

How this Framework can help you:

This framework is designed to provide a standard set of strategies and tools specific to help you improve care provided in the ambulatory environment. The framework has a three tiered approach that we believe provides a foundation for improvement work resulting in effective adoption and sustainability. These elements include:

1. Infrastructure: this first section focuses on the role of the care team and highlights how to prepare for upcoming appointments, optimize the role of team members, address equipment needs or medical record needs as well as how to regularly monitor your results;
2. Competencies: this section identifies what trainings are available to build clinical and content knowledge for all members of the care team and the patient population. Whenever possible hyperlinks to web based handouts, tools or webinars are included.
3. Additional Resources: We recognize that healthcare alone may not meet all of a patient's needs so this section includes medication and health care coverage as well as related community resources when applicable.

Need help implementing this Framework?

The MaineHealth ACO Improvement team can assist you with strategies and workflows in support of ACO initiatives. To learn more about what frameworks are available or for improvement support please contact

Michele Gilliam, Director, Performance Improvement, at

MGilliam@mmc.org

or (207) 661-3804.

1. Infrastructure: Diabetic Eye Exams

Identify Equipment Needs and Standardize (Hardware/Testing)

(N/A)

Pre-Visit Planning/Huddle

- Pre-visit check list
- Example of huddle tool
- Patient Pre-visit Workflow

Define Care Team Roles

- Documented workflow (Pre- and Outside Visits)
- Talking points “ Eye Care for Diabetes”

EMR Tool

- Clinical Quality Measures Guide (Epic), example

Referral/Communication with Expanded Care Team

- Referral form & result request letter (samples)

Regularly Measure Results (Sustainability)

- Gaps in care report
- KPI examples for performance improvement

Pre-Visit Planning Checklist

Patient: _____ Reason for Appt: _____ Appt Time: _____

| | |
|---|--|
| <p>Adult Prevention: Gap(s) in Care or Due Soon:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BMI (ht & wt) <input type="checkbox"/> Blood Pressure (if >140/90) pull last 3 BP <input type="checkbox"/> Falls Risk (65+) <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Flu Shot <input type="checkbox"/> TDaP <input type="checkbox"/> Tobacco Use/Counsel/Referral to MTHL <input type="checkbox"/> Depression Screen <input type="checkbox"/> Pap Smear <input type="checkbox"/> DEXA Scan <input type="checkbox"/> Colon Cancer Screen (50-75) <input type="checkbox"/> Breast Cancer Screen (50-75) <input type="checkbox"/> Outside Reports / Tests <input type="checkbox"/> Advance Directive <input type="checkbox"/> Outstanding Testing <input type="checkbox"/> Hospital Admissions/ED Visits <p>NOTES:</p> | <p>Diabetic: Gap(s) in Care or Due Soon:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HgbA1c <input type="checkbox"/> Tobacco Use/Counsel/Referral to MTHL <input type="checkbox"/> Micro albumin <input type="checkbox"/> Outside Reports / Tests <input type="checkbox"/> Eye Exam <input type="checkbox"/> Foot Exam <input type="checkbox"/> Depression Screen <input type="checkbox"/> LDL <input type="checkbox"/> Outstanding Testing <input type="checkbox"/> Hospital Admissions/ED Visits <p><i>Also review Preventive Care Gaps!</i></p> <p>NOTES:</p> |
| <p>Cardiovascular Disease: Gap(s) in Care or Due Soon:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood Pressure <input type="checkbox"/> IVD / Aspirin <input type="checkbox"/> HTN <input type="checkbox"/> HF / Beta Blocker <input type="checkbox"/> LDL <input type="checkbox"/> Outside Reports / Tests <input type="checkbox"/> Outstanding Testing <input type="checkbox"/> Hospital Admissions/ED Visits <p>NOTES:</p> | <p>Controlled Substance: Gap(s) in Care or Due Soon:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Controlled Substance Agreement <input type="checkbox"/> UTOX <input type="checkbox"/> PMP <input type="checkbox"/> Outstanding Testing <input type="checkbox"/> Hospital Admissions/ED Visits <p>NOTES:</p> |
| <p>Pediatric Prevention: Gap(s) in Care or Due Soon:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BMI (ht & wt) <input type="checkbox"/> 5-2-1-0 <input type="checkbox"/> Immunizations <input type="checkbox"/> Tobacco Use/Exposure/Counsel/Referral to MTHL <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Depression Screening <input type="checkbox"/> MCHAT/ASQ <input type="checkbox"/> Outside Reports / Tests <input type="checkbox"/> Outstanding Testing <input type="checkbox"/> Hospital Admissions/ED Visits <p>NOTES:</p> | <p>Pediatric Asthma: Gap(s) in Care or Due Soon:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severity <input type="checkbox"/> Controller Med <input type="checkbox"/> Action Plan <input type="checkbox"/> Lung Function Test <input type="checkbox"/> Tobacco Use/Counsel/Referral to MTHL <input type="checkbox"/> ACT <input type="checkbox"/> Outside Reports / Tests <input type="checkbox"/> BMI (ht & wt) <input type="checkbox"/> Outstanding Testing <input type="checkbox"/> Hospital Admissions/ED Visits <p>NOTES:</p> |
| <p>Room Set Up Needs/General Notes:</p> | |

Huddle Sheet

- What can we proactively anticipate and plan for in our work day/week? At the beginning of the day, hold a review of the day, review of the coming week and review of the next week. Frequency of daily review is dependent on the situation, but a mid-day review is also helpful.
- This worksheet can be modified to add more detail to the content and purpose of the huddles.

Huddle Sheet

Practice: _____ Date: _____

Aim: Enable the practice to proactively anticipate and plan actions based on patient need and available resources, and contingency planning.

Follow-ups from Yesterday

“Heads up” for Today: (include review for orders, labs, etc.; special patient needs, sick calls, staff flexibility, contingency plans)

Meetings:

Example: Identify and share with team patients with diabetes and an elevated A1c to ensure updated testing, foot checks, and patient education is provided at time of visit.

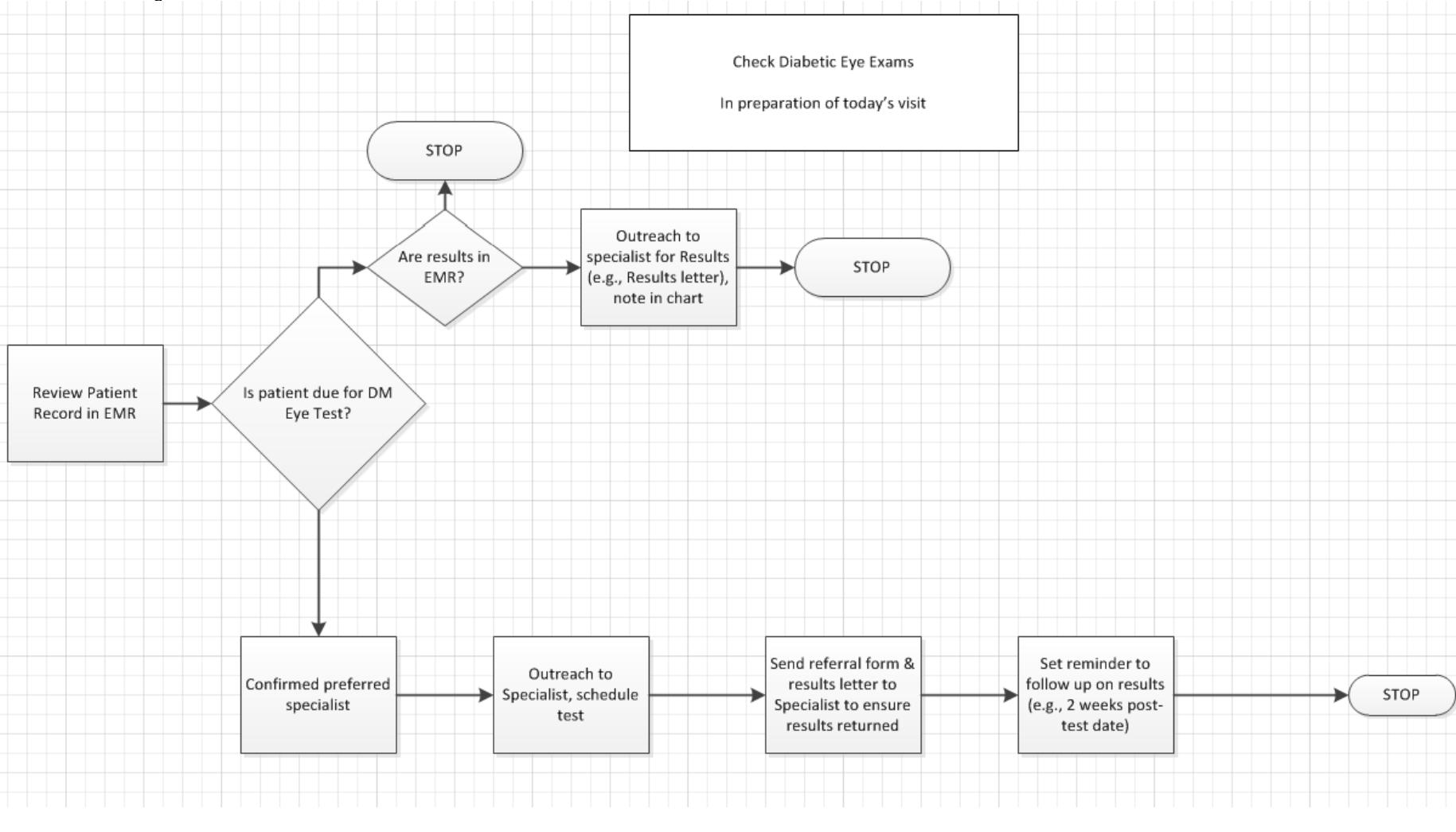


Review of Tomorrow and Proactive Planning

Meetings:

Diabetic Eye Exam Workflow #1

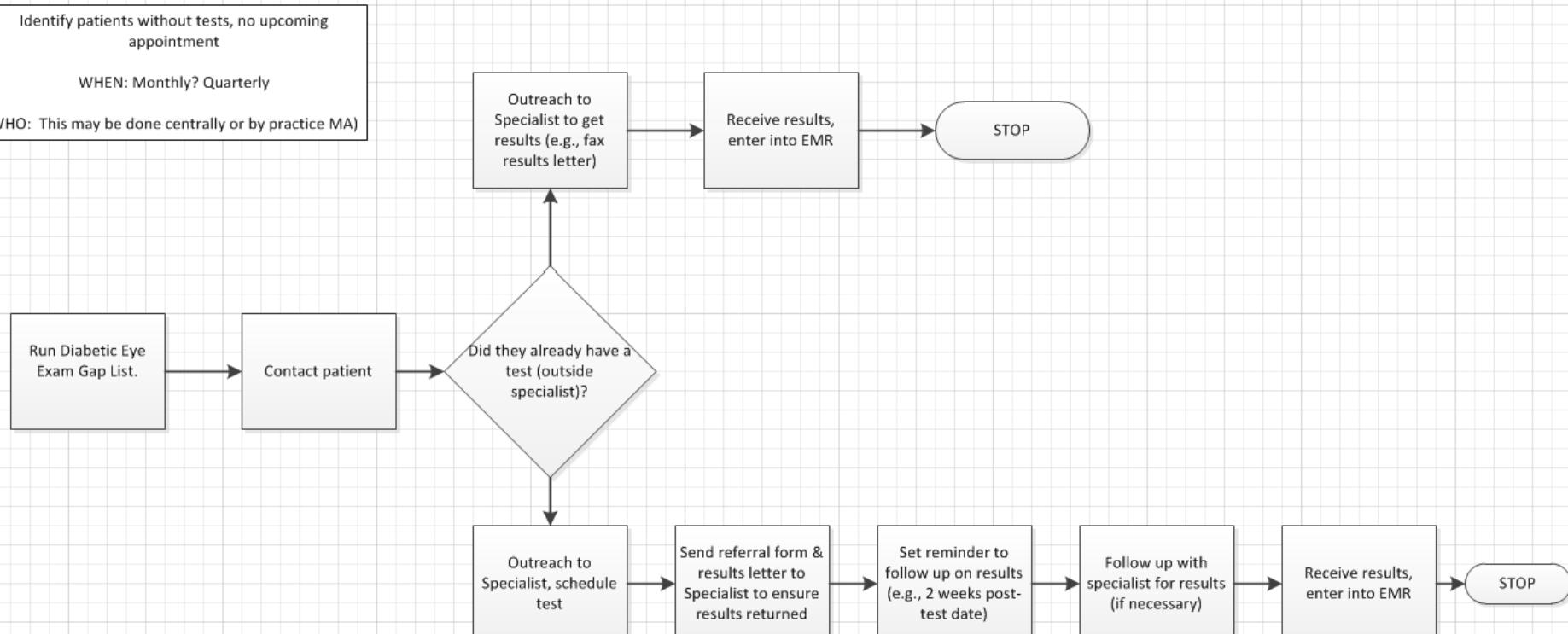
– Day of Visit



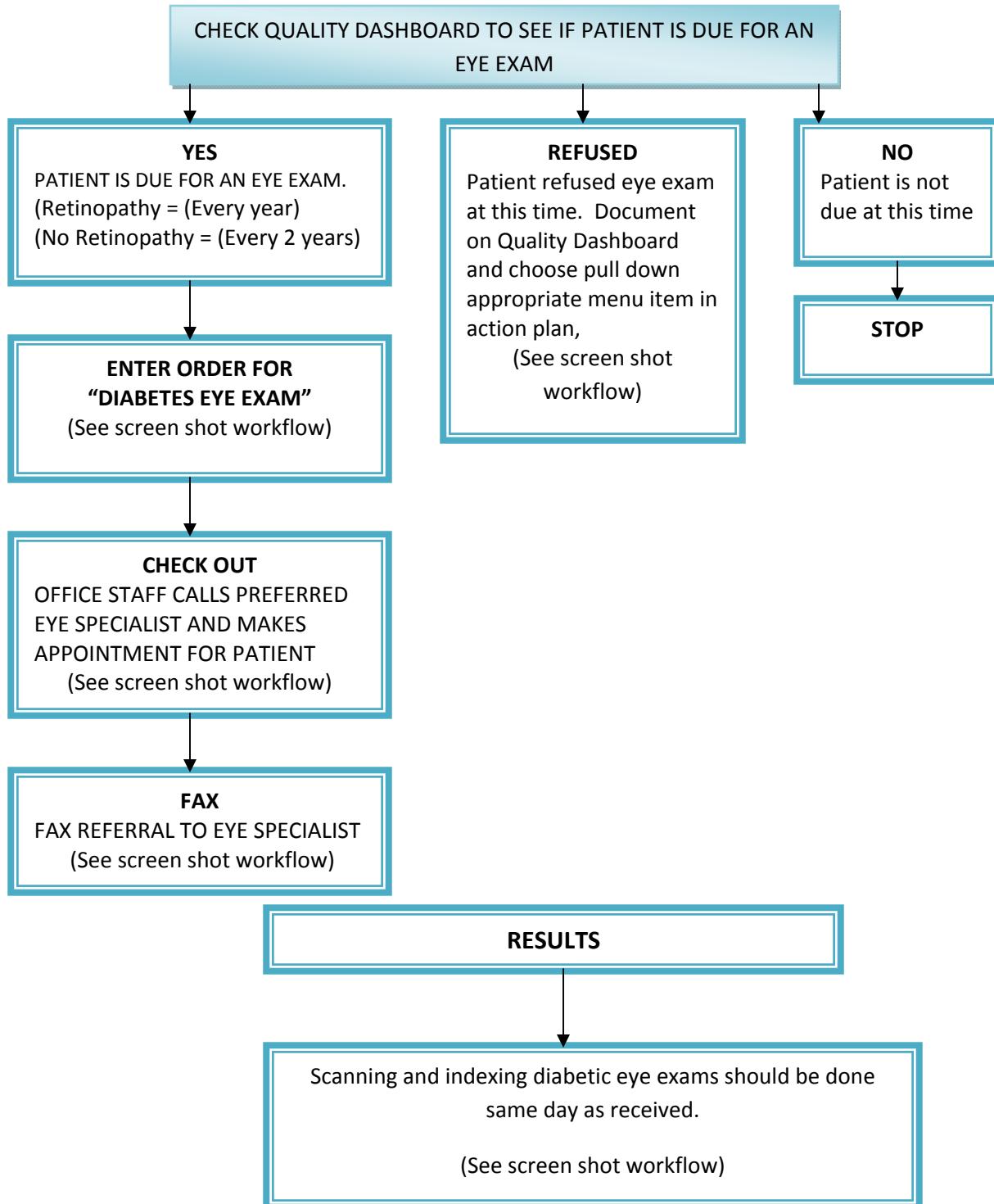
Diabetic Eye Exam Workflow #2

Outside the Visit

Identify patients without tests, no upcoming appointment
WHEN: Monthly? Quarterly
WHO: This may be done centrally or by practice MA)



DIABETES PATIENT COMING IN FOR OFFICE VISIT WORKFLOW



EYE CARE for DIABETES

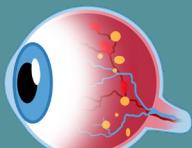
Begin Taking Care of your Eyes Today



Did you know that diabetes can cause eye problems? If you have diabetes, here are a few things you should know to help keep your eyes healthy.

WHAT EYE PROBLEMS CAN DIABETES CAUSE?

Diabetes can cause eye problems like diabetic retinopathy (*ret•i•nop•a•thy*) and glaucoma (*glau•co•ma*).



Diabetic retinopathy is damage to the small blood vessels in the back of your eye (*the retina*). The retina is very important because it collects the images you see and sends them to the brain. The damage can cause vision loss or blindness.



Diabetic glaucoma is fluid pressure in your eye that can cause damage to the nerve that connects your eye to your brain. If the damage continues, glaucoma can lead to permanent vision loss within a few years.

HOW CAN I PROTECT MY EYES?

Here are some things you can do to help make sure that diabetes isn't hurting your eyes:



- **Get a regular eye exam.** Loss of vision can be prevented and made less harmful if treated by your eye care professional, so it is important to see them regularly.



- **Follow the ABC's of diabetes care:**

> **A** for A1C: Keep your blood sugars in a healthy range for you.

MY GOAL A1C IS _____

> **B** for blood pressure: Keep your blood pressure controlled and less than 140/90.

MY GOAL BP IS _____

> **C** for Cholesterol: Keep your LDL cholesterol controlled and less than 100.

MY GOAL CHOLESTEROL IS _____



- **Quit smoking**

Diabetes Eye Exam

Patients with diabetes Type 1 or Type 2 are required to have a dilated retinal eye exam performed every two years (if normal).

If the patient has diabetic retinopathy (abnormal), the eye exam must be performed at least annually.

Medicare Shared Savings Program (MSSP ACO 41) – Patients between ages of 18-75 with Type 1 or Type 2 diabetes who had a retinal eye exam performed.

Meaningful Use (MU eCQM131)

Note: Best practice for Pediatric Patients ages 10-17 with Diabetes.

P

Report Review - Provider

- Review the paper eye exam report.
- Note at top right of document whether result is Normal (No Retinopathy) or Abnormal (Retinopathy) for the dilated diabetic retinopathy exam.

C

Resulting the Order – Clinical Support

The diabetic eye exam result must be documented in the patient's chart.

If it is not received electronically, manually enter the eye exam as **Normal (No Retinopathy)** or **Abnormal (Retinopathy)** in the [QM Results Console](#) activity.

Click test tube to the right of 'Diabetic Retinopathy Eye Exam Report Summary' and document Abnormal or Normal.

| Category | Value |
|----------|--------------|
| Abnormal | Selected |
| Normal | Not Selected |

C

Health Maintenance Modifier – Clinical Support

Choose a Health Maintenance Modifier if the screening interval of every 2 years does not apply.
This does not exclude the patient from the measure.

Step 1: Go to Health Maintenance activity

Step 2: Select Edit Modifiers

Step 3: Choose the correct interval and accept

Information from Eye Care Specialist

Return findings to: Physician Name: _____
Practice Name: _____
Fax #: _____ Phone #: _____

Patient's Name: _____ Date of Birth: _____

HbA1c Test Date: _____ Result: _____ Other Info: _____

Date Seen: _____ Optometrist/Ophthalmologist: _____

Practice: _____ Office Phone: _____

Findings:

Visual acuity: OD _____ OS _____

- No Diabetic Retinopathy
- Mild Nonproliferative Diabetic Retinopathy
- Moderate Nonproliferative Diabetic Retinopathy
- Severe Nonproliferative Diabetic Retinopathy
- Proliferative Diabetic Retinopathy

Other findings:

- Glaucoma
- Cataracts
- Other: _____

Follow-up planned:

- Other Treatment: _____
- Referral for therapy made to: _____
- Schedule re-check in 3-6 months
- Schedule re-check in 6 months

2. Clinical Competencies:

MA/RN - MH_Training@mmc.org

_____ MH Medical Asssistant Training- Fundamental

<http://www.mh-edu.org/d/xvq7vf/1Q>

_____ MH Medical Assistant Training – Advanced

<http://www.mh-edu.org/d/4vqth5/1Q>

_____ MH Care Manager Training

<https://www.surveymonkey.com/r/CMTraining2018>

Provider

Staff & Patient

_____ Patient Eye Education Piece

Shared Decision Making Tools

Build Staff Training Into Annual Competencies and New Staff

Orientation

3. Additional Resources:

Additional Patient Resources

Care Partners and Med Access

<https://mainehealth.org/patients-visitors/billing-insurance/financial-assistance/carepartners>

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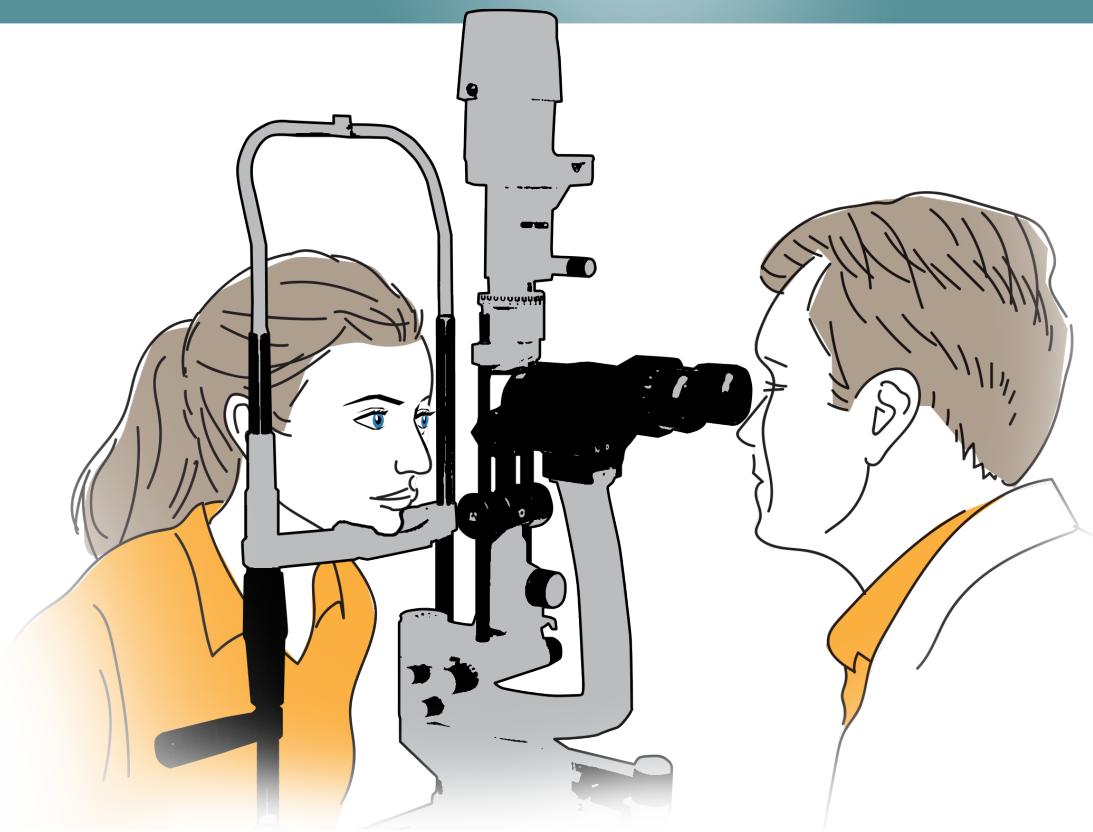
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WHAT IS A DIABETIC EYE EXAM?

- It is a special eye exam that looks for problems related to your diabetes.
- This exam is different from a regular vision test.
- An optometrist or ophthalmologist is an eye doctor who will do a special exam on your eyes. Opticians are sometimes confused with eye doctors, but they are people who make glasses and contact lenses. An optician would not do this exam.
- Early on, you might not know if you have eye damage. This exam by your eye doctor is the only way to find out.
- If you wait to see an eye doctor until you have vision problems, it may mean the eye problems have gotten worse and treatment will be harder.
- Medical insurance often covers this eye exam, not vision insurance. Call your insurance provider to find out what is covered.

WHEN DO I NEED AN EYE EXAM?

- If everything is normal, the eye doctor might tell you to get the exam **every 2 years**. You might need to get the eye exam every year if there are signs of damage.

Eye Care for Diabetes

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