



Certified Diabetes Educators in Medical Homes

Julie Pierantoni, MSN, RN, CDE
SRMH Diabetes Services Quality Coordinator

sentara nurse



Background

Sentara RMH Medical Center (SRMH) has had an established Diabetes Self-Management Education (DSME) program, recognized by the American Diabetes Association/American Association of Diabetes Educators (ADA/AADE) since 2006 for meeting National Standards for Diabetes Education.

A Patient-Centered Medial Home (PCMH) is best described as a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety. It is a model for achieving primary care excellence so that care is received in the *right place*, at the *right time*, at the *right cost* and in the *manner* that best suits an individual patient's needs.

Diabetes care has long been aligned with the key principles of both the PCMH and the Chronic Care Model, with early recognition of the importance of patient-centered care, self-management, patient empowerment, and team-based care as keys to better diabetes care.

Diabetes self-management education is a benefit covered by Medicare and most health insurance plans when provided by a certified diabetes educator within an accredited/recognized program .

In 2013 SRMH began exploring the role of diabetes educators in the medical home setting.

Statement of Problem

- National research has shown
- fewer than 60 percent of people with diabetes have had any formal diabetes education
 - less than 53% of people with diabetes have safe A1c values (less than 7%)
 - A1c values within safe limits greatly decrease diabetes complications , the person feels better and enjoys a more productive life

Healthy People 2020 has made increasing the number of people receiving diabetes education a priority.

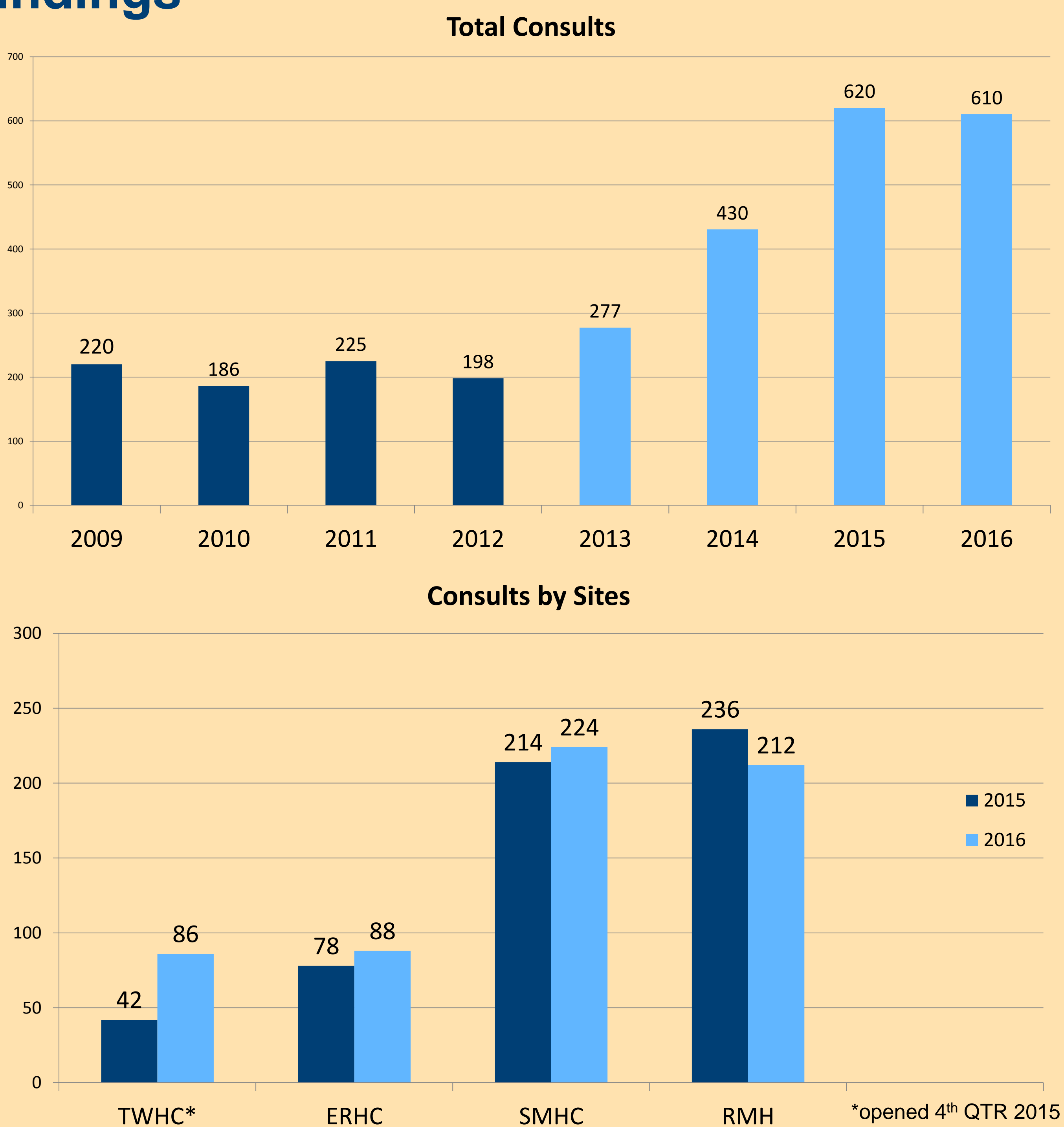
Research also shows people who have received diabetes education are more likely to:

- Use primary care and preventive services
- Take medications as prescribed
- Control their blood glucose, blood pressure and cholesterol levels
- Have lower health costs

Methodology

- Clinic physicians requested onsite diabetes education
- An office was dedicated for diabetes education in the primary care clinic with the Certified Diabetes Educator (CDE) becoming a “provider” in the clinic
- Application sent to to AADE for additional sites
- Chronic Care Mangers at the clinic became an integral part of the team
 - recruiting for diabetes education
 - scheduling the patients or “making the sell”
 - assisting with follow up of comorbidities
- Program began as ½ day each week at South Main 4th quarter 2013 then adding ½ day twice month at East Rockingham
- Three years later, the program is two full days weekly at South Main (SMHC), one full day weekly at East Rockingham (ERHC)
- Third site opened 2015 in the northern service area , Timber Way (TWHC), providing services one day week.
- Fourth site, New Market, is scheduled to be opened Fall 2017.
- Goal is to increase consults in community sites while decreasing consults at main hospital site (RMH)
- Services were brought to the client in the community—their familiar environment—and also gave a resource to the physicians for assisting in the care of diabetes.

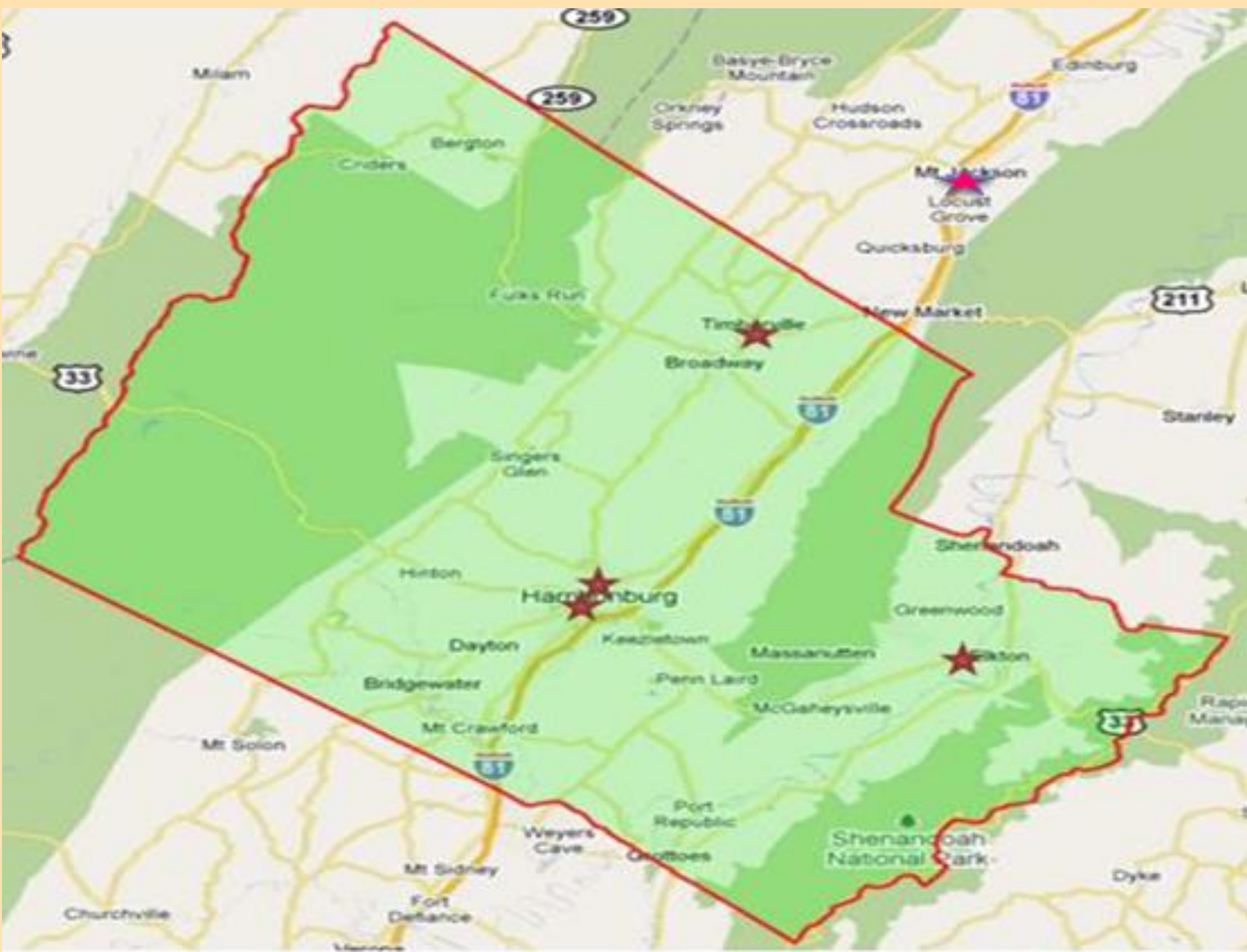
Findings



Results

Consults nearly tripled in three years that diabetes education provided onsite at Medical Homes

Wide area of outreach enabled patients to receive care in their community. ★ sites



Conclusions

- Patients are receiving diabetes education that otherwise would not have driven to the hospital setting for education.
- Average follow up is 3-4 visits
- No show rate is less than 10% at the clinics where as it was ~30% at the hospital.
- Physicians are readily accessible for discussion of complex diabetes care.
- Medical practice changes have changed over the past three years:
 - clinic physicians are increasingly changing/adding medication in a more timely (following evidence based practice) fashion to promote improved glycemic control
 - hospitalists have also verbalized feeling more comfortable starting insulin in the hospital for clinic patients since they know these patients will have adequate follow up.

SRMH Certified Diabetes Educators

Susan Clark, BSN, RN, CDE
Eugene DAVIS, AD, RN, CDE
Julie Pierantoni, MSN, RN, CDE
Margaret Roy, RN, CDE