers.

### **Key Lessons Learned**

- Fax-back forms were the intervention with the most impact, but they need to be implemented together with a process for increasing eye exams. For example, during patient intake, every patient with diabetes should be asked the date of his or her most recent eye exam. If it was less than two years ago, the fax-back form should be utilized with a plan for follow up if disease was present or if the deadline for a new exam is approaching. If a patient has not completed an eye exam within the appropriate time frame, a referral or retinal photo should be completed as the very next step.
- The process for completing retinal photography, documenting, and communicating results to patients is a bit complicated for staff and there are many steps. VMG is developing a competency that will enable staff sign-off following returned demonstration of completing all steps in the process.

- Developing “Champions” for retinal photos is crucial. Champions reinforce with office staff why it is important to screen patients with diabetes for DR, how to educate patients appropriately, and what steps are required in order to complete DR screening.
- Standardizing the referral process to ensure that patient referrals are documented in a consistent manner and follow-up is completed within an appropriate timeframe can help to ensure patients with eye disease are seen in a timely manner, and potentially by ophthalmologists within the same organization.

### **Next Steps**

VMG is going to lease two additional cameras and has identified additional practices with a high concentration of patients with diabetes, an engaged staff, and space for a camera. An artificial intelligence workflow and technology will also be implemented prior to expanding to additional sites in order to allow for faster interpretation of positives and reduced rate of photos that cannot be interpreted. VMG will also continue updating the “eyeballs saved” tracker monthly to ensure that the process is being followed as appropriate and identify need for additional staff training.

## **References**

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2. Centers for Disease Control and Preventions. n.d. Diabetic Retinopathy. Retrieved from [cdc.gov/visionhealth/pdf/factsheet.pdf](https://www.cdc.gov/visionhealth/pdf/factsheet.pdf).
3. Solomon, S. D., Chew, E., Duh, E. J., Sobrin, L., Sun, J. K., VanderBeek, B. L., Wykoff, C.C., Gardner, T. W. (2017). Diabetic Retinopathy: A Position Statement by the American Diabetes Association. *Diabetes Care*, 40(3), 412-418. doi:10.2337/dc16-2641.
4. Garg, S. & Davis, R. (2009). Diabetic Retinopathy Screening Update. *Clinical Diabetes*, 27(4), 140-145; doi: 10.2337/diaclin.27.4.140.

## Eye Care Cohort Measure

Measurement is a cornerstone of all facets of the T2G campaign, including the Innovator Track. During the Eye Care Cohort, groups measured rates of documented screening for diabetic retinal disease among the T2G Cohort with Type 2 diabetes and tracked improvement.

In keeping with AMGA Foundation's philosophy to measure improvement using existing industry-standard measures when possible, the denominator for the Eye Care Cohort was defined to be the same as the T2G Cohort for the campaign (i.e., patients with Type 2 diabetes who meet the T2G campaign criteria to be included in the four individual core components and the diabetes bundle measure). This denominator is broadly defined as patients age 18–75 with:

- Two or more eligible ambulatory encounters with an eligible primary care, endocrinology, cardiology, or nephrology provider in the last 18 months **AND**
- At least one Type 2 diabetes on a claim or problem list in that same 18-month period.

For complete denominator measure specifications with inclusion and exclusion criteria, see Together 2 Goal® Campaign Measurement Specifications (v3, April 2019).

The numerator for the measure was determined to be those T2G Type 2 diabetes patients who met the criteria for HEDIS 2018 Technical Specifications for Physician Measurement: Comprehensive Adult Diabetes Care: Eye Exam Numerator.

Screening or monitoring for diabetic retinal disease was identified by electronic data or medical record review and included:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year;
- A negative retinal exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year; or
- A bilateral eye enucleation anytime during the patient's history through the end of the measurement period.

Eye Care Cohort participants were provided detailed measure specifications and relevant HEDIS value sets.



## Example Diabetes Eye Exam Fax-Back Form

Practice Letterhead

### Diabetes Eye Exam Referral and Fax Back Form

Please perform a retinal or dilated eye examination to evaluate for diabetic retinopathy. As the eye care provider, you can help avoid complications from diabetes and play an integral role in the patient's overall health. Please record and fax back the results below. This summary will be included in the patient's chart and help providers determine a plan of care.

**Patient Name:**

**Patient D.O.B.**

Date of Most Recent Retinal or Dilated Eye Exam: \_\_\_\_\_

Type of Eye Exam:

\_\_\_\_ Retinal Imaging

\_\_\_\_ Dilated Eye Exam

Retinal Examination Findings:

\_\_\_\_ No evidence of diabetic retinopathy

\_\_\_\_ Non-proliferative diabetic retinopathy

OD (Mild\_\_\_\_ Moderate\_\_\_\_ Severe\_\_\_\_)

OS (Mild\_\_\_\_ Moderate\_\_\_\_ Severe\_\_\_\_)

\_\_\_\_ Proliferative diabetic retinopathy (OD\_\_\_\_ OS\_\_\_\_)

\_\_\_\_ Macular Edema (OD\_\_\_\_ OS\_\_\_\_)

Recommended Follow-Up:

\_\_\_\_\_ weeks/months

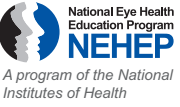


Include Copy of Exam Notes if Possible.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Please return completed fax to the Care Provider listed above.**

## Example Patient Education Materials

**Diabetic Eye Disease**

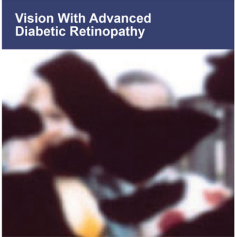
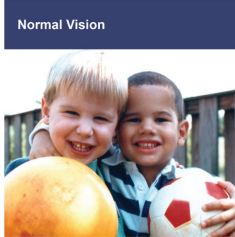


Valley Medical Group  
Valley Health System

National Eye Institute

National Eye Health Education Program  
**NEHEP**  
A program of the National Institutes of Health

### 5 Things You Should Know About Diabetic Eye Disease



Normal Vision

Vision With Advanced Diabetic Retinopathy

Did you know that people with diabetes are at risk for diabetic eye disease, a group of eye problems that can lead to vision loss and even blindness?

- ▶ Diabetic eye disease includes cataract, glaucoma, and diabetic retinopathy.
- ▶ Diabetic eye disease often has no early warning signs.
- ▶ People with diabetes should have a comprehensive dilated eye exam at least once a year to detect problems early, before vision is lost.
- ▶ Vision loss often cannot be restored.
- ▶ About 95 percent of blindness can be prevented through early detection, timely treatment, and appropriate follow-up.

### Take Action Today!

- Visit your ophthalmologist or optometrist yearly for a retinal or dilated eye exam
- Ask your eye care provider to send a copy of your report to your Primary doctor
- If unable to go for a full dilated exam yearly, consider getting a retinopathy screening **without dilation** at VMG\*

### Diabetic Retinopathy Screening\*

**No Dilation Required!**

*Conveniently Located At:*

**VMG Ophthalmology**  
1200 E. Ridgewood Ave.  
Suite 213 West  
Ridgewood, NJ 07450

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

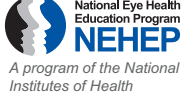


**Schedule Your Screening Today! Quick, Easy, No Dilation**

**Call: 201-291-6359**


\*Screening should not take the place of annual comprehensive eye exam with eye care provider

## Example Patient Education Materials

### Enfermedad Diabética Del Ojo



#### 5 Cosas Que Debe Saber Sobre La Enfermedad Diabética Ocular



Visión normal. La misma escena vista por una persona con retinopatía diabética.

¿Sabía que las personas con diabetes están en riesgo de desarrollar una enfermedad diabética ocular, una serie de problemas oculares que pueden provocar pérdida de la visión e incluso ceguera?

- ▶ La enfermedad diabética ocular incluye cataratas, glaucoma y retinopatía diabética.
- ▶ La enfermedad diabética ocular regularmente no presenta síntomas tempranos.
- ▶ Las personas con diabetes deben someterse a un examen ocular completo de dilatación al menos una vez al año para detectar problemas de forma temprana, antes de perder la visión.
- ▶ En la mayoría de los casos, la pérdida de visión no puede ser restaurada.
- ▶ Alrededor del 95 por ciento de la ceguera se puede prevenir mediante la detección temprana, el tratamiento oportuno y el seguimiento adecuado.

#### ¡Tome acción hoy!

- Visite a su oftalmólogo u optometrista anualmente para un examen de retina o dilatación de la vista
- Pídale a su oftalmólogo que envíe una copia del reporte a su doctor primario
- Si no puede ir a un examen completo de dilatación anual, considere hacerse una prueba de retinopatía sin dilatación en Valley Medical Group\*

#### Detección de retinopatía diabética\*

**¡No requiere dilatación!**

*Convenientemente ubicado en:*

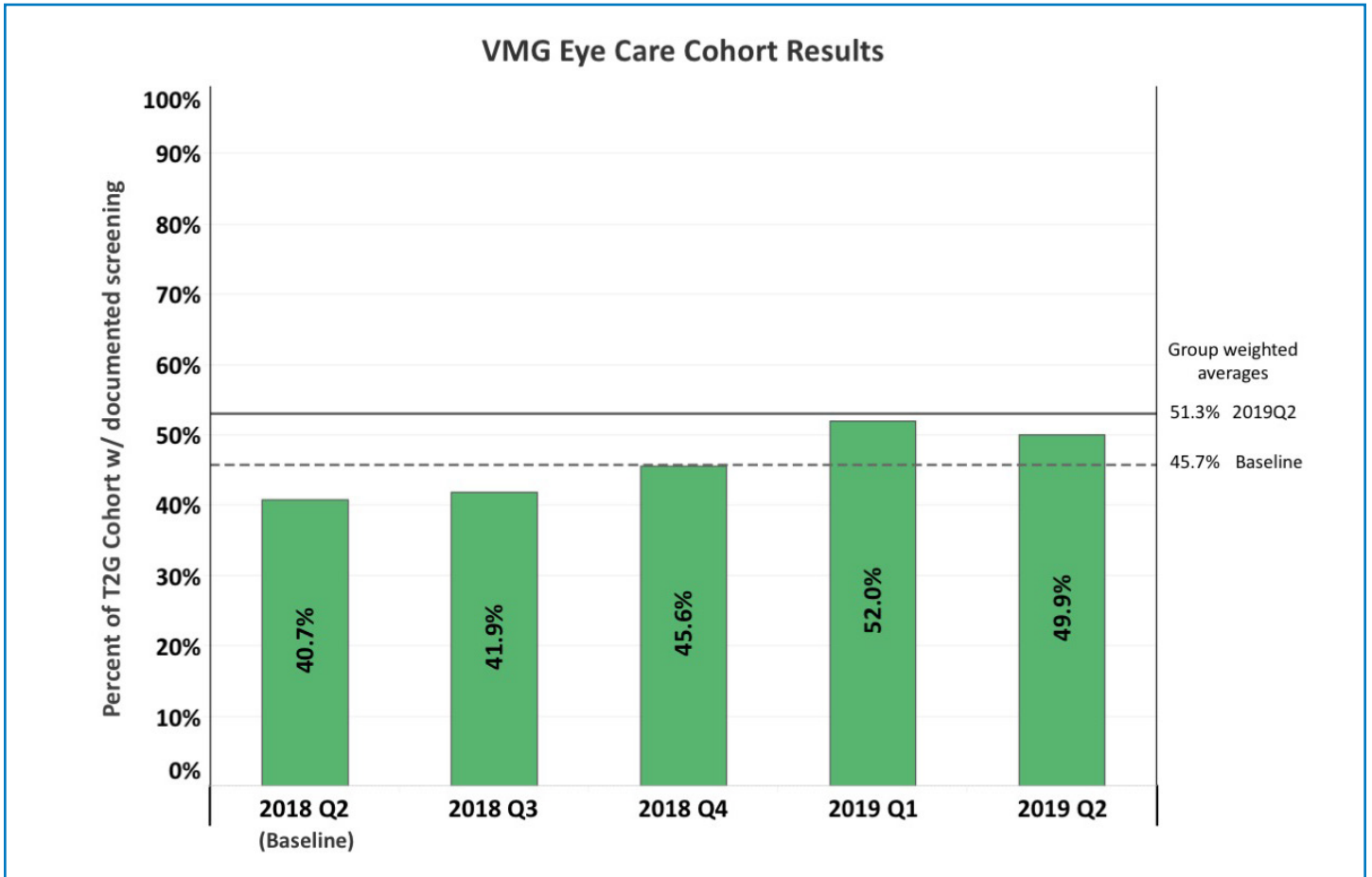
**VMG Ophthalmology**  
1200 E. Ridgewood Ave.  
Suite 213 West  
Ridgewood, NJ 07450

**¡Haga su cita hoy! Rapido, Facil, Sin dilatación**

**Llámenos: 201-291-6359**

\*El examen de detección no debe reemplazar el examen anual de la vista con un proveedor de médico ocular

## VMG Eye Care Cohort Results



## Example Patient Consent



### Consent for Retinal Photography

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**What you should know:** Patients with diabetes should have an annual comprehensive dilated eye exam with an eye doctor, in order to detect problems early, before vision is lost. People with diabetes are at risk for diabetic eye disease, which can lead to loss of vision and even blindness. Diabetic eye disease often has no early warning signs. About 95% of blindness can be prevented through early detection, timely treatment, and appropriate follow-up. **Retinal photographs do not replace the need for a comprehensive dilated exam by an eye care provider**, but can help to identify if disease is present and follow-up is needed.

**Procedure:** If you choose to have retinal photos taken in the endocrinologist or primary care provider's office, the procedure will take less than 5 minutes. The technician will have you sit in a chair in front of the camera, resting your chin and forehead on the device. We **do not** dilate or put drops into your eyes for the photograph. The camera will be aimed at each eye, one at a time. You can expect to see a flash when the photo is taken. Once photos are taken, the procedure is complete.

**Follow-up:** Photos of your eyes will be sent to VMG Ophthalmology for the eye doctor to read and interpret the image. The eye doctor will send a report back to your endocrinologist or referring provider – if you do not receive results within 1 week, please call to follow-up. If diabetic eye disease is detected, you may be advised to schedule a follow-up visit with an eye doctor for a comprehensive examination to determine if treatment or follow-up care is required. If you need an eye doctor, **VMG Ophthalmology** is currently accepting new patients and can be reached by calling 201-612-0044.

**Payment/cost:** Although retinal imaging is typically covered by insurance for **patients with diabetes**, every insurance plan is different and the copay or out-of-pocket cost to patient may vary, depending on individual plan and whether or not deductible has been met for the year. You will be billed for any costs that are not covered by your insurance.

**Statement of Patient or Patient's Representative.** I certify the following to be true:

- A. I have read and understand the information in this consent form.
- B. The information referred to in this consent form has been explained to me by the office staff.
- C. I have had the opportunity to ask and have had answered to my satisfaction all of my questions about the Procedure.
- D. I believe that I know enough about the Procedure to make an informed decision and that by signing below I give my consent for the Procedure.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

## Project Team



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BA-II, Champion Support



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[amga.org/foundation](http://amga.org/foundation)