The Family Health Center of Worcester (FHCW) aims to care for all patients regardless of their ability to pay. The center is diverse with 42% of the patients being best served in a language other than English. The FHCW encompasses many critical aspects of primary care so that care is easily accessible especially to individuals with limited resources. As of 2011, 95% of the patients had income levels below 200% poverty. Furthermore, 53% of patients are on Medicaid while 19% were uninsured.

Dr. Amber Sarkar is working on a project to improve the quality of care for patients with diabetes in the Family Health Center. She is also working on a project to implement a preplanning system in order to increase patient compliance with labs prior to appointments.

The first component of our project led us to discover that 18% of the total 2,287 diabetic patients were incorrectly labeled as diabetic. This meant that they were getting their blood sugar taken at each visit and were being told to have their HbA1c checked every three months, even though they were not diabetic. This wasted their time, and the FHC’s limited resources unnecessarily.

In our initial review of the sample of family medicine patients given to us, roughly 10% of all patients had failed to show up for necessary labs. This validates the necessity of the this work, as the FHC sees over 30,000 patients, suggesting roughly 3,000 patients have not received necessary labs. While our numbers were not large enough to be significant, we did find that speaking with patients over the phone improved the odds of them coming to have labs done. The main success was determining the challenges that arise when trying to start a project like this. We found that the time it took to identify and call patients was reasonable, but there were a number of significant barriers. Many patients do not speak Spanish or English, so a proper interpreter would need to be found. Additionally, many patients did not answer the phone, and their voicemail lacked an identifier, so no message could be left. Lastly, many patients cancel or do not show up for appointments, so viable statistics are tough to create.

The next goal of the project is to complete a literature review of current courses, trainings and competency based assessments in order to improve diabetic education for nurses, as a way to make diabetic patient care more team based.

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