

Clinical Quality Advisory Group

Meeting Notes
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Team Care Approach for Diabetes Management

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Diabetic patients are required to make healthy decisions daily: healthy diet, regular physical activity, medications, as well as adequate support to manage the disease successfully. Research has shown that a team-based approach to diabetes care is an effective way to help people with diabetes manage the disease, prevent and treat complications, provide behavior-change strategies, and cope with the emotional challenges this chronic disease brings.

Several Health Centers work with a variety of health care providers to help vulnerable communities, especially Public Housing residents. A team approach to diabetes care can effectively help patients cope with the vast array of complications that can arise from diabetes. For example, patients who increase the use of effective behavioral interventions to lower risk of diabetes can prevent or delay progression of kidney failure, vision loss, nerve damage, lower-extremity amputation, and cardiovascular disease.

On the call:

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Association of Clinicians
for the Underserved*

*Emily Kane
National Nurse-Led Care
Consortium*

*Zylkia Irrizary
Med Centro*

*Dr. Rita Glaab
TCA Community Health
Center*

*Joy Mockbee
El Rio Health Center,*

*Christine Gonella
Director, National Nurse-
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Team Care Coordination for people with Diabetes

For health centers, the optimal treatment of diabetes can be complicated and time consuming (more clinical visits, frequent lab testing, education, which includes healthy eating and physical activity

Med Centro in Puerto Rico serves more than 4,000 diabetic patients, some of whom have uncontrolled diabetes. When a new patient is diagnosed with diabetes, patient is sent to its internal medicine department. The Internal Medicine Doctors evaluates patients and develops a treatment plan, which includes diet, exercise program, etc.

Once the program has been individualized the patient is seen by other member of the health care team who offer education, laboratory services, eye-exams, etc.

Similar approaches are used by other Health Center Programs. Participants on the call agreed on the use of the patient-centered medical home model to provide evidence-based treatment and support.

El Rio Health Center relies on staff members to review patient's diet, assess complications and provide education and exercise programs to diabetic patients

Valuable Team Members

- ✓ Dietitians
 - ✓ Mental health professionals
 - ✓ Health Educator Specialists
 - ✓ Dental care professionals
 - ✓ Community health workers
 - ✓ Optometrists
- Primary care physicians
 - Nurses
 - Podiatrists
 - Pharmacists

Challenges

Med Centro mentioned that when patients are diagnosed with uncontrolled diabetes, they are seen by its internal medical physicians who evaluated and provides recommendations to patients, and they will follow up with the health Educator Specialists who will provide education and counseling over the phone and in person. As a result, the health center was able to report a decrease in patients with A1c>9 in 2016.

Not all Health Centers have a registered diabetes educator. Diabetes education is done by the treating physician or a nurse. Some of the participating Health Centers do not have full-time optometrists, so they refer patients out. TCA Health Center mentioned that it is difficult to have a visit with a specialist in Chicago with an endocrinologist or a nephrologist. “It’s paradoxical because they will not see the patients unless there is a case of renal failure,” said the participant. As a result, they only refer patients out if patient needs immediate care.

32% of diabetics receiving care from health centers located in or immediately accessible to public housing developments have A1c>9.

Barriers and Solutions

- ✓ **Limited Number of Diabetes Educators-** Most states required diabetes educators to be registered/licensed. Health Centers train other clinical staff members to educate diabetic patients.
- ✓ **Multitasking Clinicians-** Multitasking can create distractions and interruption in the context of clinician workflow. Health Centers are reviewing their team care approach to coping with the demands of a complex chronic disease
- ✓ **- Clinician Burnout-** Some health centers are short staffed, which creates memory overload and stress. Health Center provides time offsite and are improving their patients flow
- ✓ **- Limited Economic Resources-** Participants mentioned that they do not have enough economic resources to provide all the required services. The Health Centers look for additional sources of funding to improve the health of their diabetic patients.

Burnouts

Health Centers use a comprehensive team approach to address the needs of their patients with diabetes and avoid staff burnouts. TCA offers offsite continuing education in conjunction with the University of Chicago, so providers can participate in and get some CME. This strategy helps clinicians to stay away from their daily activities and improve their diabetic education. A similar approach is used in Arizona where Health Centers use motivational speakers who will talk to staff/providers and recognize burnouts and how to deal with their agenda. Their providers have time away and they are not required to be on site. Recognizing burnouts is very important because if the providers are stressed then they will not be able to fully help patients.

El Rio Health Center noted that it has done a lot of work in terms of physician burnouts, and a strategy that helps them with quality improvement is to give the providers the “voice” to be able to make decisions around what really impacts their daily work in the clinical setting. Also, they formed a clinician innovation committee which consists of inviting physicians from surrounding clinics, so they can have discussions about their needs and look for solutions. It does help decrease burnout. The same group has also some workshops on meditation and mindfulness.

Health centers believe that recognizing burnouts will lead to better results in the long term.

Outreach/Health Literacy

El Rio Health Center praised its robust team-based approach for diabetic patients and acknowledged that it's the responsibility of each member of the team to review the charts of patients with uncontrolled diabetes and consistently communicate with the patients. The QI Director also reviews Health Center charts and provides feedback to the staff. The pharmacy as well as the behavioral health team also help the patients in terms of conveying information to the treating clinician. Administrative staff help in the intake and follow up of diabetic patients and always ask them about their preferred form of communication. There are also care coordinators who check on the high-risk patients.

TCA Health Center offers in-house pharmacy and pharmacists help with education on medication use, side effects, etc., but primarily it's the providers who emphasize treatment recommendations. Physicians at TCA do a close follow-up after a week when a patient is on a new medication, or if the medication has been titrated.

Med Centro uses a similar approach. The provider is the first one to provide diabetes education, then he/she will refer these patients to the health educators, followed by their in-house pharmacy. All of those involved in the patient's care will teach the patients how to deal with medications. Med Centro does not have a language barrier, but some of its patients are illiterate or over 65 years of age. A strategy used by this Health Center is to use color boxes, so patients can associate the colors with the medications.

Resources:

[CDC National Diabetes Prevention Program](#)

[American Association for Diabetes Educators](#)

[American Association of Clinical Endocrinologists](#)



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