MARKETING YOUR DIABETIC EYE SERVICES

Diabetes Eye Services in the Optometric Office

A POINT TO REMEMBER:
Optometry is
A Medical Profession

A New Concept:
There's No such thing as an "eye exam"

OR "MEDICAL OPTOMETRY"
AND DEFINITELY
NO SUCH THING AS "WELL VISION EXAMS"
AND MOST DEFINITELY
NO SUCH THING AS "Routine CARE"

The bottom line is...
EVERY EXAM WE DO
IS A HEALTH EXAM

We need to change our mindset!!!
WE ARE PHYSICIANS!!!

Optometrists as primary eye care providers need to take an active role in:
• Management
• Care
• Treatment

Of Diabetes Patients
Diabetes Eye Services in the Optometric Office

- These patients are under our care for other conditions.
- These patients need good advice on how to manage any possible diabetes complication.
- These patients especially need good advice on ocular side effects of diabetes.

Today optometry is undergoing major changes due:

- A host of cutting-edge advancements in eye care technology.
- Increased demands for medical care.

Each year, more than 1200 O.D.s graduate from American optometry schools.
- In 2008, there were approximately 44,800 practicing optometrists.
- In 2015, it is projected that there will be 43,200 practicing optometrists--a growth rate of 24%.
- On the other side, in 2008, there were 15,000 practicing ophthalmologists.
- In 2015, it is projected that there will be 15,101 practicing ophthalmologists.

From 2008 to 2015, the number of cataract/IOL procedure alone will increase from 3,092,000 to 3,851,000.
- Additionally, patients requiring treatment for vitrectomies, refractive surgical procedures, glaucoma management, macular degeneration, and vision threatening diabetic retinopathy will increase.
- THESE ALONE JUSTIFY THE EXPANDED ROLE FOR DIABETES EYE SERVICES WITHIN THE OPTOMETRIC OFFICE!!!

Did the Manpower Shortage get your ATTENTION?
- YES/NO?
- Let’s look at some relevant Diabetes Statistics:

- The CDC estimates 27.1 M people suffer from diabetes worldwide.
- 23.6 M in the U.S. alone.
- $174 billion in medical care due to complications in 2007.
- Leading cause of new legal blindness in those between the age of 20 and 74 years of age in the United States.
- Each year, 5800 Americans lose their sight to diabetes.

Diabetes Statistics:
- 5.7 M undiagnosed diabetics in the U.S.
- HEDIS 60% of patients receive appropriate eye exams and treatment for diabetes.
- Texas is projected to have at least 3,000,000 diabetics by 2025.
- The large number of diabetics, diagnosed and undiagnosed represents opportunity for TEXAS O.D.s!!!
Need More?

Who We Need to Market to the Diabetic Patient:

- Spike in diabetic eye disease from 2000 to 2010 according to www.visionproblemsus.org.
- Change in DR prevalence.
  - In 2000 = 4.06 million
  - In 2010 = 7.69 million
- Diabetic Retinopathy by Race
- Diabetic Retinopathy by age

• These are our patients to be examined every year.

Diabetes Eye Services in the Optometric Office

The Optometrist’s Role in Diabetes:

- Know the types of Diabetes.
- Know the Risk Factors for Diabetes.
- Understand the treatment for Diabetes.
- Know the Systemic Complications of Diabetes.
- Know the Ocular Complications of Diabetes.
- Know and understand the appropriate examination techniques for diagnosis and management of patients with diabetes.
- Know the Recommended follow-up and/or treatment for each level of retinopathy.
- Be an educational resource for your patients with diabetes.

Distribution of DR Population by age

Diagnosis of Ocular Manifestations of Diabetes Mellitus

1. Patient History
2. Ocular Examination
   - Best Corrected Visual Acuity
   - Pupillary Reflexes
   - Ocular Motility
   - Visual Field Screening
   - Refraction
   - Biomicroscopy
   - Tonometry
   - Stereoscopic fundus examination with pupillary dilation

Supplemental Testing

- Color Vision Testing
- Contrasts Sensitivity Testing
- Fundus Photography
- Gonioscopy
- OCT
- Ocular Ultrasound

Diagnosis of Ocular Manifestations of Diabetes Mellitus
Management of Non-retinal Ocular Complications

1. Patient Education
2. Specific Management Strategies, based on type of ocular complication

Management of Retinal Complications:
1. Patient Education.
2. Referral for consultation and/or treatment.
5. Frequent follow-up evaluations (fundus photography, fluorescein angiography).

Are Diabetes Eye Services a Profit Center within the Optometric Practice?

THE ANSWER:
ABSOLUTELY!!

Case #1

Case Hx: 44yo WM – New Patient
- CC: Blurred vision at distance and near OU that’s been gradually worsening over last year. After discussion, patient also wanted to be evaluated for diabetic eye changes.
- Med Hx: Type 2 DM x 2yrs, good control
- Meds: metformin

Testing:
- MRx: +1.00DS with 20/20 OU
- IOP: 18mmHg OU
- SLE: Unremarkable, (-) NVI
- DFE: Unremarkable
- (-) Dot/blot hemes, MA, CWS, exudates, IRMA, VB, NVD, NVE, Vit Heme, CSME
Case #1

Special Testing:
- None usually required

Diagnoses:
- Type 2 Diabetes (250.00)
- Hyperopia (367.00)

Management:
- Counsel on importance of controlling blood glucose to prevent retinopathy
- Communicate with patient’s physician
- Monitor – usually in 12mo

What About Photography and Diabetes

While CMS issued a statement that all diabetics, regardless of presence of retinopathy, should have a baseline photo of their retina. Our carrier (Trailblazer) will NOT pay for it - PERIOD. Major medical policies vary.

Case #2 Coding

Comprehensive exam:  1 Dx: 250.00
92004 NP $139.28 or 99203* NP $102.67
92015 Refraction U&C

Add PQRS
2022F Dilated exam in a Diabetic patient
or
3072F Diabetic patient at low risk for DR

Still a good idea to communicate with PCP, just not a PQRS reportable measure in this case.

Case #2

Case Hx: 54yo HF – New Patient
- CC: Fluctuating vision based on blood sugar control for several months
- Med Hx: Type 2 DM x 5yrs, On/Off control, Last HbA1c unknown
- Meds: Actos (pioglitazone), metformin

Testing:
- MRx: -1.00DS with 20/20 OU
- IOP: 18mmHg OU
- SLE: Unremarkable, (-) NVI
- DFE: Unremarkable
- (-) Dot/blot hemes, MA, CWS, exudates, IRMA, VB, NVD, NVE, Vit Heme, CSME

Diagnoses:
- Diabetes, ophtalmic manifestations (250.50)
- Myopia (367.10)

Management:
- Counsel on importance of controlling blood glucose to prevent retinopathy
- Communicate with patient’s physician
- Monitor – usually in 12mo
Case #2 Coding

**Comprehensive exam:**
1. Dx: 250.50

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>92004 NP</td>
<td>$139.28</td>
<td>Refraction U&amp;C</td>
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<tr>
<td>92015 Refraction U&amp;C</td>
<td>$102.67</td>
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**Add PQRS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>2022F</td>
<td>Dilated exam in a diabetic pt</td>
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<tr>
<td>3072F</td>
<td>Diabetic pt at low risk for DR</td>
</tr>
</tbody>
</table>

*Can’t I do photos and scanning laser? Sure, you just can’t bill to Medicare. Check individual major medical policies.*

Case #3

**Comprehensive exam:**
1. Dx: 362.04

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
<th>Description</th>
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<tr>
<td>92014 EP</td>
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<td>Refraction U&amp;C</td>
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<tr>
<td>92134/4 EP</td>
<td>$68.71/$101.89</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Testing:**

- MRx: -1.50DS 20/20 OD, OS, OU
- IOP: 18mmHg OU
- SLE: Unremarkable, (-) NVI
- DFE: Scattered dot/blot hemes, Ma
- (-) CWS, exudates, IRMA, VB, NVD, NVE, Vit Heme, CSME

**Diagnoses:**

- Diabetes Type 2, ophthalmic manifestations (250.50)
- Mild Non-Proliferative Diabetic Retinopathy (362.04)
- Myopia (367.10)

**Management:**

- Counsel on importance of controlling blood glucose to prevent further complications
- Communicate with patient's physician
- Monitor – usually in 6-12 mo

Case Hx: 64yo BM – Established patient

- CC: Slight decreased vision OU with current specs, but was told to return for diabetic follow-up exam (Physician Directed Visit = Reason for the visit)
- Med Hx: Type 2 DM x 8yrs, poor control, last HbA1c unknown
- Meds: None

Case #3 Coding

**Comprehensive exam:**
1. Dx: 362.04

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<th>Description</th>
<th>Amount</th>
</tr>
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<tr>
<td>92014 EP</td>
<td>$115.24</td>
<td>Refraction UCR</td>
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**Special Testing**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>9222X Ext ophthal</td>
<td>(indicate – RT/LT or qty x2)</td>
<td>$25.41</td>
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<tr>
<td>92134 SLO – Retina</td>
<td>$44.25</td>
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**Add PQRS**

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>2021F</td>
<td>Documented +/- ME &amp; severity of DR</td>
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<tr>
<td>5010F</td>
<td>Findings of DFE communicated with MD</td>
</tr>
<tr>
<td>G8397</td>
<td>DFE performed and documented</td>
</tr>
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</table>
## Case #4

### Case Hx:
- **66yo WF – Established Patient**
- **CC:** No change in vision OU with current specs, but was told to return for diabetic follow-up exam (Physician Directed Visit = Reason for the visit)
- **Med Hx:** Type 2 DM x 15yrs, Last HbA1c 10.6%
- **Meds:** Recently changed to Janumet (metformin, sitagliptin), Actos (pioglitazone), Lantus

### Testing:
- **MRx:** -1.50DS 20/20 OD, OS, OU
- **IOP:** 18mmHg OU
- **SLE:** Unremarkable, (-) NVI
- **DFE:** Scattered dot/blot hemes, Ma, few CWS, scattered exudates (progression compared previous exam)
- (-) IRMA, VB, NVD, NVE, Vit Heme, CSME

### Special Testing:
- Fundus Photo – or – Extended Ophthalmoscopy
- Scanning Laser Ophthalmoscopy – Retina
- Visual Field (30-2)

### Diagnoses:
- **DM Type 2, ophthalmic manifestations (250.50)**
- **Moderate Non-Proliferative Diabetic Retinopathy (362.05)**
- **Myopia (367.10)**

### Management:
- Counsel on importance of controlling blood glucose to prevent further retinopathy
- Communicate with patient’s physician
- Many OD’s would monitor in 4-6 months and not refer since NO treatable complication is present – individual physician discretion always applies

### Case #4 Coding

**Comprehensive exam:**
- **Dx:** 362.05
- 92014 EP $115.24 or 99013/4 EP $68.71/$101.89
- 92015 Refraction U&C

**Special Testing**
- 92250 Fundus Photo $72.59
- 92134 SLO – Retina (cannot bill to Medicare) $44.25
- 92083 Visual Field $83.41

**Addors**
- 2021F Documented +/- ME & severity of DR
- 5010F Findings of DFE communicated with MD
- G8397 DFE performed and documented or not
**Case #5**

**Hx:** 72yo HM – New Patient
- **CC:** Gradual decreased vision OU with current specs. Also told by PCP to have a diabetic eye exam.
- **Med Hx:** Type 2 DM x 25yrs, Last HbA1c unknown
- **Meds:** metformin, Lantus, Humalog with meals

**Testing:**
- **MRx:** -3.50DS 20/20 OD, OS, OU
- **IOP:** 15mmHg OU
- **SLE:** Unremarkable, (-) NVI
- **Gonio:** Unremarkable, (-) NVA
- **DFE:** Numerous dot/blot hemes and Ma’s in all 4 quadrants, few CWS, few scattered exudates, IRMA, VB
  - (-) NVD, NVE, Vit Heme, CSME

**Special Testing:**
- Fundus Photo – or – Extended Ophthalmoscopy
- Scanning Laser Ophthalmoscopy – Retina
- Gonioscopy
- Oral Fluorescein Angiography

**Diagnoses:**
- Diabetes Type 2, ophthalmic manifestations (250.5x)
- Severe Non-Proliferative Diabetic Retinopathy (362.06)
- Myopia (367.10)

**Management:**
- Counsel on importance of controlling blood glucose to prevent further complications
- Communicate with patient’s physician
- Some would consider refer to retina specialist in 2-4wks – especially if cannot make the DDX of IRMA vs Neo

**Case #5 Coding**

<table>
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<th>Procedure</th>
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<th>Description</th>
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<tr>
<td>Comprehensive Exam</td>
<td>92004</td>
<td>NP $139.28 or 9203/4 NP $102.67/$158.09</td>
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</tr>
<tr>
<td>92015 Refraction U&amp;C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Testing</td>
<td>9222X Ext ophthalm</td>
<td>$25.41</td>
<td></td>
</tr>
<tr>
<td>92134 SLO – Retina</td>
<td>$44.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92235 Fluorescein angiography</td>
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<td>$65.00</td>
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</tbody>
</table>

**Add PQRS**
- 2021F Documented +/- ME & severity of DR
- 5321F Findings of DFE communicated with MD
- 89397 DFE performed and documented
- 2022F Dilated exam in a diabetic patient

**Case #5**

**Hx:** 72yo BF – Established Patient
- **CC:** Gradual decreased vision OU with current specs. You also told her to return for a diabetic retinopathy f/u over 2 years ago, but she no-showed.
- **Med Hx:** Type 2 DM x 25yrs, Last A1c unknown, HTN x 25yrs
- **Meds:** lisinopril, metformin, Lantus qhs, Humalog with meals

**Testing:**
- **MRx:** -3.50DS 20/20 OD, OS, OU
- **IOP:** 15mmHg OU
- **SLE:** Unremarkable, (-) NVI
- **Gonio:** Unremarkable, (-) NVA
- **DFE:** Numerous dot/blot hemes and Ma’s in all 4 quadrants, few CWS, few scattered exudates, IRMA, VB
  - (-) NVD, NVE, Vit Heme, CSME

**Special Testing:**
- Fundus Photo – or – Extended Ophthalmoscopy
- Scanning Laser Ophthalmoscopy – Retina
- Gonioscopy
- Oral Fluorescein Angiography

**Diagnoses:**
- Diabetes Type 2, ophthalmic manifestations (250.5x)
- Severe Non-Proliferative Diabetic Retinopathy (362.06)
- Myopia (367.10)

**Management:**
- Counsel on importance of controlling blood glucose to prevent further complications
- Communicate with patient’s physician
- Some would consider refer to retina specialist in 2-4wks – especially if cannot make the DDX of IRMA vs Neo

**Case #6**

**Hx:** 72yo BF – Established Patient
- **CC:** Gradual decreased vision OU with current specs. You also told her to return for a diabetic retinopathy f/u over 2 years ago, but she no-showed.
- **Med Hx:** Type 2 DM x 25yrs, Last A1c unknown, HTN x 25yrs
- **Meds:** lisinopril, metformin, Lantus qhs, Humalog with meals

**Testing:**
- **MRx:** -3.50DS 20/20 OD, OS, OU
- **IOP:** 15mmHg OU
- **SLE:** Unremarkable, (-) NVI
- **Gonio:** Unremarkable, (-) NVA
- **DFE:** Numerous dot/blot hemes and Ma’s in all 4 quadrants, few CWS, few scattered exudates, IRMA, VB
  - (-) NVD, NVE, Vit Heme, CSME
**Case #6**

**Testing:**
- MRx: +3.50DS 20/20 OD, OS, OU
- IOP: 32mmHg OD, 21mmHg OS
- SLE: Unremarkable, (+) NVI OD
- Gonio: (+) NVA in 3 quadrants OD
- DFE: Numerous dot/blot hemes in all 4 quadrants, few CWS, few scattered exudates, NVD, NVE
- (-) IRMA, VB, Vit Heme, CSME

**Diagnoses:**
- DM Type 2, ophthalmic manifestations (250.5x)
- Proliferative Diabetic Retinopathy (362.02)
- Hyperopia (367.00)

**Management:**
- Counsel on importance of controlling blood glucose and hypertension to prevent further retinopathy
- Communicate with patient’s physician
- Refer to retina specialist in 1-2 days

**Special Testing:**
- Fundus Photo – or – Extended Ophthalmoscopy
- Scanning Laser Ophthalmoscopy – Retina
- Gonioscopy

**Add PQRS**
- 2021F Documented +/- ME & severity of DR
- 5010F Findings of DFE communicated with MD
- 48397 DFE performed and documented
- 2024F 7 Field photos by OD for DM

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**Case #7**

**Case Hx:** 52yo AF – New Patient
- CC: Gradual decreased vision OD with current specs over last 2mo. OS has stable, normal vision.
- Med Hx: Type 2 DM x 25yrs, Last A1c unknown, HTN x 25yrs
- Meds: glipizide, atenolol
Case #7

Testing:
- MRx: +2.50DS 20/40 OD
  +3.50 DS 20/20 OS
- IOP: 15mmHg OU
- SLE: Unremarkable, (-) NVI
- Gonio: Unremarkable, (-) NVA
- DFE: Numerous dot/blot hemes/Ma in all 4 quadrants, several CWS, several scattered exudates, CSME
- (-) IRMA, VB, VI Home, NVD, NVE

Special Testing:
- Fundus Photo – or – Extended Ophthalmoscopy
- Scanning Laser Ophthalmoscopy – Retina
- Gonioscopy

Diagnoses:
- Diabetes Type 2, ophthalmic manifestations (250.5x) – and/or –
- Severe non-proliferative diabetic retinopathy (362.06)
- Diabetic Macular Edema (362.07)
- Hyperopia (367.00)

Management:
- Counsel on importance of controlling blood glucose and hypertension to prevent further retinopathy
- Communicate with patient’s physician
- Refer to retina specialist in 1-2wks

Case #7 Coding

Comprehensive exam: 1 Dx: 250.50, 2 Dx: 362.06 92004 NP $139.28 or 99203/4 NP $102.67/$158.09
92015 Refraction U&C

Special Testing
92250 Fundus Photo $72.59
92134 SLO – Retina (cannot bill to Medicare) $44.25
92020 Gonioscopy $26.08

Add PQRS
2021F Documented +/- ME & severity of DR
5010F Findings of DFE communicated with MD
G8397 DFE performed and documented or not
2024F 7 Field photos by OD for DM

Marketing to your community

- Become an expert in your community.
- Use AOA materials for
  - Press releases – local newspapers & magazines
  - Public service announcements – provide to local radio and television stations
  - Presentation materials – speak at local groups, (those same support and resource groups you’re sending your patients to)
  - Articles in Community Newsletters
Marketing to your community

- Customize Hill & Knowlton PR materials and campaigns
- Work/Sponsor community Health Fairs
- Join the local chapter of the American Diabetic Association
  - Attend their events & meetings
- Contact local School Nurse(s) – participate in their diabetic student programs
  - Speak at an in-service/CE meeting
- Chamber of Commerce – Health Committee

Marketing to the Health Care Community

- Letter to the PCP
  - This is the single-most effective marketing tool you have. Use it!
- Deliver brochures and business cards to all PCP’s your patients see
- Speak to local health groups
  - nutrition counselors, wellness centers, diabetes educators
- Senior Living Center
  - be the resource for staff

Marketing your clinic

<table>
<thead>
<tr>
<th>Internal marketing</th>
<th>External marketing</th>
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<tbody>
<tr>
<td>EyeMaginations Video</td>
<td>YouTube Video</td>
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</table>
- Patient Brochures on Medical Services for your Eyes
- Diabetic Care Resources for your patients
- E-Mail blasts
- Share the Care Program
- PCP Consult Letter retrieval program
- Diabetes and your eyes - weblink
- Newsletters
- Host Special Events – Educational Seminars (nutrition, low vision devices, etc.)
- Updates on Social Media (FaceBook, Twitter, etc.)

Marketing your clinic Resources

- AOA website has files (.pdf) that you can download
  - for individual patient education
  - Inform what services are available in your office
- YouTube video for your in-house loop or exam room video player
- Provide patients with materials on diabetes support in your community

Educate your patients

- Only 25% of Texas adults eat enough fruits and vegetables
- Only 17% of 9th-12th grade students eat enough fruits and vegetables
- Only 45% of these students get adequate physical activity

Suggested Resources for patients

- Books to Read
- Websites to Visit
- Brochures from Organizations
- Support groups in your community
- Subscriptions
- Events to Attend
- Research opportunities for the Curious or Volunteer-minded

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Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity and Obesity
### Diabetic Resources for the patient

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Diabetes Eye Report - the patients copy has educational information about diabetes and the eye</td>
<td><a href="http://www.aoa.org/x8533.xml">www.aoa.org/x8533.xml</a></td>
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</tbody>
</table>

### Diabetes Education

- American Diabetes Association - regional office  
  [www.diabetes.org/northtexas](http://www.diabetes.org/northtexas)
- National Diabetes Education Programs (also in Spanish)  
  [www.ndep.nih.gov](http://www.ndep.nih.gov)
- National Diabetes Clearinghouse  
- Todo Sobre la Diabetes (all about Diabetes)  
  [www.vidakay.com](http://www.vidakay.com), only in Spanish
- Guía de Alimentación y Salud (Nutrition and Health)  
  [www.sozial.eu/psa-nutricion-y-dietetica/dieta](http://www.sozial.eu/psa-nutricion-y-dietetica/dieta)
- Books To read  
  Dr. Neil Barnard’s Program for Reversing Diabetes  
  [www.nealbarnard.org](http://www.nealbarnard.org)
- Eat To Live by Dr. Joel Fuhrman  
  [www.Dr.Fuhrman.com](http://www.Dr.Fuhrman.com)

### What does my Optometrist see?

- [www.aoa.org/documents/What Does my OD see.pdf](http://www.aoa.org/documents/What Does my OD see.pdf)

### Diabetic Retinopathy - What Causes It?

- [www.aoa.org/4712.xml](http://www.aoa.org/4712.xml)

### Answers to your Questions about Diabetes & Your Eyes

- [www.aoa.org/x15718.xml](http://www.aoa.org/x15718.xml)

### Where is The Meeting?

- Time:
- Place:
- Phone:
- Website:

### Publications available to patients

#### COOKBOOKS

- Great cookbooks with easy recipes
Books to read

- Diabetic Eye Disease; Lessons From a Diabetic Eye Doctor
  Author: Paul Chous, M.A., O.D.

Resources For the Doctor

- Care of the Patient with Diabetes Mellitus: Clinical practice Guidelines & Reference for Clinicians
- Coding Specifications for the Diabetes Mellitus & Dilated Eye Exam in Diabetic Patient
  www.aoa.org/documents/spec_117.pdf
- AOA Quick Reference Guide-Care of the Patient with Diabetes Mellitus
- AOA Diabetes Report Form
- Alternate Form-Diabetic Eye Examination Report
- National Eye Health Education Program-Diabetic Eye Disease: An Educators Guide
  www.nei.nih.gov
- American Association of Diabetic Educators
  www.diabeteseducator.org
- www.DiabetesInControl.com
- Anatomical Chart Understanding Diabetes
  www.anatomynow.com
- Books to read
  Diabetic Eye Disease; Lessons From a Diabetic Eye Doctor
  Author: Paul Chous, M.A., O.D.

Resources for the Community

- JOIN
- SHARE
- VOLUNTEER

North Texas Summer camps  June 2012
Feria De Salud  Dallas Hispanic Health fair Sept. 2012
Live Empowered  Dallas area African American Faith Based Health Fair Program
World Diabetes Day  Corporate community and Health Care Providers meet in DFW Business Forum
Luncheon  November 14, 2012
Walk to Stop Diabetes  fundraiser November 10, 2012
Tour De Cure  cycling fundraising event July 28, 2012
November is National Diabetes Month

Get your AOA Media Kits at www.aoa.org/x168113.xml

STOP DIABETES
American Diabetes Association.

SHARE ACT LEARN GIVE

 Millions more will suffer at the hands of diabetes. Unless you raise yours.

Take the pledge to Stop Diabetes!