

The Diabetes Education Program at the Piedmont Health Services - Carrboro

PIEDMONT

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2016-2017 NC Albert Schweitzer Fellow

Background & Aims



The Diabetes Education Program at the Piedmont Health Services in Carrboro (PHS-Carrboro) serves the patients of the clinic who have type 1 or type 2 diabetes. Our model consists of diabetes group visits and a free insulin education clinic for those who use insulin to treat their diabetes (further explained below). The diabetes group visits were in place before the introduction of the Albert Schweitzer Fellowship and the Diabetes Education Program. Through this fellowship, we strengthened the structure and content of the group visits, and implemented the first insulin education clinic here.

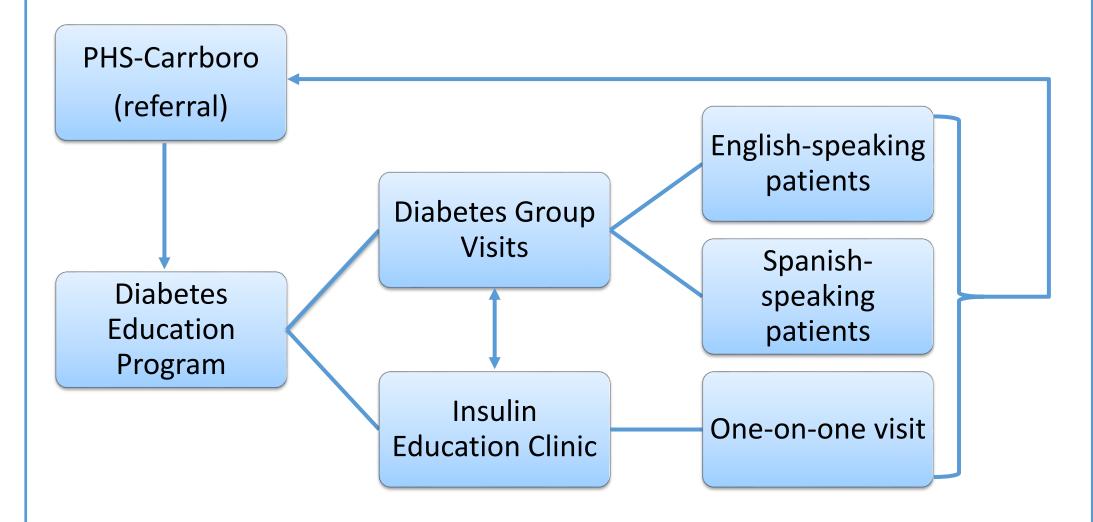
The diabetes group visits provide patients with personalized and engaging diabetes education in a group setting. The

structure of the group allows for community empowerment within our diabetes community. Ample time is reserved to address any questions from patients.

The insulin education clinic serves to give each of our diabetes patients more time to discuss issues surrounding insulin use. Our free clinic allows a space for patients to learn about the intricacies of taking this medication and provides sufficient time to address any questions or concerns.

Through these program services, we hope to see an improvement in our patients' hemoglobin A1c (HbA1c) values, medication adherence, health care utilization rates, self-management, and other relevant measures of health.

Program Structure



The Diabetes Education Program receives patients through clinician referrals. Once referred, the patient has a visit scheduled with the diabetes group, insulin education clinic, or both. There is often cross-referral between these two program services.

The diabetes group visits are offered in English and Spanish. During these visits, a group of patients come together to learn about diabetes while they receive clinic services including one-on-one time with a health care provider, a physical examination, prescriptions, laboratory studies, and additional referrals. Topics taught in our groups include diabetes and its chronic complications, nutrition and physical activity, and blood sugar monitoring and medication management.

The insulin education clinic sees both English and Spanish-speaking patients for a free, 30-minute appointment on insulin management. Our model adapts the framework used by the Joslin Diabetes Center "Take Your Best Shot Program." Once the visit is complete, we communicate our findings to the patient's primary care provider for continuity of care.

Results

Thus far, the Diabetes Education Program has served **60 patients** with diabetes at PHS-Carrboro. Many of these patients have been seen twice or more. Below are a series of tables that provide an overview of what we have achieved this past year:

Table 1. Number of program services provided this past year.

Service provided	Number held
Diabetes group visitEnglish-speakingSpanish-speaking	16 9 7
Insulin education clinics	15

Table 2. Average number of patients in attendance at each program service this past year.

Service provided	Average patient attendance
Diabetes group visit	
English-speaking	1.9
Spanish-speaking	5.3
Insulin education clinics	2.1/4

Table 3. Monetary value of free program services offered this past year.

Service provided	Monetary value
Insulin education clinics	\$850-1,190

 $[*]Based\ on\ CPT\ code\ estimates\ for\ a\ non-provider\ staff\ delivering\ educational\ services.$

<u>Highlights</u>

One of our regular attendees has worked closely with us to improve his understanding of diabetes and increase his medication adherence. Through his persistence, he has gotten his HbA1c to decrease by **4.0%**. He has maintained this level of glycemic control.

We have another devoted patient who found renewed motivation to navigate her many diabetic medications, control her nutrition, and increase her physical activity. Since entering the program she has seen her HbA1c drop by 2.4%.

Other patients have also seen decreases in their HbA1c and weight loss.

Many other patients have expressed significant gratitude for these services. Comments that we have received from patients suggest that they value the comprehensive diabetes education that they receive, and the friendships and supportive networks that they have developed through participation in our program services.



Next Steps

New leadership -

We are pleased to welcome Molly Crenshaw and Nicholas "Niko" Lenze to the PHS-Carrboro team! Molly and Niko are rising 2nd year UNC medical students in the Comprehensive Advanced Medical Program of Spanish (CAMPOS). They were awarded a subsequent Albert Schweitzer Fellowship to continue advancing all aspects of our Diabetes Education Program.

Diabetes Education Home Visits -

Our new leaders will work to reach patients with diabetes who have barriers to clinic attendance through diabetes education home visits. They will work with the clinic to identify patients who often miss appointments due to work obligations, childcare, lack of transportation, and more. After making initial contact, Molly and Niko will travel to an individual patient's household to deliver essential diabetes education. Any pertinent findings will be communicated back to the clinic for continuity of care.



The Pediatric Population –

Third year MD/PhD student, Sarah Brnich, is working diligently to expand our program services to the pediatric population at PHS-Carrboro. Her initiative will focus on the primary prevention of obesity and diabetes in this population.

CAMPOS Collaboration -

We will continue to foster the strong relationship we have with the CAMPOS program. As the year progresses, 4th year Spanish-speaking medical students in the Latino Clinic elective will rotate through the Diabetes Education Program to gain exposure to comprehensive diabetes education.

Beyond PHS-Carrboro -

The Diabetes Education Program is working to collaborate with additional PHS sites across North Carolina to distribute our model to other clinics.

Acknowledgements

First and foremost, I want to thank all of the patients who participated in this program. We hope we served you well.

I also want to thank my outstanding mentors, Lisanna Gonzalez, Dr. Rupal Yu, Dr. Abigail DeVries, Marni Holder, and Dr. Marco Aleman. Without you, this program would not be possible. To all of the PHS-Carrboro providers who referred patients to our program, thank you for your confidence in our program services. Philippe Chedaille, thank you for your tremendous support with the technical aspects of this project.

Finally, I want to thank the Albert Schweitzer Fellowship for their guidance, leadership and financial support. For more information on the fellowship, see **www.schweitzerfellowship.org** or call **704-895-6596**.

