

Indian Health Diabetes Best Practices —



Eye Care



Indian Health Service Division of Diabetes Treatment and Prevention
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Is a Best Practice Eye Care Program right for your diabetes program?

➔ Do you want your diabetes program to be better at:

1. Evaluating patients for diabetic retinopathy?

Yes No

What you will be doing: Conducting a qualifying retinal examination for diabetic retinopathy, including a dilated and comprehensive eye examination, shortly after the diagnosis of diabetes ♦ Repeating eye examinations annually (or more frequently if retinopathy is progressing)

Who will be doing it: Health care providers

2. Recognizing *early* when to refer patients for immediate treatment?

Yes No

What you will be doing: Referring patients for immediate treatment if they have: (1) any symptoms of vision loss; (2) any level of diabetes macular edema; (3) any level of severe non-proliferative diabetic retinopathy; or (4) any level of proliferative diabetic retinopathy ♦ Providing care by an ophthalmologist knowledgeable and experienced in the management and treatment of diabetic retinopathy

Who will be doing it: Community program staff ♦ Health care providers

3. Providing rehabilitation for vision loss?

Yes No

What you will be doing: Referring the patient to an optometrist or ophthalmologist trained in low-vision care

Who will be doing it: Community program staff ♦ Health care providers

4. Monitoring risk factors and treatments?

Yes No

What you will be doing: Monitoring blood sugar control with a goal A1c of less than 7.0% ♦ Monitoring blood pressure control with a goal blood pressure of less than 130/80

Who will be doing it: Community program staff ♦ Health care providers

5. Providing education to patients and their families?

Yes No

What you will be doing: Educating patients and their families about eye care guidelines ♦ Reinforcing the education during visits

Who will be doing it: Community program staff ♦ Health care providers

➔ If you answered "Yes" to many of these questions, go to page 2 to learn how a Best Practice Eye Care Program can benefit your diabetes program!

What is eye care?

People with diabetes have special issues with their eyes. The complications associated with diabetes can cause several visual disorders that may lead to vision loss or blindness, such as retinopathy, cataracts, and glaucoma. For these reasons, eye care is an essential element of a diabetes program.

Why is eye care important to American Indian and Alaska Native communities?

- The prevalence of diabetic retinopathy in American Indians and Alaska Natives is 2.2 times greater than in the general U.S. population.
- Diabetic eye disease is the leading cause of new blindness in the U.S. for people between the ages of 20 and 74.
- People with diabetes have 25 times the likelihood of becoming blind as compared with people without diabetes.
- The prevalence of retinopathy increases with duration of diabetes. After approximately 20 years of the disease, more than 90% of patients with diabetes will have some degree of retinopathy.
- Diabetes blinds someone every 15 minutes.

The good news about eye care...

Eye complications can be safely and effectively treated when identified early. Furthermore, research studies have demonstrated that: (1) early and appropriate treatment substantially reduces the risk of vision loss due to diabetes macular edema and proliferative diabetic retinopathy; and (2) control of blood sugar level, serum lipids, blood pressure, kidney function, anemia, and abdominal obesity reduces the onset and progression of diabetic retinopathy.



"I learned that if you don't keep up with everything, like the feet and the eyes, then you could be in trouble. I get my eyes checked two times a year."

—Bob Mercier, Grand Ronde

A Best Practice Eye Care Program will require a coordinated approach. Here are some tips on how health care providers, community programs, health care administrators, and tribal leadership can work together.

➔ Working together to improve eye care:

1. Who can help?

Ask for and enlist support from: Ophthalmologists, optometrists, and health care providers with an interest and expertise in eye care ♦ Certified diabetes educators ♦ Public health staff ♦ Community health representatives ♦ Local, state, and national eye care programs

2. Why is it important to work together?

Working with clinic, community, and leadership partners will help you: Leverage resources ♦ Avoid duplicating services ♦ Share staff, ideas, and resources ♦ Get support for your common goal of improving the health of your community

3. How can you work together?

Work with your partners to: Share what you are doing ♦ Determine what each partner will do ♦ Assign tasks and timelines ♦ Plan and establish programs and activities ♦ Develop and implement goals and objectives ♦ Design evaluation plans ♦ Maintain regular contact with each other