

Special Bulletin

For professional providers

November 6, 2023

National Diabetes Awareness Month – Promoting Good Vision Health

Diabetes affects 37.3 million individuals, more than 11% of the U.S. population. Approximately 35% of persons with diabetes will develop diabetes-related retina disease (DRD), and 10% of them will experience vision-threatening complications, including macular edema, glaucoma, and cataracts.¹

National Diabetes Awareness Month, which occurs every November, is an excellent time to encourage patients to make their annual eye appointment, if they have not already done so for this year. DRD is often asymptomatic until later stages of diabetes, so it's important that patients maintain regular eye exams, which are critical for detecting DRD early and protecting eyesight.

Quality Measures

Highmark follows the National Committee for Quality Assurance (NCQA) compliance for Eye Exams for Patients with Diabetes (EED), which measures:

- Members 18-75 years of age with type I or type II diabetes who had a retinal eye exam by a professional in the measurement year.
- Negative retinal or dilated eye exam in the prior measurement year.
- Bilateral eye enucleation.

NOTE: Blindness is not an exclusion for a diabetic eye exam, because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.

ADA Guidelines

The American Diabetes Association (ADA) guidelines for eye exams are as follows:

- Adult type 1 diabetes – initial dilated eye exam within five years of diabetes diagnosis, annually thereafter.
- Adult type 2 diabetes – initial dilated eye exam as soon as possible after diabetes diagnosis.

If no evidence of DRD and glycemia, a well-controlled screening every one-to-two years may be considered. If existing DRD is progressing or sight-threatening, exams will be needed more frequently.

A key element of a diabetes-related eye examination is the patient's history, which includes the duration of the disease, current medications, and glycemic levels.

Effective team care and ongoing communication can decrease the risk of sight-threatening DRD, reduce systemic complications, improve clinical outcomes, and enhance quality of life for your patients with diabetes.

References

¹American Diabetes Association Diabetes Related Eye Care, Michael Huvare, MD University of Michigan Medical School, Kellogg Eye Center.

Highmark does not recommend particular treatments or health care services. This information is not intended to be a substitute for professional medical advice, diagnosis, or treatment. You should determine the appropriate treatment and follow-up with your patient. Coverage of services is subject to the terms of each member's benefit plan. Additionally, state laws and regulations governing health insurance, health plans and coverage may apply and will vary from state to state.

This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware, and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.

