

AHEAD Podcast 1 - Timely Follow-Up and Team-Based Care for Diabetes Management

Transcript

[Jazzy instrumental intro music]

[Voiceover] Michael Konstan: Welcome to the AHEAD Initiative podcast series focused on sharing evidence-based practical strategies to improve diabetes outcomes and advance diabetes health equity. I'm Dr. Michael Konstan from Case Western Reserve University School of Medicine, and I serve as the principal investigator for the Northeast Ohio Quality Improvement Hub, a collaboration of Case Western Reserve University with Northeast Ohio Medical University. The Northeast Ohio QI Hub is funded by the Ohio Department of Medicaid and provides quality improvement infrastructure for primary care clinics in our region. We hope you enjoy today's ahead initiative podcast.

Betul Hatipoglu: We are here today on the very first podcast for the Northeast Ohio Quality Improvement Hub Ahead Initiative. My name is Dr. Betul Hatipoglu, Center Director for Diabetes and Metabolic Care at University Hospitals, Professor of Medicine at Case Western Reserve University, and endocrinology lead for the Ahead Initiative. I am delighted to talk with Dr. Shari Bolen today about team-based care approaches to improving blood sugar control, focused specifically on timely follow-up and A1C testing. Dr. Bolen is a co-principal investigator of the Northeast Ohio Quality Improvement Hub and Ahead Initiative, a professor of medicine at Case Western Reserve University School of Medicine, and a general internist who directs the Population Health and Equity Research Institute at the MetroHealth System. She has successfully led regional and statewide efforts to improve hypertension and glycemic control in primary care clinics serving diverse populations. Welcome to our first podcast.

Shari Bolen: Thanks so much for having me. I'm excited to talk with you today and share some of the activities that have successfully improved diabetes outcomes in Ohio.

Betul: Before we dive into how practices can implement timely follow-up, what does timely follow-up mean to you when considering improving glycemic control for patients with diabetes?

Shari: For our diabetes quality improvement projects in primary care, timely follow-up means seeing a patient with diabetes who has elevated sugars at least monthly until their blood sugar is at goal. Sometimes we do see patients back sooner—such as in a few days or one to two weeks—if their sugars are very high, like over 400 mg/dL, but we do not want them to go longer than a month.

Betul: That is excellent. What is the evidence behind this approach?

Shari: We have evidence from our Medicaid-funded statewide quality improvement effort in Ohio, recently published in the American Journal of Public Health. In about 20 high-volume Medicaid primary care practices, the percentage of patients with A1C greater than 9% improved from 25% to 20%. These practices focused on A1C testing, monthly follow-up until control was achieved, patient outreach, and addressing social drivers of health like transportation. Timely follow-up in team-based care was a big part of those improvements.

Betul: Congratulations. What other evidence exists around timely follow-up besides this one?

Shari: Several other studies demonstrate that more frequent follow-up is associated with improved glycemic control compared to the standard three-month follow-up. For example, a study by Dr. Hugh and colleagues randomly assigned patients to either conventional therapy (every 3 months) or intensive therapy (every month). The results showed a statistically significant and clinically relevant difference in A1C of 0.5% and better quality of life in the monthly follow-up group.

Betul: How do you put this into practice in a clinical setting?

Shari: First, you must determine your A1C cut point, such as choosing everyone with an A1C greater than 9% or a rising risk group greater than 8% or 8.5%. Once chosen, you need a process to identify those patients. Practices have done this successfully by adding a column with the last A1C result to their electronic health record (EHR) patient list or by establishing point-of-care A1C testing. Point-of-care testing allows staff to see results immediately and schedule follow-up before the patient even leaves the clinic.

Betul: What staff do you think within primary care could assist with these tasks?

Shari: Typically, whoever is rooming the patient, such as a medical assistant, can look at the last A1C and determine if a follow-up needs to be scheduled. However, it doesn't have to fall to them; it could be a nurse, community health worker, or even front desk staff if they are trained and there is an appropriate protocol in place.

Betul: Why not choose an A1C goal of seven and more as a cut point for timely follow-up?

Shari: We worry about over-treatment, since some patients need higher A1C goals than 7%. Plus, there are often capacity constraints regarding how many patients can be seen back frequently within a practice.

Betul: What have been successful strategies to obtain A1C testing?

Shari: Two key strategies are pre-visit planning, where patients come in advance for labs, and standardizing same-day testing. Same-day testing can involve point-of-care A1C tests or a lab draw at the clinic right before or after the visit.

Betul: What are some things to know when you want to institute point-of-care A1C testing in a clinic that has never done it before?

Shari: First, work with your clinical pathology department for analyzer approvals and ensure results automatically integrate into the EHR. Second, collaborate with nursing and office managers to identify a workflow, perhaps designating a point person or a medical assistant champion to help with troubleshooting. Third, test your process with a small group of providers and staff—even just one or two people—and adjust based on feedback before spreading it to the whole clinic.

Betul: Thank you very much, Dr. Bolen, for talking with us today about these approaches. We are truly grateful for your time.

Shari: Thanks so much for having me. We encourage listeners to visit our website at NEOQIHub.org for a diabetes clinical quality improvement toolkit and more information. Thank you all for listening.

[Voiceover] Michael: This concludes today's AHEAD Initiative podcast. The Northeast Ohio QI Hub is part of the regional quality improvement hub project funded by the Ohio Department of Medicaid. Views stated are those of the presenters only and are not to be attributed to the Ohio Department of Medicaid or the federal Medicaid program.

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