### ABO NON-CLINICAL IMPROVEMENT IN MEDICAL PRACTICE ACTIVITY

### Торіс

Title of Project:	Improve Patient Understanding of Glaucoma with Photos of Optic Nerves
	Compared to Age Matched Normals

Project Description	
Describe the quality gap or issued addressed by this activity. (Included in your response to this question should be a description of the resources that informed your decision to pursue this topic, a description of what the literature says about the issue you identified, and the rationale for choosing to address this clinical project.	Patients with a new diagnosis of glaucoma will be shown their optic nerve head photos in comparison to "Normals" in order to help the patient understand their disease process and aide in compliance with medications. The goal is twofold, to establish a best practice of disc photos for future comparison as well as to help the patient better understand their own disease.
<b>Background Information</b> : The month you pulled the baseline IRIS performance report and any additional information that me be pertinent:	Given that glaucoma is a silent disease and studies show approximately 40- 50% compliance on drops the hope will be that showing patients their own disc photos compared to age matched Normals will inspire them to pay more attention to their own disease.
<ul> <li>Project Setting: (Please select from options below):</li> <li>Group Practice</li> <li>Healthcare Network</li> <li>Hospital</li> <li>Multi-Specialty Group</li> <li>Solo Practice</li> <li>Surgical Center</li> <li>Other</li> </ul>	Multi-Specialty Group
Study population: (describe the type of patient for whom the care process will be improved, e.g., all patients in your practice, patients with diabetes, patients presenting for emergency care:	Patients with a new diagnosis of glaucoma or being followed for high risk for open angle glaucoma.

# Quality Indicators / Performance Measures:

It is important to carefully define outcome or performance measures that will be quantified at baseline (before the care process is changed) and at remeasurement (after you have implemented the proposed improvement) to quantify the impact of your care process change. There are two basic types of performance measures process of care measures and outcomes of care measures.

Process of care measures (e.g. timely treatment of diabetic retinopathy) can influence outcome measure (e.g. decreased risk of severe vision loss);
Outcome measures can be linked to processes of care that can be improved. Generally, performance measures are expressed as rates, often as percentage rates. For example, if the intent of a project is to improve the quality of glaucoma care in your practice, you may choose to improve your rate of establishing a goal IOP in patients with newly diagnosed glaucoma, measured over a 3-month period.

• The numerator of this process measure would be the number of newly diagnosed patients during this time who have a goal IOP recorded in the medical record.

• The denominator would be the total number of patients diagnosed during that same time period.

Continuous variables (e.g. the refracted spherical equivalent after cataract surgery) can often be simplified and transformed then into percentage rates by setting a quality threshold (within 0.5 diopters in the intended spherical equivalent) which, if attained, would qualify the patient to be in the numerator (e.g. number of patients within 0.5 diopters / total number of patients). It can be advantageous but not mandatory to have more than one quality measure in order to gauge the impact of your process change. In the example above, an additional outcome measure might be the percentage of patients in whom the goal IOP is attained within the first 6 months after diagnosis. If possible, measure quality indicators for at least 30 individual patients or data points during the baseline and again during the follow up period.

#### Measure Type: Outcome

**Measure Name**: Patient understanding of their own level of optic nerve head cupping.

**Numerator Statement:** Number of patients who state they understand their own level of optic nerve cupping.

**Denominator Statement**: 25 Patients with a new diagnosis of glaucoma or being followed for high risk open angle glaucoma.

We realize that this may not be feasible or appropriate for all projects. Please indicate at least one measure below; either a process or outcome measure:

#### Example Measure:

Measure Type: Process Measure
Measure Name: Patient pain level during intravitreal injection
Numerator Statement: Number of patients in who pain levels decreased by 2 points on a 1-10 scale
Denominator Statement: 30 consecutive patients undergoing intravitreal injection.

Project Interventions: Quality improvement requires that you analyze your care delivery processes and identify changes, which if implemented, will improve care and outcomes. Generally, educational interventions are thought to be weak and demonstrate little impact. The introduction of tools, strategies or systematic approaches to care delivery is more powerful. A tool is a thing, for example a preoperative checklist, or written standardized process or protocol. Strategies include changes in procedures or policies like the introduction of a surgical time out before surgery is initiated. Systematic approaches to care delivery involve a comprehensive analysis of care process and the introduction of a combination of tools and strategies designed as a complete process. Please describe the changes to your care processes you intend to introduce:	All patients with glaucoma will see their own optic nerves in comparison to age matched Normals
Project Team: (include roles for yourself and all members of your team): List the individuals who will be involved in your quality improvement project (i.e., solo project, partners in practice, office staff, OR personnel, anesthesiologists) and the roles they will contribute.	Solo project and office staff
Will any other ophthalmologists be requesting MOC credit for participation in this SD-PIM?	No

## Project Outcomes/Results

Project Summary	In the following sections, please prepare a brief summary of the project highlighting the data collected, effectiveness of your measurement approach, interventions, and the overall impact of the project.
Baseline Data: Quantify each of the quality indicators / performance measures described above for the baseline period (before interventions for improvement were introduced). Report the numerator, denominator and the calculated percentage rate for each measure.	<ul> <li>Outcome of patient visualization of their own optic nerve heads</li> <li>Numerator - 23 Patients who were newly diagnosed with glaucoma and remembered the importance of tracking nerve head cupping.</li> <li>Denominator- 25 Patients were newly diagnosed with glaucoma and had baseline optic nerve head photos taken.</li> <li>92% of patients newly diagnosed with glaucoma understood that nerve head cupping was a major tracking point in their disease progression.</li> </ul>
Follow-up Data: Quantify each of the quality indicators / performance measures described above for the re-measurement period (the period following implementation of the interventions for improvement).	92% Success is a good rate of understanding, we will need to keep asking patients on subsequent follow up visits if they recall the major tracking points for their disease.

Project Impact	
Compare the baseline data to the re- measurement / follow-up data and quantify the impact of the process of care changes (your project interventions). The project hopefully resulted in improvement; however, some projects may result in a diminution in quality. If a lack of improvement or reduction in quality occurred, suggest other strategies that might be more effective.	Patients who recalled having their nerve head photos taken were more likely to ask about the appearance of their nerve on subsequent exams. They seemed more invested than those who did not see their own nerve head photos.

## **Project Reflection**

Did you feel the project was worthwhile, effective?	YES
How might you have performed the project differently?	I could have shown patients their fields and asked them if they remembered where their defects were prior to showing subsequent fields.
Please offer suggestions for other ophthalmologists undertaking a similar project.	Make sure patients are aware of the clinical features you are tracking when discussing a chronic disease