## Transcription of Media for Diabetic Eye Exams in Primary Care

Betsy Huffman, patient with diabetes who recently tested positive for risk of diabetic retinopathy

"I just didn't want to face it. I don't know. Being blind is a fear though. That's why I'm glad they did this because like I said it gave me a push because I probably still would not have made that appointment yet." (:17)

"The fact that it was right there and to be able to do it and get it over with ... it's a good thing!" (:10)

Michael Mansfield gives results to Kimberly Hart, a patient diagnosed with diabetes within in the past 12 months.

"This is your diagnostic result – no diabetic retinopathy detected, so no referral needed to an ophthalmologist, so that's great. Next steps, we're gonna re-test in 12 months," he tells her. Hart responds, "Ok." (:09)

Kimberly Hart was happy to good news about her risk.

"That is awesome news. I don't want to have those diseases related to my diabetes so I'm pretty excited about that and I'm glad you get the results right away. You don't have to wait, (she laughs)." (:17)

## Dr. Mark Meeker, vice president of Community Health, OSF HealthCare

The new screening technology uses artificial intelligence to provide a real-time decision about risk

"The AI can see the early changes of diabetic retinopathy that we may not be able to see with our own eyes. If the AI sees that, it (the result) is then sent to an ophthalmologist for over read to confirm the answer, 'yes' for diabetic retinopathy changes and to what degree are those changes. Then, the appropriate referrals can be made." (:20)

Dr. Meeker says seeing is believing for some patients who get to see the photos taken during the exam and potential areas of concern the images reveal.

"So the ophthalmologists have tremendous technologies to treat diabetic retinopathy now with lasers and whatnot. But there's nothing as good as prevention. And the way you prevent it is to tightly control the diabetes to begin with. So as soon as we see those retinopathy changes, if we can really get the attention of the patient to really pay attention to their sugar control, we can decrease that progression through prevention, not just through treatment." (:25)