Summer Assistantship Program: *Diabetic Registry and Preplanning Pilot Program*

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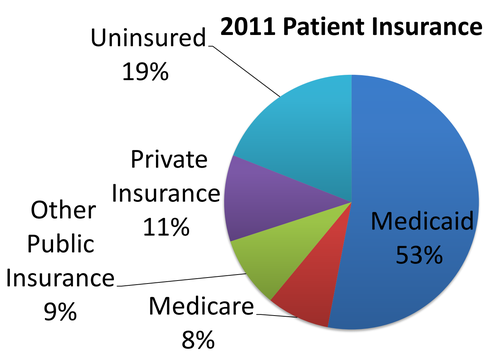
Background

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.



Objectives

Diabetic Registry

- Sort patients with diabetes and correctly mark then as "diabetic"
- Literature search on current diabetes practices

To pilot a preplanning program:

- Identify/call patients that need labs
- Pinpoint difficulties with accurately implementing preplanning program
- Establish clear and concise guidelines for future medical assistants to do preplanning

Methods

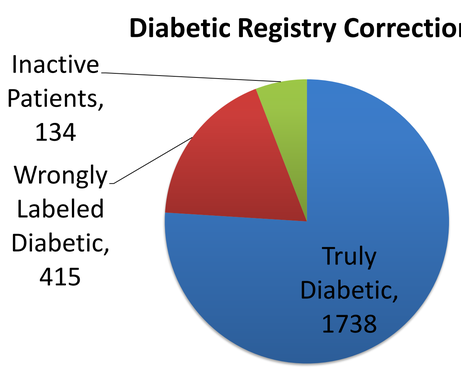
Diabetic Registry:

- Sorted through a portion of the FHCW's diabetic registry to determine if patients were correctly labeled as diabetic and kept record of results

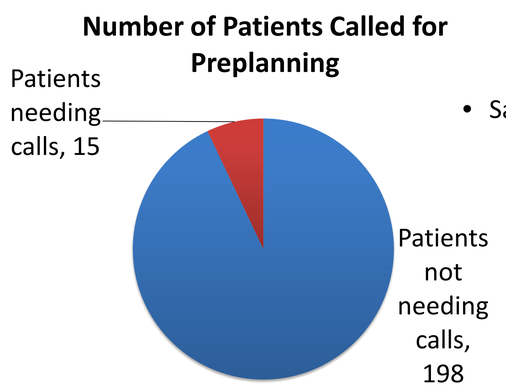
Preplanning program:

- Search through the center's EMR for patient lists for patients with incomplete labs
- Call patients and remind them to come in for labs prior to appointment
- Check after appointment to see if patient came for labs
- Make list of difficulties or places where clinical knowledge was needed in order to improve program in future

Results



- Total of 2287 patients labeled diabetic
  - 415 incorrectly labeled
  - 1,738 truly diabetic
  - 134 inactive patients



- Sample of 213 patients
  - Called 15 patients
  - Did not leave message with 6 patients due to lack of identifier on voicemail
  - Spoke directly to 3 patients
    - 2 of those patients came in for labs

Discussion

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.

Next Steps

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.

Acknowledgements

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References

http://www.fhcw.org/en/Home