Addressing Diabetes and Cardiovascular Health in the Clinical and Community Settings

Satellite Conference and Live Webcast
Monday, March 16, 2009
2:00 - 4:00 p.m. (Central Time)

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

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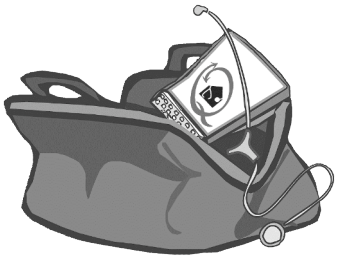
Together for Quality



Tool Kit for Transformation

Pilot Project Counties

Components

Q4U Care Management

Q TOOL Clinical Support Tool

Pilot Counties - Implementation Timeline

County	Care Management	Electronic Clinical Support Tool (ECST)	Implementation Dates
Tuscaloosa	X		May 2008
Lamar	X	X	May 2008
Pickens	X	X	May 2008
Calhoun	X	X	April 2008
Talladega	X	X	April 2008
Montgomery	X	X	April 2008
Bullock	X		February/March 2008
Pike	X		February/March 2008
Jefferson		X	July 2008
Winston		X 2008	July 2008
Houston		X	July

What is Q4U?

- Component of Together for Quality that provides for comprehensive chronic care management program
- Asthma and diabetes are targeted diseases
- Protocols designed to affect all disease facets

What is Q4U?

- Accomplished through Alabama Dept. of Public Health Care Coordinators (aka Chronic Care Managers)
- Care Managers provide patient training, education, and reinforcement

Q4U Patients

- From RMEDE
  - Patient 1st recipients
  - Five, four, etc. missed opportunities
  - Stratified by high, medium and low
  - Patient 1st PMP agrees to participate
  - Strive to enroll 120% of target
  - Minimum six months enrollment

Quick Reminder of Targets Chosen

- End of pilot goals
  - Asthma 0.5 to 1.0 percentage point reduction from baseline for all but annual influenza immunization
    - Lower is best

Quick Reminder of Targets Chosen

- End of Pilot Goals
  - Diabetes – 5 percentage point increase from the baseline
    - Higher is best

TFQ

- **Quality Improvement Performance Measures**

Measures

- **Asthma**
  - **Asthma controller use**
  - **Influenza immunization**
  - **Emergency department visits**
  - **Hospitalizations**

Measures

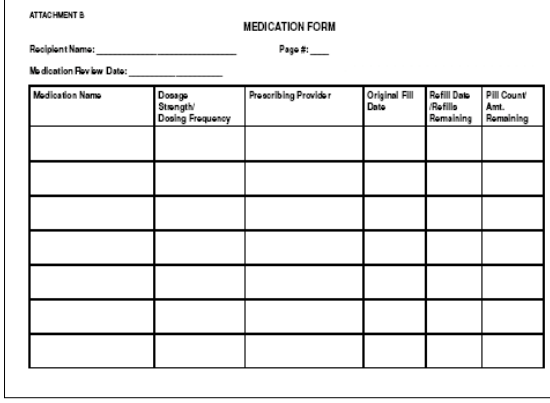
- **Diabetes**
  - **Influenza immunization**
  - **Annual HbA1C**
  - **Annual lipid profile**
  - **Annual eye exam**
  - **Annual urine protein screening**

Diabetes (Overall Pilot Co. Percentages)

Measure	Baseline	Goal 1 (4 months)	Goal 2 (8 months)	Target (12 months)
Annual Influenza Vaccine	**13.64%**	**14.93%**	**17.50%**	**18.78%**
Annual HbA1C	**53.21%**	**54.56%**	**57.25%**	**58.59%**
Lipid Management	**42.23%**	**43.55%**	**46.19%**	**47.51%**
Annual Eye Exam	**24.76%**	**26.08%**	**28.71%**	**30.02%**
Annual Urine Protein Screening	**49.86%**	**51.20%**	**53.88%**	**55.22%**

Asthma (Overall Pilot Co. Percentages)

Measure	Baseline	Goal 1 (4 months)	Goal 2 (8 months)	Target (12 months)
Asthma Controller (Service) 1a	**9.69%**	**9.59%**	**9.38%**	**9.28%**
Asthma Controller (Rx) 1b	**34.83%**	**34.58%**	**34.07%**	**33.82%**
Annual Influenza Immunization	**24.55%**	**25.86%**	**27.93%**	**29.80%**
ED Visit	**8.90%**	**8.80%**	**8.59%**	**8.48%**
Hospitalization	**3.53%**	**3.42%**	**3.19%**	**3.07%**



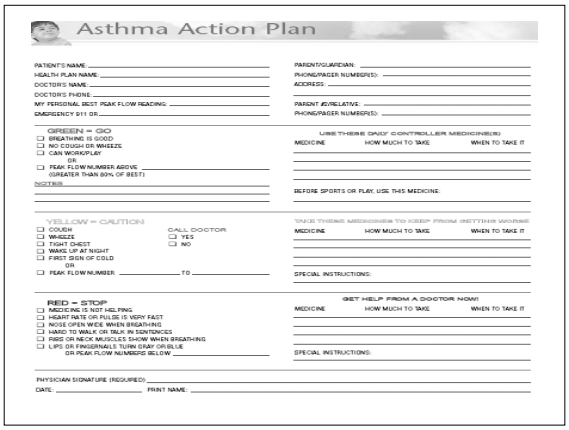
ATTACHMENT B

MEDICATION FORM

Recipient Name: _____ Page #: ___

Medication Review Date: _____

Medication Name	Dosage Strength/ Dosing Frequency	Prescribing Provider	Original Fill Date	Refill Date /Refills Remaining	Pill Count/ Amt. Remaining



Asthma Action Plan

PATIENT'S NAME: _____
HEALTH PLAN NAME: _____
DOCTOR'S NAME: _____
DOCTOR'S PHONE: _____
MY PERSONAL BEST PEAK FLOW READING: _____
EMERGENCY 911 OR _____

PARENT/GUARDIAN: _____
PHONE/PAGER NUMBER(S): _____
ADDRESS: _____
_____
PARENT /[illegible]/RELATIVE: _____
PHONE/PAGER NUMBER(S): _____

GREEN = GO
☐ BREATHING IS GOOD
☐ NO COUGH OR WHEEZE
☐ CAN WORK/PLAY
OR
☐ PEAK FLOW NUMBER ABOVE _____
(GREATER THAN 80% OF BEST)
NOTES:

USE THESE DAILY CONTROLLER MEDICINES:
MEDICINE | HOW MUCH TO TAKE | WHEN TO TAKE IT

BEFORE SPORTS OR PLAY, USE THIS MEDICINE:

YELLOW = CAUTION
☐ COUGH
☐ WHEEZE
☐ TIGHT CHEST
☐ WAKE UP AT NIGHT
☐ FIRST SIGN OF COLD
OR
☐ PEAK FLOW NUMBER _____ TO _____

CALL DOCTOR
☐ YES
☐ NO

TAKE THESE MEDICINES TO KEEP FROM GETTING WORSE:
MEDICINE | HOW MUCH TO TAKE | WHEN TO TAKE IT

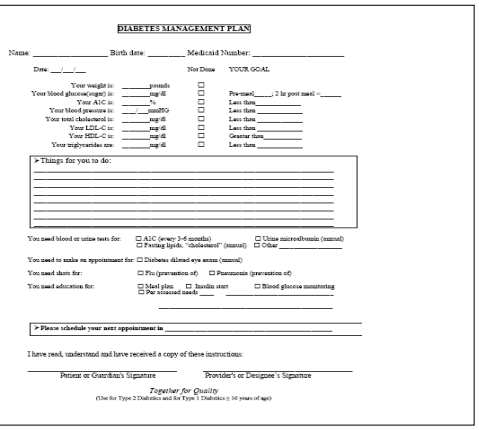
SPECIAL INSTRUCTIONS:

RED = STOP
☐ MEDICINE IS NOT HELPING
☐ HEART RATE OR PULSE IS VERY FAST
☐ NOSE OPEN WIDE WHEN BREATHING
☐ HARD TO WALK OR TALK IN SENTENCES
☐ RIBS OR NECK MUSCLES SHOW WHEN BREATHING
☐ LIPS OR FINGERNAILS TURN GRAY OR BLUE
OR PEAK FLOW NUMBERS BELOW _____

GET HELP FROM A DOCTOR NOW:
MEDICINE | HOW MUCH TO TAKE | WHEN TO TAKE IT

SPECIAL INSTRUCTIONS:

PHYSICIAN SIGNATURE (REQUIRED): _____
DATE: _____ PRINT NAME: _____



DIABETES MANAGEMENT PLAN

Name: _____ Birth date: _____ Medicaid Number: _____

Date: __/__/__		Not Done	YOUR GOAL
Your weight is:	_____pounds	☐	
Your blood glucose(sugar) is:	_____mg/dl	☐	Pre-meal_____; 2 hr post meal <_____
Your A1C is:	_____%	☐	Less than_____
Your blood pressure is:	___/___mmHG	☐	Less than_____
Your total cholesterol is:	_____mg/dl	☐	Less than_____
Your LDL-C is:	_____mg/dl	☐	Less than_____
Your HDL-C is:	_____mg/dl	☐	Greater than_____
Your triglycerides are:	_____mg/dl	☐	Less than_____

➢ Things for you to do:
_____
_____
_____
_____
_____
_____
_____

You need blood or urine tests for: ☐ A1C (every 3-6 months) ☐ Urine microalbumin (annual)
☐ Fasting lipids, "cholesterol" (annual) ☐ Other _____

You need to make an appointment for: ☐ Diabetes dilated eye exam (annual)

You need shots for: ☐ Flu (prevention of) ☐ Pneumonia (prevention of)

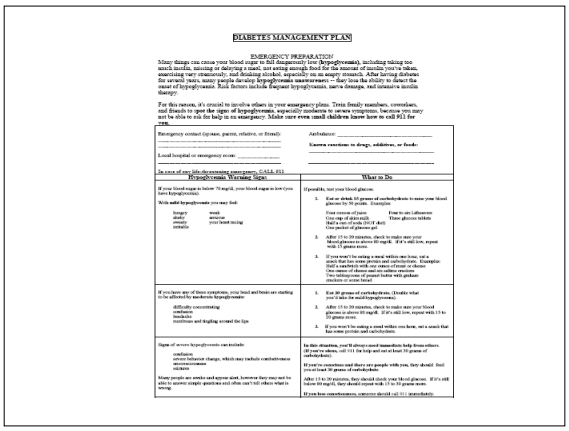
You need education for: ☐ Meal plan ☐ Insulin start ☐ Blood glucose monitoring
☐ Per nurse/md's needs _____

➢ Please schedule your next appointment is _____

I have read, understand and have received a copy of these instructions:

_____ _____
Patient or Guardian's Signature Provider's or Designee's Signature

Together for Quality
(Use for Type 2 Diabetics and for Type 1 Diabetics ≥ 16 years of age)



DIABETES MANAGEMENT PLAN

EMERGENCY PREPARATION

Many things can cause your blood sugar to fall dangerously low (hypoglycemia), including taking too much insulin, missing or delaying a meal, not eating enough food for the amount of insulin you've taken, exercising very strenuously, and drinking alcohol, especially on an empty stomach. After having diabetes for several years, many people develop hypoglycemia unawareness — they lose the ability to detect the onset of hypoglycemia. Risk factors include frequent hypoglycemia, nerve damage, and intensive insulin therapy.

For this reason, it's crucial to involve others in your emergency plans. Train family members, coworkers, and friends to spot the signs of hypoglycemia, especially moderate to severe symptoms, because you may not be able to ask for help in an emergency. Make sure even small children know how to call 911 for help.

Emergency contact (spouse, parent, relative, or friend): _____
_____
_____
Local hospital or emergency room: _____
_____
In case of any life-threatening emergency, CALL 911

Ambulance: _____
Known reactions to drugs, additives, or foods:
_____
_____
_____

Hypoglycemia Warning Signs	What to Do
If your blood sugar is below 70 mg/dl, your blood sugar is low (you have hypoglycemia). With mild hypoglycemia you may feel: hungry weak sweaty pale anxious your heart racing irritable	If possible, test your blood glucose. 1. Eat or drink 10 grams of carbohydrate to raise your blood glucose by 70 points. Examples: Four ounces of juice Four to six Lifesavers Four to six glucose tablets Three glucose tablets Half a can of soda (NOT diet) One packet of glucose gel 2. After 15 to 20 minutes, check to make sure your blood glucose is above 80 mg/dl. If it's still low, repeat with 15 grams more. 3. If you won't be eating a meal within one hour, eat a snack that has some protein and carbohydrate. Examples: Half a sandwich with any ounce of meat or cheese Eight ounces of milk or yogurt Two tablespoons of peanut butter with graham crackers or some bread
If you have any of these symptoms, your head and brain are starting to be affected by moderate hypoglycemia: difficulty concentrating confusion headache numbness and tingling around the lips	1. Eat 30 grams of carbohydrate. (Double what you'd take for mild hypoglycemia). 2. After 15 to 20 minutes, check to make sure your blood glucose is above 80 mg/dl. If it's still low, repeat with 15 to 30 grams more. 3. If you won't be eating a meal within one hour, eat a snack that has some protein and carbohydrate.
Signs of severe hypoglycemia can include: confusion severe behavior change, which may include combativeness loss of consciousness seizure Many people are awake and appear alert, however they may not be able to answer simple questions and often can't tell others what is wrong.	In this situation, you'll always need immediate help from others. (If you're alone, call 911 for help and eat at least 30 grams of carbohydrate). If you're conscious and there are people with you, they should: feed you at least 30 grams of carbohydrate. After 15 to 20 minutes, they should check your blood glucose. If it's still below 80 mg/dl, they should repeat with 15 to 30 grams more. If you lose consciousness, someone should call 911 immediately.

Together for Quality

Q Tool

Next Steps: Inch by Inch, Step by Step, Mile by Mile

- **User acceptance testing of Q Tool**
  - **In progress**
- **Pilot Provider Recruitment**
  - **Ongoing**
- **Follow-up and monitoring**
  - **Measure progress (providers, care managers, county level)**

Next Steps: Inch by Inch, Step by Step, Mile by Mile

- **Feedback, review and modifications**
  - **Chronic care management process**
  - **Issue identification and resolution**
- **Evaluation**
- **Begin work on next prioritized diseases**
- **Cardiovascular and stroke**