# HUDSON HEADWATERS HEALTH NETWORK

#### THE ROAD TO DIABETES RECOGNITION

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October 4, 2010





#### WE DO ALL THAT

 Already involved with Diabetes Collaborative

 Adopted Evidence-Based Clinical Guidelines for the Treatment of Diabetes in December 2008

## WHAT DID THE DATA SHOW-June 2009

Standard	Points			# Met	% Met	Score
HbA1c Poor Control >9.0%	15	< or =	15%	34	17%	0
HbA1c Control <7.0%	10	> or =	40%	87	44%	10
Blood Pressure >=140/90 mm Hg	15	< or =	35%	54	27%	15
Blood Pressure Control <130/80 mm Hg	10	> or =	25%	75	38%	10
Retinal Screening	10	> or =	60%	84	42%	0
Smoking Status & Cessation Advice	10	> or =	80%	192	96%	10
LDL >=130	10	< or =	37%	24	12%	10
LDL <100	10	> or =	36%	113	57%	10
Nephropathy Assessment	5	> or =	80%	147	74%	0
Foot Examination	5	> or =	80%	127	64%	0
	100					65

### WHERE TO BEGIN

 We need a Plan and we need to communicate with ALL staff regarding Review Results and Action Plan

CHCANYS provides assistance

#### THE PLAN

#### **EMPOWER NURSING**

- Nurses re-educated to have the patient remove his/her socks and shoes at every visit before provider enters the exam room to be ready for your assessment (DFE).
- Monofilament available in exam room
- Nurses trained to conduct and document the exam

## **Nursing Role**

- Nurses pre-filled laboratory requisition slips for provider review and signature (based upon already established Network standing orders for diabetic care).
- Urine cups available for immediate collection if the patient is due for microalbumin testing.

#### WE ARE ALL PART OF THE TEAM

- Revised Diabetes Flow Sheet and asked Support Staff to take a more active role in evaluation of the patient's health care maintenance needs:
  - Enter pertinent data into Diabetes Flow Sheet.
  - Pre-visit Planning to pre-screen charts one to two days before a visit to identify needs, get necessary data, etc for the visit.
  - Flagged charts with a yellow dot on the outside (unless the chart cover is already yellow) to identify them as diabetic charts.

## **Support Staff Role**

• Front Office Staff to assist with referrals for retinopathy screening and tracking feedback from the specialist office when not in chart.

#### PROVIDER EDUCATION

• A Diabetic Foot Exam (DFE) is an assessment of the feet conducted with the patient's shoes and socks removed to assess for sores, circulation, and sensation. Statements such as "Extremities negative, No CCE, No edema, etc" are NOT sufficient proof that a DFE has been done. Of course, monofilament or other sensory testing is not expected at each visit, but needs to be documented at least annually. A podiatrist's progress note qualifies as a DFE. Common sense dictates that patients remove shoes and socks at each visit.

#### PROVIDER EDUCATION

### Nephropathy screening:

Urine microalbumin testing (UMA) annually. If a urinalysis or office dipstick shows proteinuria, then charts qualify as having passed the nephropathy screen. HOWEVER, if a urinalysis or dipstick shows no albumin, then we have not passed this criteria unless we have also done a UMA within the last year.

#### **OTHER CHANGES**

Revision of Progress Note to include a section to document Diabetic Foot Exam (DFE).

### COMMUNICATION

**Outline: What Defines Recognition** 

Discuss: How Do We Plan to get

**There** 

Define: What is "MY" Role?

## MEDICAL STAFF

- Memo sent to all Medical Staff outlining:
  - 1. Why Recognition was important to the Network
  - 2. How the Network scored on initial review
  - 3. Individual Provider Report Card
  - 4. What the Plan was and what was expected of them

					D	IABETES	REVIEW	FOR 1/01	/2008-11/	30/2008					
PROVIDI	ER: <b>DR A</b>														
Patient Account Number	Flow	A1C	A1C <7	A1C 7-9	A1C>9	Systolic	Diastolic	Comp Foot Exam	Dilated Eye Exam	Lipid Profile	LDL Nephropath Assess		Nephropathy Assess	Smoker Status Assessed	ACE/ARB Inhibitor
127177	No	Yes		8.6		130	68	No	Yes	Yes	48		Yes	Yes	Yes
126886	No	Yes	6.6			112	64	No	No	Yes	59		Yes	Yes	Yes
112538	No	Yes	6.9			104	70	Yes	Yes	Yes	79		Yes	Yes	Yes
125775	No	Yes		7.2		130	72	Yes	No	Yes	84		Yes		Yes
126129	No	Yes	5.5			120	82	Yes	Yes	Yes	88		Yes	Yes	Yes
79483	No	Yes	6.6			138	84	Yes	Yes	Yes	129		Yes	Yes	Yes
156107	No	Yes			9.2	122	70	No	Yes	Yes	131		No	Yes	Yes
170273	No	Yes	5.6		0	110	78	Yes	Yes	Yes	152		Yes	Yes	Yes
95317	No	No	0.0		Х	124	70	No	Yes	No	102		Yes	Yes	No
00017	110	140			, , , , , , , , , , , , , , , , , , ,	121	70	110	100	1140			100	100	140
	Network Mea	an													
	INCLWOIR INIC	<u> </u>													
		A1C						Comp.	Dilated				Nephropathy	Smoker	
	% Using	in				BP	BP	Foot	Eye	Lipid	LDL	LDL	Assess	Status	ACE/
	Flow Sheet	2008	A1C -7	A1C 7-9	A1C>0		>140/90	Exam	Exam	Profile	>130	<100	A33633	Assessed	ACL/ ARB
	35%	90%	45%	31%	24%	56%	16%	35%	28%	84%	35%	49%	60%	92%	70%
	35%	90%	45%	3170	2470	30%	10%	33%	20%	0470	35%	49%	00%	9270	70%
	Varin Daguil	-													
	Your Result	<u>S</u>													
	% Using Flow Sheet	A1C in 2008	A1C <7	A1C 7-9	A1C>9	BP <130/80	BP >140/90	Comp. Foot Exam	Dilated Eye Exam	Lipid Profile	LDL >130	LDL <100	Nephropathy Assess	Smoker Status Assessed	ACE/ ARB
	0%	89%	56%	22%	22%	78%	0%	56%	78%	89%	22%	56%	89%	89%	89%
NCQA Diabetes Recognition Benchmarks															
								Comp.	Dilated					Smoker	
						BP	BP	Foot	Eye		LDL	LDL	Nephropathy	Status	
			A1C <7		A1C>9	<130/80	>140/90	Exam	Exam		>130	<100	Assess	Assessed	
	Threshold		40%		<15%	25%	< <u>35</u>	80%	60%		<37%	36%	80%	80%	
	Weight		10		15	10	15	5	10		10	10	5	10	
	- 3		-		-				-		-	-		-	
	Score Neede	ed for R	for Recognition = 75 Your S					85		CONGR	ATULAT	IONS			
			- 3	-											
	Highlighted results are those that meet the benchmark for NCQA Recognition														

#### COMMUNICATION

 Held Meetings with Nurse Leaders and Front Office Managers

 Attended Systems Meetings at the Health Center Level

## NOW WE'RE READY- November 2009

Standard	Points			# Met	% Met	Score
HbA1c Poor Control >9.0%	15	< or =	15%	32	16%	0
HbA1c Control <7.0%	10	> or =	40%	71	36%	0
Blood Pressure >=140/90 mm Hg	15	< or =	35%	56	28%	15
Blood Pressure Control <130/80 mm Hg	10	> or =	25%	74	37%	10
Retinal Screening	10	> or =	60%	97	49%	0
Smoking Status & Cessation Advice	10	> or =	80%	194	97%	10
LDL >=130	10	< or =	37%	13	7%	10
LDL <100	10	> or =	36%	127	64%	10
Nephropathy Assessment	5	> or =	80%	177	89%	5
Foot Examination	5	> or =	80%	166	83%	5
	100					65

### AREAS OF IMPROVEMENT

- Nephropathy Assessment: Improved to 89%
- Foot Examinations: Improved to 83%
- •Only 5 patients in the review group had not had a hemoglobin A1c done in the 14 month review period compared to 10 in June

## WHERE WE LOST POINTS

- HbA1c Poor Control > 9.0 %- we were at 16%, only get credit if  $\leq$  15 %

- HbA1c Control < 7.0% - we were at 36%, only get credit if  $\geq 40\%$ 

### MORE WORK TO BE DONE

- Developed Test Results Form and reworked workflow between Front Office and Medical Staff to identify patients' needs and obtain missing reports
- Adopted standard form to give to patients to bring to their retinopathy screening
- Patient Outreach-CHCANYS AmeriCorps Volunteer

#### WHAT MORE CAN WE DO

- Nursing trained to take a subsequent Blood Pressure if initial blood pressure was elevated (Rule Out White Coat Syndrome)
- One-on-One Provider Meetings conducted to review Report Cards and provide mentoring
- Letter to Eye Care Providers to send us results of diabetic retinopathy screening

#### THIRD TIME IS A CHARM

## April 2010 We achieve recognition

- Had to apply online
- New point system gave credit for patients whose A1C was <8</li>
- Got a better handle on Retinopathy Exams through Patient Outreach (AmeriCorps Volunteer)

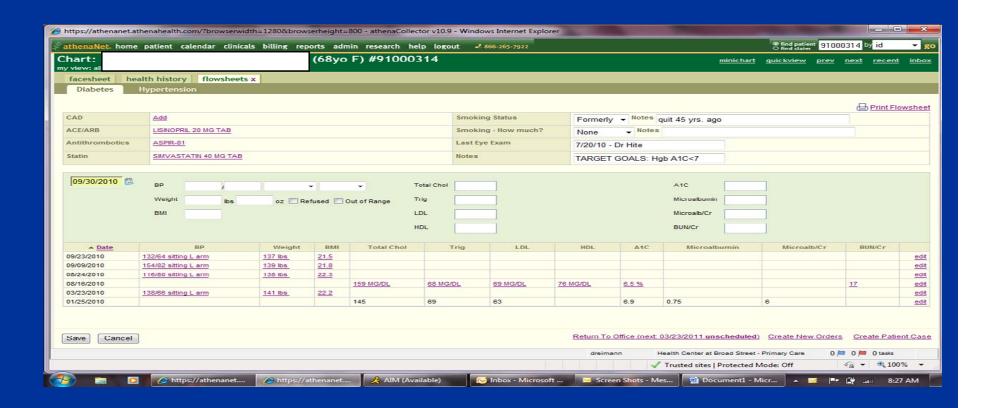
## SUSTAINABILITY IN A TIME OF CHANGE

 Conversion to an Electronic Medical Record

 Transformation to a Patient Centered Medical Home Model of Care

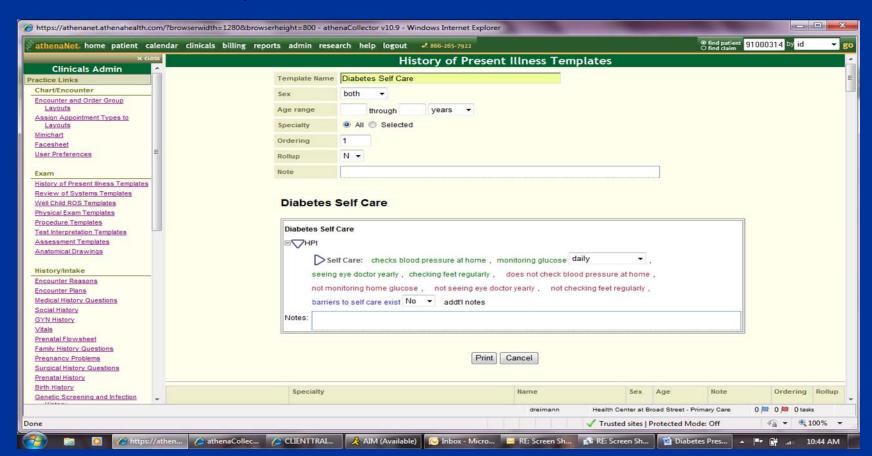
## PRE-VISIT PLANNING/SELF MANAGEMENT SUPPORT

**Diabetes Flow Sheet** 



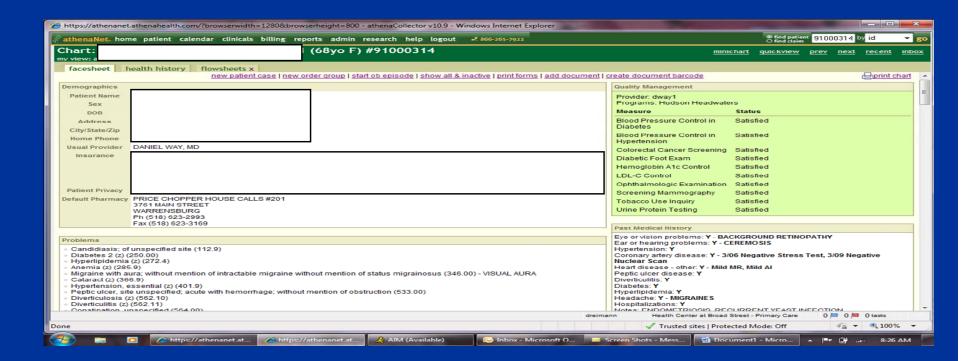
#### HPI NURSING TEMPLATE

#### Diabetes Self Care HPI Template



#### **QUALITY MANAGEMENT**

**Patient Face Sheet** 



#### The Devil's in the Detail

Quality Management Section—Full view—Visit History

