

ProClarity Database Used to Improve and Manage Diabetic Patients

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Background

- Diabetes is the 7th leading cause of death in the United States and it's the major cause of heart disease and stroke.
- Diabetes affects 25.8 million people in the United States (18.8 million diagnosed patients and 7.0 million undiagnosed patients).
- Estimated total cost \$174 billion annually in the U.S.
- Medical expenses are two times more for people with diabetes than for people without diabetes.

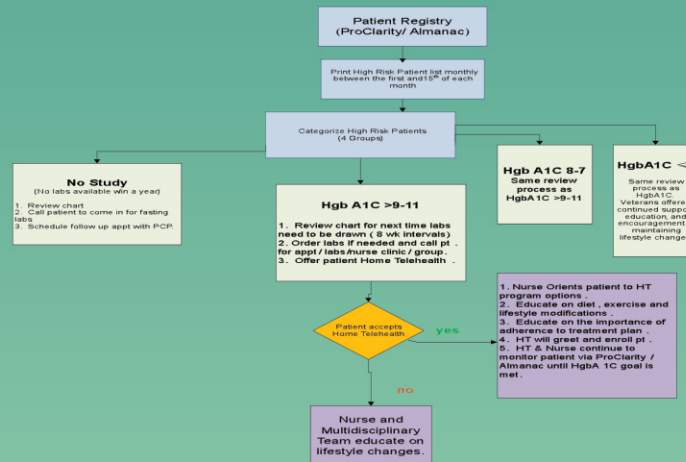
Purpose

The purpose of this initiative was to track and trend high risk diabetic patients while utilizing the ProClarity database to assist with panel management. Recent advances in Information Technology (IT) have been used to manage chronic diseases including diabetes mellitus with the use of various applications such as patient registry, telemedicine, and electronic decision support (Costa, et al., 2009). Evidence shows case management and teaching self management skills for diabetic patients promotes positive outcomes and decrease cost for the institution by fewer visits and medication usage (Egginton, 2012).

Methods

- Diabetic patients with HgbA1C >9 were referred to Home Telehealth (HT) and were managed by the multidisciplinary team. A monthly comparison was made using ProClarity database. One hundred patients were case managed for 18 months.
- Patients migrated from the "no study" group (no annual HgbA1C on record) to a lower HgbA1C <8 category which demonstrated improved lab test compliance and clinical outcomes.

Process for Management of Diabetic Patients



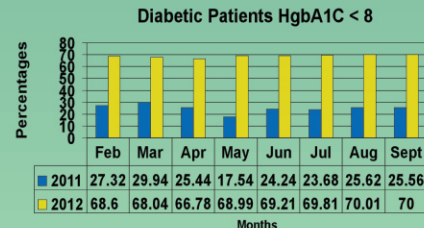
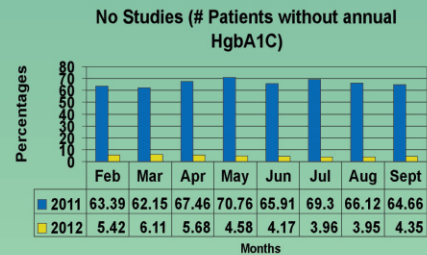
Discussion

Patients that received intensive case management and referrals to Home Telehealth at a specific Outpatient Clinic at the VA had a significant increase in compliance and as a result decreased their HgbA1C. The health care team's treatment modality included monthly telephone calls, diabetic education, diet modification, exercise, medication compliance, self-monitoring, etc. The usage of a ProClarity database made this information readily available for the staff to track and trend this patient population. In 2011, on average >65% patients were not compliant with meeting the minimum standard of having an annual A1C on record and >80% of patients' A1C were >8. After the introduction of this technology to the staff, these high risk patients were able to be easily identified. The following year positive outcomes were noted. There were >68% of patients with HgbA1C <8 and "no studies" patients decreased to <5%. This demonstrated that integration of technology and case management was effective in the improvement and management of diabetic patients.

Conclusion

The emerging trend in health care is for staff to use disease registries to track, trend and manage high risk patients. These registries provide a wealth of patient information that is designed to support and aide the providers in the maintenance of their panels. "Health information technology is designed to support provider decision making, including alerts and prompts suggesting specific actions has become an increasingly prevalent component of electronic health records, and thus clinical care."

Osborn, C.Y., Mayberry, L.S., Mulvaney, S.A., Hess, R. (2010). Patient Web Portals to Improve Diabetes Outcomes: A Systematic Review. Current Diabetes Report, 10 (6), 422-435. doi: 10.1007/s11992-010-015-1



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