

Providence Medical Center • Saint John Hospital St. Joseph Medical Center • St. Mary's Medical Center

Family Medical Group Kansas City, Kansas

Practice type:
Hospital-owned

Track: 1

EHR: eClinicalWorks

CPC Classic participant: No

Number of practitioners: 4

Number of patients: 4,284

Type of patient population:

Urban

Insurance breakdown:

35% Medicare, 14% Medicaid, 48% private insurance, 3% uninsured/self-pay

Population characteristics: Our practice has a high number of patents over 65 years, and an equal population of White, Hispanic and African-Americans. In our county, over 32% of residents over age 65 have diabetes.

Change concept:

1.2.D. Integrate self-management support (SMS) into usual care across conditions

Summary

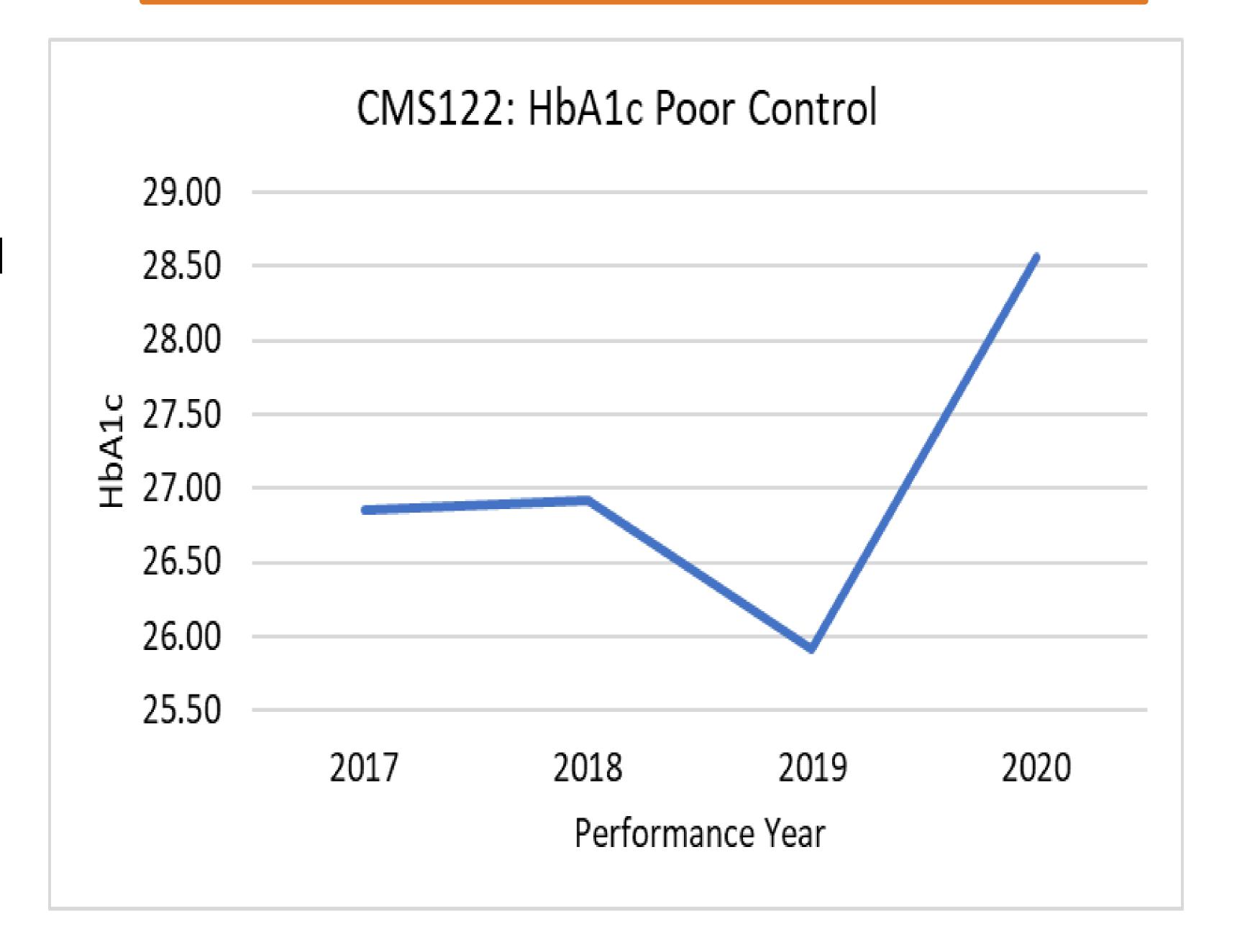
Our practice identified that the monthly list of patients with a HbA1c >8 kept growing. Many of those patients had been impacted by job loss or other changes as a result of the COVID-19 pandemic. It became much more common for patients to have HbA1c >11.

Strategy for Change

We took the following steps to provide support to patients with uncontrolled diabetes:

- We divided the list of patients with diabetes by HbA1c value, then by age.
- We created a "class" for small groups of patients. Class size was limited by social distancing guidelines.
- Classes were organized to cohort those with similar HbA1c values.
- Resources were provided from the American Diabetes Association website, pharmaceutical reps and payer groups.

We dismiss class with "You've GOT this! You can do it! When your head tells you to give up and give in, CHARGE ON! Don't forget WHO is in control!"



Results

The monthly classed quickly expanded to bimonthly. Of 58 participants from January 2021 to present, 48 have shown HbA1c's at 8 or below. Class members share ideas, recipes and successes! The members encourage each other to overcome barriers. We are getting excellent turn out, with wives often accompanying their husbands. We have even recruited PFAC members through this group!

Next Steps/Best Practices

We will continue these classes moving forward. Some best practices we want to share include:

- Provide insulin injection and monitoring device education. Many of our diabetic patients share they have not received this level of education in the past.
- We have guest speakers, such as dieticians.
- Payers have provided items such as measuring cups and spoons.

