The Diabetes Education Program at PHS Carrboro: A Triple Approach

Nicholas Lenze & Molly Crenshaw
2017-2018 Albert Schweitzer Fellows

Objectives

- To educate and empower Spanish-speaking patients with Type 2 diabetes in the Chapel Hill and Carrboro area
- To partner with Piedmont Health Services in Carrboro for patient recruitment
- To reach the patients via three pillars:
  -- Group Visits
  -- Insulin Clinics
  -- Home Visits
- To assess success via the following metrics:
  -- Decrease or maintain body weight
  -- Decrease HbA1c by 1% or more
  -- Decrease blood pressure or achieve <140/90
  -- Achieve a SMART goal
  -- Improve on the PROMIS scale by ≥ 2

I. Group Visits
Format: Leaders facilitate a discussion about 1 of 3 rotating topics while a provider pulls patients for individual visits
Rotating Topics:
  a. Diabetes & Its Complications
  b. Nutrition & Exercise
  c. Medication Management

II. Insulin Clinics
Format: Leaders schedule individual visits with patients in clinic to review insulin and medication management
Common Lesson Plans:
  a. Skin pad injection demonstration
  b. Management of hypoglycemia
  c. Blood Glucose Monitoring
  d. Insulin Facts and Myths

III. Home Visits
Format: Leaders travel to patient home and provide individualized education about topics identified by the patient and his/her provider

Results

<table>
<thead>
<tr>
<th>Number of initial encounters</th>
<th>27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group visits</td>
<td>7</td>
</tr>
<tr>
<td>Home visits</td>
<td>12</td>
</tr>
<tr>
<td>IEC</td>
<td>8</td>
</tr>
<tr>
<td>Number of follow-up encounters</td>
<td>25</td>
</tr>
<tr>
<td>Group visits</td>
<td>4</td>
</tr>
<tr>
<td>Home visits</td>
<td>4</td>
</tr>
<tr>
<td>IEC</td>
<td>3</td>
</tr>
<tr>
<td>Office-based with provider</td>
<td>14</td>
</tr>
</tbody>
</table>

Conclusions

- ⅓ of the patients we reached improved in at least 3 out of the 5 metrics set at the beginning of the program
- Common anecdotal barriers to success included cost of medications and job demands
- 93% of patients were seen for a follow-up encounter, illustrating strong engagement with their health despite known history of missed appointments in this population
- Two current medical students have taken over the project and will sustain it during the 2018-2019 academic year
- Sustainability plan: To incorporate the Diabetes Education Program into the Student Health Action Coalition (SHAC) clinic in the coming year

Acknowledgements

- Our mentors
  -- Dr. Marco Alemán
  -- Herodes Guzman, MS4
  -- Dr. Abigail DeVries
  -- Dr. Rupal Yu
- Our patients