

# EXPANDING DIABETIC RETINOPATHY SCREENING VIA TELEHEALTH

September 10, 2020

# Welcome

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**Elissa J. Bassler**  
**CEO, Illinois Public Health Institute**

# The Illinois Public Health Institute

**Mission:** The Illinois Public Health Institute mobilizes stakeholders, catalyzes partnerships, and leads action to improve public health systems to maximize health, health equity, and quality of life for people and communities.

**Vision:** All people and communities, especially those that experience health, social and racial inequities, are able to achieve their optimal health, supported by an effective multi-sectoral public health system.

# Chicago Collaboration to Advance Reach, Equity and Systems (CARES) to Prevent Diabetes

## Six strategies:

- Increase access to the National Diabetes Prevention Program (DPP) in Black and Latinx Communities in Chicago
- Promote high quality lifestyle coaches through advanced training
- Conduct tailored communications to increase awareness of pre-diabetes and the National DPP
- Implement innovations in DPP delivery to increase participation and retention
- Support and expand bi-directional e-referral to DPP programs
- **Increase access to diabetic retinopathy screenings through telehealth**

**Learn more: [ChicagoCARESDPP.org](https://ChicagoCARESDPP.org)**

# Increase access to teleretinal screening

- **Telehealth Diabetic Retinopathy Screening Learning Collaborative**
  - Partner: AllianceChicago
  - Stipends to participating organizations
    - Erie Family Health Center, Howard Brown Health Center, CommunityHealth, Heartland Health Centers
  - Understand barriers and opportunities for improvement; implement PDSA cycle(s); sustain changes
- **Sharing knowledge, building relationships, exploring barriers and identifying system solutions**

# Today's Agenda

- **Plenary Session**

- **Keynote:**

- Lauren Daskivich, MD, Director Ophthalmic Services and Eye Health Programs, LA County Department of Health Services

- **Panels:**

- Tim Long, MD, Chief Clinical Officer, Alliance Chicago; Physician, Near North Health Services and Dustin French, MD Associate Professor of Ophthalmology, Northwestern Feinberg School of Medicine
    - Laurel Chadde, MPH, Manager of Population Health and Performance Improvement, Cook County Health and Yvonne Le, eSolutions Specialist, Medical Home Network

- **Breakout Sessions**

- Policy and System Barriers and Solutions for Expanding TDRS (Facilitator, Angela Forfia, Senior Manager of Prevention, ADCES)
  - Barriers and Solutions to Implementing TDRS in Clinical Settings (Facilitators: Amisha Wallia, MD Feinberg School of Medicine; Elissa Bassler, CEO, IPHI)

- **Report Out Session: full group reconvenes**

# POLL

Which describes the role you primarily serve in:

1. Academic
2. Quality/Performance Improvement/Population Health
3. Primary Care Provider (Physician, Nurse, PA, MA, etc.)
4. Health Care Practice Management/Medical Director/Operations
5. Optometrist/Ophthalmologist
6. Health Educator/CHW/Diabetes Educator
7. Advocate/Association
8. Government (Public Health, Health Care Services)
9. Retinal Imaging Industry
10. Other

# Innovating Safety Net Eye Care:

*Implementation of a Large-Scale Teleretinal Diabetic Retinopathy Screening Program in the Los Angeles County Department of Health Services*

Lauren Patty Daskivich, MD, MSHS

Director, Ophthalmic Services and Eye Health Programs  
Los Angeles County Department of Health Services

Clinical Assistant Professor of Ophthalmology  
University of Southern California and Charles R. Drew University of Medicine and Science





# Overview

- Background & Significance
- LAC DHS Teleretinal Screening Program
  - Implementation challenges and successes
  - Logistics
  - Evaluation and outcomes
- Future Directions



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# Diabetic Retinopathy: a safety net epidemic

- Diabetic retinopathy (DR) is damage to blood vessels of the retina caused by diabetes
- The #1 cause of blindness in working-age adults
- A large study of Latinos in Los Angeles showed a prevalence close to 50%
- Safety Net: institutions that are critical in providing care and services in **un/underinsured areas** (low income, medically underserved, immigrant, and communities of color)



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# But it's treatable...

- Early Treatment Diabetic Retinopathy Study (ETDRS): effective treatment can reduce severe vision loss by up to 94%
- At least 40-45% of US diabetics who may benefit from earlier detection and treatment do not receive it



# Why aren't we treating it?

- General US screening rates for diabetic retinopathy: ~60%
- US inner-city safety net clinic screening rates: < 25%
- Factors impacting disparity in inner-city vs. national screening rates
  - Shortage of specialists for retinopathy screening
  - Large number of uninsured/underinsured patients
  - Patient misconceptions about utility of regular eye exams



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# Los Angeles County

- Total population 10 million
  - 1.9 million uninsured
  - 970,000-1.27 million residually uninsured after ACA implementation
- LAC DHS population demographics
  - 750,000 unique visits annually (>2 million outpatient visits)
  - ~65,000 unique primary care visits for persons with diabetes
  - Including patients treated only in Urgent Care or ER, the number of diabetics is >80,000

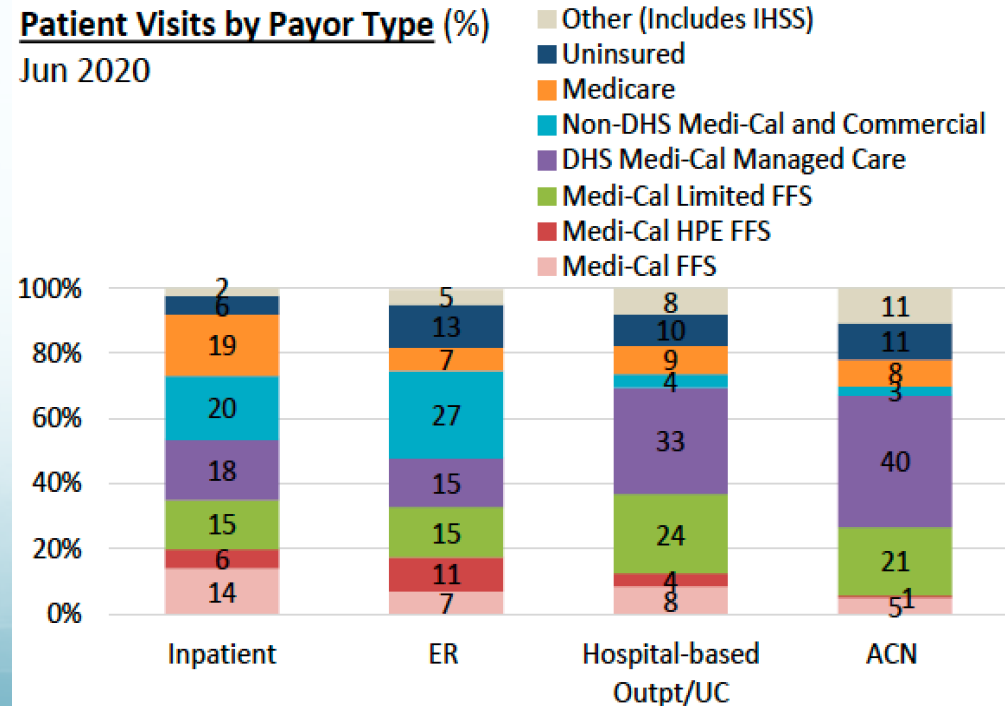




# LA County DHS Outpatient Payor Mix

June 2020

- 70% Medicaid/MediCal (Managed Care, Emergency, FFS all scopes)
- 10% Uninsured
- 9% Medicare
- 11% Other

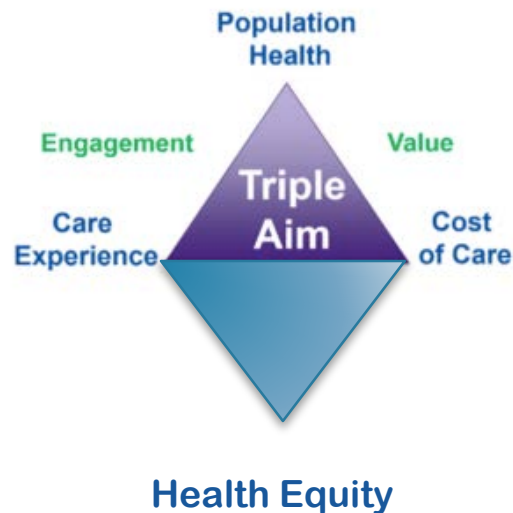


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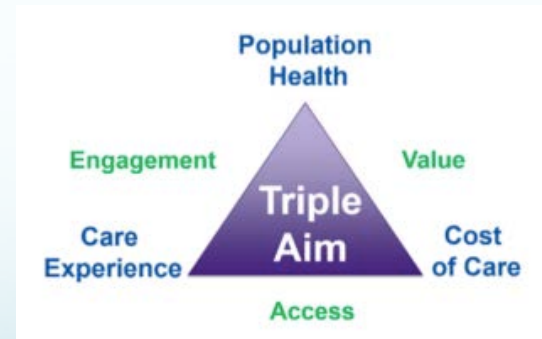
# Eye Care Need

- In early 2012, approximately 30–40,000 referrals for eye care annually
  - >20,000 unaddressed/unscheduled

- Triple Aim - framework for Healthcare Improvement to optimizing health care
  - Enhancing the patient experience (including quality and access)
  - Improving the population health
  - Reducing the cost of health care



described by the Institute for Healthcare Improvement. It describes an approach to improving the performance of health care for individuals



- How to provide more/better care with same resources?

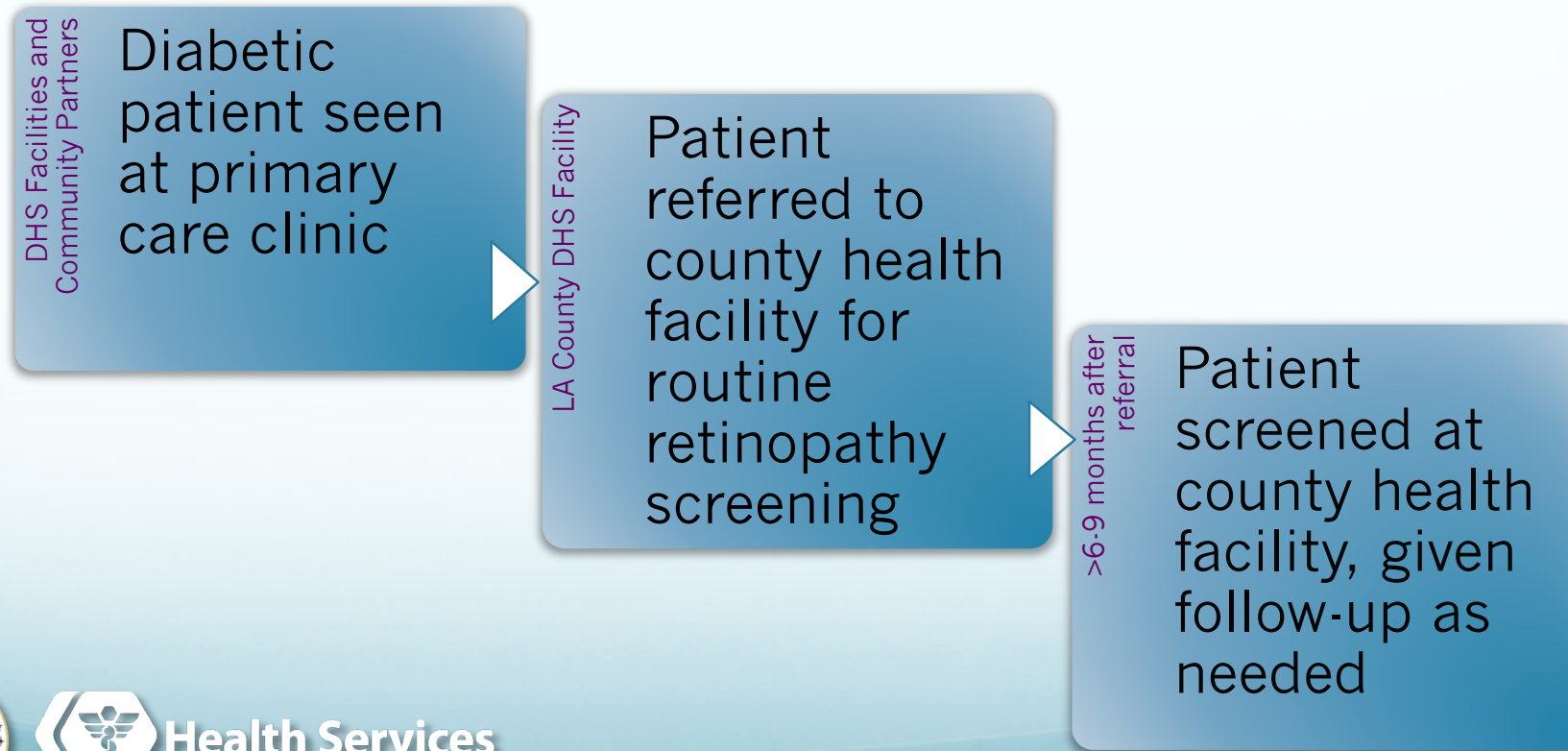


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# The Problem

Historical process for DR screening in LAC DHS



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# Our Teleretinal Solution

- Digital nonmydriatic camera images are effective for DR screening
  - High sensitivity and specificity
  - Examples include VA, Joslin Vision Network, Indian Health Service, UK National Health Service
- With retinal image uploads & secure, web-based image viewing software, off-site specialists can assess risk asynchronously



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# Barriers and...

## Barriers:

- Culture Change
  - Skepticism in the technology/telemedicine in general
  - Shifting resource burden
- Logistics
  - Space
  - Staffing
  - Equipment
  - Training
  - IT/HIT: Integration with other technological infrastructure (EMR, eConsult)
- Overall fear in Ophthalmology that telemedicine will decrease referrals for in-clinic visits



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# Benefits

## Benefits:

- Increased disease-based collaboration between Primary Care and Eye Clinics
- Improved screening rates and triage result in
  - An increase in detection of patients with significant disease
  - Greater numbers needing treatment
  - Providers/staff working at the top of their skill sets
- Cost avoidance
  - Avoid futility of treating advanced disease
  - Decrease societal and economic costs of blindness
  - Decrease cost to health system of expensive specialists
- Remote imaging does not replace a comprehensive eye exam



# Implementation: Building the LAC DHS Teleretinal Program

With support of central/facility-based leadership:

- Obtained fundus cameras for 17 DHS primary care sites
- Identified and trained fundus photographers (LVN/Medical Assistant level)
- Selected and implemented the software platform for transmitting teleretinal images – EyePACS, LLC
- Certified DHS Optometrists as primary readers with QA oversight by Ophthalmology
- Established a protocol for standardized referral timelines by diagnosis
- Integrated referrals for abnormal results into eConsult, the new web-based LAC DHS specialty referral system



# Standardization

- Certify photographers and readers
- Protocols, protocols, protocols
  - Dilation (single drop)
    - Over 50 years old
    - Diabetes for >10 years
    - Poor images without dilation
  - Imaging - 3 standard fields, nonstereoscopic
  - Quality Assurance – photographers and readers
  - Referral Guidelines – DR and non-diabetic lesions
    - Timing
    - Location
  - Results reporting



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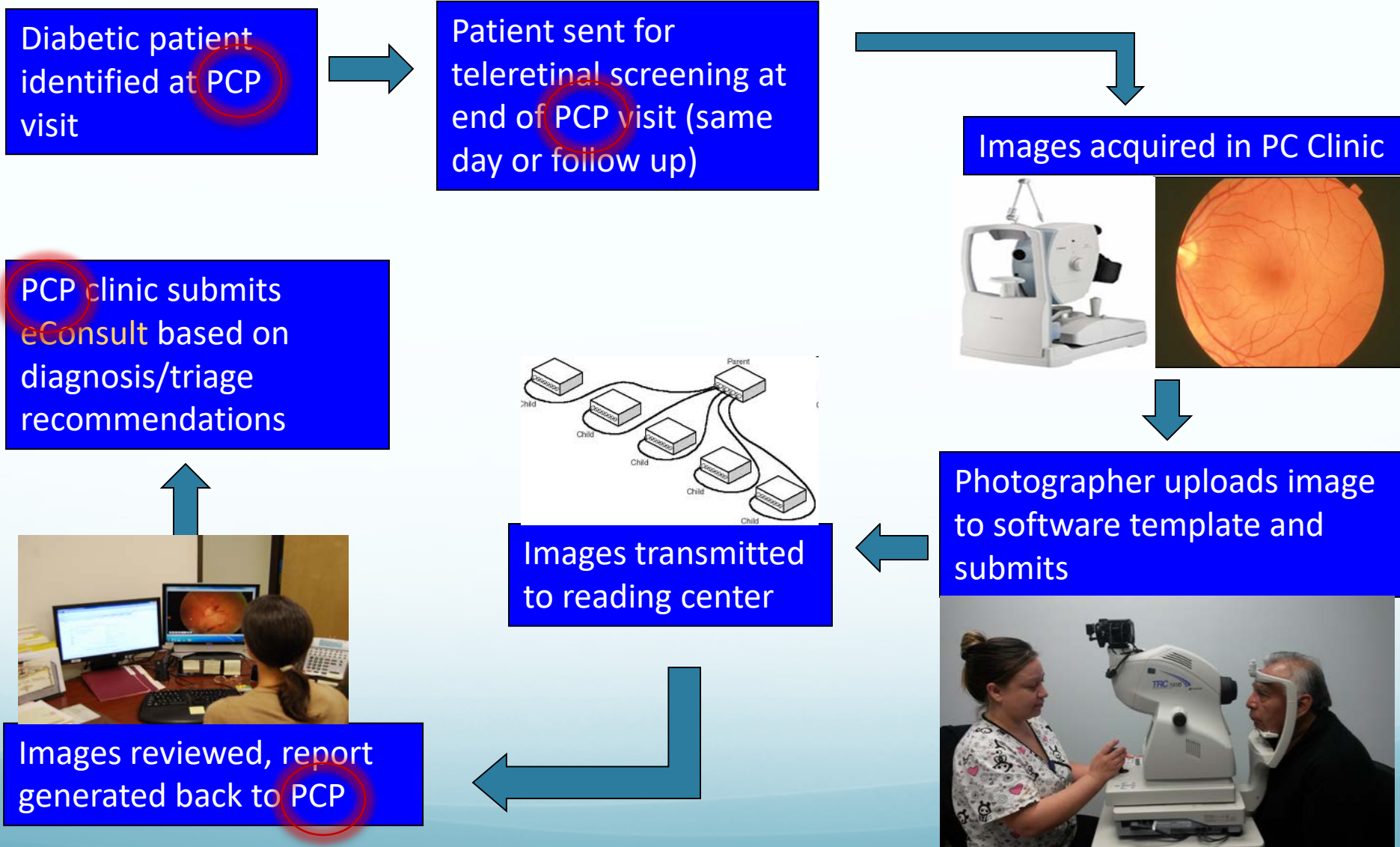
# Patient Eligibility Criteria

- Diagnosis of Diabetes Mellitus
- No acute vision loss or major eye complaints
- Able to position (sit up, remain still, and follow directions) for retinal photography
- Not seen by Optometry or Ophthalmology in the last 12 months



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# LAC DHS Clinical Pathway for Teleretinal Imaging





# LAC TDRS Program Evaluation

Research question:

Are we truly meeting our goals of increasing the number of patients screened and triaging those in need of ophthalmology specialty care in a more timely manner?

- Are we screening more patients for DR?
- Are wait times shorter?



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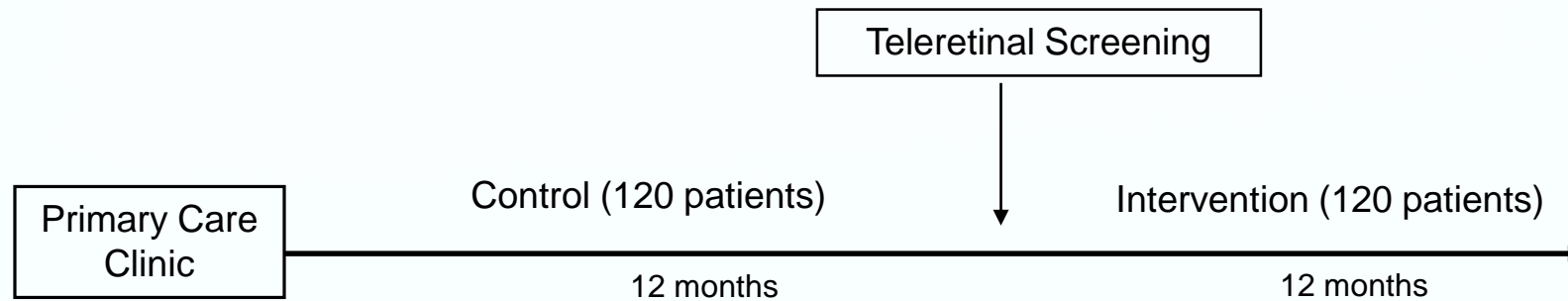
# Methods

- Nonrandomized, quasi-experimental pretest-posttest design
- Exposure at clinic level
- Historical controls
- Powered to detect a 15% difference in screening rate/wait times (ICC = 0.02) between pretest and posttest populations
  - 5 clinics with pretest and posttest groups
  - 120 subjects per clinic per group



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# Outcomes: Aims 1-3



## **Pre-Post Analysis for Screening Rate for Diabetic Retinopathy:**

Screening rate at clinics post-TRS intervention – Screening rate at clinics pre-TRS intervention

## **Pre-Post Analysis for Patient Wait Time for Ophthalmology Appointment:**

Wait time for patients post-TRS intervention – Wait time for patients pre-TRS intervention

## **Pre-Post Analysis for Patient Wait Time for Definitive Ophthalmic Treatment for Moderate/Severe NPDR and PDR:**

Wait time for patients post-TRS intervention – Wait time for patients pre-TRS intervention

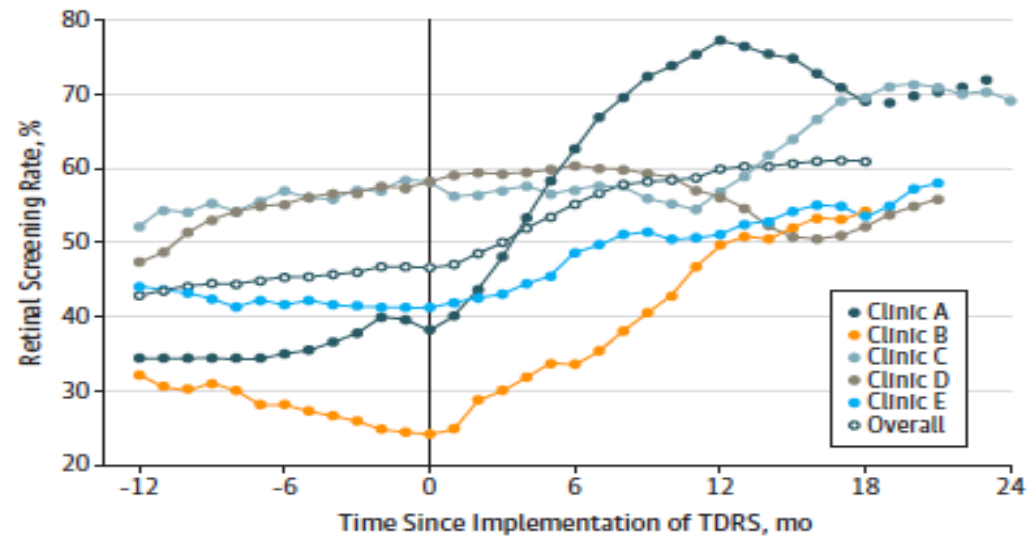


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# Results – Aim 1

- Overall annual screening rates for DR increased 16.3% at 5 targeted clinics (OR, 1.9; 95% CI, 1.3-2.9)
  - 40.6% before implementation
  - 56.9% after initiation of the program

**Figure. Comparison of Unadjusted Screening Rates Over Time at 5 Safety Net Clinics Before and After Initiation of Teleretinal Diabetic Retinopathy Screening (TDRS)**



Time of initiation of TDRS represented as time 0 for all clinics (vertical line), although clinics implemented the intervention on a rolling basis, with actual start dates varying across a 10-month period.



# Results – Aim 2

- Median time to screening for DR decreased 89.2%
  - 158 days (IQR, 68-324 days) before the intervention
  - 17 days (IQR, 8-50 days) after initiation of the program

**Table 4. Median Time to Screening Among Random Sample of Patients From 5 Department of Health Services Primary Care Clinics**

Clinic	Median (IQR) Time to Screening, d	
	PreIntervention	PostIntervention
A	290 (96-364)	14 (8-28)
B	233 (170-392)	42 (29-59)
C	100 (35-281)	14 (8-158)
D	193 (85-280)	8 (5-14)
E	89 (44-181)	22 (11-41)
Overall	158 (68-324) <sup>a</sup>	17 (8-50) <sup>a</sup>

Abbreviation: IQR, interquartile range.

<sup>a</sup>  $P < .001$  using nonparametric Wilcoxon rank-sum test.



# Updated Outcomes 2020

- Overall annual screening rates for DR have continued to increase (total 26.3%)
  - 37.7% before TDRS Program Initiation (CY 2012)
  - 64.0% 5 years after TDRS Program Initiation (CY 2019)
- Eliminated the need for over 70,000 visits to LAC DHS Ophthalmology/Optometry clinics since the program began

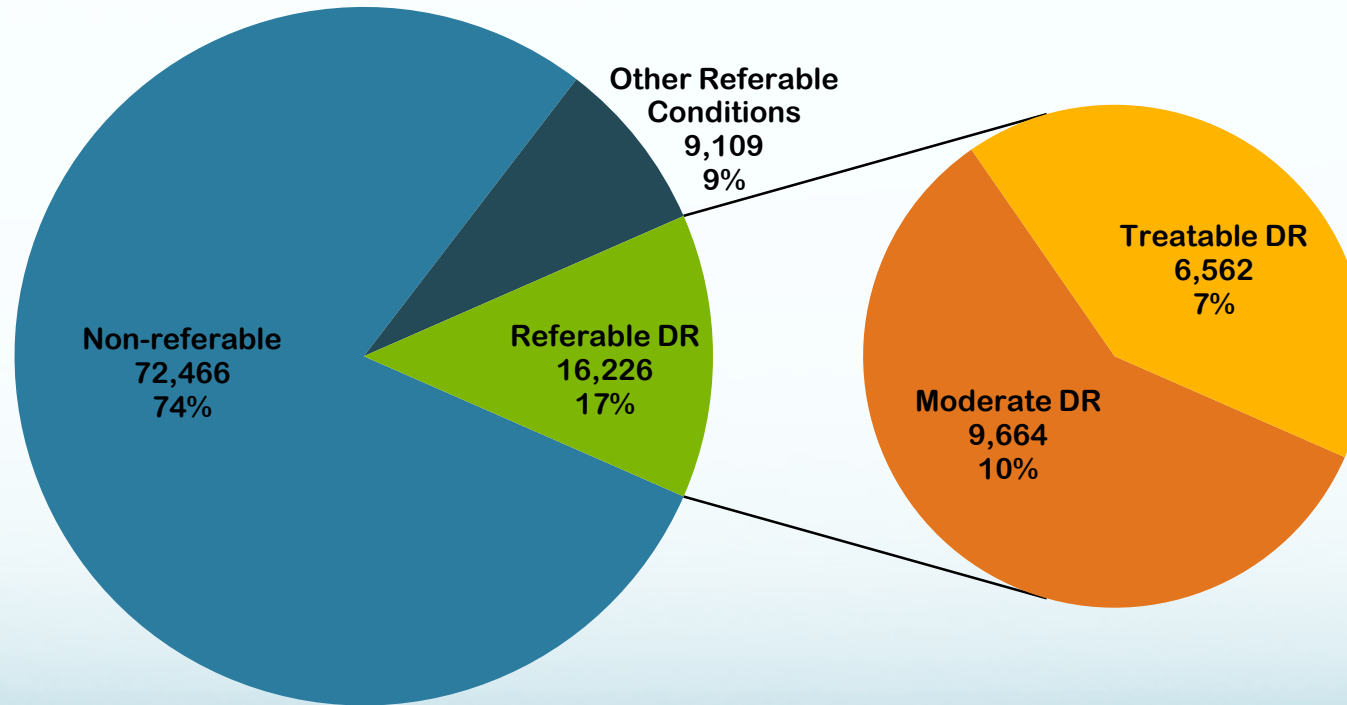


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# Current Program Statistics

Total Encounters through 7/31/20 = 97,801

## Referable vs. Non-referable Disease



# Billing

CPT Code	Description	Remote	Interpretation	Pre-existing Retinopathy	Fee*
92227	Remote imaging for detection of retinal disease with analysis and report under physician supervision	Yes	No	No	\$16*
92228	Remote imaging for monitoring and management of active retinal disease with physician review, interpretation and report	Yes	Yes	Yes	\$15 (technical) \$22 (professional)
92250	Fundus photography with interpretation and report	Yes or No	Yes	Yes or No	\$30 (technical) \$22 (professional)

\*Based on 2019 national Medicare Physician Fee Schedule

CPT II Code	Description
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
2024F	7 standard field stereoscopic photos with interpretation by ophthalmologist / optometrist documented, reviewed
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos documented and reviewed
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

Revisions coming in January: 9225x, 92227, 92228





# Cost – The Big Picture

- Importance of incentive-based programs: HEDIS, PRIME, MSSP, Medicare Stars, IHA PFP
  - M. Ellis & G. Yiu (UC Davis) - “Cost Analysis of Tele-ophthalmology Screening for Diabetic Retinopathy Using Tele-health Billing Codes”, Sept 2020 in Ophthalmology Times/OSLI Retina
  - D. Curran & C. Brady (U. Vermont) - “Teleretinal diabetic retinopathy screening is cost saving in an Accountable Care Organization”, in press
- Savings to clinic/health system from avoidance of...
  - Eye clinic visits for patients with no pathology
    - Primary care administrative costs for referrals
  - The significant comorbidity of blindness
- Revenue from referrals to eye clinic generated: exams, imaging, treatment

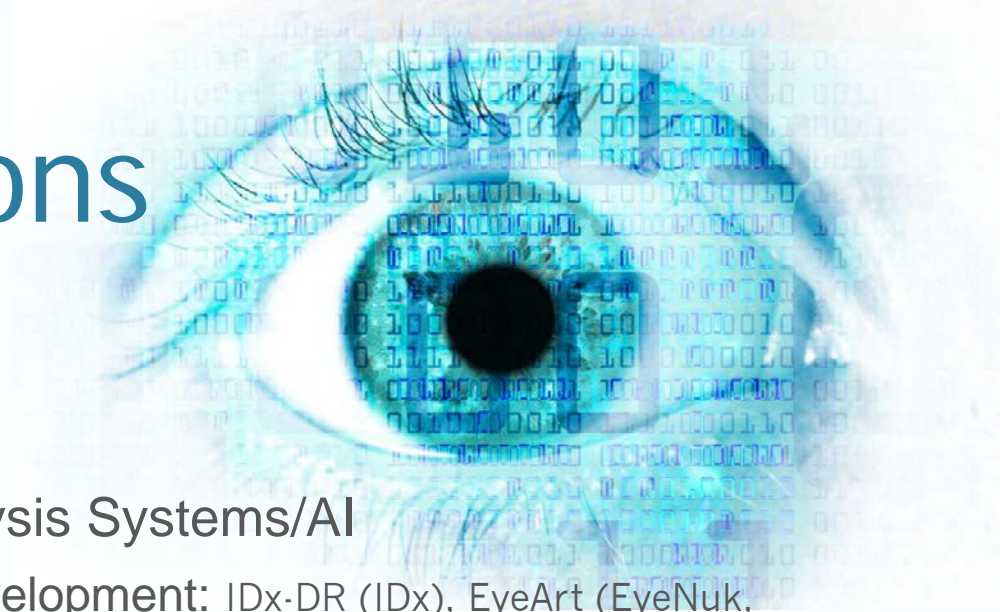


# Summary and Next Steps

- Example of successful implementation of Teleretinal DR Screening in a large urban safety net healthcare system
  - Cameras placed
  - CMA photographers trained, primary care workflows established
  - <5% ungradable rate
  - Reading center with QA and protocols created and standardized
  - Triaging with use of eConsult, integrating into EHR
- Evaluation showed screening more people much faster than before
- Next steps: time to treatment and appropriate screening intervals
- **Goal is to improve access to and quality of care, treating those that need it in a timely manner**



# Future Directions



- Automated Retinal Image Analysis Systems/AI
  - Numerous algorithms under development: IDx-DR (IDx), EyeArt (EyeNuk, LLC), ARDA (Verily/Google), iGradingM (Medalytix), Retmarker (Retmarker, Ltd)
  - Implementation questions (primary read, adjudication, POC testing)
- Smaller, portable retinal cameras (smartphone)
- Non-diabetic eye disease
  - Glaucoma
  - Macular degeneration
- Reimbursement - Incentive programs, Health plan partnerships, CMS



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# Looking ahead



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# Thank You



# The Eye and Telehealth - Diabetic Eye Disease Detection and Prevention



# Background

## Diabetic eye disease has a large public health burden

- Diabetic retinopathy (DR) expected to triple: **5.5** million cases in 2005 to **16.0** million cases by 2050
- DR is the leading cause of blindness in the U.S. in people age 18-65
- **12,000-24,000** new cases of legal blindness in the U.S. each year – Much of it is preventable!

# Prevalence and Disparities in Diabetic Eye Disease

**DR disproportionately affects minority populations**

DR among diabetics:

- Non-Hispanic whites in 2017: 24.5%
- Non-Hispanic blacks: **38.8%**
- Hispanic population: **34.0%**



# Background (cont'd)

VTDR (Vision threatening diabetic retinopathy) among U.S adults with diabetes

- Non-Hispanic whites in 2017: 3.2%
- Non-Hispanic blacks: 7.3%
- Hispanic population: 9.3%

# ***Understanding Diabetic Eye Disease in the Underserved Using Health Data Exchange***

**Dustin D. French, PhD and Paul J. Bryar, MD**  
Department of Ophthalmology, Northwestern University

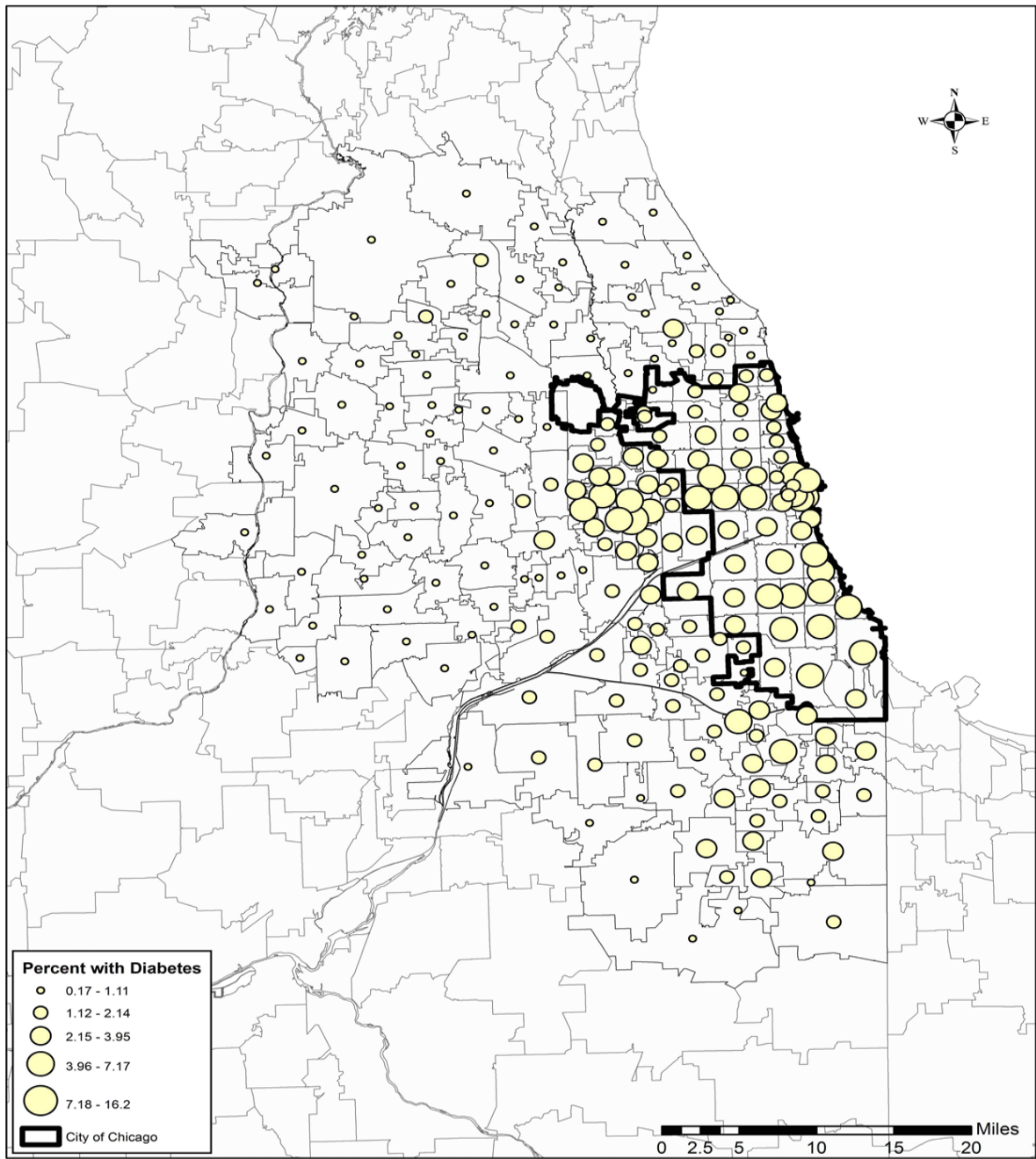
[Dustin.French@northwestern.edu](mailto:Dustin.French@northwestern.edu)

[p-bryar@northwestern.edu](mailto:p-bryar@northwestern.edu)

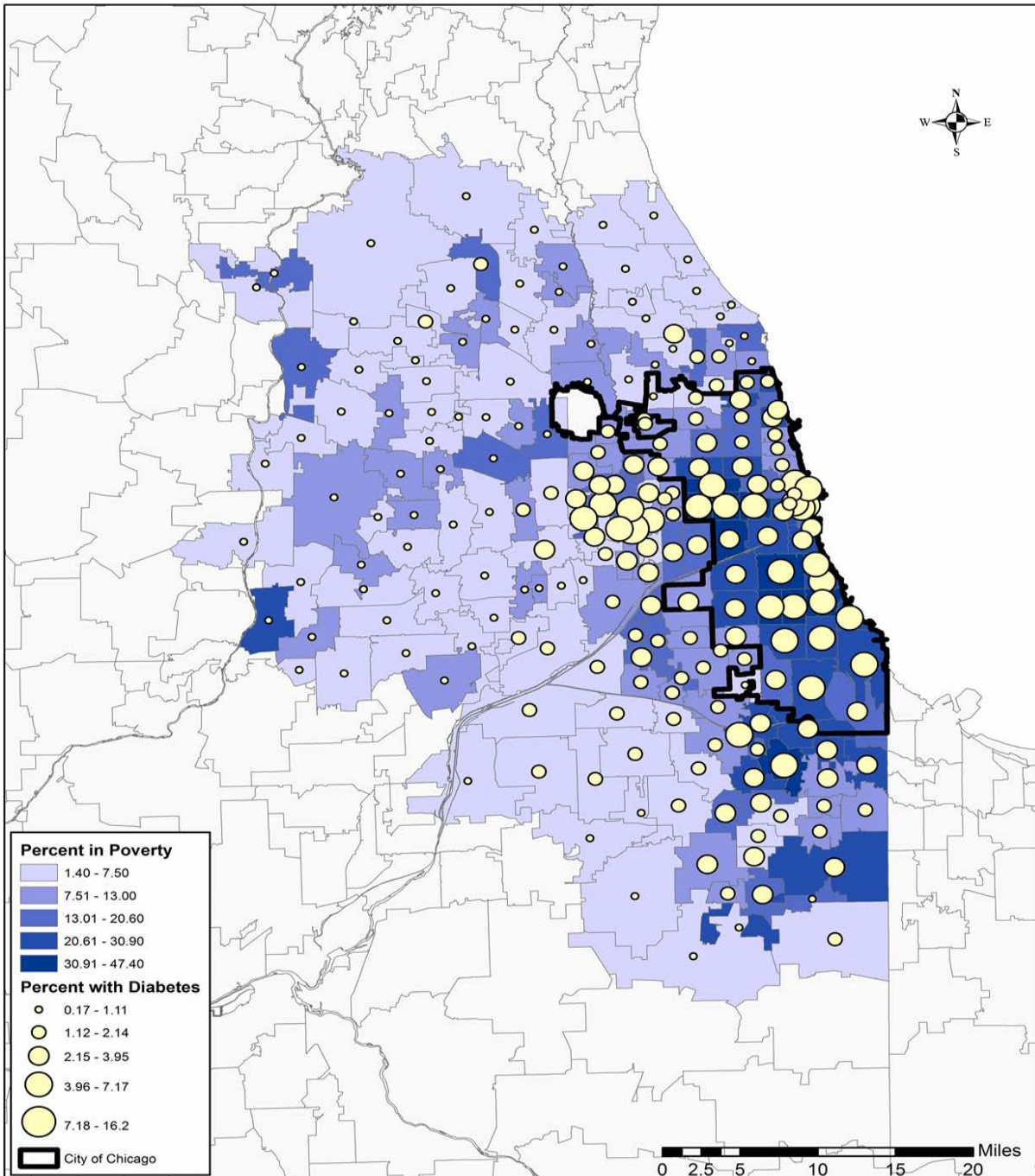
Citation: <https://link.springer.com/article/10.1007/s40123-016-0072-4>

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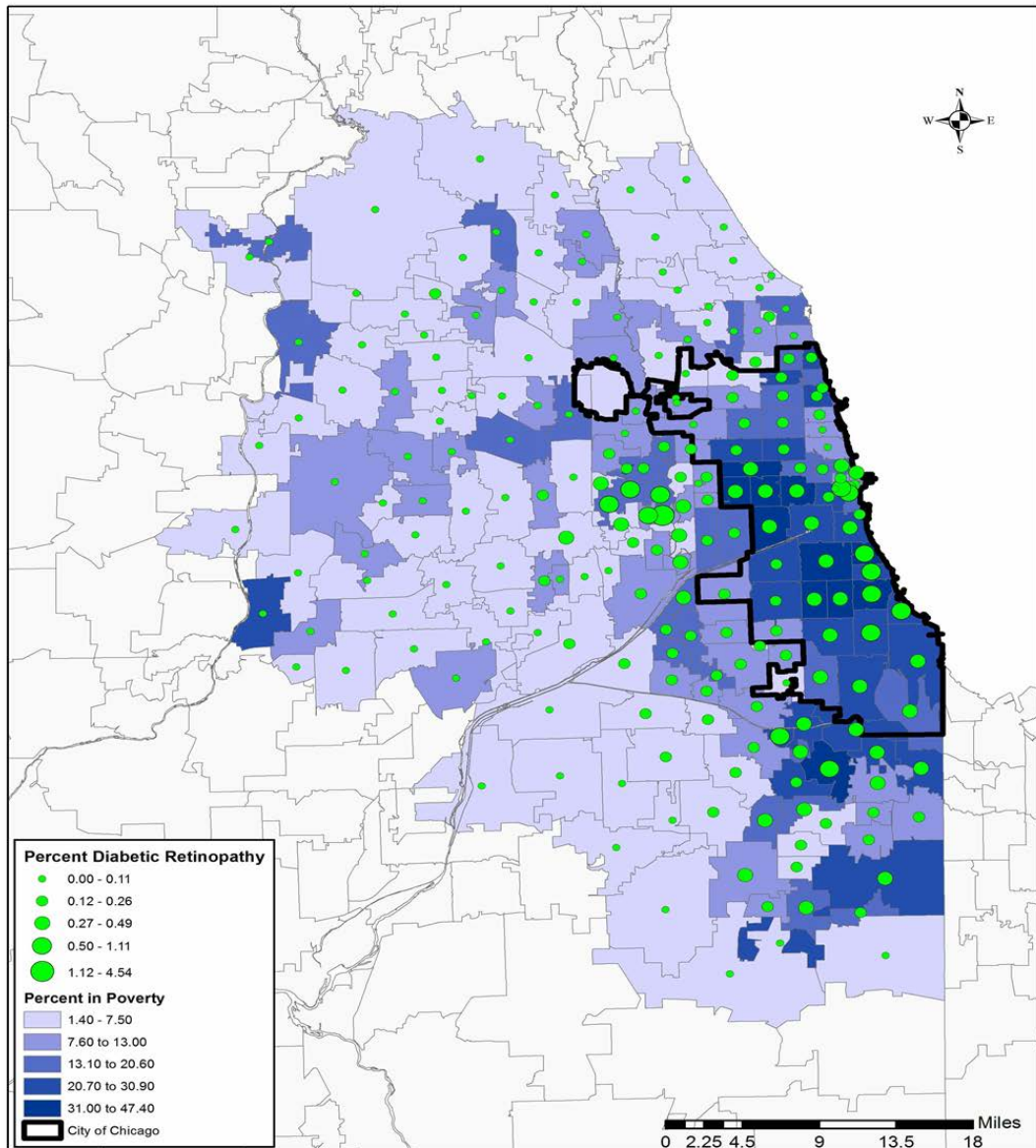
*This research was supported by an unrestricted grant from Research to Prevent Blindness, New York, NY, and the Department of Health and Human Services National Institutes of Health, National Eye Institute Grant Number 1R21EY024050-01A1, “Understanding Diabetic Eye Disease in the Underserved Using Health Data Exchange.”*



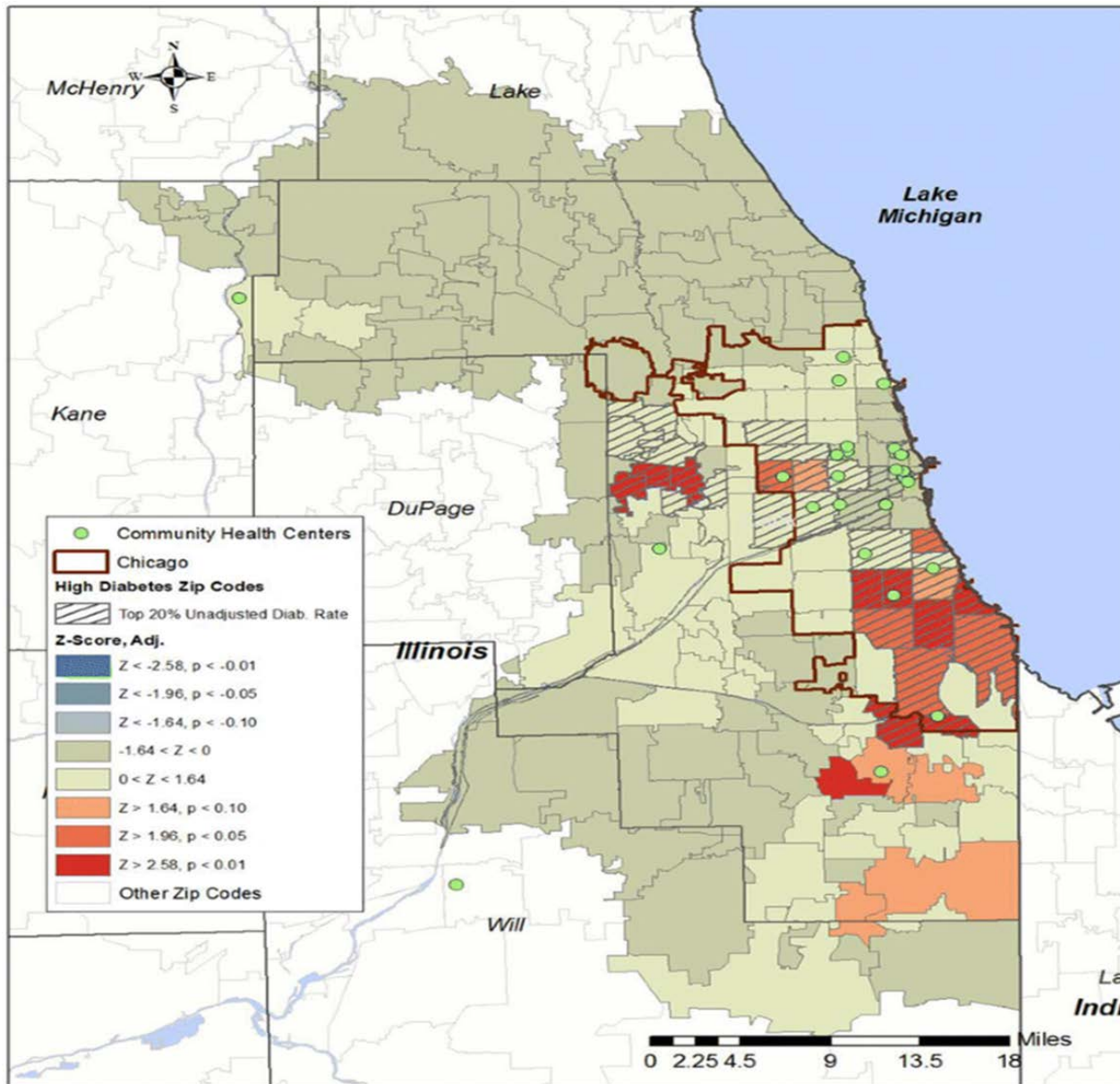
**Figure 1: Diabetes Prevalence in Chicago by ZIP Code** This figure shows the prevalence of the rate of diagnosis of diabetes by ZIP Code. The highest rates of diagnosis of diabetes (large dots) are concentrated in the west and south sides of Chicago, and the west and south suburbs of Chicago.



**Figure 2: Prevalence of Diabetes by Percent in Poverty by ZIP Code in Chicago** This figure represents prevalence of a diagnosis of diabetes by ZIP Code superimposed a map demonstrating the percent of the population in each ZIP Code that is below the Federal Poverty Level (FPL). ZIP Codes that have large percentages of the population below the FPL correspond with high rates of diabetes diagnosis.

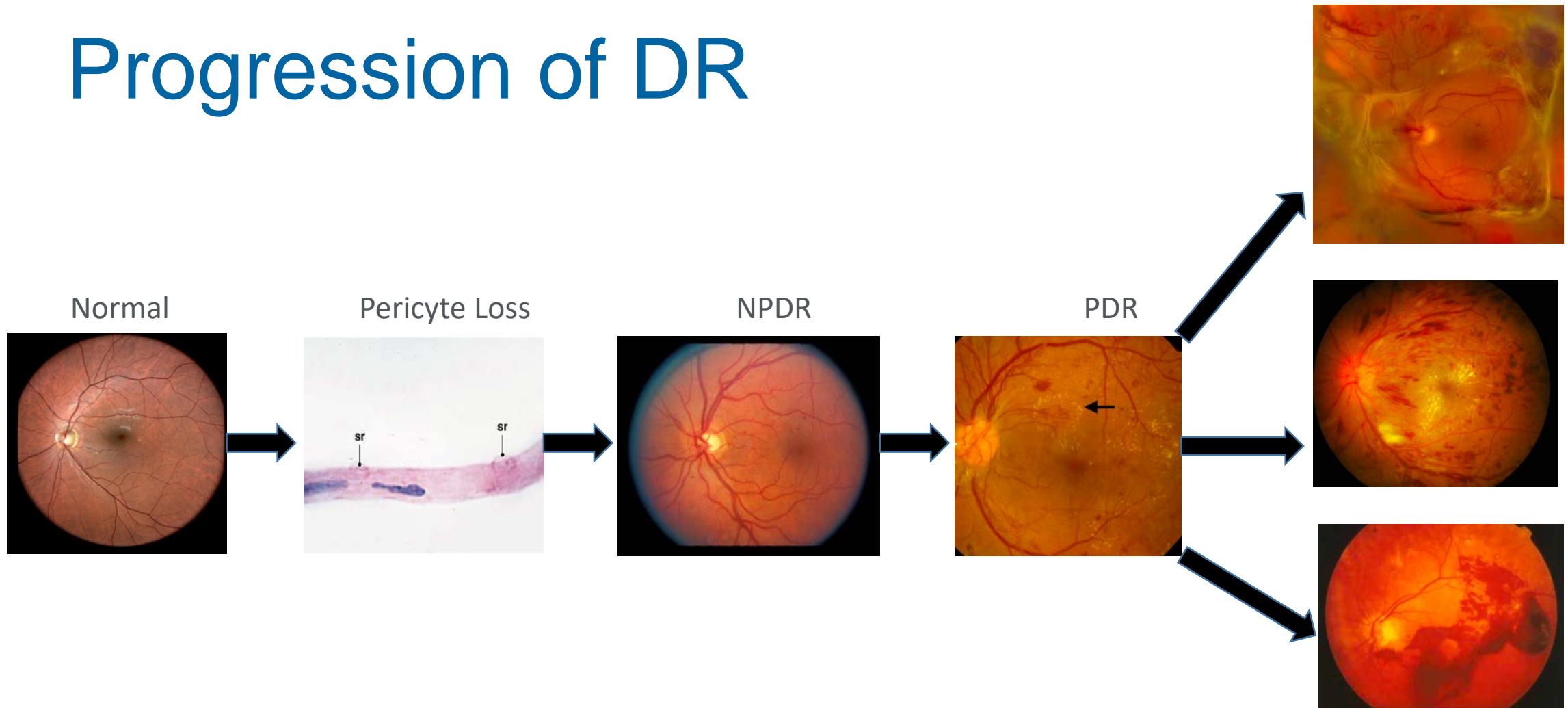


**Figure 3: Comparison Retinopathy Prevalence with Poverty by ZIP Code in Chicago** shows the prevalence of a diagnosis of diabetic retinopathy compared with FPL. Generally, areas with high rates of DR diagnoses had a greater percent of the population below the FPL.

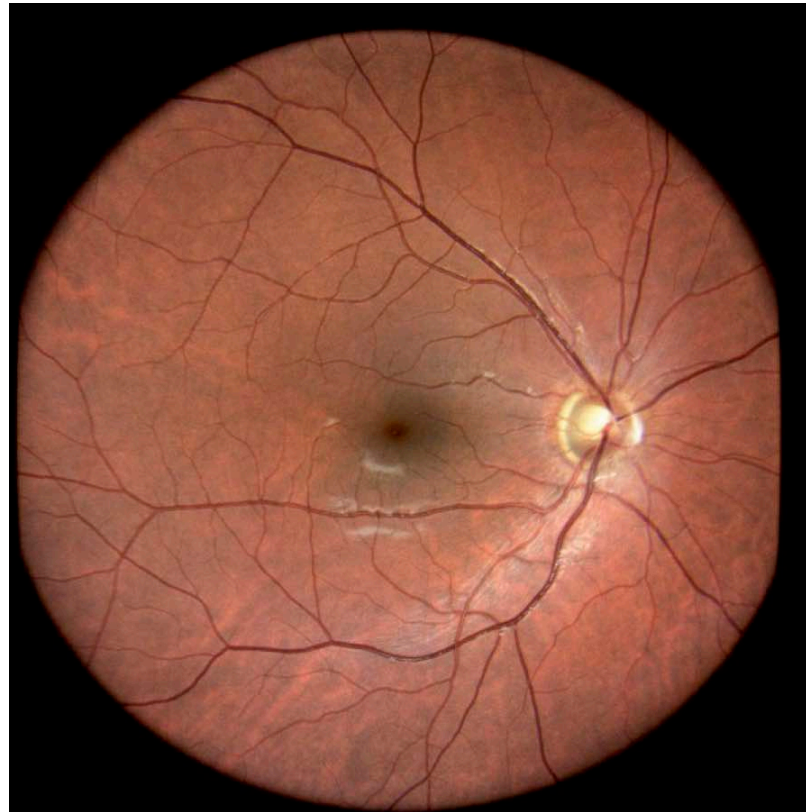


**Figure 4** Adjusted gravity model hotspot analysis of undiagnosed diabetic retinopathy for 2006–2012

# Progression of DR



# Normal Retina

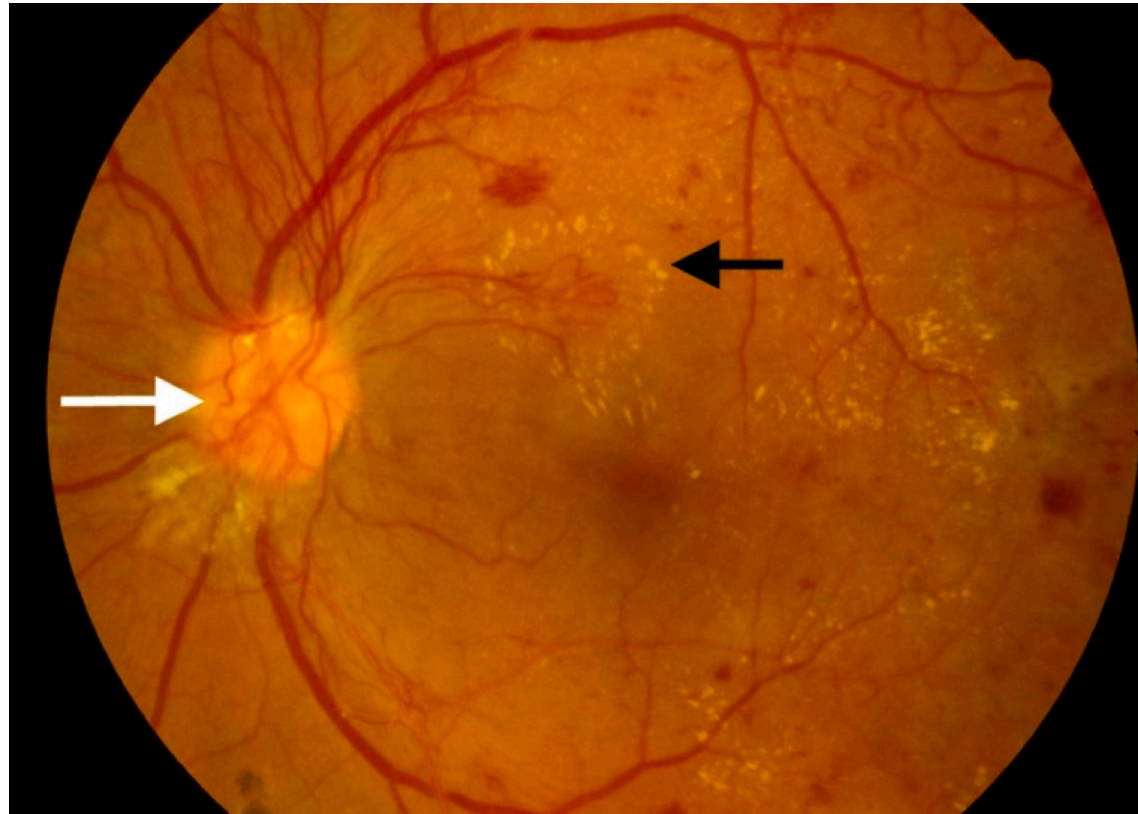




# Background (Non-proliferative) Diabetic Retinopathy



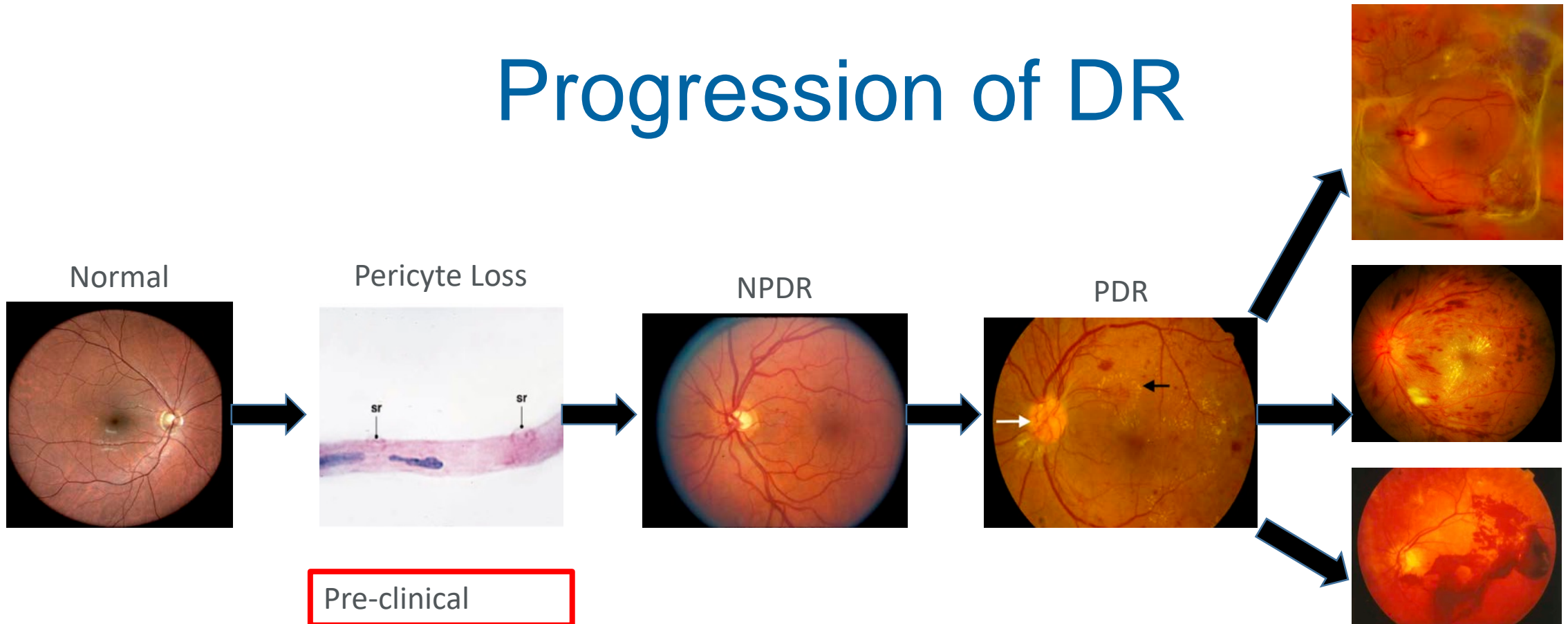
# Proliferative Retinopathy



# Diabetic Macular Edema (with severe non-proliferative retinopathy)



# Progression of DR



Pre-clinical

Clinical Detection

Vision Loss

# Development of Diabetic Retinopathy

Typically takes 4-5 years of hyperglycemia to develop DR

- Screening:

- Type 1: Screen at or before 5 years of onset, then annually

- Type 2: Screen at onset

- Subsequent Screening

- National Eye Institute, Amer. Academy of Ophth – annually after that

- ADA: annually; if normal exam, then 2 year interval can be done

# Screening for Diabetic Eye Disease

- Approx. 60% of diabetics in the U.S. receive annual eye exams
- As low as 32% in low income and minority areas

# Screening for Diabetic Eye Disease

- Dilated exam with eye care provider
- Retinal imaging – non-mydrriatic camera, scanning laser ophthalmoscopy

# Screening for Diabetic Eye Disease

## Why Screen?

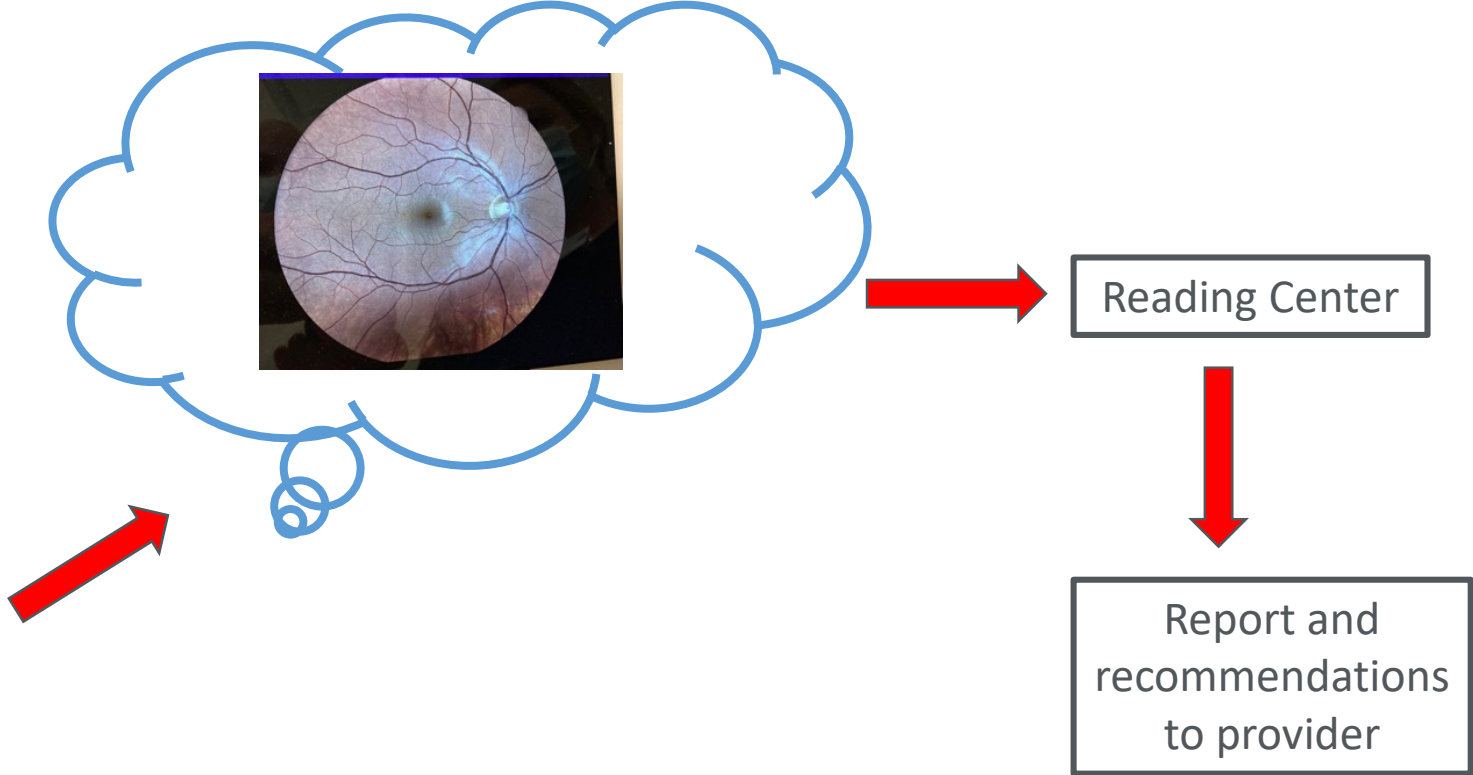
- Detect treatable retinopathy
- Identify those at risk (moderate DR) and increase screening interval
- More data for education on importance of glycemic control
  - A 10% reduction in HbA<sub>1c</sub>, for example from 10 to 9% or from 8 to 7.2%, can reduce the risk of retinopathy progression up to 40%



# Non-mydriatic Imaging Options



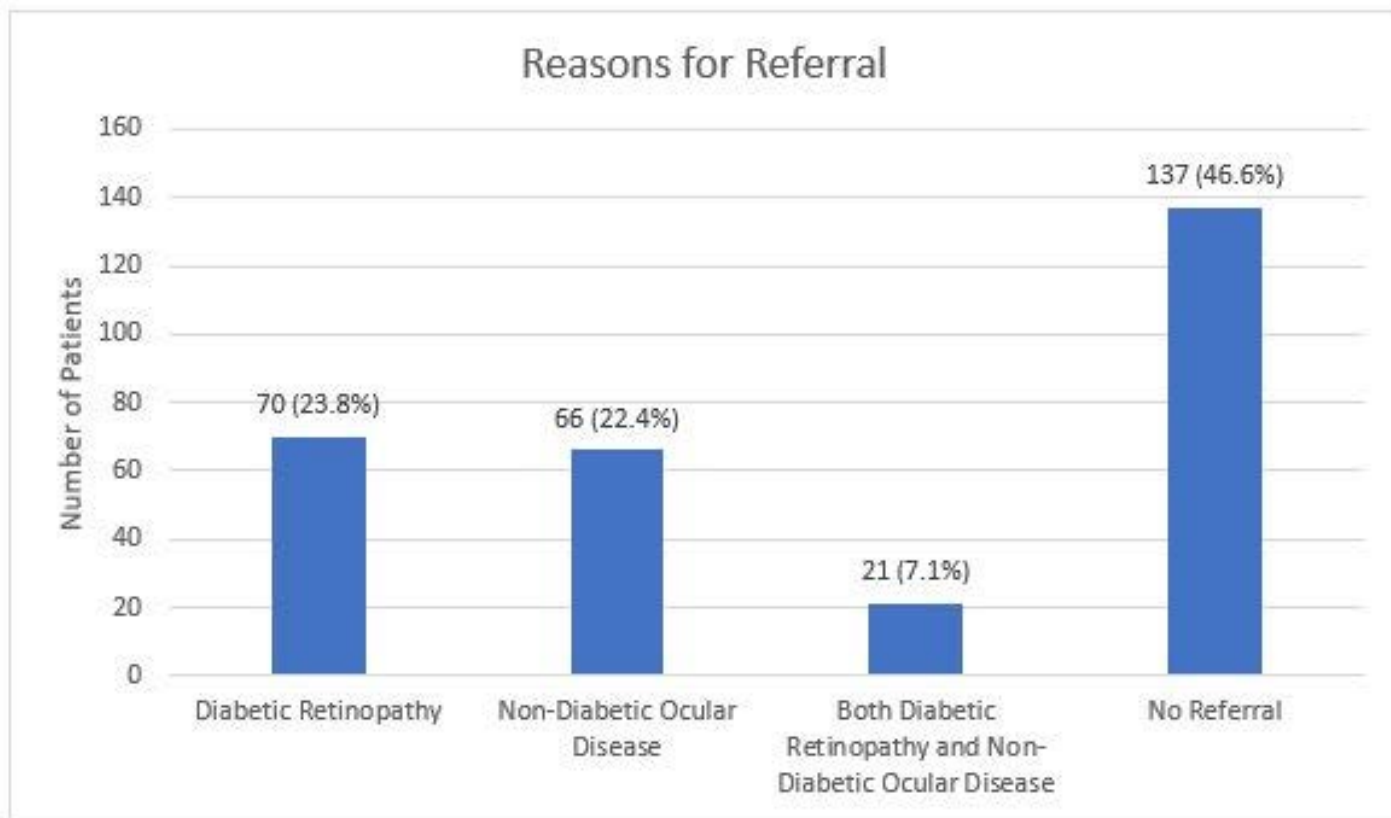
# Retinal Telemedicine Work Flow



# Northwestern/Near North Non-mydrriatic Screening Pilot Study Results

Diabetic Retinopathy Severity:	Number (n=376):
None	281 (74.7%)
Mild	72 (19.1%)
Moderate	20 (5.3%)
Severe	1 (0.3%)
Proliferative	2 (0.5%)

# Non-mydriatic Screening Results



Referral for eye exam was recommended in 53% of the eyes screened

Figure 2: Reasons for Referral to an Eye Care Provider.

# Non-mydriatic Screening Results

## Non-diabetic eye disease/suspected disease

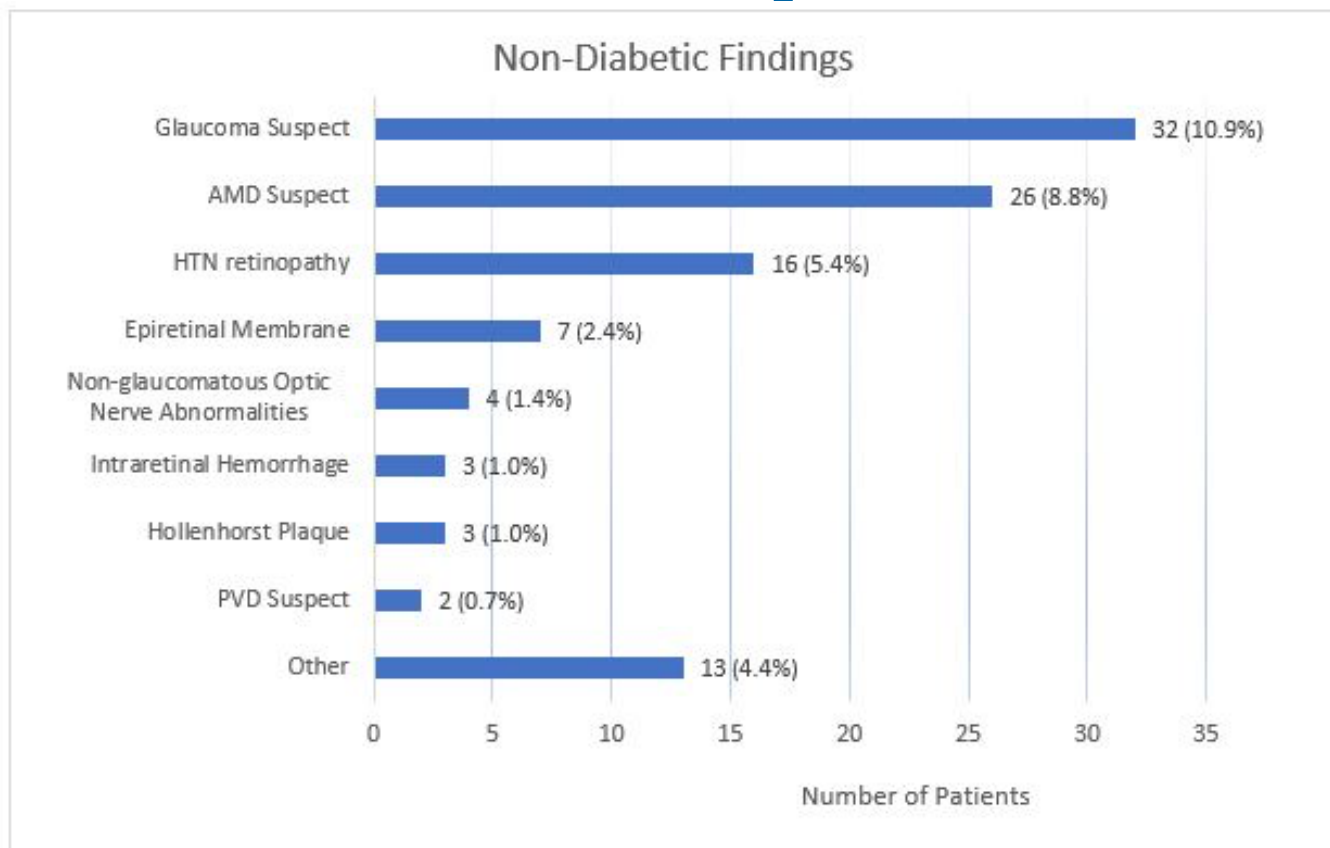


Figure 1: Number of Non-Diabetic Findings. Other diagnoses include retinal white spots, chorioretinal scars, choroidal folds, venous abnormalities, retinal exudates, retinal vein occlusion suspect, and histoplasmosis scar. (AMD = Age related macular edema, HTN = Hypertension, PVD = Posterior Vitreous Detachment)

# Pitfalls of non-mydriatic screening

- Cost of device
- IT infrastructure
- Finding good eye care team to partner with
- **Impact on workflow in busy outpatient diabetes clinic**

# Solutions

- **Cost of devices**
  - IT infrastructure
  - Finding good eye care team to partner with
  - Impact on workflow on diabetes clinic
- 
- Devices \$3,000 - \$25,000
  - Different pricing models/per procedure fee
  - Advances in imaging
  - Likely home use options in future

# Solutions

- Cost of device
- **IT infrastructure**
- **Finding good eye care team to partner with**
- Impact on workflow on diabetes clinic
  
- Many clinical, commercial, hospital or academic based partners
- Vast majority have established digital, cloud based PACS infrastructure



# Solutions

- Cost of device
- IT infrastructure
- Finding good eye care team to partner with
- **Impact on workflow on diabetes clinic**
- Integration of non-mydriatic screening while minimizing impact on medical assistant/provider workflow is the **single biggest obstacle** to a successful diabetic eye screening program.
- Solution #1: Standing orders for patients with DM to get photo after check-in
- Solution #2: Place camera at central location such as lab – e.g. patient gets photo visit while getting HgA1C

# Summary of Disparity

## Diabetic retinopathy prevalence is higher

- Non-Hispanic whites in 2017: 24.5%
- Non-Hispanic blacks: **38.8%**
- Hispanic population: **34.0%**

## Vision threatening disease 2-3 Xs higher

- Non-Hispanic whites in 2017: 3.2%
- Non-Hispanic blacks: **7.3%**
- Hispanic population: **9.3%**

## Screening rates are lower

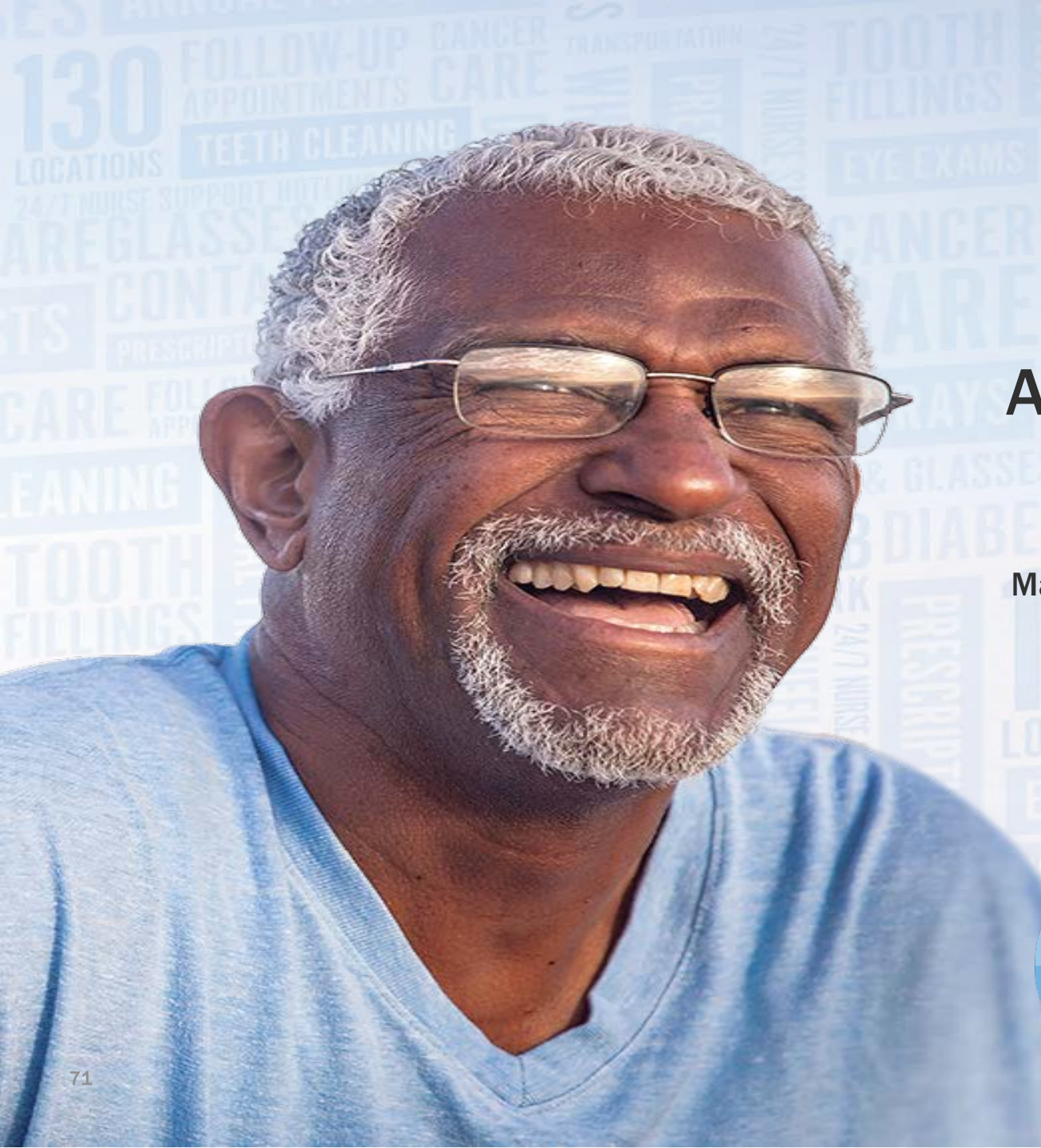
- National average approx. 60%; as low as **33%**

# Addressing Disparity

- Strategic placement of resources/cameras can have an immediate impact

Thank you for your attention!





# Advancing Diabetic Retinopathy Screening for CountyCare Members: Two Approaches Utilizing Telehealth

**Laurel Chadde**

Manager of Population Health and Performance Improvement  
CountyCare

**Yvonne Le**

eSolutions Specialist  
Medical Home Network



**CountyCare**  
HEALTH PLAN  
AN ILLINOIS MEDICAID HEALTH PLAN

# CountyCare Overview

## Background

- Medicaid Managed Care Organization owned and operated by Cook County Health in Cook County, Illinois
- Currently serving over 365,000 members
  - Largest Medicaid plan in Cook County
- Broad network of providers geographically dispersed throughout and around Cook County



# CountyCare Population

Over 11% of adult CountyCare members have a diagnosis of diabetes



Lack of health education



Transportation barriers



Access to care issues

# Comprehensive Diabetes Care HEDIS Measure

- **Comprehensive Diabetes Care (CDC)** – The percentage of members aged 18-75 years of age with diabetes (Type I & 2) who had each of the following:
  1. HbA1c Testing
  2. Kidney Health Evaluation
  3. **Diabetic Retinal Exam**
    - A retinal or dilated eye exam by an optometrist or ophthalmologist in 2020
    - A negative retinal or dilated exam by an optometrist or ophthalmologist that shows negative for retinopathy in 2019
    - A fundus photograph of retinal abnormalities indicating the date when the photograph was performed and evidence that an optometrist or ophthalmologist reviewed the results
- The Diabetic Retinal Exam measure continually performs below the other diabetes measures





# eConsult Overview

## CountyCare/MHN Diabetic Retinopathy Initiative

eConsult is a web-based platform and telehealth process, enabling primary care providers (PCPs) to electronically consult with specialists regarding a patient's specialty care needs

### General Workflow:



- Diabetic Retinopathy Programs Utilizing eConsult:
  1. Canary Telehealth
  2. MHN ACO

# Utilizing Canary Telehealth

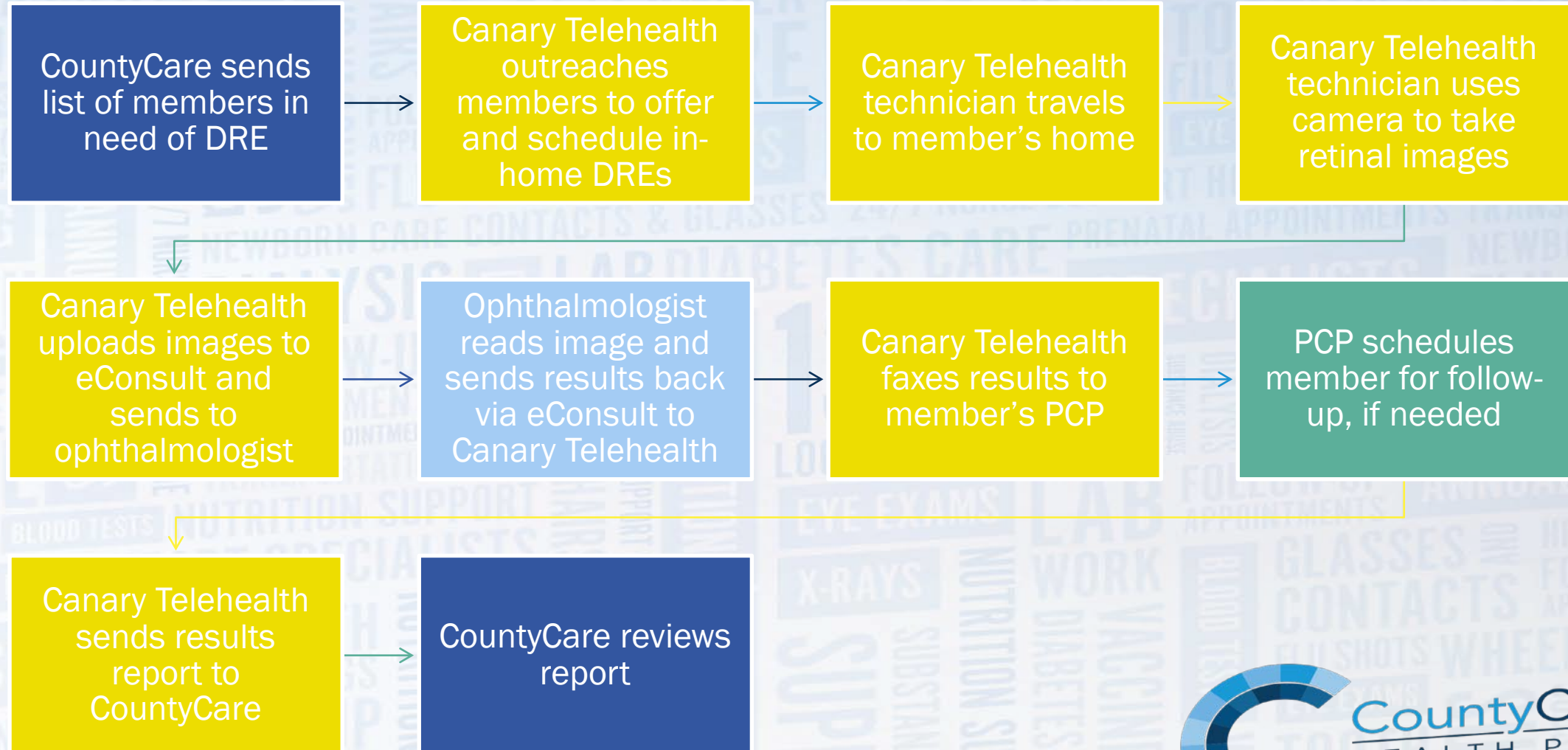
- Contracted with Canary Telehealth to close gaps in care for diabetic retinopathy screening
  - Canary Telehealth: Patient-centered approach serves patients, payers, and providers who are pursuing the healthcare triple aim: improving quality, controlling cost, and enhancing patient experience and engagement by deploying healthcare services enabled by technology
- Began providing services in February 2019

Canary  Telehealth



# Diabetic Retinal Exam (DRE) Process Flow

## Canary Telehealth



# Impact and Next Steps

## Canary Telehealth Diabetic Retinopathy Screening

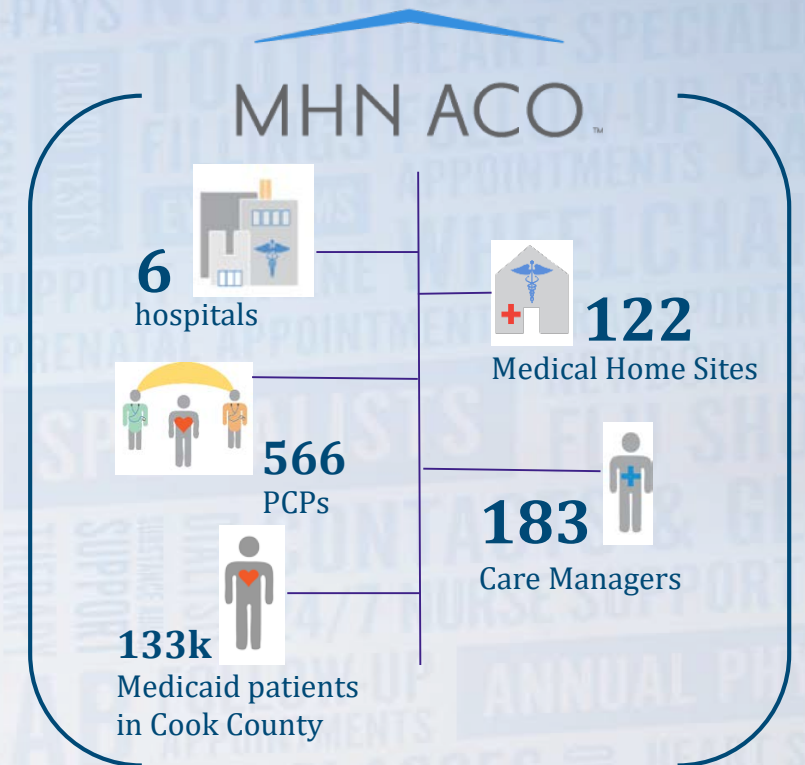
- Canary Telehealth completed 3,071 exams between February 2019 – February 2020
  - Contributed 14% to CountyCare’s CDC-Diabetic Retinal Exam HEDIS measure rate
- **Successes:**
  - Member satisfaction
  - Education on diabetic retinopathy
  - Removes transportation barriers and access to care issues
  - Improves CountyCare’s CDC-Diabetic Retinal Exam HEDIS measure rate
- **Opportunities for Improvement and Lessons Learned:**
  - Sharing results with PCPs
  - Ensure every Department working with members is aware of the program

# MHN ACO Overview

## Background

- MHN ACO, LLC established in 2014
  - 10 FQHCs
  - 3 Hospital Systems
  - Wholly provider-owned entity
  - High performing multi-organizational ACO

Enables members to drive cultural transformation and advance an integrated, practice-level model of care



# Diabetic Retinal Exam (DRE) Process Flow

MHN ACO

The Diabetic Retinopathy Program aims to improve the retinal eye exam screening HEDIS quality metric for participating MHN ACO sites

## 1. Retinal Camera Donations



## 2. Camera & System Trainings

- Retinal Camera Trainings
- eConsult System Trainings
- Educational resources & materials



# Impact and Next Steps

## MHN ACO Diabetic Retinopathy Screening

- Successes:

**6,900**

*Submissions  
since 2018*

**75%**

*Screenings  
completed w/o a  
specialty visit*

**0.6 Days**

*Avg. response  
time from  
specialists*

- Opportunities for Improvement and Lessons Learned:

- Improving show rates and closing the loop
- Ensuring program retention during periods of clinic staff turnovers



# Transition to Breakout Sessions





# Report Out

# Learning Collaborative for Chicago CARES Initiative

+ Thank you to our wonderful participants!

The logo for CommunityHealth, featuring a white cross icon on a purple rectangular background, followed by the text "CommunityHealth" in white.The logo for Heartland Health Centers, featuring the text "HEARTLAND HEALTH CENTERS" in green and "HEALTHCARE FROM THE HEART" in orange below it, with a graphic of four overlapping teal diamonds forming a heart shape to the right.The logo for Centros de Salud erie Family Health Centers, featuring the text "Centros de Salud" in blue, "erie" in large teal letters, and "Family Health Centers" in blue below it.The logo for Howard Brown Health, featuring a stylized "HB" made of colorful blocks (blue, green, purple, orange, yellow) to the left of the text "Howard Brown Health" in orange.

# Learning Collaborative for Chicago CARES Initiative

Objectives of the following 5 sessions:

- 1) Review Collaboration Purpose & CHC Presentations on intentions, goal, and objectives
- 2) Introduction of PDSA & Start of the QI Project
- 3) Review of current status of PDSA
- 4) Review of revised PDSAs and sustainability development
- 5) Review of PDSA, Sustainability Plan, and Evaluation



# Closing Remarks