



View poster and patient demographics

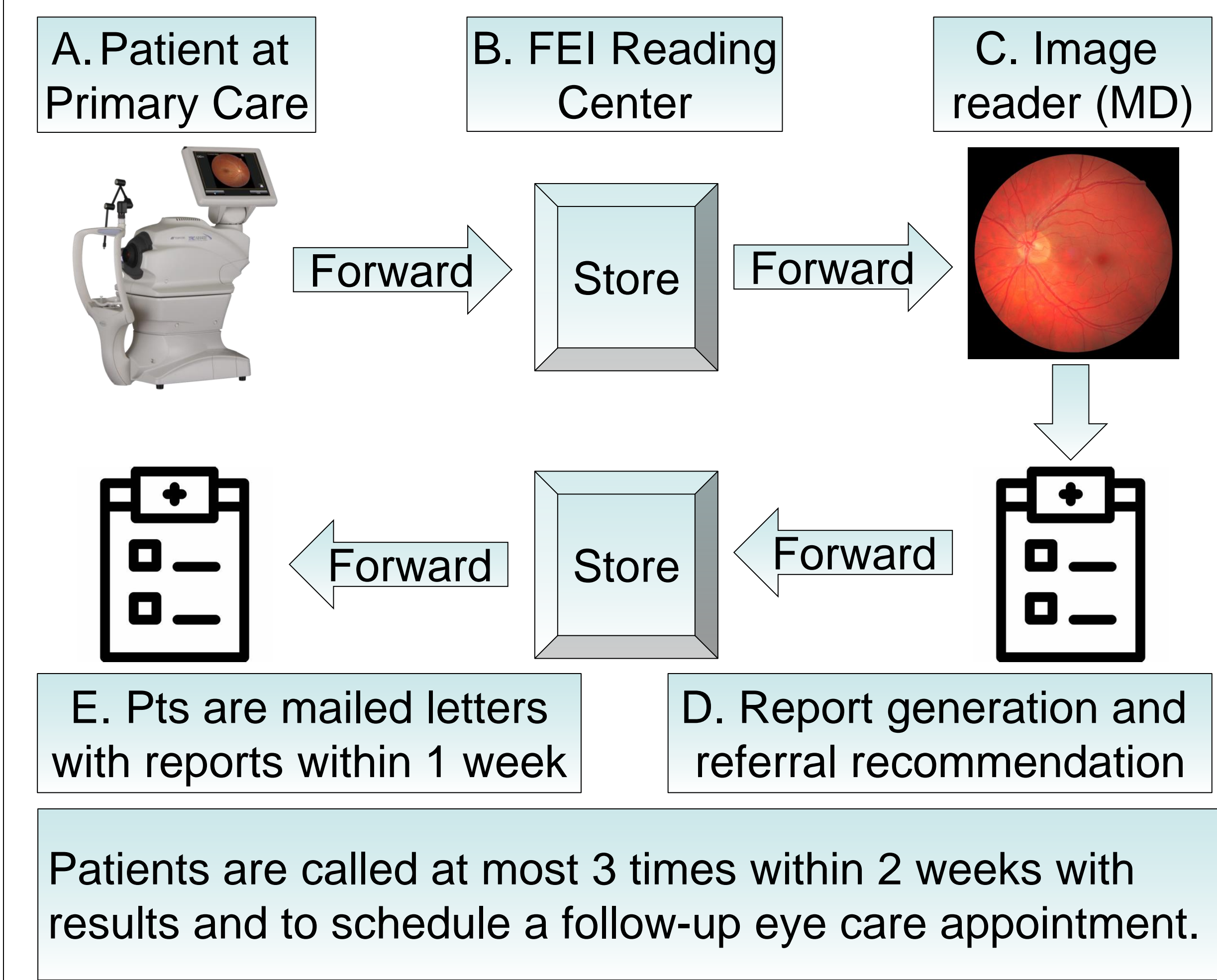
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Disclosures: None

Background

- Diabetic Retinopathy (DR) is the leading cause of blindness among adults aged 20-74.
- Annual eye exams can prevent over 95% of vision loss from DR.
- Teleophthalmology², including the URM C Tele-I-Care Program, is effective in increasing screening rates for eye disease among those with diabetes, but follow-up to eye care has been less studied.



Objective

- To examine the association of demographic and medical factors with scheduling and completing an eye care appointment at a university health system owned facility for patients with diabetes, who were evaluated via teleophthalmology in safety-net primary care practices also belonging to the same university health system.

Methods

- Individuals due for diabetic eye exams were evaluated via teleophthalmology in 5 urban safety-net primary care clinics in a university health system with recommended follow up visits with the university health system Ophthalmology/Optometry providers and additional demographic and systemic data were analyzed, including Age, Race, Gender, Ethnicity, HBA1C, Blood Pressure, Health Insurance, and Smoking Status.
- Chi square, logistic regression, and T-tests were used to identify relevant variables from gathered demographic and medical data. Any variables with an association of $p \leq 0.20$ were included in multivariate analysis.

Results

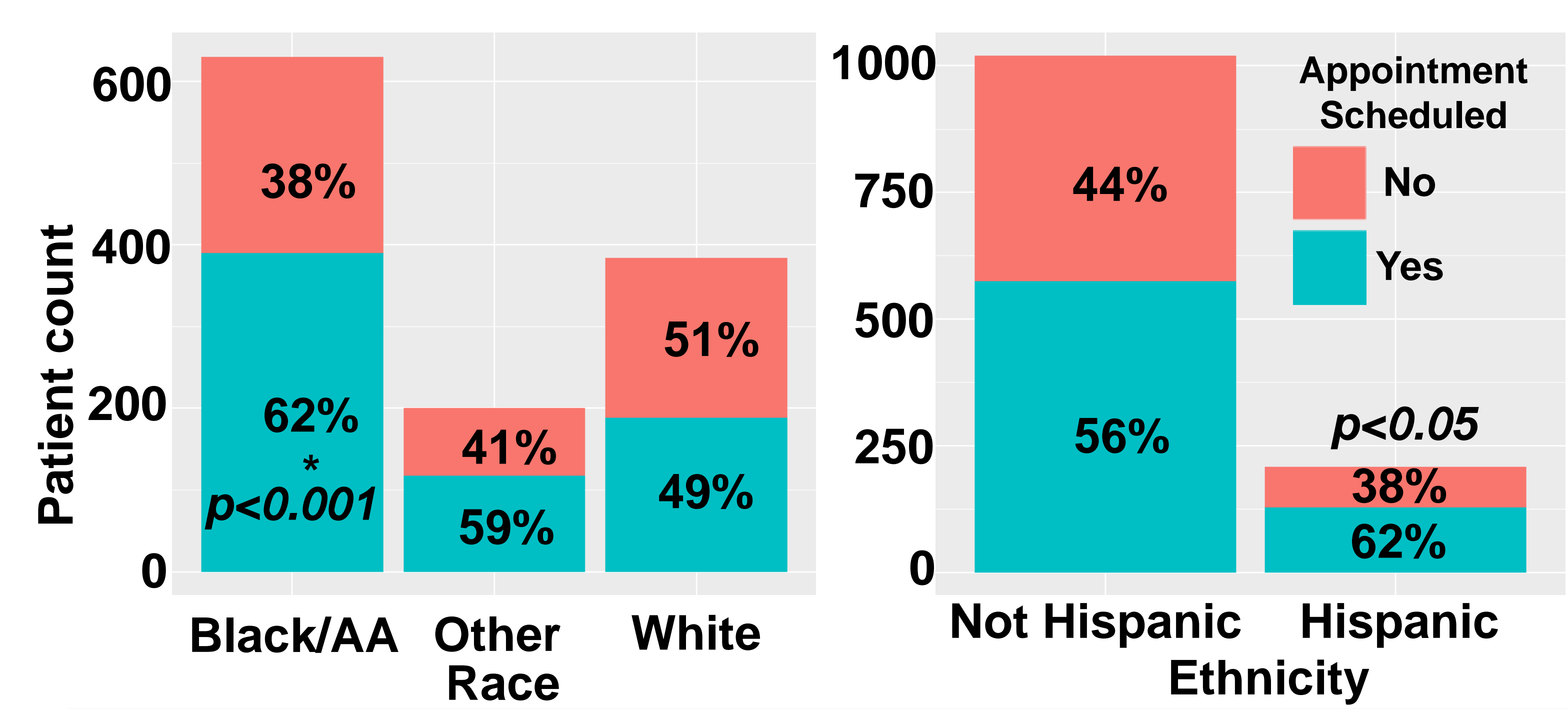


Figure 1: African American and Hispanic patients were more likely to schedule follow-up eye care appointments.

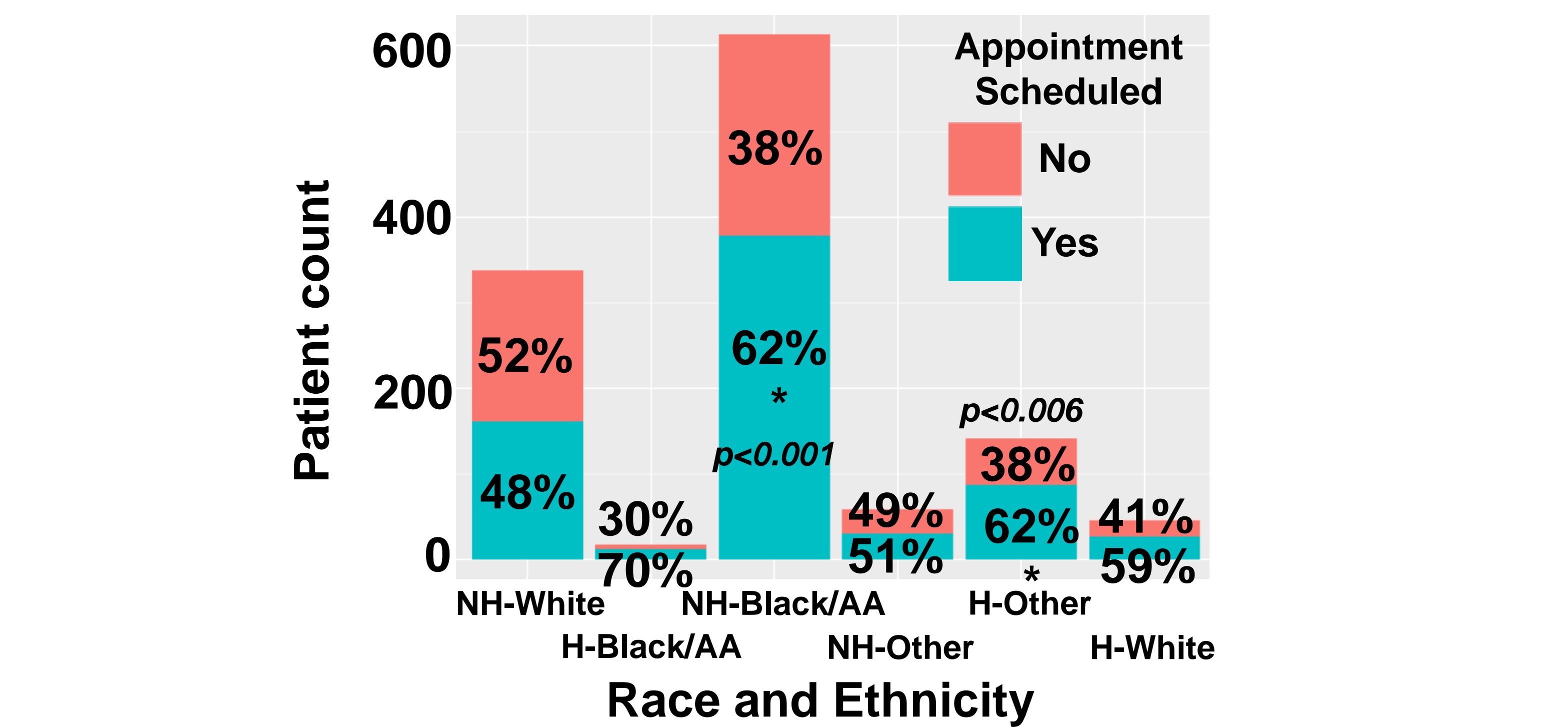


Figure 2: NH-African American and H-Other patients were more likely to schedule eye care appointments. H=Hispanic N=Non-Hispanic

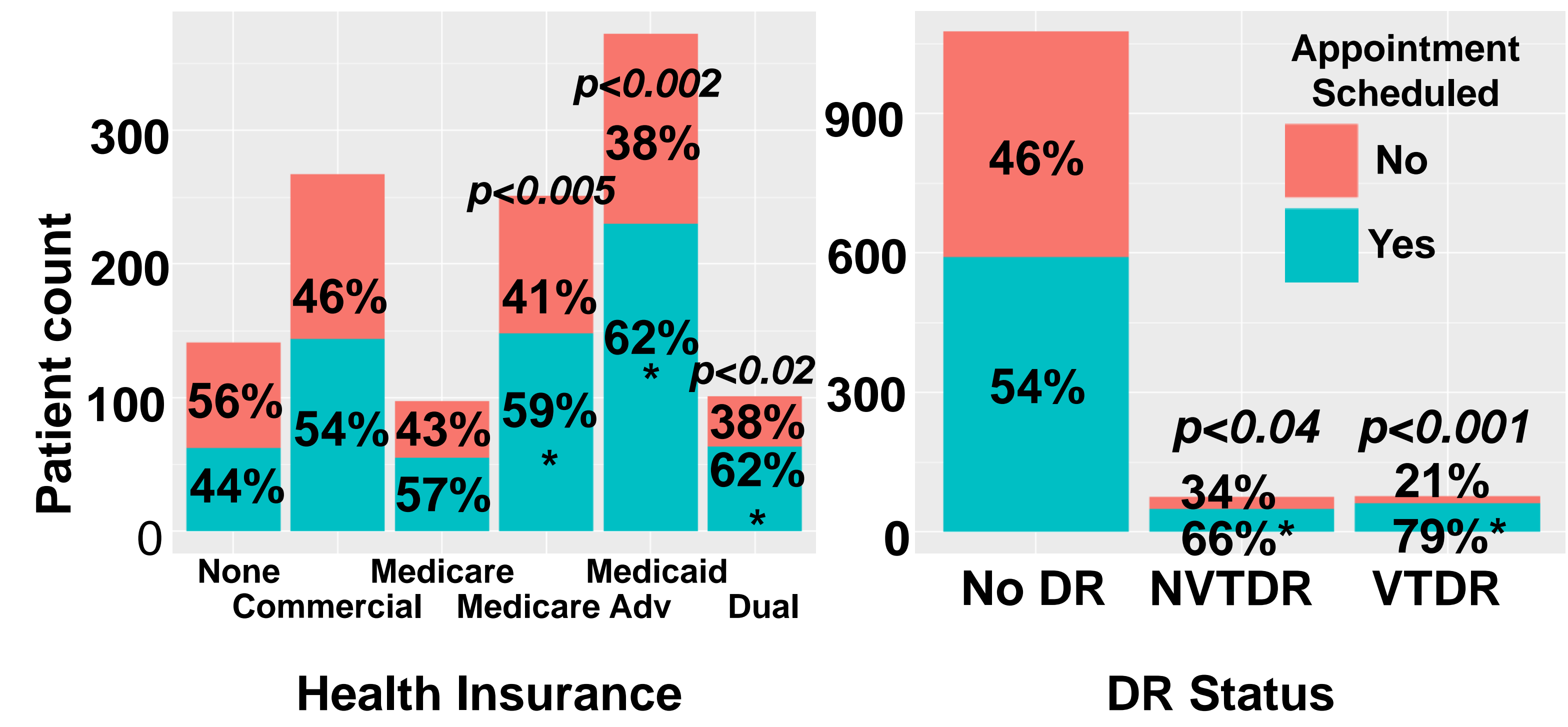


Figure 3: Patients diagnosed with vision threatening DR (VTDR) and non VTDR (NVTDR) were more likely to schedule follow-up eye care appointments. Medicare, Medicare/Medicaid (Dual), and Medicare Advantage patients were more likely to schedule follow-up appointments.

Results

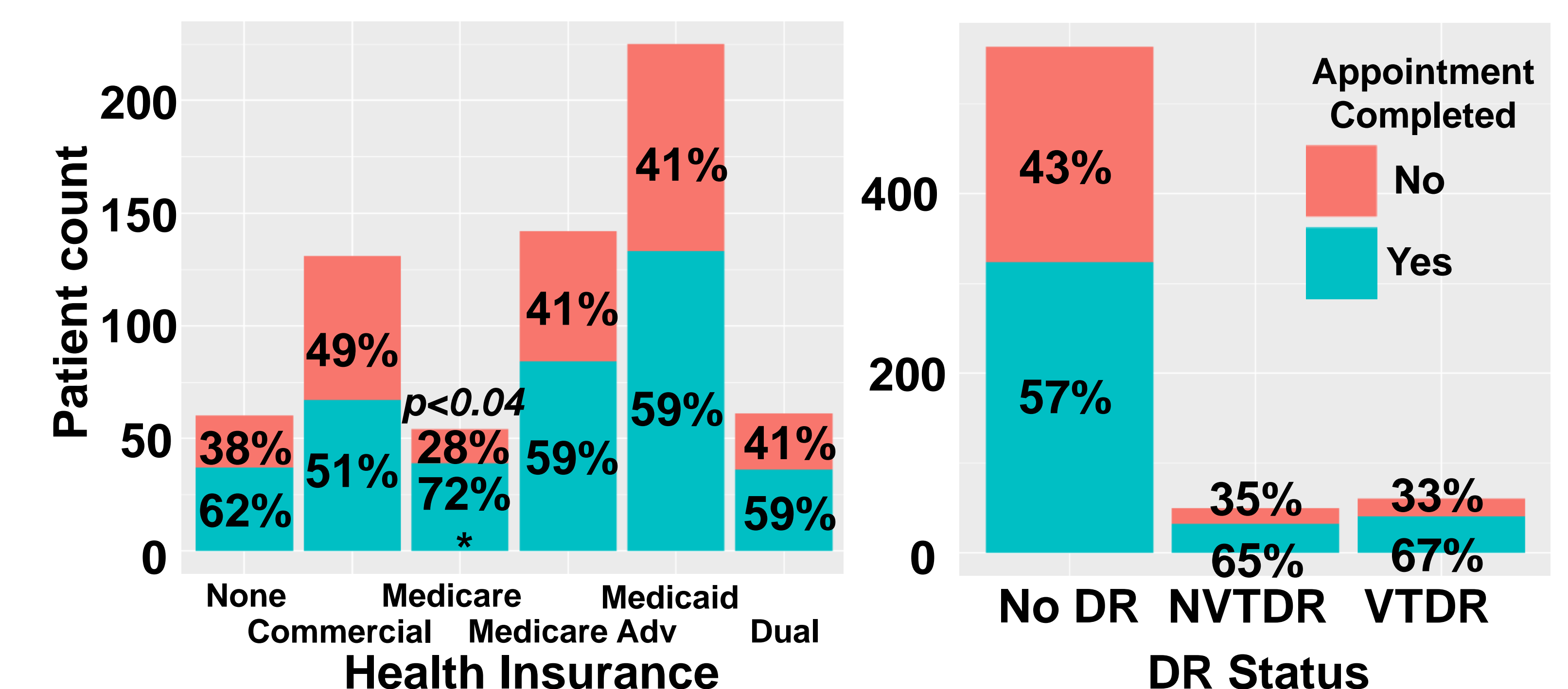


Figure 4: Of those who scheduled a follow-up eye care appointment, Medicare plan holders were more likely to complete the appointment. DR status was not associated with completing an eye care appointment.

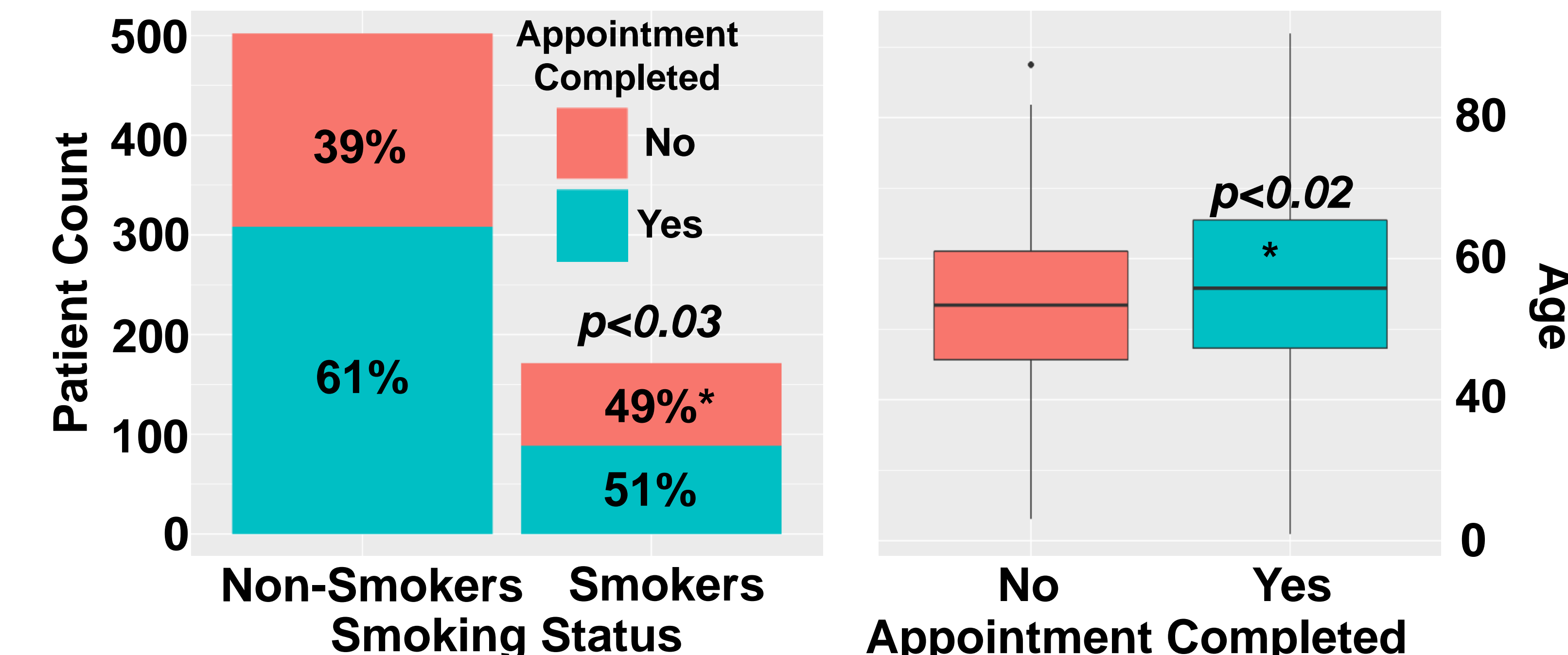


Figure 5: Of those who scheduled follow-up eye care appointments, non-smokers and older patients were more likely to complete appointments.

Conclusions

- Patients who were diagnosed with DR were more likely to schedule but not complete follow up eye care appointments. Increasing teleophthalmology screening availability alone may not be sufficient to increase follow-up to sight saving eye care among low-income safety net patients.
- Patients who are young, are current smokers, or have commercial insurance plans may require more support than others to encourage eye care appointment adherence.

References

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