



Diabetes Care Coordination

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West Side Community Health
Services

Goals of the Pilot Project



Podiatry



The goal of care coordination intervention is to improve health outcomes and reduce costs for select diabetic patients

Patient Selection

- Any patient with A1C > than 8.5%
- Any UCARE patient regardless of A1C level
- Patients are invited to participate based on medical need and matched with available resources (language/culture)





Workflow



- **Communication**

DM Team Meetings twice/month

MD Champion, 2-3 RNs, 3 CHWs,
Registered Dietician, Clinic Director

MD Champion—informs all providers of program guidelines and when to refer for care coordination. CHW makes appointments

Red folders to identify patients in care coordination. Medical records staff involved in this process for filing purposes (DM Flow Sheet)

Green slips- 2- week follow-up notes for CHWs

Workflow



- **Roles and Training**

DM Supervisor: 1, RN or RD

DM Care Coordinator: 1-3, RN

Community Health Workers: 2-3

- Care coordinator conducts a life style risk overview
- The care coordinator (nurse, dietitian) reviews risk results with CHW and establish a care plan

Workflow

- CHW works with the patient in the clinic and during home visits
- Care Team (CHW, care coordinator, provider...) reviews progress regularly and adjusts care plan
- Self management goal attainment (DM Flow Sheet to chart progress and SMG sheet to aid in setting initial goals) Incentives if goals are met. Incentives in \$20 increments (up to \$100 for each patient)
- When goals are achieved and the patient is able to sustain effective self-management, and has reached A1C goal (<7%) the patient will be discharged from the care coordination process.

Role of the CHW

- Reinforcement of disease-related education given by the diabetes educator and/or the dietitian
- Information about resources to meet social and/or medical needs
- Coaching on the patient's self-management goals and efforts
- Emotional support
- Referral for and/or scheduling of additional services (dental, eye, food assistance etc.)
- Documents activities

LSO: Food

In the past year, how often did you cut the size of your meals or skip meals because there wasn't enough money for food?

- Often Sometimes Never

How often do you eat during your usual day?

- 0-3 times 4-5 times 6 or more times

I'm going to read you a few statements about weight. (please answer yes or no - check box if yes)

- In the past year, my healthcare provider has told me to lose weight
- In the past year, I have tried dieting and other methods to lose weight
- I am worried I weigh too much
- My family or people I live with weigh too much
- I have never been told by a healthcare provider to lose weight

LSO: Activity

In one week, how many days do you walk or engage in other physical activity (such as using exercise equipment, gardening, housework, etc)?

- 0-1 days 2-3 days 4 or more days
- On those days, how many times are you physically active for at least 10 minutes or more?
- 0 times 1-2 times 3 or more times

LSO: Learning

Do any of these things make it hard for you to take good care of your health? (Please check any that apply)

- **No**
- Speaking in English Understanding what your provider tells you
- Seeing Hearing
- Reading in English Remembering what your provider tells you
- Getting in or out of a car
- Writing in English Asking questions when you don't understand something
- Making changes that are good for you, such as eating better foods or getting more exercise
- Other

LSO: Housing

In the past year, how many months did you stay with relatives or friends as a temporary living arrangement?

6 months or more 1-5 months None

How many nights did you stay in a shelter or other temporary facility?
 More than 2 nights 1-2 nights no nights

How concerned are you that you won't have a place to live sometime in the next 6 months?

- Very concerned Somewhat concerned
- Not concerned

LSO: Support Systems

How many people can you count on in times of need? (circle one)

- 0 1 2 3 or more

Do you have a spouse (or partner)?

- Yes No

Are there **adults**, including your spouse/partner, with whom you have regular talks?

- Yes No

Think about the person you talk with the most. How satisfied are you with the talks you have with this person?

- Very unsatisfied Somewhat unsatisfied
- Somewhat satisfied Very satisfied

LSO: Safety

Do you feel safe in your neighborhood?

• Yes No

• Are you ever afraid that your spouse/partner or another person might hurt you?

• Yes No

LSO: Mental Health

Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

- Not at all Several days **More than half the day** **Every day or nearly every day**

Over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

- Not at all Several days **More than half the days** **Every day or nearly every day**

*If either one of the last 2 questions are answered **More than half the days** or **Every day or nearly every day** refer as soon as possible to the Care Coordinator or Mental Health Specialist for completion of the PHQ-9 tool and enter results below:*

- PHQ-9 Score: _____
- PHQ-9 Severity: Not clinically depressed Mild depression
 Moderate Depression Severe Depression

LSO: Tobacco

During the past 30 days, how many days did you use tobacco?

- 6 or more times 1-5 times Never

If Never, skip to next question

IF more than 0: Are you interested in getting help with quitting tobacco in the next 30 days?

- Yes No

LSO: Alcohol

In the past 6 months, how often did you drink an alcoholic beverage?

- Every day (5-7 days)
- Weekly (1-4 days)
- Monthly (1-3 days/month)
- Rarely (1-11 times/year)
- Never (0 days); **If never, skip to next question.**

In the past 6 months, have you ever had a feeling of guilt or regret after drinking alcohol?

- Yes No

In the past 6 months, has a friend or family member ever told you about things you said or did while you were drinking alcohol that you could not remember?

- Yes No

In the past 6 months, have you failed to do what was normally expected from you because of drinking alcohol?

- Yes No

Do you sometimes drink alcohol when you first get up in the morning?

- Yes No

In the past 6 months, have you ever had 5 or more drinks in one day?

- Yes No

- **If any answers to questions 22-27 are YES, ask:** Are you interested in getting help with stopping your drinking?

- Yes No

LSO: Drugs, Legal, Finances

During the last 6 months have you or people who know you well had concerns about your use of illegal drugs or prescribed medication?

- Yes No; **Skip to next question**
- **IF YES:** Are you interested in getting help with stopping your drug use?
- Yes No

Do you currently have immigration or legal problems that you would like help with?

- Yes No

In the past year, have you been uninsured or concerned about losing health insurance?

- Yes No

In the past year, have you missed a clinic appointment because you couldn't afford the fee?

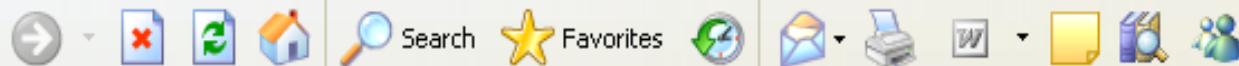
- Yes No

In the past year, have you had trouble paying for medications, clinic visits and/or supplies?

- Yes No

In the past year, have you not made a clinic appointment because you could not afford to pay/spend the money?

- Yes No



https://www.ccn-lso.org/Users/Clinic/lifestyle.aspx?cid=153&lid=74

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NHC

Doe, Jane

Initial 9/13/2007

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Domain	Level of Need
Phone	High
Transportation	Med
Food Insecurity/Patterns	High
Activity	High
Learning Barriers	High
Housing Insecurity	Med
Social Support	Med
Safety/Violence	High
Depression	Med
Tobacco Use	High
Alcohol Use	Low
Drug/Medication Use	Low
Legal	Low
Financial	High

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Administrators Only

Delete LSO

One-year results



- PECS data entry: CHWs entered data after each visit, reports run through PECS
- Satisfaction surveys given to pt.'s upon reaching their self management goals (Wt. loss, BG testing regularly, medication adherence, A1c of 7% or lower.., etc).
- Patients are very satisfied with the program and the care and support they received. Graduated 28 patients thus far. 13 surveys received
- Gifts helped meet goals 92%
- Help to quit smoking 92%
- Help to eat fruits and vegetables 93%
- Taking medications properly 100%

Evaluation

- Evaluation of results: Currently in the process....
- CCN preliminary results:

Initial mean A1c:

- NorthPoint (N = 46) = 11.36
- West Side (N = 59) = 11.42

Current A1c:

- NorthPoint = 9.68
- West Side = 9.41

Difference:

- NorthPoint = 15% drop
- West Side = 18% drop

CCN Preliminary Results

	<u>NP (57)</u>	<u>WS (83)</u>
Initial A1c < 8.6	0	0
Current A1c <8.6	28% (16)	35% (29)
Current A1c 7.0 or less	10.5% (6)	13% (11)
% of patients w/drop	65%	71%
% of patients w/ no change	20%	17%
% of patients w/increase	15%	12%

Finances and Continuing Data Analysis



- Start-up costs
- Incentives
- Evaluation- surveys, mailing
- Training the CHWs
- Reimbursement for future care coordination and CHW work.
- Is this program possible without incentives? Would it be as successful?
- Changes to Clinic, ER and Hospital costs (where available).

“With my diabetes, I have always felt like a bird without wings, stuck on the ground. Now I feel like I am growing my feathers and I am ready to fly again”

WS- CCN patient upon reaching her A1C goal of <7.0%