HealthPartners®

Successful Interventions in Diabetes Care

Toolbox of ideas for EBAN 3D teams

Results of Internal Pilot summer 2012

- 3 month pilot
- 4 primary care clinics
- Team meetings, patient outreach, more frequent follow up
- Use of special registry
- Involved about 300 patients

Summary Results: Individual Measures

- All pilot clinics saw improvements in A1c, non-smokers
- Biggest gains were in LDL (bad cholesterol)
- Biggest losses were in blood pressure
- Optimal aspirin measure wasn't maintained by 2 of the clinics

Summary Results: Patient Data

- About one fourth of patients met all 5 measures by end of project
- About one third of patients who did not meet all measures had improvement in at least one measure by end of project
- Overall, a little over half of project patients either met measures or had improvement

Take-Aways from Pilot

- Team meetings very effective and valued
- There needs to be a strong leader to make it successful
- Case management of about 50 patients per diabetes nurse and clinical pharmacist is manageable within time allotted for outreach
- Leveraging Case and Disease Management is very important
- Frequent follow up and outreach continues
- Now trying shared medical visits

Published Literature

- African Americans with Diabetes
- From around the country; many sites in the south and northeast
- Gender differences
- All interventions were measured statistically using data gathered during the studies and found to be significantly effective
- Divided literature results into 8 main themes

Peer/Social and Family Support

- Dance group with peer support 2 days/week
- Educating someone in patient's social network about managing diabetes and overcoming barriers
- Peer-based, group interventions related to physical activity for women with frequent praise and encouragement
- Use of a telephone buddy
- Use of trained peer providers in the community
- Focus on family communication around diabetes

Emotional/Spiritual/Religious

- Incorporate components of spirituality and religion into education provided using a specific tool (FAITH tool or HOPE tool)
- More focus on emotional impact and denial, especially in the first year after diagnosis
- Focused interventions on depression and missing medications (strongly associated with poor control)

Perceptions of Illness and Risks

- Help patients connect needed lifestyle changes as being beneficial for both diabetes and their heart
- Assess/acknowledge beliefs about “not claiming”(trusting in God fully for the healing of an illness) the diabetes.
- Focus around taking BP medications including:
  - perceptions of severity of illness and harms from the med
  - necessity of taking the medication
  - patient’s trust in the prescriber
  - patient’s health literacy
  - comprehension of instructions about medication use

Cultural Specificity

- Integrate elements of culture, language, health literacy skills into education and management
- Use of a cultural assessment tool and education around questions to ask patients of other cultures
- Help form a community support group for patients with similar backgrounds, needs

Communication/Coaching

- Focus on providers giving not only information, but reinforcement and encouragement with *any* positive behaviors
- Administer PAID (problem areas in diabetes) questionnaire to patient before visit, then use responses with provider during visit
- Explore values, priorities, goals with a health coach
- Focus on increasing confidence, address beliefs about effectiveness of treatment components
- Focus on how to maintain good health and prevent stress, not just on how to take medications

Symptoms/Skills

- Focus on diet changes until and avoid overwhelming with other information
- Focus on indentifying patients' individual symptoms, what they mean, what to do (rather than general information)
- Help patients learn to distinguish high from low blood sugar symptoms
- Include patient's family in education on symptoms, risks
- Educate patients on where and how to exercise

Patient Experiences

- Ask patients the story about when they were diagnosed, how they were told, what they were taught, how they felt, whether they were reassured or not, and whether they were given a clear plan
- Ask patients how his/her family history with diabetes has affected his/her health beliefs
- Ask patients questions to determine if they are more present-oriented or future-oriented

Technology

- Send text messages pre-written by the patient, also motivational messages, expert content, general health content
- Use of apps if interested

East Africans with diabetes

- Peer storytelling DVD's
- Educate about healthy behaviors in religious and culturally relevant terms
- Work with the community/religious leaders to integrate messages through the culture of sharing, oral tradition, and social gatherings
- Increase knowledge of providers and staff on traditional foods, healers, and medicines
- Work with women who do food preparation to help them adjust traditional recipes
- Realize the importance of "vouching" for health information and work with the community to assess trust of sources of information
- Assess patients' beliefs about diabetes (stigma?)

Resource for You

- If you select one of these ideas for your PDSA cycle
  - email me the topic (jodi.m.lavintompkins@healthpartners.com)
  - I will send your team a copy of the article
  - I can also be a resource to help you evaluate and interpret the approach in the article
  - Regions Medical Librarians can also be a great resource