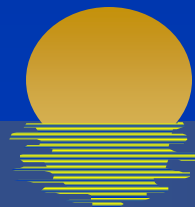


REVOLUTION IN OFFICE-BASED PRACTICE: Improving Diabetes Care In Solo And Small Practice Settings

Kwabena Adubofour, MD, FACP

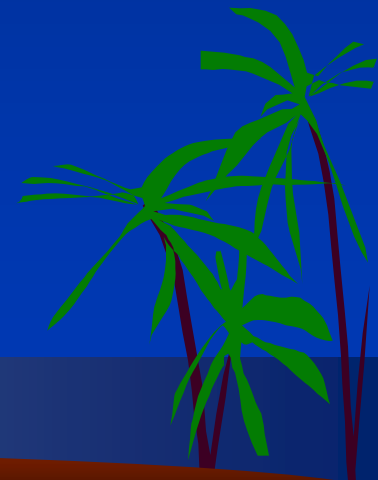
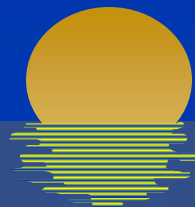
**California Medical Association Foundation Diabetes
Improvement Project**

**Medical Director, East Main Clinic and Stockton Diabetes
Intervention Center**



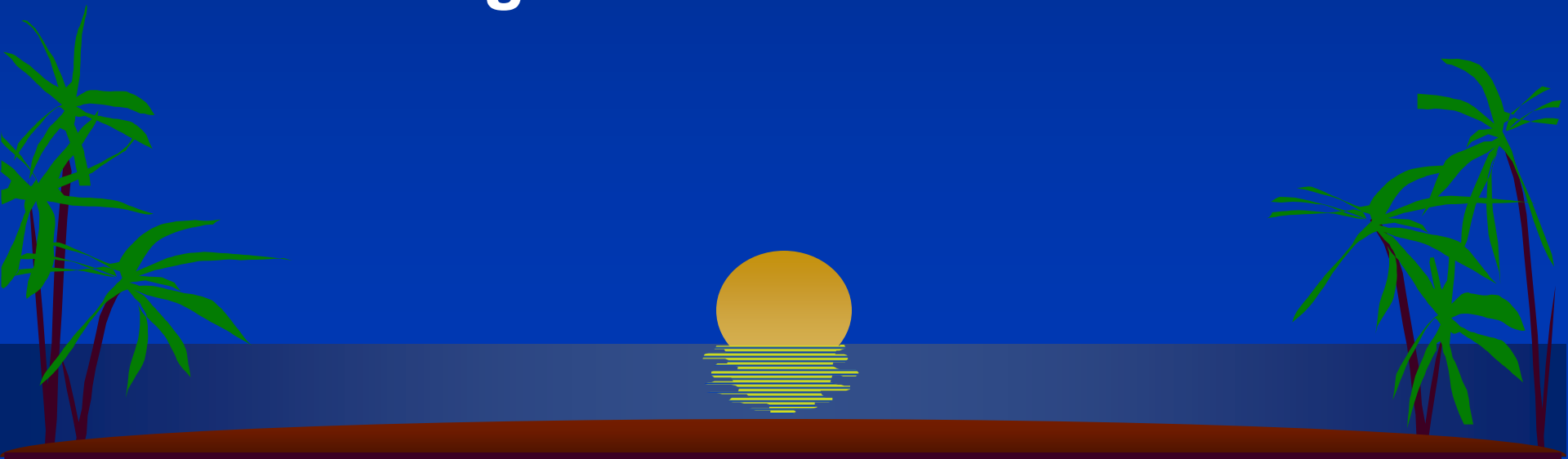
Defining Quality Diabetes Care

What is the definition of quality diabetes care in primary care?



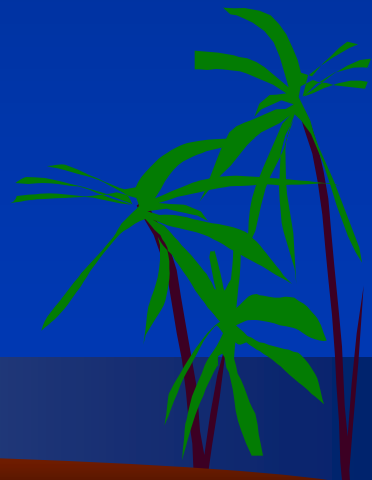
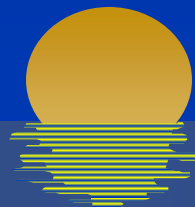
Defining Quality Diabetes Care

“The ability of a patient with diabetes to seek and receive the right primary care with the right provider at the right time all the time.”



**“Every system is perfectly
designed to get the results
it produces”**

**Donald M. Berwick, MD
IHI President**



“We are not diagnosing Type 2 Diabetes early enough, we are not monitoring patients often enough, we are not treating hyperglycemia aggressively enough, and we are not intensifying therapy soon enough.”

Kwame Ossei, MD

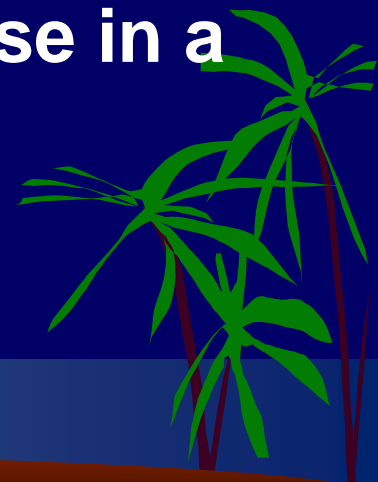
Diabetes Mellitus, MCH

10/17



Primary Care Physicians & Type 2 Diabetes

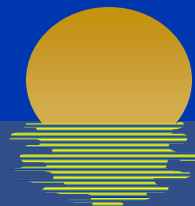
- Average patient sees the PCP 2-3 times per year.
- Visits last 10-15 minutes.
- **Less than an hour of care per year.**
- Far too little time to appropriately manage this complex and multisystemic disease in a prospective and preventive way.



Barriers to Optimizing Diabetes Care

- **COMPLEXITY OF DIABETES:**

- ▶ Complex treatment protocols to remember.
- ▶ Increasing number of treatment protocols.
- ▶ **Just 10 years ago only diet/exercise and sulfonylureas/insulin.**
- ▶ Today five different classes of oral agents & newer insulins.
- ▶ **Amount of work increasing in primary care.**



We're Managing Diabetes Complications*

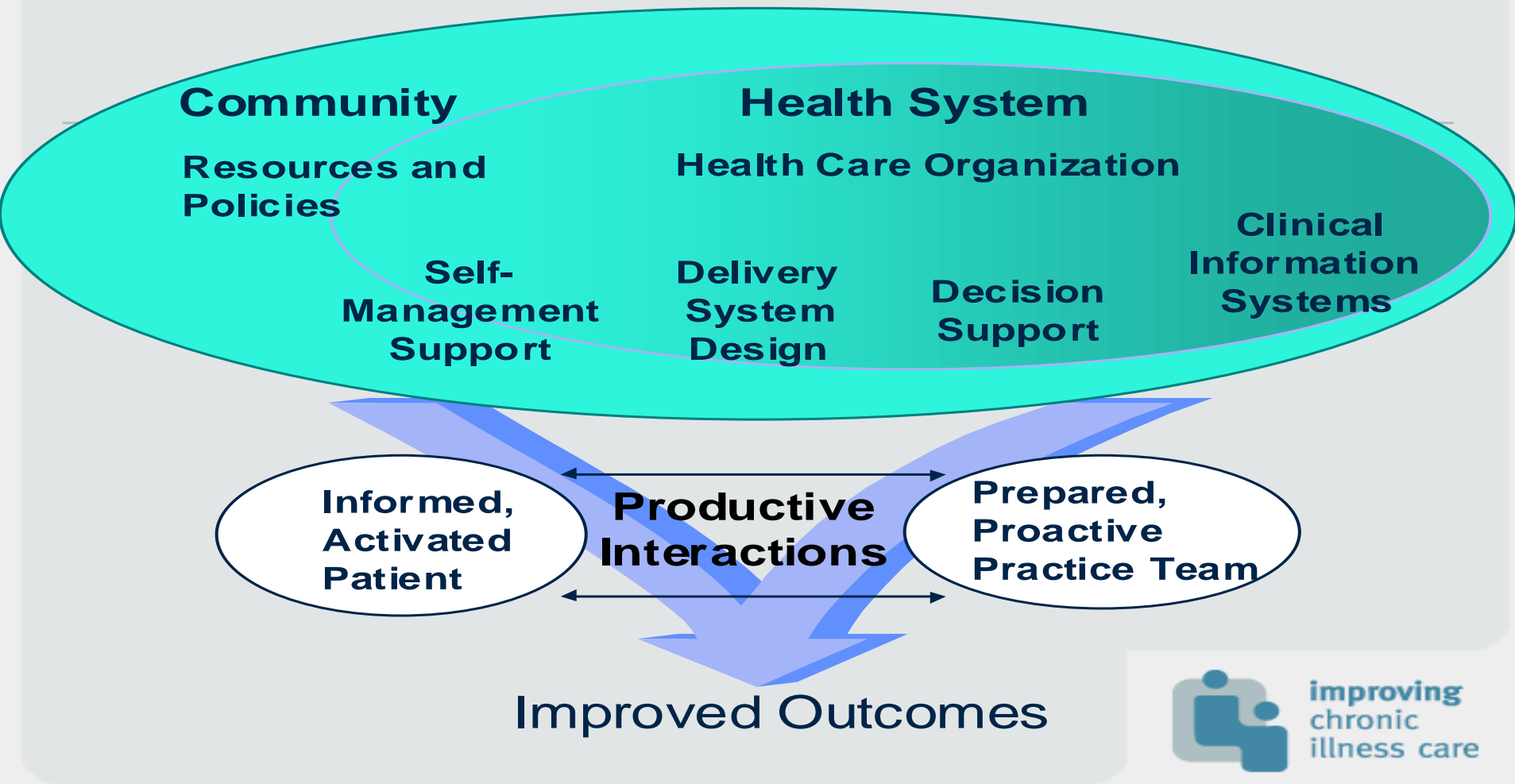
- 3 out of 5 diabetes patients suffer from at least one complication.
- 1 out of every 10 has two complications.

We are using our tools to control diabetes too late and spending too much time and money managing diabetes complications.

**American Association of Clinical Endocrinologists*



Chronic Care Model



Some Questions to Ask

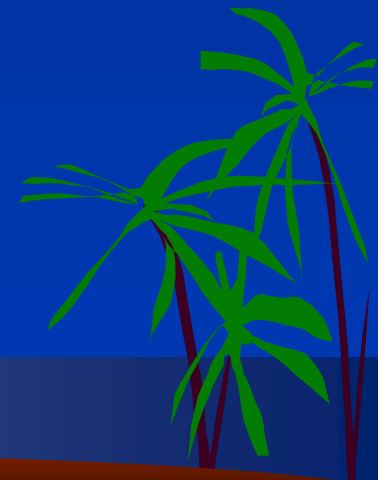
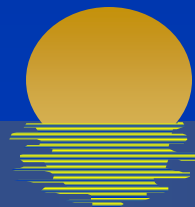
How many of you -

- Know the number of patients with diabetes in your practice?
- Know the percent of your patients with diabetes whose HbA1c is at goal?
- Are effectively conducting the screening tests for diabetes?
- Have your patients returning for regular follow up visits?



The Key Elements to Get There

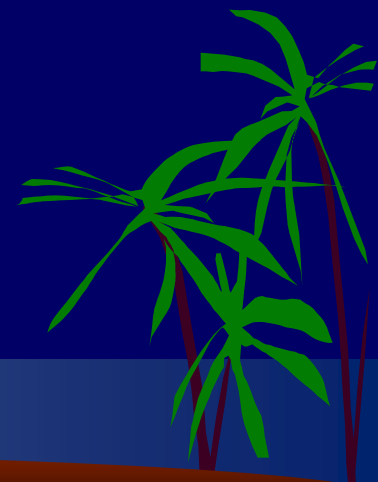
- Ability to identify and track patients
- Effective, aggressive clinical management
- Shift from Acute Care to Planned Care
- Viewing the Patient as a Partner in Care
- Empowered, Trained Staff



Strategy 1: CLINIC DATA COLLECTION - Understand the Problem!



*What you will learn from
following your own practice is
far more important than any
research from elsewhere.*



Strategy 2: EMPOWERING STAFF



Our Team is there, ready and waiting to be trained.



Building the Team – MAs in the Trenches of Primary Care

- Usual Role is to - “Room” patient - Take vital signs and walk out.
- PCP is behind in important measures of care: PAP, Mammograms, Pneumovax, diabetes care, etc.
- Patients with diabetes and other chronic diseases suffer because no “reminder” system is in place for recall and follow up.

Building the Team – MAs in the Trenches of Primary Care

Changes that Can Be Made Easily – Identifying Patients & Office Procedures

- Be proactive. Start with a low tech recognition of patients with diabetes.
 - Color Code charts for patients with diabetes.
 - Use stickers on charts to remind staff to do foot exams and other screening tests.
- Look at implementing a registry system – low cost entry to computerizing our offices.

Individual practice diabetes coordinators



Building the Team – MAs in the Trenches of Primary Care

Changes that Can Be Made Easily – Empowering & Training Staff

- Meet at least once a month to teach staff about aspects of diabetes care.
- Do daily morning meetings to prepare – the Huddle.
- **SHARE PAY FOR PERFORMANCE DOLLARS WITH OFFICE STAFF !!!!**



~~Individual~~ practice diabetes coordinators

Let's Talk!

