

Coordinated Clinical Care for Better Diabetes Outcomes

KelseyCare's accountable, coordinated model of care helps patients better manage a diagnosis of diabetes. Diabetes Care Management is one of six programs offering ongoing, personalized outreach to engage patients in managing chronic conditions and diseases. Our nurse care managers are part of our clinical care team, with full access to a patient's electronic medical record (EMR). KelseyCare's nurse care managers are registered nurses with more than 100 years of collective experience. Care management guidelines are set and supervised by Patrick Carter, M.D., M.B.A., F.A.A.F.P., Medical Director for Care Coordination and Quality Improvement and Chief of Family Medicine at Kelsey-Seybold.



Clinical resources for diabetes care at Kelsey-Seybold include:

- **More National Committee for Quality Assurance (NCQA) recognized physicians** for excellence in diabetes care (98) than any other healthcare organization in Houston.
- **Diabetes education classes** in English and Spanish, recognized by the American Diabetes Association.
- **Diabetes education and nutritional counseling** from a Kelsey-Seybold certified diabetes educator (CDE) and registered dietitian (RD).
- **After-hours nurse triage** to support the patient and family at 713-442-0000.
- **Easy access for testing:** Onsite laboratory at every Kelsey-Seybold location with early (starting at 7 a.m.) appointments for recommended glucose, lipid and protein tests, and four Saturday locations open 9 a.m. - 2 p.m.
- **Online resources:** With their secure MyKelseyOnline account, patients can email their doctor's office, check most test results and self-schedule appointments.



The Diabetes Care Management team includes:

- The patient's primary care physician.
- Diabetes nurse care manager.
- Certified diabetes educator.
- Registered dietitian for nutritional counseling.
- Endocrinologists, cardiologists and other highly qualified specialist physicians as needed for individualized care, all sharing a common EMR. We use the EpicCare EMR – the nation's leading technology platform used by Mayo Clinic, Kaiser Permanente and other leading healthcare organizations.

Hilaria Medrano

says that KelseyCare Disease Management Nurse Noemi "Sam" Samaniego, R.N., "made the difference in my life."



How Coordinated Diabetes Care Management Works

Step 1

We identify diabetic patients and utilize pre-set criteria to determine the disease severity.

Using our EpicCare real-time system, any patient who is seen by a Kelsey-Seybold physician and given a diagnosis code of diabetes is classified as having mild, moderate or severe diabetes according to these criteria:

Mild

- Hemoglobin A1c (HbA1c) <7.5
- 2 or fewer diabetes medications
- Absence of nephropathy

Moderate

- HbA1c 7.6-8.9
- 3 or more diabetes medications
- Presence of mild nephropathy
- Presence of mild retinopathy
- Single daily shot of insulin

Severe

- HbA1c >8.9
- 5 or more diabetes medications
- Multiple daily shots of insulin
- Presence of moderate-severe nephropathy
- Presence of moderate-severe retinopathy

Intervention is based on the severity of the disease. For patients with severe diabetes, our care management nurse will reach out to them monthly by phone. Patients with moderate diabetes will receive a call from the care management nurse every three months. Patients who have been newly diagnosed with diabetes or who are in poor control of their disease are encouraged to attend diabetes education classes with a Kelsey-Seybold certified diabetes educator. In addition, all patients with diabetes receive periodic preventive health reminders and educational materials to help them better understand and control their disease.

Step 2

We contact patients who are out of compliance.

For each disease that we manage, we have a list of exception criteria that are used to identify patients who are out of compliance for either indicated testing or for a follow-up visit with the appropriate physician. For patients who are out of compliance, we contact them by letter, a secure email via the patient's MyKelseyOnline portal or phone. Our EpicCare EMR automatically rechecks to make sure the patient has scheduled the recommended test or visit. Any patient who is still out of compliance receives a second letter, email or phone call. Exception criteria include:

- Lack of HbA1c test within past 6 months.
- Lack of urinary microalbumin test within past 12 months.
- Lack of office visit with a Kelsey-Seybold physician within the past 7 months.
- Lack of measurement of blood lipid levels within last 12 months.

Step 3

We emphasize both testing and lifestyle changes.

Patients identified as diabetic receive ongoing monitoring and support appropriate to their acuity level. Recommended testing is based on national standards and the physician's care plan, which the entire care team can view via the EpicCare EMR. At a minimum, these tests are recommended:

- Measurement of HbA1c and lipids on a frequency set by their primary care physician (PCP).
- Annual testing for protein/kidney damage.
- Annual retinal exam.
- Recommended checkups with their physician.