

PCMH3 ELEMENT A #2: *“The practice implements evidence-based guidelines through point-of-care reminders for patients with certain conditions” – Second Important Condition*

Condition Selected: Patients with uncontrolled diabetes.

As of June 2013, Old Town Clinic had more than 560 patients with a diagnosis of diabetes mellitus (DM), 41% of whom had a recent A1c level above 8%, indicating poor control of the condition. An additional 300 patients were diagnosed with pre-diabetes, at risk of developing diabetes due to poor diet or long-term medication management of mental illness. Effective management of DM within OTC’s patient population is challenged by the high rate of poverty and homelessness, which limits access to resources needed to support healthy diet and nutrition. A high percentage of diabetic patients at Old Town Clinic also have co-occurring substance abuse disorders or mental illness, which can impede their self-management ability and lead to increased use of emergency services for diabetes-related care.

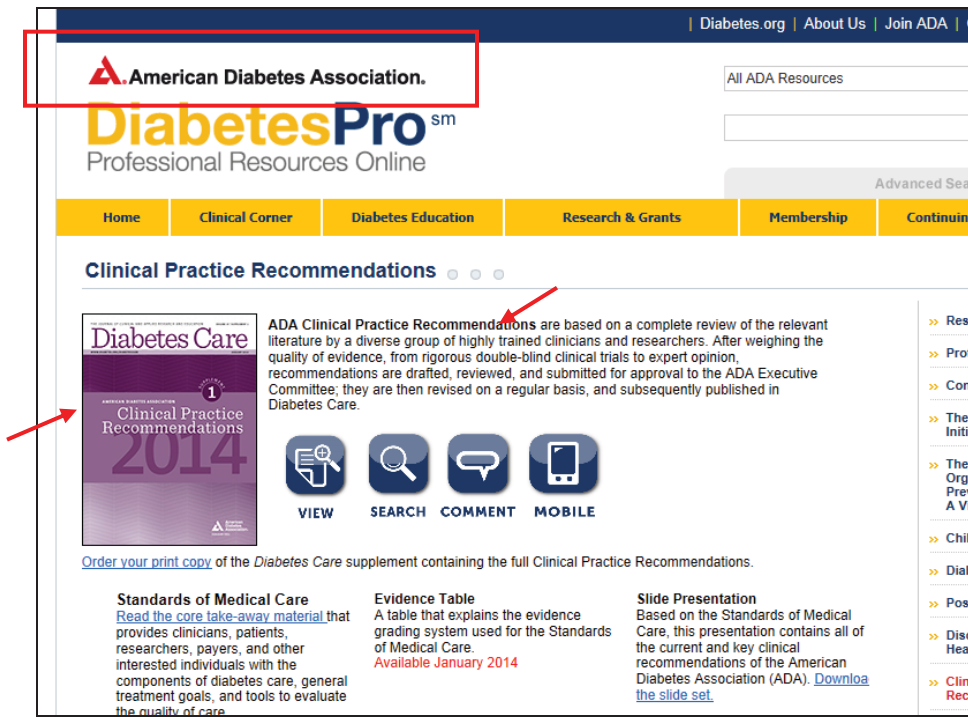
In order to manage the diabetic population at the clinic, patients are categorized into 3 levels based on their condition and need for support services. Creating levels allows OTC to dedicate resources judiciously. Level 1 diabetics are managed successfully through routine contact with their PCP which includes medication management, education and monitoring of control through periodic A1c testing. Level 2 diabetics consistently show A1c levels above the 8% threshold for control and could benefit from the support services provided by the BLOOM program, which combines group and individual visits led by PharmDs, individual visits with PCPs, and educational classes that promote healthy diet and lifestyle choices for patients on a low-income budget. Level 3 diabetics require more intensive services from external specialists (e.g. endocrinologist), which is supported by routine care and monitoring by PCPs at the clinic.

For Level 2 diabetic patients, the BLOOM program is a collaborative care model that involves both pharmacy and primary care staff in the holistic management of diabetes. PharmDs provide BLOOM group visits that educate patients about the disease and provide self-management skills to supplement medication management strategies. The PharmDs also meet individually with patients to assess and monitor the effectiveness of medication therapy, in collaboration with the patient’s PCP. The 12-week BLOOM curriculum educates patients about the development and management of diabetes, including the importance of self-monitoring, medication adherence, regular exercise and healthy diet. These groups are supplemented by healthy cooking classes run by a culinary student and dietitian student from local institutions, fostering a mutually beneficial community collaboration.

Patients participating in the BLOOM program can be identified in the EHR by running a query by visit type, which captures the unique BLOOM group visit type.

Documentation Example #1: Diabetes Management Evidence-Based Guidelines

The BLOOM program follows evidence-based guidelines provided by the American Diabetes Association. These guidelines specifically address screening, Medical Nutrition Therapy, related vaccinations, LDL, and other health measurements for uncontrolled DM. The guidelines can be found at <http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=84160&loc=practitioners>



Documentation Example #2: BLOOM Program Guidelines

The following guidelines are a workflow description used by BLOOM providers. The guidelines have been in place at OTC since July 2011.

BLOOM Program: The Basics

Level 1: Our diabetic patients with an A1c < 7.5 (they receive usual care, which is a packet mailed to them about Diabetes)

Level 2a, 2b, 2c: These are the patients that are “eligible” for groups / ongoing Diabetic counseling. (A1c > 7.5)

- Level 2a: Eligible, but not participating yet ('in queue')
- Level 2b: Eligible, currently participating (groups or 1-1)
- Level 2c: Eligible, but have either passively opted out (stopped coming and we can't reach them) OR they have stated that they aren't interested in receiving management.

Level 3: These are the patients receiving care elsewhere—for example, with an endocrinologist.

HBA1C Outreach-Care Alerts and flags

- If you find a patient that has not had an HBA1C in the last 6 mths, send a care alert (attached to the pt's chart) to the provider's Panel Manager. Refer to the team list if you are not sure who the PM is.

- In the message, ask the PM to send you a reply when the HBA1C has been completed. The Care Alert then can be removed by the pharmacy.

-If the PM says that the patient sees an endocrinologist, send a FLAG to [REDACTED] and ask her to fax off for the pt's most recent lab results.

-If the PM says that the patient does not come to the clinic anymore, have them send a care alert to Krista for Panel cleaning.

LDL Outreach- Care Alerts and flags

- Our participating patients in the BLOOM program (lvl 2bs) also need an LDL every 6- 12 months depending on the treatment plan, but at least once a year. Follow the same as above if you find a pt that needs an LDL / is overdue (send a Care Alert to the PM).

BLOOM Outreach

What to do if a patient....

Is Diabetic but has an HBA1C < 7.5? (controlled)

- These patients receive an informational packet as well as a letter, and are listed on the Level 1 tab. You can print out a letter for the patient by going to their chart, pressing 'print' and selecting the "Lvl 1 BLOOM letter" in the EMR.

Is Diabetic but has an HBA1C > 7.5? or newly diagnosed (uncontrolled)

-These patients are eligible for BLOOM. Contact them and try to get them into the groups, or an Initial office visits with BLOOM. These patients are to be listed on the Level 2a tab on the tracking spreadsheet.

As soon as they enroll in BLOOM, they transfer to the 2B tab. As soon as a patient opts out, list them on Lvl 2c.

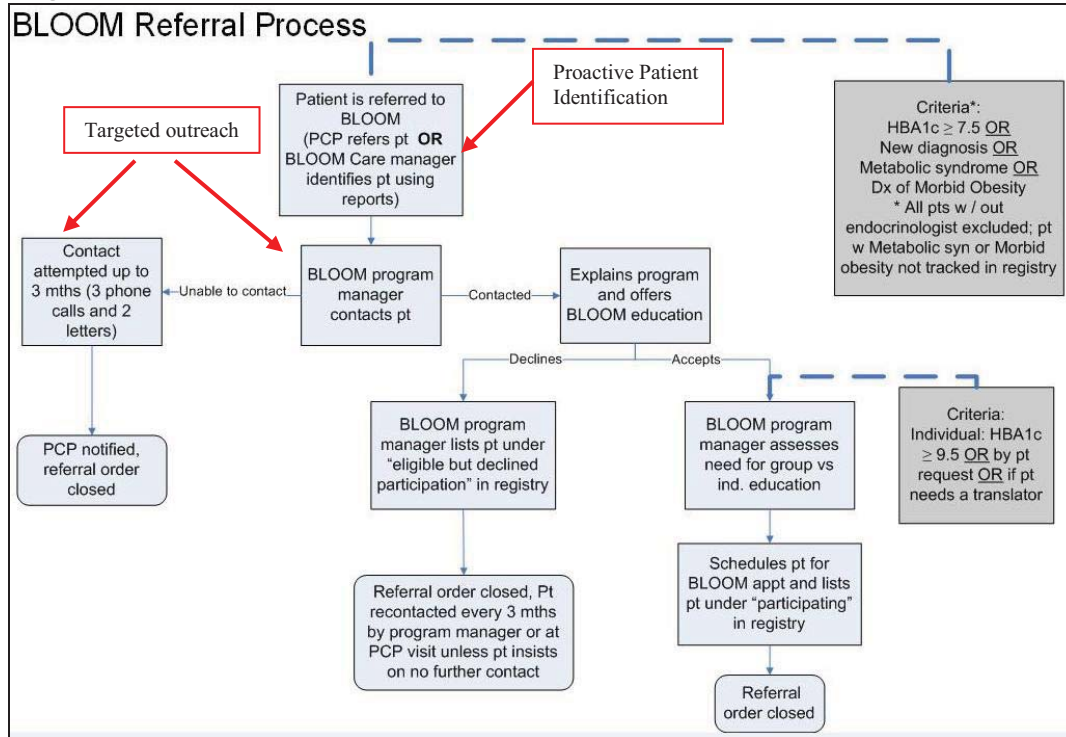
Is Diabetic, but seeing an Endocrinologist?

-These patients are to be listed on the last tab-Level 3.

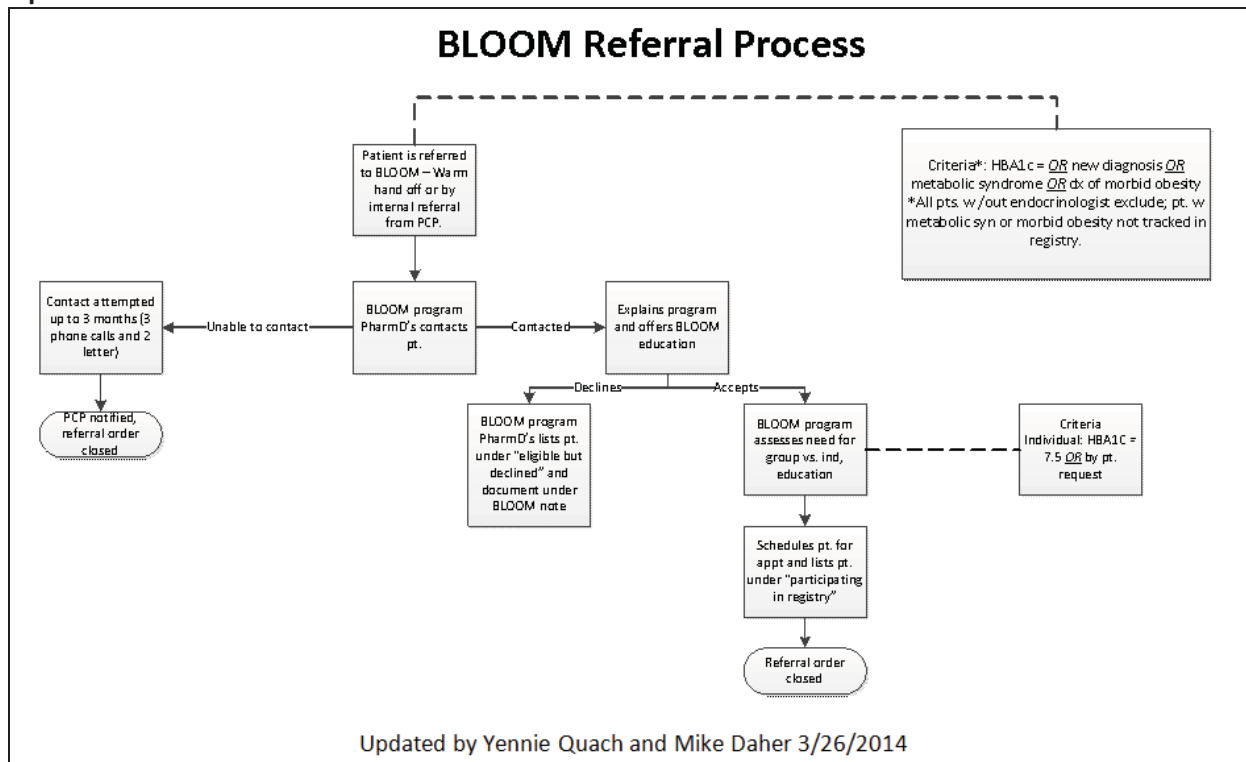
Documentation Example #3: BLOOM Referral Process

Below is the workflow organizer for referrals to the BLOOM program. This 1st process has been in place since June 2013. The 2nd screenshot shows the updated process, which occurred during the preparation for this application as the BLOOM program continued to improve its workflow.

Original Process:

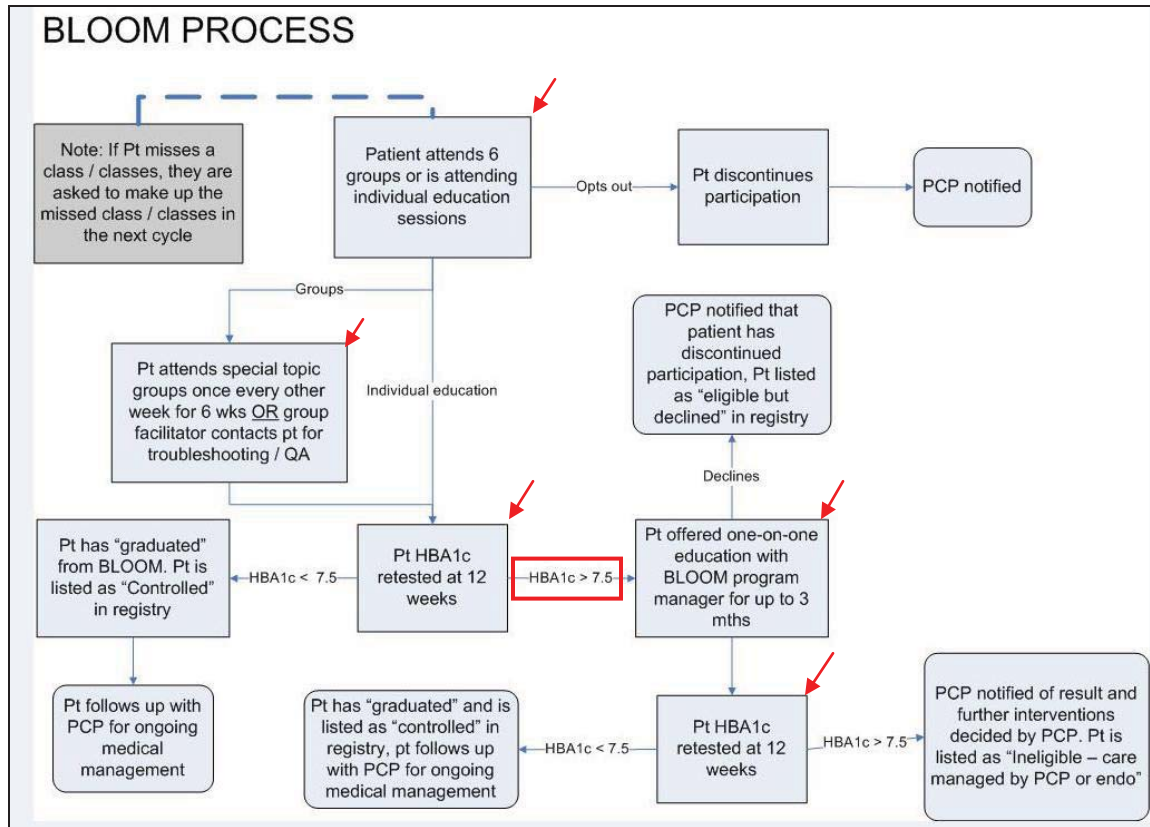


Updated Referral Process:



Documentation Example #4: BLOOM process chart

The BLOOM process chart below details the flow of the BLOOM program for patients with uncontrolled diabetes. Patients are introduced to the BLOOM program through their PCP. It is common for the PCP to provide information about the BLOOM program over several visits before the patient agrees to participate.



Documentation Example #5: Bloom Group Class Syllabus

The following course syllabus provides guidance for OTC's BLOOM providers. Patient participation is tracked in the patient's chart through the EHR.

Bloom Group Class Syllabus

Class Day and Time:

Week	Topic	Objectives
1	Intro to diabetes Part 1	<ul style="list-style-type: none"> Define diabetes List common risk factors for diabetes Differentiate between type 1 and type 2 diabetes Understand how our body uses insulin Recognize hypoglycemia and hyperglycemia Define glycoslated hemoglobin (HbA1C)

		<ul style="list-style-type: none"> • Define glucose goals for before and after meals • Understand the importance of vaccinations
2	Intro do diabetes Part 2	<ul style="list-style-type: none"> • Understand proper usage of a glucose test meter • Understand the purpose of testing • Understand when to test • Understand how to manage low blood sugar
3	Diabetes Complications Part 1	<ul style="list-style-type: none"> • Understand the complications of diabetes • Understand the importance for routine foot care • Understand the importance of yearly eye exams • Hand out foot care kit
4	Cooking Class	Culinary Student and Dietitian Student
5	Diabetes Complications Part 2	<ul style="list-style-type: none"> • Understand the importance of dental care • Dental guest speaker to talk about dental care • Hand out dental care kits
6	Exercise & Healthy Eating Part 1	<ul style="list-style-type: none"> • Understand the importance of exercise • Understand how exercise affect blood sugar levels • Understand what foods are healthy to eat and what foods are not healthy to eat– dietitian student guest speaker
7	Exercise & Healthy Eating Part 2	<ul style="list-style-type: none"> • Understand carbs – dietitian student guest speaker • Understand how to read food labels • Understand basic carb counting
8	Cooking Class	Culinary Student and Dietitian Student
9	Medication & Sick day management	<ul style="list-style-type: none"> • Understand the importance of taking medication • Basic understand of how each diabetes medication work • Know how to manage diabetes on sick days • Hand out sick day kits
10	Roadblocks	<ul style="list-style-type: none"> • Discuss possible road blocks to management of diabetes and how to overcome them • No quiz
11	Healthy Cooking on a lean budget	<ul style="list-style-type: none"> • Guest speaker: Culinary/Dietitian
12	Cooking Class	Culinary Student and Dietitian Student