Expanding Diabetic Retinopathy Screening in Primary Care Clinics

Share and Learn Webinar Series

February 8th, 2017
Webinar Instructions

To avoid echoes and feedback, we request that you **use the telephone instead** of your computer microphone for listening/talking during the webinar.
• Introductions (all)
• Panelist Presentations
  o Northeastern Rural Health Clinic
  o UC Berkeley Digital Health
• Q&A
Northeastern Rural Health Clinics

Expanding Diabetic Retinopathy Screening Program
Share and Learn Webinar
February 8, 2017
About us

• Northeastern Rural Health Clinics are located in northeastern California. We are an FQHC with 12 Primary Care Providers, one OB/GYN and four dentists. (NRHC) is the largest provider of outpatient care in Lassen County. We have our main clinic in Susanville and a smaller clinic in Westwood. Dental services are offered at both clinics.

• NRHC has approximately 826 diabetic patients.
Screening Individuals on Opioids

• Opioid use is high in northern California and especially in Lassen County. Approximately half of our patients have some sort of narcotic use.

• This population of patients has a tendency to cancel or not show for visits and screening because they have chronic pain. The opioids tend to make them sleepy and not motivated to come out for their appointments so we have limited opportunity to keep up on their diabetes management. We try to schedule quarterly provider visits with all our diabetes patients. The patients have an A1C, foot exam, visit with their PCP and the diabetic health educator. If they need DRS we try to schedule that for the same day.
Screening Individuals on Opioids (cont.)

- UCB told us that opioid users have a harder time with pupil dilation. We have discovered that so far, all of the patients we have had to dilate have been opioid users. If we find that the patient’s pupils do not dilate on their own, we dilate them with 1-2 drops of 1% Tropicamide solution (per the manufacturer insert). We show the patients the shapes we will be asking them to look at during the screening. If they can not see the shapes we have had them focus on the external fixation light or the photographer’s ear.
Lessons Learned

• We have learned not to schedule these patients too early and to allow plenty of time for the screening because they will take longer. These patients take 30 minutes. Most have needed to be dilated. We have to constantly remind them which shape they need to look at and to hold their heads still. We have learned to move quickly to capture our photographs because we are not going to get many chances. When using the external fixation light we learned not to have it too low or too high because this will affect where the patient’s optic disc is.

• The biggest challenges with this population have been getting them to keep their eyes open enough to do the screening. They require constant reminders to hold their eyes open, focus and to hold still. The biggest reward is that we know they are now getting the care they need.
Questions?

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Partnership Health Share & Learn
Expanding DRS in Primary Clinic: Challenges with Imaging

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February 8, 2017
Outline

• Basic tips
• Alternative ways of fixating
• Body / physical challenges
basic tip #1: forehead stays all the way forward

- Keep your eye on the patient’s forehead: it should ALWAYS stay forward and against the forehead rest
- Patient needs to be comfortable for this to occur
- ie level of camera/table & chair need to be correct
basic tip #2: align canthus marker with the corner/center of eye

- Will allow for maximum vertical adjustment
- To do this, rotate the chin rest knob (the black knob on your left side, below the patient’s right side of chin)
basic tip #2:
align canthus marker with the corner/center of eye

• To do this, rotate the chin rest knob (the black knob on your left side, below the patient’s right side of chin)
Recommended order of adjustment

1) Chin rest knob (to align canthus marker with corner of eye)
2) Electrical table vertical knob (to allow patient to comfortably lean forward)
3) iCam joystick vertical knob adjustment (to center the image of the eye before you take the photo)
basic tip #3: close the eye that is not being imaged

- Allows imaged eye to see shapes / symbols more clearly
- Ask patient to
  - close non-imaged eye OR
  - cover non-imaged eye with hand
basic tip #4: always ask

- “Are you comfortable?”
- “Is your neck or back comfortable?”
- “Would you like to move up (higher) or down (lower)?”
- The patient will remain in this position for the next 10 to 20 minutes, so make sure they are comfortable
basic tip (and warning) #5: adjustable vertical chair

• Pro: Allows patient to go up and down as she needs to
• Con: Be careful that patient does not slide back and fall
• Hold chair for patient when they sit down
Alternate fixation techniques

- For patients who
  - are unable to comprehend instructions
  - are unable to understand/discern shapes
  - speak a foreign language
  - cannot see well (low vision or blind)
Alternate fixation technique #1: Use the external fixation light as target

- Ask patient to look at external light with the eye that is NOT being imaged
- Position external light in the direction which would best capture the appropriate retinal field you’re imaging
Alternate fixation technique #2: “Look straight ahead”

- Or
  - “Look at my ear”
  - “Look at [object across the room]”
Body/physical challenges

- Overweight/obese patients
- Central obesity
- Large-breasted patients
- Back/neck pain or mobility issues
- Short / tall patients
obese or large-breasted patient

- Lower the electric table down far and have patient lean their chin/forehead onto chin/forehead rest.
obese or large-breasted patient

- Or have patient stand and lean over to position her head on the chinrest
- The chair can provide leaning support to the buttocks, but the patient is not seated
- If patient unable to stand, they can separate their legs while seated, which allows the abdomen or breasts to drop down out of the way
Short patients

- Have patient stand and move/adjust table to their face
- Or patient can kneel on chair
Thank You!

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