

## **More efficient screening intervals for diabetic retinopathy have been determined**

Annual screening for diabetic eye disease has evolved as a standard of care that is frequently used as a quality measure. Findings in this paper show that, using the US diabetic population as a base, annual screening for patients with type 2 diabetes is not cost-effective compared to screening every other year. In addition, healthcare systems can develop screening programs that effectively stratify screening intervals based upon age and level of glycemic control. Such an approach could substantially improve the cost-effectiveness of screening for diabetic eye disease. *Vijan S, Hofer TP, Hayward RA. Screening intervals for diabetic retinopathy: Are current guidelines justifiable? Journal of General Internal Medicine. 1997; 12 (Suppl. 1). Contact: Sandeep Vijan, MD, (734) 930-5100, e-mail at svijan@umich.edu.*