

Phases of Diabetes Care

National Center for Health in Public Housing (NCHPH) Wednesday, May 15, 2019

Acknowledgment Statement

This Learning Collaborative is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$608,000 with 0% financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov

What Do Need to Do to Improve Diabetes Care



What are the causes of failure treatment?



Patients





What potential Solutions have put in place?



How NCAs can help in the process?



Pre-Visit

Intra-Visit

Post-Visit









STARTS AT THE END OF THE CURRENT VISIT

SCHEDULE NEW APPOINTMENT

EXAMS





PROACTIVELY IDENTIFY
PATIENTS DUE FOR
DIABETES VISITS



REMINDERS



DIABETES EDUCATORS



PREPARARE PATIENTS (DIABETES ENCOUNTER FORMS)



TEAM HUDDLES





Diabetes Flow Sheets



Patients Concerns and Questions are Addressed



Counsel Patients



Transtheoretical (Stages of Change) Model

Precontemplation

Contemplation

Preparation

Action

Maintenance



Frames for Addressing Health Risk Behavior

- Feedback about Personal Risk
- Responsibility of Patient
- Advise to Change
- Menu of Options
- Empathy
- Self-Efficacy Enhancement

Motivational Interviewing

Do we really Need new ways to helping people with diabetes improve their self-care?

NHANES and Diabetes Care: How are you doing?

Over 22 years of NHANES surveys **98.5**% to **81.2**% of people with Diabetes were not reaching healthy goals

Why don't people do what we tell them to do?



Reactance – When Freedoms drift away people reach out to hold onto them tightly



Ambivalence – Our Internal Committee



It cost a lot to change



Depression, substance abuse, mental or cognitive issues

Even we can inhibit Change



Discord (arguing for change)



The Righting Reflex (telling people what we think they should do)

Helpful Signs Tell us When We Resort to the RIGTHING REFLEX

- Working persuasively without permission
- As we attempt to "install change" we are working harder than the patient



Post-Visit

- After Visit-Summary
- Education Materials
- Referrals (specialists/community Resources)
- Medication Management
- Inter-Visit Communications:
- Care Coordinators
- o e-Communication