Medical Assistants and Diabetes Planned Care: More than Just the Vital Signs

Shari Gioimo, CMA
Providence St Peter Family Medicine, Olympia Wa
CDC Diabetes Translation Conference
May 7, 2008
St Peter Family Medicine
Olympia, Wa

- Family Medicine Residency Training Program
- 7 Family Docs, 3 ARNP’s
- 18 Residents
- 3 RN’s
- 18 Medical Assistants
Population

- 340 with diabetes
- 34,000 visits a year of Patients
- 40% DSHS
- 12% Medicare
- 35% Commercial Insurance
The Patient

Leaves with scripts, referrals, and Instructions
“A passive experience”

The Medical Assistant

The Provider
Role of MA...

- The MA traditionally “roomed” and “vital’ed” the patient prior to the PCP visit.
- The MA was dependent on the PCP direction.
- The MA-Patient Relationship was not well developed.
- The MA role was to perform tasks and keep the office flow moving.
The Patient

The Medical Assistant

The Provider

The Non-Clinical Staff

Other Activated Patients
What’s different?...

- MA-Patient relationship was better developed.
- MAs & PCP partnered with patients—the patient actively participates.
- PCPs had more time to spend with patients helping support patient self-management goals.
Medical Assistants within the CCM
MA & Delivery System Design: Key Services…

- **Planned Visits** with MA and Patients.

- MA Organized **Group Visits** with PCP and Patients.
  - Mini-group visits
  - Open-Office Group Session
MA & Decision Support:

- Standing Orders- support MA planned visit
- Laboratory Results- available for provider at patient visit
- Immunizations- done at planned visit
- Foot Checks- done by MA
MA & Clinical Information Systems

- EMR (Centricity)
- Internet access in every room
- Data Input into Data Registry - individual and population care
  - A1c
  - Lab Results
  - Immunizations
  - Eye Exams
  - Smoking Cessation Counseling
  - Medications
  - Vital Signs
  - Self-Management Goals
MA & Interaction with the Community

- Initiate patient referrals to local ADA Recognized Diabetes Education Center.
- Initiate patient referrals to other community specialists, i.e. endocrinologists, ophthalmologists, podiatrists, etc.
- Consult with other community health care teams.
MA & Self-Management Support

- Emphasize patient goal setting - start with Readiness to Change Model, then coach/motivational interviewing approach.

- MA planned visit and follow-up phone calls to “check-in”.
Self Management Goal Cycle

Self-Management Goal Cycle (SMG)

A Provider Approach to Quality Goals:
- BBSWAR - Big Bad Sugar WAR
- Background
- Barriers
- Success
- Willingness-To-Change
- Action Plan
- Reinforcement

Phone Call
Group Visit
Planned Visit
Follow-up Phone Call
Data Entry
Provider Visit
CDEMS Registry
Percent of Patients with Self-Management Goals

Goal = 70%
Quality of Patient Self-Management Goals

Self Management Quality
How hot are you?

The ideal goal is patient initiated and patient orientated having taken into account all previous successes and any current barriers, is small and reachable and is very specific. Our hope is that a patient is able to build on a series of small successes that, collectively, lead to big rewards.

| QR-5 | I will walk on a treadmill at home on M-W-F at 6 a.m. for 30 minutes. LOS Score=8/10 |
| QR-4 | Go to YMCA and do water aerobics for 1 hour from 5-6 p.m. everyday. |
| QR-3 | Ride bike 3 times per week around neighborhood. |
| QR-2 | Check blood sugars 2 times per day. |
| QR-1 | Quit Smoking. |

Quality Rating Scores...
1 point-Activity (what they are planning on doing)
1 point-Duration (how much)
1 point-Frequency (when...morning, noon, night MWF etc.)
1 point-Location (where are they going to perform this new activity)
1 point-LOS Score (a patient's self-assessment of how likely they will be successful, from 1-10)
Quality of Self-Management Goals Over Time

Clinic SMG By Date

Mar-01 May-01 Jul-01 Sep-01 Nov-01 Jan-02 Mar-02 May-02 Jul-02 Sep-02 Nov-02 Jan-03 Mar-03 May-03 Jul-03 Sep-03 Nov-03 Jan-04 Mar-04
The Medical Assistant Curriculum

A result from a Robert Wood Johnson Foundation Grant.
A Step by Step Instruction to prepare MAs for work within Primary Care using the CCM.

Incorporates MA Peer to Peer Instruction.

Two four hour sessions that are fun and exciting!!
Patient Story....
Contacts

Shari Gioimo CMA
shari.gioimo@providence.org

Devin Sawyer M.D.
devin.sawyer@providence.org

Janet Wolfram RN, MN, CDE
janet.wolfram@providence.org