

Diabetes Eye Screening Ottawa (DESO) - Frequently Asked Questions

Below are responses to some frequently asked questions often asked by clients during diabetic retinopathy screening and questions related to Diabetes Eye Screening Ottawa (DESO) and the screening process. These are included here to enable you to provide informed responses to enquiries and provide guidance to clients as needed.

Client-related questions:

Q: Is diabetic retinopathy screening painful?

A: No, diabetic retinopathy screening is not painful. The eye drops may sting a bit when instilled, but the entire process is not painful.

Q: Do the client's eyes have to be dilated for this exam?

A: To get a good retinal photo, dilation is required. Clients need dilation to increase their pupil size. This will be done using dilating eye drops. The client's eye pressure will be checked before dilation is done. If the eye pressure is high, dilation will not be conducted.

Q: Can clients drive after the screening appointment?

A: The drops instilled at the screening appointment usually blur the eyes, and make the client very sensitive to light, so we strongly advise not to drive after the appointment until the blurring effect of dilation ceases. It may take 4 to 6 hours for these effects to pass.

Q: What should clients do if diagnosed with Diabetic Retinopathy?

A: Diabetic eye disease is treatable and usually progresses slowly over years. If you receive a diagnosis of diabetic retinopathy, do not panic. You should meet with your healthcare provider to discuss your results and next steps. If the results require you to attend a follow-up visit with a specialist, please attend.

Q: What treatment is there for Diabetic Retinopathy?

A: There are various treatments available for Diabetic Retinopathy. The specialist will discuss this with you and decide on the best possible treatment.

Q: If one eye is affected with diabetic retinopathy, will the other also be affected?

A: The signs and symptoms of diabetic retinopathy can appear in one eye only or both eyes.

Regular screening allows this to be noticed in a timely manner and treated or managed properly.

DESO Screening Process:

Q: Will a DESO visit replace an optometrist visit for individuals living with T1 and T2 Diabetes?

If clients attend the eye screening, would that count as their annual OHIP-covered eye test?

Is there going to be an issue with clients being denied OHIP coverage for an optometry exam as it will already be recorded as "done" and they only get one exam every 12 months?

A: The retinal screening does not replace the annual eye exam done by the optometrist.

Optometrist visits cover other examinations, including refraction for glasses review or replacement. If the optometrist offers the diabetic retinopathy screening service, it is considered an additional service. Some optometry offices call it retinal mapping, OCT, and fundus imaging, and clients pay from their pocket or through their insurance.

If clients attend DESO, it will not count as their annual OHIP-covered eye test since it is the retina specialist who bills the DESO visit. Physicians use different codes than optometrists.

Q: Why use ophthalmologists for this project since they are the highest earners in Ontario?

Why not use Optometrists since this may be more cost-effective?

A: For this project, ophthalmologists are used in order to address various barriers to diabetic retinopathy care. Since Ophthalmologists ultimately make the final decision regarding treatment and can provide necessary follow-up treatment, it removes a step in the process to ensure the care is more patient-centred and timely. As part of the pilot project, we will conduct an economic evaluation to assess the impact of this process. The project does not aim to use processes that add another barrier to care.

Q: How is a referral obtained if clients do not have a primary care provider (PCP)?

A: A physician or nursing practitioner associated with DESO provides the referral. Clients may also be referred by a provider at a walk in clinic.

Q: What happens after screening?

A: DESO will send the client's retinal images to a retina specialist who will review them, determine if there is retinopathy or any other eye problems, and recommend follow-up treatment, if needed. Screening staff will contact and send the screening results to the client's primary care provider or the health care provider who provided a referral for screening. The client's primary care provider or the screening program will connect the client with a retina specialist if needed for follow-up care.

Any required treatment will depend on what the eye specialist finds after reviewing the images of the eyes. The most appropriate treatment will be provided by the eye specialist. If all looks good, another diabetes eye screening visit in one year will be the recommendation.

Q: Who contacts the client with the screening result?

A: The referring primary care provider contacts the client with the screening result. For unattached clients, DESO will provide client with screening results and ensure follow-up care with Eye Institute if needed.

Q: How is follow-up care with ophthalmologists arranged for clients who require it after screening?

A: If the referral form indicates that DESO can "book follow-up care with a retina specialist or ophthalmologist if signs of retinopathy are detected requiring specialist follow-up", the screening staff will connect with the Eye Institute to book follow up care. If not indicated in the referral form, the referring primary care physician can connect their client to a preferred ophthalmologist for follow-up care.

Q: Is another referral from the client's primary care provider needed before scheduling the yearly follow-up screening?

A: The initial referral will suffice unless the client has changed the primary care provider. DESO will inform the primary care provider of the next screening when scheduled if the program is extended past the 6 month pilot phase.

Q: Would the Eye Institute (EI) be able to see uninsured clients for follow-up care?

A: Yes. Depending on the type of follow-up care needed, Dr. David Maberley's team at the EI will arrange for uninsured clients to be seen for follow-up at a clinic he has set up downtown or at the EI.

Q: Can clients outside the target population be referred to DESO?

Target population: Mandarin-speaking Chinese and French-speaking African & Caribbean immigrants living with diabetes in Ottawa.

A: Yes, clients outside the target population can be referred to DESO. Nonetheless, booking preference will be to clients within the target population. The research team will only obtain data from clients from the target population.

Q: Will follow-up care be provided at the Eye Institute if clients are not in the target population groups?

A: Yes, the EI will provide follow-up care irrespective of if the client is in the target population.

Q: Will the client complete a post-screening survey immediately after screening? (The post-screening survey is for research purposes only and the DESO team does not view the results.)

A: Yes, clients from the target populations will complete the survey immediately after screening using an iPad stationed at CCHC. The survey will be in English, Chinese, and French. Screening staff can support the client in completing the questions if needed.

Q: Will DESO provide interpretation support?

A: Yes, DESO provides free interpretation using certified community interpreters.

If you require additional information about DESO, please contact:

Diabetes Eye Screening Program
420 Cooper Street
Ottawa, ON K2P 2N6
Tel: 613-233-4443 ext. 2169
Fax: 613-774-7235
Toll free fax: 1-833-384-9993