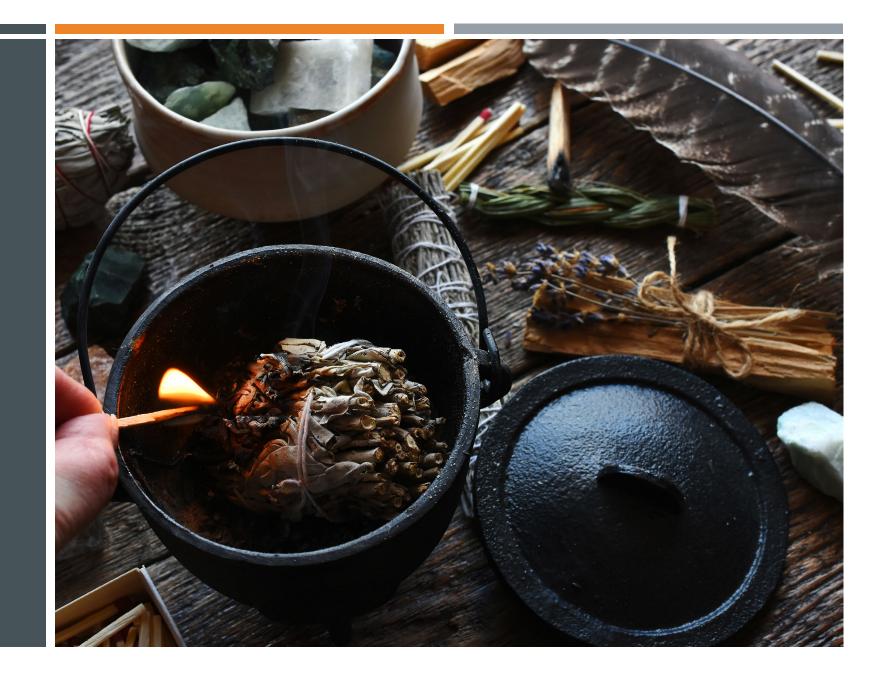


DENVER INDIAN HEALTH AND FAMILY SERVICES

- In Denver since 1978
- Urban Indian Organization
- Integrated care clinic
- Medical, Dental, Behavioral
 Health, Medicaid Enrollment,
 Health and Wellness, and
 Pharmacy





SPIRIT WITHIN PROJECT

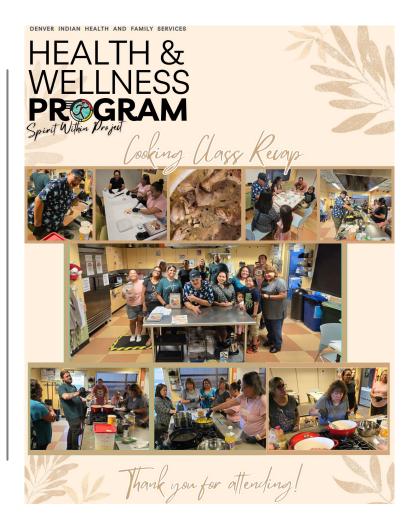
FOCUS: TRADITIONAL AND CONTEMPORARY PHYSICAL ACTIVITY, NUTRITION, INDIGENOUS COPING SKILLS FOR REDUCING RISKS AND DIABETES EDUCATION

UPCOMING: HYPERTENSION AND MINI-HEALTH FAIRS

ESTABLISHED IN 2018 THROUGH THE HEALTH AND WELLNESS DEPARTMENT









Childhood Obesity Awareness Mont

Tuesday, September 27th 5:30 PM live on zoom RSVP by Sept. 20th

Easy to make **Budget Friendly** For Adults too!

Contact Native Wellness Coordinator, Daryle to Sign up:

720-510-2069





Watch movie - Enjoy a traditional meal from Tocabe - Meet new people - Bring family & friends - Get connected enver Indian Health and Family Services: 2880 W Holden Place

Thursday, September 29 @ 5:30pm

RSVP by calling Daryle Conquering Bear, NWC @ 720-510-2069



BEADING WORKSHOP



Friday October 7th Following the in person staff meeting Lunch provided **RSVP ASAP Required**

Please email dconqueringbear@dihfs.org to RSVP

ROCK YOUR MOCS

5K/1 MILE

RUN/WALK



CALL 720-510-2069 TO REGISTER

Foam Rolling Workshop

Learn how to safely foam roll and utilize self myofascial release for recovery and sore muscles Foam rollers will be provided for you to take home

Denver Indian Center 4407 Morrison Rd, Denver, CO 80219 November 8, 2022 @5:30 PM **RSVP** required Contact the Health and Wellness Department to sign up 720-591-0442



WELLNESS PROGRAM

Spirit Within Project

March 21st 2023

5:30PM at Denver Indian center 4407 Morrison Road

Stretching Class

Help loosen up this year with a stretching class Supplies provided, space is limited Please call the Wellness Department to sign up 720-591-0442



PROGRAM

Tuesday, May 9th, 2023

Virtual via teams **5:45pm**

Call 720-591-0442 to reserv



Help improve your flexibility Please call The Wellness Department to sign up 720-591-0442 Space is limited Supplies provided

May 23rd 5:45 PM 2880 W. Holden Place

ACCOMPLISHMENTS WORKSHOPS

100%	Satisfied				
100%	Found workshop topics relevant, easy to follow, and inclusive				
100%	Increased their knowledge and skills for managing diabetes				
98%	Learned useful information				
98%	Gained confidence in relevant behaviors (physical activity, cultural practices, food preparation)				

I was able to see a different part of the city and it did not feel so lonely after being with other natives. After the walk, I honestly felt less stressed and not so much in my head about what I was worried about. Thank you

66

I enjoyed having the recipe and interactive instruction. It was nice to feel how everyone was excited for this workshop.

knowing that you can eat healthy, it be can yummy, and have fun doing so

Workshop was great! Very informational, and I look forward to attending more in the future with more of my family and friends to attend too.

Who can attend class?

- Must have a diagnosis of Pre, type 1 or Type 2 Diabetes
- Tribally enrolled DIHFS patients or Tribally enrolled non DIHFS patients
- Non-Tribally enrolled DIHFS patients

DIABETES EDUCATION

- ADCES Accredited
- Culturally Relevant
- 6-week courses
- Hosted Quarterly (or more often if capacity allows)



DIABETES SELF MANGEMENT EDUCATION SHARED MEDICAL APPOINTMENT

TUESDAY EVENINGS 5:30-7:30 PM

This program is FREE!

This 6 Week program takes a cultural and family-centered approach to managing Diabetes. This class is open to all DIHFS patients and all tribally enrolled non DIHFS patients with Prediabetes, Type 1, or Type 2 Diabetes and a family member or support person. Please contact the Wellness dept. for more details!

2880 W. Holden Place

This project is supported by the Family-Centered Approaches to Improving Type 2 Diabetes Control and Prevention grant #1-CPIMP211320-01-00 of the U.S. Department of Health and Human Services (HHS)



March

August

October

CLASS TOPICS

Introduction to Diabetes

Medication

Physical Activity

Healthy Coping

Nutrition

Meet with your Doctor

To sign up, please call



303-953-6615

Visit us online at www.dihfs.org/swp

RECRUITING





To Sign up, please call: Wellness Department 720-591-0442



Classes start August 29th

visit us online at www.dihfs.org/swp



Denver Indian Health and Family Services - Summer 2023 Newsletter



From the Desk of the Executive Director

ervices Updates:

ave ended and as we move toward an endemic, we will continue to respond to COVID-19. Like you, we are t strengthening the work we do to keep our families healthy is our top priority.

long-awaited mobile health unit, which we fondly named, "The Betty Gress Express" after our longest board in



Denver Indian Health and Family Services

2.4K likes • 2.6K followers

The state of the s

***** Manage



SOCIAL MEDIA AND LISTSERV

NAME

HEALTH PASSPORT

Primary Participant
Fill in with every stamp!

WELCOME!

stamp every circle before you leave!

Front Desk

Check in at front desk! Schedule follow up CGM Schedule follow up A1c

Medical Assistant

A1C finger prick and vitals

Provider Visit

Retinopathy Referral Foot Exam Smoking Cessation

Pharmacy

Continuous Glucose Monitor (CGM)

Paperwork

Complete Survey BH Screen Eat Dinner

Retinopathy exam

get a photo of your eyes!

Class Overview

Binder Pick up

SEE YOU NEXT WEEK!

Turn in this sheet and let us know if you'll join:

IN PERSON
ONLINE

PHQ9 Completed by patient:



Additional Provider Visit needed if box checked:



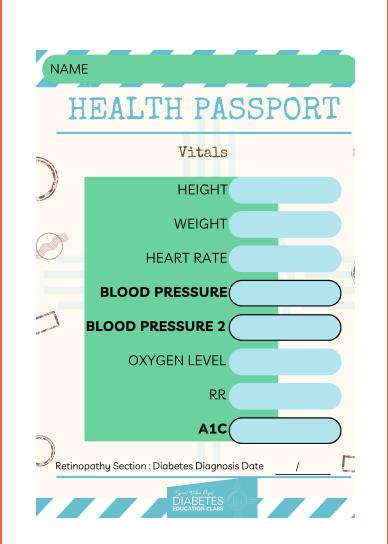
Spirit Withen Degut
DIABETES
EDUCATION CLASS

TURN THIS IN TO FRONT DESK BEFORE YOU LEAVE

HEALTH PASSPORT NIGHT

- Reduces Barriers to Care
- Whole family is included
- One stop shop









ALL HANDS-ON DECK

FRONT DESK

Fill in with every stamp!

WELCOME!

stamp every circle before you leave!

Retinop

Front Desk

Check in at front desk! Schedule follow up CGM Schedule follow up A1c

Medical Assistant

A1C finger prick and vitals

Front Desk Role:

- ~ alert the floater when the food arrives, ensure you have passports ready
 - 1. Find out if person is patient or family support, provide health passport sheet and provide name tag.

(Welcome to passport day for diabetes class! Here is your passport that takes you through your stations today. Bring this completed passport back to me before you leave.)

Smokir **DO NOT CHECK IN YET.**

- 2.SCHEDULE A 3 MONTH FOLLOW UP A1C
- 3.SCHEDULE A FOLLOW UP CGM FOR WEEK OF
- 4.CHECK PT IN.

Check in patients at time of scheduled provider



BEHAVIORAL HEALTH

MEDICAL ASSISTANT

Primary Participant Fill in with every stamp!

WELCOME!

stamp every circle before you leave!

Front Desk

Check in at front desk! Schedule follow up CGM Schedule follow up A1c

Medical Assistant

A1C finger prick and vitals

Medical Assistant Role:

WAIT UNTIL PATIENT IS CHECKED IN ON ECW BEFORE PULLING.

(Let the patient know you are checking their A1c level for Diabetes and recording their vitals, and that they will meet with a provider next to do a foot exam and answer any diabetes questions.

Retin

- 1. PULL PT WHEN CHECKED IN ON ECW
- 2. RECORD LAB AND VITAL RESULTS INTO ECW
- 3. WRITE LAB AND VITAL RESULTS ON BACK OF PASSPORT
- 4. STAMP PASSPORT, ESCORT PT TO PROVIDER, GIVE PROVIDER THE PASSPORT

T. TTT TII MTOIL CACT & DOGING:

WELCOME!

stamp every circle before you leave!

Provider Visit

Retinopathy Referral Foot Exam Smoking Cessation

Front Desk

Check in at front desk! Schedule follow up CGM Schedule follow up A1c

Medical Assistant

A1C finger prick and vitals

Provider Role:

- MA will bring patient to you, take passport
- Let patient know that this is just a quick appointment to discuss diabetes questions or concerns and you can schedule an additional appointment if they have off topic questions/concerns
- Complete comprehensive foot exam
- · Ask pt smoking history, offer cessation if current
- Answer any diabetes related questions
- Find out last dental appointment
- if pt has more questions or you have noted concerns, check the box for them to schedule a follow up appointment.
- Stamp passport, give passport to patient

PROVIDER VISIT

Retinopathy

Class Overview

SEE YOU NEXT WEEK!

Trum in this about and lat

Provider Visit

Retinopathy Referral Foot Exam Smoking Cessation

Pharmacy

Continuous Glucose Monitor (CGM)

Paperwork

Complete Survey BH Screen Eat Dinner

Pharmacy

Ask for patient's passport.

Educate and answer any questions on CGM.

Provide opportunity for patient to get a CGM

Show pt how to use CGM

PROFESSIONAL CGM







PRO VS. PERSONAL CGM



Personal

- long-term
- daily use
- must meet requirements for insurance coverage and can be costly

Professional

- Can be used as a trial run
- used intermittently (new diagnosis, change in therapy, change in BS control)
- blinded or unblinded option
- billable service in office, no need for insurance authorization

PROFESSIONAL CGM FOR SPIRIT WITHIN PARTICIPANTS



- I. All primary participants are offered the option to try CGM
- 2. If patient has a compatible smartphone they download the Dexcom G6 and Dexcom Clarity App and create an account.
- 3. If no smartphone or not compatible can use the CGM in blinded mode.
- 4. Sensor is applied and activated using the pro reader.
- 5. Patient wears CGM for 10 days.
- 6. Bring the sensor back to class during week 2 or drop off at the clinic. The sensor has to be returned within 20 days.
- 7. Data is downloaded into the Dexcom Clarity portal and reviewed with patient between week 2 and 3.

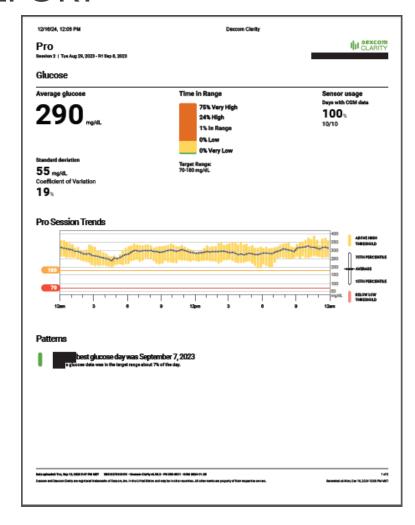
DEXCOM G6 PRO TOOLS

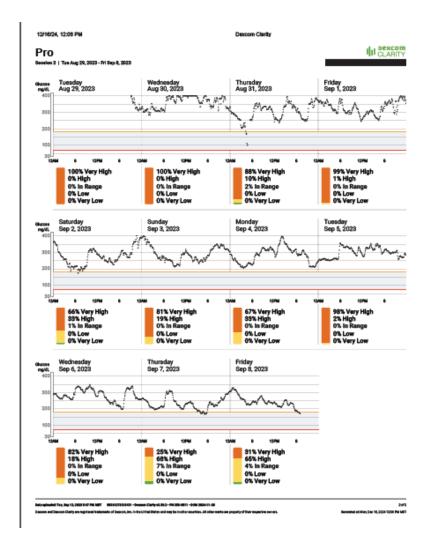




	pexcomG6 PRC
Reflection Sheet	674 764 665 767 13. 7 A 7
Did you learn how your mean impacted your glucose?	tes No
Did certain meals impacted your glucose differently than yo	ou expected? This No
Did you team how exercise impacted your glucose?	ts No
Did you learn how your medication impacted your glucose	f Yes No
ts there anything you will originate after this experience? adjustments to your exemple visuline.	Examples, changes to any food choices.
Found this experience useful and would like to use COM a	gain tes No
leculable more information about getting a personal CO	M. 701 NO
Questions for my healthcare professional:	
Return your transmitter to your healthcare pro- Visit deacon, note for more information or	other will be the or senter start.
MET SECTOR SECTION AND ADDRESS OF THE PARTY OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE	A CONTRACTOR OF THE PARTY OF TH
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PRO REPORT





TIPS FOR SUCCESS WITH PRO CGM

- The most time-consuming step is downloading the app and setting up an account.
- Counsel patient to save sensor if it falls off before the 10 days is over- it will still contain useful information.
- If using unblinded, review the app and provide education to the patient on how to interpret the data.
- Schedule follow up and review results with patient.
- Repeat 2-3 times per year if needed- great for comparisons after medication changes.

RETINOPATHY IMAGING

DIABETIC EYE EXAM

A Diabetic eye exam can detect problems early. High blood sugar or high blood pressure over time can cause damage to the eyes. In some casses, this can lead to vision loss.

OUR SERVICE:

- ✓ Diabetic Retinopathy Imaging
- Referrals to Ophthalmology or outside care as needed

WHO QUALIFIES:

- Anyone with Type Two Diabetes
- Anyone with Type One Diabetes

CONTACT US TO SCHEDULE

- 303-953-6615
- www.dihfs.org







Primary Participant Fill in with every stamp!





stamp every circle before you leave!

Front Desk

Check in at front desk! Schedule follow up CGM Schedule follow up A1c

Medical Assistant

A1C finger prick and vitals

The Retinopathy Role

- 1. Ensure computer and imaging is on and ready to take images.
- 2. Request verbal consent for patient to get retinopathy images.
- 3. Ask for patient's passport. On the back, BP and A1c will be recorded by MA.
- 4. Ask when the patient first got diagnosed with Diabetes. Record most accurate date on passport.
- 5. Instruct patient to open eye wide, and press face into camera until a green square is seen
- 6. Follow JVN training to capture images
- 7. Initiate a stat read if issues are seen, leave JVN voicemail if after hours so imaging can be read first thing. Contact JVN the following morning to follow up on stat read. Sign off on passport and inform them they will get a call with results within a week.

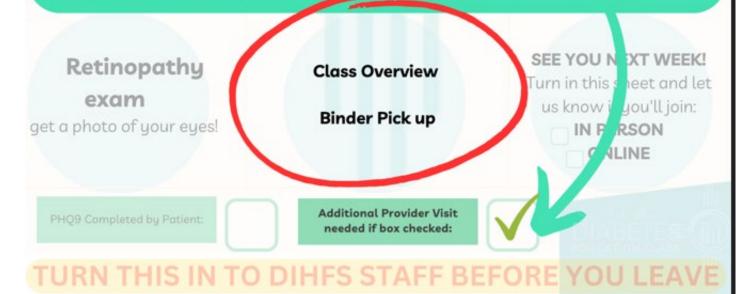
RETINOPATHY IMAGER

CLASS ONE PRESENTER

Class 1 Presenter

- 1. Ask for patient's passport.
- 2. Provide patient with Binder, show them the sections and where handouts/homework are located.
- 3. Present class 1 powerpoint, answering any questions along the way.
- 4. Set SMART goal with them and have them record in binder while you record on sheet.
- 5. Ask them if they are in person or online next week check off on passport.
- 6. Stamp passport and tell them to turn in to the front desk.

If you see that the patient has an additional provider visit needed, encourage the patient to tell the front desk to schedule.



Paperwork Person

- 1. Determine if person is primary or family support
- Provide primary or family support paperwork packet
- Encourage them to ask if they have any questions and they will be provided a giftcard upon completion of paperwork.
- 4. When paperwork is completed, double check that all questions are answered.
- Document gift card number on sign off sheet and get patient's name and signature.
- 6. Provide gift card and stamp passport.
- 7. Please organize the paperwork by document type.

 (presurveys, pharmacy questionaire, allergies)

 BH will manage BH screen and enter into provider SMA

 visit results of PHQ9 before provider locks chart

Paperwork

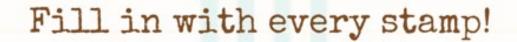
Complete Survey
BH Screen
Eat Dinner

SEE YOU NEXT WEEK!

Turn in this sheet and let us know if you'll join:

IN PERSON







stamp every circle before you leave!

Front Desk

Check in at front desk! Schedule follow up CGM Schedule follow up A1c

Medical Assistant

A1C finger prick and vitals

FLOATER

- · Your role is the decision maker, and to assist as needed.
- · Front desk will contact you to retrieve food from front, bring to Betty Gress & prepare
- Keep an eye out for participants who look lost or confused. Reference their passport, check their name, and reflect where they should be according to the agenda provided.
- If you see a patient alone, please chat with them to make them feel welcomed and attended to.
- When you have time, check in with all stations: Pharmacy, the Provider, the MAs, the front desk, Retinopathy, class overview, and paperwork station to address questions/concerns.
- Do your best to problem solve before going to another staff member to solve the issue at hand.

FLOATER







CHECKING OUT

CLASS OVERVIEW

- Week I Health Passport Night
- Week 2 Medications and Monitoring
- Week 3 Physical Activity
- Week 4 Indigenous coping skills
- Week 5 Nutrition
- Week 6 Graduation celebration



CLASS WEEK 2



Class 2: Diabetes Basics, Monitoring, & Medication

CLASS WEEK 2

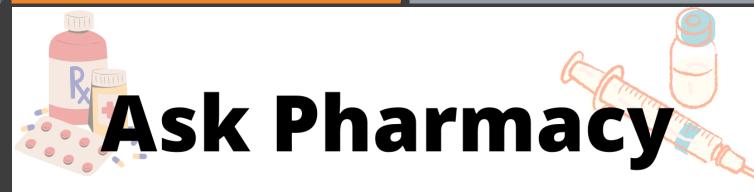
Objectives

Special Guest: DIHFS Pharmacy

- · Diabetes Basics
- Different Types of Diabetes
- The Importance of Glucose Monitoring
- Symptoms of High and Low Blood Sugar
- Traditional Medicine
- Medication
- Taking Care of your Feet

PHARMACY

- Patient led discussion
- Facilitated by pharmacist and fourth year pharmacist interns
- Participants learn from each other



Please write down at least 2 questions you have related to medications. This can be about anything: supplements, medication, medication side effects, natural medicine, how to give yourself medication injections

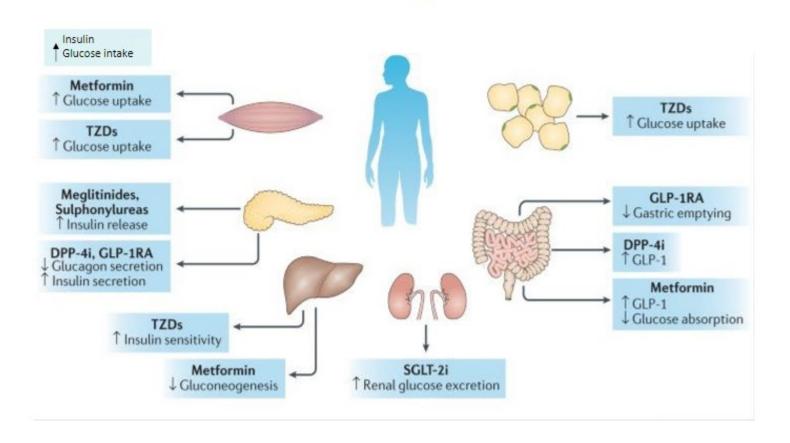
 1.

 2.

Traditional Medicine

- Cedar
- Sweet Grass
- Sage
- Tobacco

Medications for Type 2 Diabetes



SMART GOALS



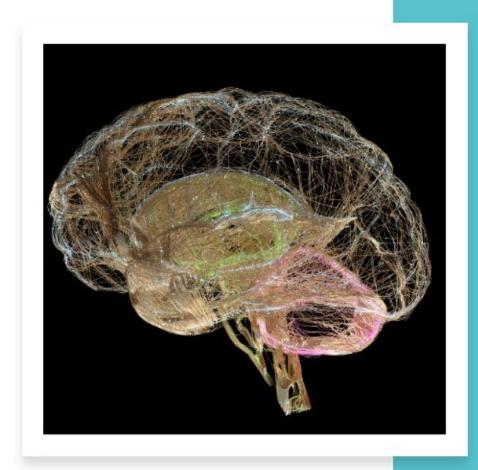
S - Specific

M - Measurable

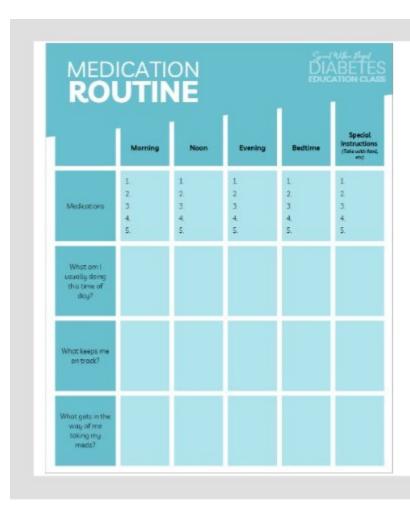
A - Attainable

R - Realistic

T - Timely



HOMEWORK



My Medication Routine

Indian Health Service Handouts

aking Diabetes Medicines

le with diabetes often need to take medicines to keep blood sugar at a healthy level.

your medicines as it says on the labels. Ask your medical ler about any concerns, such as:

to take medicine

· What to do if you miss a meal

much medicine to take

· What to do when you are sick · What are common side effects

to do when your blood sugar is low

your medicines before they run out.

nes can usually be refilled one week before they run out. Look at the labels on dicines to check for refills. If there are no refills, contact your medical provider.

ur medical providers know about all the medicines you take, I as how much and how often you take them.

are some ways you can help keep your medical ers up to date:

Take all your medicines with you to each medical visit.

Keep a list of all your medicines. Get a list from your pharmacy or make your own.

Use your cell phone to snap a picture of each medicine label to show your medical providers.

mber to include other things you take, such as the-counter medicines, vitamins, and supplements



ns to salams to THE RESERVE ASSESSMENT ASSESSMENT

Diabetes Information for You and Your Family **Keeping Your Feet Healthy**

lp us to take care of ourselves s. We depend on them daily. Iso use them to walk familiar te part in traditions, such as remonies. For people with olling blood sugars is important althy. Here are three things you care of your feet:

r feet every day.

our feet for cuts, sores, red or reas, and blisters. rinfected or ingrown toenails. ed help checking your feet, use a ask a family member to help you.

you find a foot problem.

any problems during your daily ks, contact your health care team

elp early can keep small problems oming bigger problems.

commercial tobacco or

ise reduces blood flow to your

health care team about things you quit using commercial tobacco. D-QUIT-NOW (1-800-784-8669)

ng around others who are including in the car.



Check your feet every day. Donna Cardoza, Santo Domingo Pueblo, NM

At each clinic visit, take off your shoes and socks.

Ask a member of your health care team to:

- · Check your feet.
- · Show you how to care for your feet.
- · Trim your toenails or take care of corns calluses, if needed.
- · Suggest special shoes or inserts to help protect your feet.

What are other ways you can keep you feet healthy?

Wear shoes indoors and outdoors. Do not

- · Wear comfortable shoes that fit well and protect your feet.
- · Shoes should have round toes and low
- · Avoid shoes that are open at either the or the heel



Get a dental exam at least once a year.

each day.

Brush your teeth

Floss your teeth

twice a day.

Ways to take care of your

teeth and gums:



Avoid foods and drinks that are high in sugar.

Salms to calms to calms to calms to calms to calms

Keeping Your Teeth and Gums

teeth and gums.

When You Have Diabete

People with diabetes have a higher change

teeth and gum problems. This is why it is_

to manage your blood sugar and take car

Let your health c

you have any of t

· Red or swollen

· Pain when chev

Loose and shift

· Bad breath that

· Sore or bleedin

brushing or flos



Do not use commercial tobacco, including smokeless and chewing tobacco.

v to do

en if it is 5 or 10 minutes a day, and

y to get up and move every 30

your activity to 150 minutes a week. ore days.

ng active

place. If you have a cell phone,

gar before and after exercise. eat a food or drink with sugar, cup of juice, or small fruit, or a few andy. For more information see,

stay hydrated.

ty (not sugar-free) or glucose your blood sugar drops too low

ool down. Go at a slower pace at the start and end of your activity.

ble shoes. Check your feet for sores, cuts, blisters, corns, or redness before se, as well as daily. Let your provider know if you find any of these.

vourself and

vement is good for you. re active.

a slow walk at first. The farther you can walk and the et. For more information see.

brings peace and a feeling

exercises or arm movements

Walking.

will see how hard you have now it is helping to manage will be proud of you too!

I will take these steps to be more

the IHS Division of Diabetes Treatment and Prevention etes information and materials, visit www.ihs.gov/diabetes

d by the IHS Division of Diabetes Treatment and Prevention

Take a picture with your cell phone Look at the picture later as a reminder

Division of Diabetes Treatment and Prevention ormation and materials, visit www.ihs.gov/diabetes



SWAG BAGS





WHEN CLASS ENDS

Culture classes to promote traditional healthy lifestyle practices Family centered diabetes self management education classes One on one personal training

Registered dietitian visits







Contact: DIHFS.org/SWP 303-953-6600 Ext. 3

RESULTS

Family-centered interventions improve diabetes management for AI/AN patients Denver Indian Health and Family Services

goal of the Spirit Within Project (SWP) is to improve self-management of Type 2 betes in Native patients. Patients and a friend/family member attend six weeks of sees where they learn how to incorporate traditional and contemporary healthy ts and physical activity into their lives. Topics include a shared medical pointment where patients meet clinic providers, medication, healthy lifestyles & ess, indigenous coping skills, diet & nutrition, and a graduation event.

aintaining healthy weight and blood composition, adherence to medications.

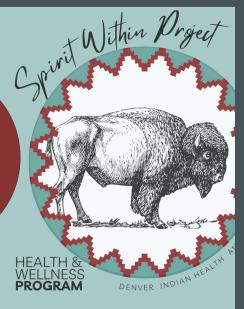
Increasing knowledge of healthy, traditional living practices and implementation of family-centered, culturally responsive diabetes self-management strategies. ilizing Indigenous coping skills to reduce impact of stress and increasing awareness of community resources and connections to address diabetes and overall health.

rriculum manual derived from the ADCES & Targeted Training in Illness Management ltural workshops and activities (e.g., powwow dancing, shinny, stick ball) ndigenous coping (e.g., beading, oral tribal histories, elder outreach) mmunity partnerships: Denver Indian Center, Denver Indian Family Resource Center

"My grandkids want to learn about diabetes. I show them the book I have and they read it. My granddaughter found out she has diabetes, so she wants to know how to control it and be healthy."

- SWP Participant





mproved Knowledge Around Diabetes Management

rogram evaluation collected data in the form of baseline and post-class/activity surveys or both primary participants and family/friend participants as well as in-depth interviews vith participants. Both primary and support participants reported increased knowledge bout managing diabetes, especially with regards to incorporating healthy, traditional lative foods and Native physical activity.







60%
0%
Baseline Post
Family or Friend

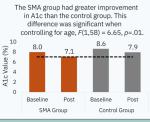


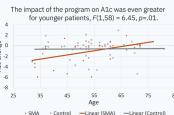




Improved Health: A1c Reduction

A1c values are a key health indicator for adults with diabetes, with a standard goal of than 7%. When controlling for age, the SMA group saw significantly greater improvem A1c than the control group. Further, the program impact was even greater for younger participants, who had much greater A1c reduction than younger controls.





e are a lot of things that you don't know as a newly sed diabetic. I believe that everybody that comes out class is more knowledgeable—and their caregiver or ir friends or whoever. A lot of times diabetes isn't a sis only for yourself—it's a family affair. If your family know you're diabetic and you go home and you cook me way you do every day and they don't know, they tell you, 'you shouldn't be eating that,' which is really good and helpful to know.

- SWP Patient

For me, an ongoing issue is food availability and that stigma that goes with asking for help that a lot of natives won't do. And so I felt like the people in the diabetes program are very approachable and I, from personal experience, I have great outcomes with their reinforcement. Like, you're doing the right thing—you're not seeing it now, but eventually it'll pay off in the long run.

- SWP Patient



There is a lot of unaddressed stress in t community which the class can tap into and to the surface. Indigenous coping skills becommunity way to talking these problem. loud. During beading workshops and potl people get so focused on talking and sha those stories that they forget they're also be

Research reported in this document was supported by the Office of the Assistant Secretary, Department of Health and Human Services undice CPIMP211320. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Ins



Improving Diabetic Retinal Screening Through Integrated Care

Sarah Maestas, Sonia Berumen, Annette Siemens, Kia Smith, Maddie Homuth, Heather Hoff, Sarah Adams, Jennifer Dailey-Vail



Background

Denver Indian Health and Family Services Priority

Approximately 37.3 million adults have diabetes, with the highest rate occurring in American Indians/Alaskan Natives.1Diabetic retinopathy (DR) and blindness are associated with diabetes.2 AI/AN have higher rates of T2DM, and higher rates of DR nathogenesis 3 DIHES GPRA Measure: Diabetic Retinonathy Screening of Adults, was 3.1%, below the 2022 41.2% national target.

Indian Health Services-Joslin Vision Network (JVN) Teleophthalmology

Obtained an on-site camera to complete diabetic digital retinal exams at DIHFS by participating in this program. The EHR interface was set up and the program launched in November of 2022.



Training and Certification

JVN Optos Daytona Imaging Specialist Training

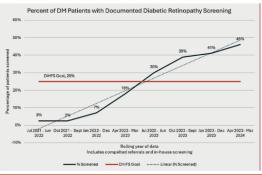
- •Training at Phoenix Indian Medical Center or remotely from home facility.
- .Onsite: Tour the National Reading Center and meet team, hands-on work with facilitator to learn imaging and gain
- •Remote: saves time on travel cost and provides flexible learning schedule.

JVN Optos Daytona Imaging Specialist Certification

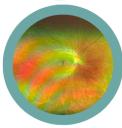
- ·Provisionally certified after training completed.
- •Full Certification after six months of experience, successfully image 75 patients, and approval of IHS/JVN Directors from the National Reading Center and Teleophthalmology Program.
- •Maintenance of Certification by demonstrating ongoing competency through periodic review by the Director of the IHS/JVN Teleophthalmology Program.

PDSAs and Results

- · Drafted imaging workflow
- · Developed referral workflow for images outside of DIHFS or urgent follow-up needs
- · Changed patient scheduling from standalone appointment to integrated within primary
- · Changed specialty consult process by proactively sending ROI
- · · Expanded access by adding second imager
- · Extended data capture to include both onsite screenings and completed off-site







Workflows

ľ	Patient Identification Workflow		Visit Workflow		Results Workflow			
	Data Analyst	Care Team	Imager	PCP	Imager	Routine Read	Stat Read	Outcome
	Reviews PCPs next day's schedule and identifies patients with T2DM	During morning huddle team discusses patient imaging needs	Places order for image in EHR	Reviews JVN Program with patient and activates warm transfer to Imager	Obtains image during scheduled appointment Triages images to assign reading pathway - routine or stat	Care Team: Report is attached to order and sent to PCP for review	Imager: Calls National Reading Center for real time Ophthalmolo gist read	If normal: Process is repeated the following year If abnormal: Referral Coordinator facilitates specialty care

Challenges and Solutions

High no-show for Imaging appointments

- · Incorporated image into other primary care appointments using nontraditional workflows
- · Morning huddles for proactive patient identification, capturing image when patient is already onsite

Camara available but imager not available

- . Staffing, nontraditional imagers (thinking outside the box)
- · Trained second imager
- . Both imagers are full time employees with other responsibilities and also available as needed

Clinical concern by imager of need for urgent follow-up

. All follow up facilitated by Referral Coordinator - not provider or imager

No EHR workflows in place to support new program

- · Developed imaging standing orders
- · Imager obtains signed ROI to expedite communication with specialty care when abnormal results anticipated
- · Referral Coordinator tracks all required follow-up

RESULTS CONTINUED



QUESTIONS

THANK YOU

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