New Jersey
Diabetic Eye Health Alliance

Mission, Objectives, and Summary of Conditions & Requirements

Mission Statement

The New Jersey Diabetic Eye Health Alliance (NJDEHA) is a program designed to target known public health concerns surrounding the care of diabetics. It specifically addresses the optometric evaluation of the diabetic patient and disease management issues such as timeliness, accessibility of care, professional communication, quality management, delivery system cost efficiencies and clinical outcomes. This program and its participating health care professionals will devote serious and sustained effort to deliver comprehensive and expedient diabetic eye care and share the results of the assessment with all involved in the care of the patient.

Objectives

- Improve both access and quality of care delivered to under-served diabetic patients;
- Demonstrate to third party payers optometry's commitment to and role in providing quality care to the diabetic patient;
- Build alliances and strengthen relationships with other professionals involved in the care of the diabetic patient;
- Improve HEDIS scores for commercial payers;
- Improve PQRI reporting;
- Promotion of and participation in NJDEHA by third party payers and providers.

Summary of Conditions & Requirements

NJDEHA is a voluntary program in which New Jersey optometrists are asked to formalize their commitment to our mission and objectives by signing a letter of agreement which states:

- Communication with all health care professionals involved in the care of every diabetic patient, with emphasis on the diabetic patient's primary care physician;
- Accessibility and availability of care for every diabetic patient through expedient scheduling;
- Consistent reporting to third party payers for every diabetic patient;
- Proper coding and billing through the diabetic patient's medical insurance, when available;
- Embrace the alliance with other diabetic care providers including podiatry, dentistry, and pharmacy;

New Jersey Society of Optometric Physicians
4 AAA Drive, Suite 204 • Hamilton, NJ 08691
(ph) 609-323-4012 • (fax) 609-323-4014 • www.njsop.org

New Jersey

Diabetic Eye Health Alliance

Letter of Agreement

I, Dr. _____, agree to adhere to the conditions and requirements of the New Jersey Diabetic Health Alliance as set forth in this letter of agreement.

Conditions & Requirements

1. I shall communicate the results of all examinations to the health care professionals involved in the care of every diabetic patient, with emphasis on the diabetic patient's primary care physician. Other recipients of the report may include the referring ophthalmologist, internist, diabetologist, endocrinologist, etc. as appropriate.

2. I shall provide expedient scheduling to every diabetic patient, with every effort made to schedule the patient within 1 week, or at the time interval of the physician requesting the consult.

3. I shall provide consistent reporting to third party payers for every diabetic patient.

4. I shall ensure proper billing and coding for all diabetic patients, including billing the patient's medical insurance for medical exams when available.

5. I shall embrace the alliance with other diabetic care providers, including podiatry, dentistry, and pharmacy.

WHEREFORE, I hereby sign and agree to the conditions and requirements of this Letter of Agreement.

_____

Doctor's Signature

_____

Date

New Jersey Society of Optometric Physicians
4 AAA Drive, Suite 204 • Hamilton, NJ 08691
(ph) 609-323-4012 • (fax) 609-323-4014 • www.njsop.org

DIABETES EYE EXAMINATION REPORT

Outcome Report/Request

Patient Name: _____ Date of Birth:_____

From:

Phone #: _____ - _____ - _____

To:

☐ Primary Care Physician:_____

Fax #: _____ - _____ - _____

☐ Endocrinologist:_____

Fax #: _____ - _____ - _____

Exam Findings:

Date Examined: _____ / _____ / _____

☐ Dilated Fundus Exam Performed

Diagnosis:

☐ No Diabetic Retinopathy

☐ Diabetic Retinopathy

- ☐ Mild
- ☐ Moderate
- ☐ Severe

Additional Ocular Findings:

Treatment Rendered:

Management Plan:

☐ No treatment is necessary at this time, just yearly monitoring for any changes.

☐ Close monitoring of ocular health status with a review in _____ months.

☐ Referral to:_____

☐ An appointment has been made with:_____

_____

_____

Please Print Physician's Name

DIABETIC EYE EXAMINATION

Diabetic Specialist Report

Date:_____

FROM:

TO:

PATIENT INFORMATION

Patient Name:_____ DOB:_____

OD_____ Reported Duration_____

Reported HbA1C_____

OS_____ Reported DM Medications_____

DIABETIC RETINOPATHY

- ☐ No evidence of diabetic retinopathy
- ☐ Mild non-proliferative diabetic retinopathy
- ☐ Moderate non-proliferative diabetic retinopathy
- ☐ Severe non-proliferative diabetic retinopathy
- ☐ Proliferative diabetic retinopathy

OCULAR MANIFESTATIONS OF DIABETES

- ☐ Clinically significant macular edema
- ☐ Iris neovascularization
- ☐ Vitreous Hemorrage
- ☐ Earlier onset of cataract
- ☐ Visually significant cataract
- ☐ _____

ADDITIONAL INFORMATION

MANAGEMENT PLAN

☐ We will monitor: ☐ Annually ☐ 6 Months ☐ 3 Months ☐ _____

☐ Patient was sent for further evaluation in consultation to: _____

☐ _____

cc: