



Diabetes Learning Series

Recorded Webinars:

How One Patient Portal is Used to Empower Patients to Be Active Participants in Their Healthcare

Cynthia Nassivera-Reynolds, VP of Medical Support at Hudson Headwaters Health Network (HHHN) in Queensbury, NY provided an overview of how HHHN uses the patient portal in their Patient Centered Medical Home initiatives. Included are discussions on access and availability, test and referral tracking, and care management.

Recording Details

View Recording <https://www.livemeeting.com/cc/chcanys/view?id=DBT58K>

Recording URL: <https://www.livemeeting.com/cc/chcanys/view>

Recording ID: DBT58K No Recording key needed.

Click [here](#) to download the presentation.

Diabetes and the Eye

Dr. Daniel Casper, Associate Clinical Professor of Ophthalmology at Columbia University, College of Physicians & Surgeons and Director of Ophthalmology at the Naomi Berrie Diabetes Center in New York City provided a brief overview of diabetic retinal disease, including pathology, clinical findings, classification, current accepted treatments, and experimental/proposed therapies.

Recording Details

View Recording (<https://www.livemeeting.com/cc/chcanys/view?id=RRDJ2M>)

Recording URL: <https://www.livemeeting.com/cc/chcanys/view>

Recording ID: RRDJ2M No Recording key needed.

Diabetes and Oral Health: What is the role of the healthcare professional?

Dr. Gregory Taddeo, Dental Director at the Community Healthcare Network and Co-Chair of CHCANYS' Dental Health Clinical Sub-Committee, presents the correlations between diabetes

and oral health as well as expand on the role of the healthcare professional.

Target audience: primary care providers (MD, DO, NP, PA), nurses, dental hygienists, health educators, etc.

Click [here](#) for access to the PowerPoint slides.

Diabetes Prevention: A Clinically Sound and Community Partnered Approach

One in four adults in the US has pre-diabetes. Nearly all will develop diabetes, unless they lose weight and become more physically active. In fact, one in two African American and Latino children will develop diabetes unless our lifestyles change. Clinicians play a key role in diagnosing and managing pre-diabetes. Yet, our patients live in environments that promote obesity and sedentary activity. Thus, clinicians need to understand the social determinants of obesity and diabetes, and discover community-based assets to help their patients in the struggle to be healthy. Dr. Carol Horowitz described the diabetes epidemic, discussed strategies to prevent diabetes, and highlighted successful and promising community-academic partnered diabetes prevention efforts.

[View Recording](#)

Recording URL: <https://www.livemeeting.com/cc/chcanys/view>

Recording ID: RN896M

Click [here](#) to download the presentation.

The Utilization of Patient Navigators in Diabetes Care Management

Historically, patient navigation has largely been associated with Cancer, and several programs have demonstrated the success of navigation in this area to improve access to care for underserved populations and to reduce health disparities. However, few programs have utilized navigators to address the growing epidemic of diabetes. Chosen in 2008 as one of 6 sites to pilot HRSA's Patient Navigator Demonstration Project, Lutheran Family Health Center (LFHC) piloted its program on a cohort of uncontrolled Type 2 and gestational diabetics, and children at risk for diabetes due to obesity and/or family history. The program recruited and retained seven Community Health Workers as Patient Navigators, reached over 900 patients and designed a system for identification of eligible patients, documenting outcomes and creating recognition for Navigators within the health system.

Gayathri Chandran, Coordinator at the Care Management Program at Lutheran Family Health Centers, and Sergio Matos, Executive Director at the Community Health Worker Network of NYC, presented a session discussing their experiences, challenges and lessons learned in creating and administering a Diabetes Patient Navigation Program.

Click [HERE](#) to download PowerPoint slides.

Diabetes and its Effects on the Feet: Identification and prevention of pedal problems in the primary care setting

Dr. Craig Herman, D.P.M. presented a webinar program that provided a general overview of Diabetes statistics followed by a review of potential complications of Diabetes manifesting in the feet: Diabetic Peripheral Neuropathy, Peripheral Vascular Disease, Charcot Arthropathy, Ulcerations and Amputations.

Target Audience: PCP, Nurse, Health Educators, Quality Improvement Staff

Click [HERE](#) for access to the PowerPoint presentation.

Current Trends in the Management of Type I & II Diabetes Mellitus in Children and Adolescents

In January 2011, Dr. Aruna Poduval from Morris Heights Health Center conducted an insightful presentation on the Current Trends in the Management of Type I and II Diabetes in children and adolescents. For access to the presentation, click on the link below,

[Current trends in the Management of Type I & II Diabetes Mellitus in Children and Adolescents](#)

Managing Progressive Kidney Disease

Dr. Andy Narva, Director at the National Kidney Disease Education Program, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, focused on strategies for improving outcomes for patients with chronic kidney disease (CKD) in the primary care setting. The discussion included a description of standards of care for people with CKD as well as barriers to improving care, identifying and monitoring patients with progressive disease, collaborating with a nephrology consultant and educational materials available from the National Kidney Disease Education Program.

Download Presentations:

- [Managing Progressive Kidney Disease](#)
 - [Diabetes Self Management Goal Sheet](#)
 - [Action Plan Form](#)
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Incorporating Self Management Goal Setting with the Patient into a Routine Visit

Dr. Doug Rahner, Medical Director, and Tricia Lyman, Collaborative Coordinator of Family Health Network of Central New York, Inc. co-facilitated a webinar about incorporating self-management goals for patients with diabetes in an office visit. The purpose of self-management goal setting is to aid and inspire patients to become informed about their conditions and take an active role in their treatment. Helping patients and families manage chronic conditions is an idea whose time has come. Many patients do not understand what their doctors have told them and do not participate in decisions about their care, which leaves them ill prepared to make daily decisions and take actions that lead to good management. Others are not yet even aware that taking an active role in managing their condition can have a big impact on how they feel and what they are able to do. Enabling patients to make good choices and sustain healthy behaviors requires a collaborative relationship, a new health partnership between health care providers and teams, and patients and their families; a partnership that supports patients in building the skills and confidence they need to lead active and fulfilling lives.

The goal of the webinar is to inspire the participants to design, implement, and eventually

share how self management goal setting is incorporated in medical appointments for their patients with diabetes in their practices.

Download Presentations:

[Incorporating Self Management Goal Setting with the Patient into a Routine Visit](#) (PowerPoint presentation)

Shared Medical Appointments — An Innovative Practice Model to Improve Outcomes in Your Patients with Diabetes

Dr. Diana Berger, a diabetes and lifestyle medicine specialist, facilitated a webinar about shared medical appointments (SMA), often referred to as a “group visit,” for patients with diabetes. In a SMA, a group of 10-15 patients meets with a physician, behaviorist, medical assistant, nurse, and dedicated documenter for 90 minutes. Patient participation and peer support is an integral part of this team-based approach to care in which the care team facilitates discussion rather than lecturing. SMAs can improve clinical outcomes, increase patient and clinician satisfaction, improve access to care, and boost a physician’s productivity. This innovative practice model is efficient, cost-effective, and potentially profitable for a practice.

The goal of the webinar was to inspire the participants to design, implement, and evaluate shared medical appointments for their patients with diabetes in their practices.

Download Presentations:

- [DM Group Visits at Phillips Family and Mt. Hope Family Practice](#)
- [Shared Medical Appointments: An Innovative Practice Model to Improve Outcomes in Your Patients with Diabetes](#)

Master your Cultural and Survival Nutrition Skills

Culturally sensitive interventions are an effective way to overcome some of the barriers to medical nutrition therapy. To facilitate positive health outcomes and maximize adherence, health care professionals must integrate evidenced-based nutrition recommendations into the patient’s dietary practices and food preferences. Cultural competency encompasses cultural awareness, knowledge and skill.

Upon diagnosis, physicians and nurses are in a unique position to make initial nutrition recommendations to patients prior to their first consultation with a registered dietitian. The goals of this session are: to provide non-dietetic professionals with key nutrition counseling strategies that work in clinical practice; to apply cultural specific communication tools to patients from different cultures; and to apply a cultural food practice model.

Click [here](#) for access to the PowerPoint slides.

For any information regarding these webinars please contact, cqi@chcanys.org