

Addressing Type 2 Diabetes Health Disparities: Provision of Year-Long Ongoing Support

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Project Goals and Summary

- **Project Summary:** A replicable model to improve glycemic control for PWD in poor control
- **Project Goals**
 - Build-out telephonic self-management support
 - Conduct a randomized clinical trial comparing the intervention to usual care (underway)
 - Evaluate clinical and patient self-report outcomes
 - Disseminate outcomes; sustain lessons learned

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Patient Experience

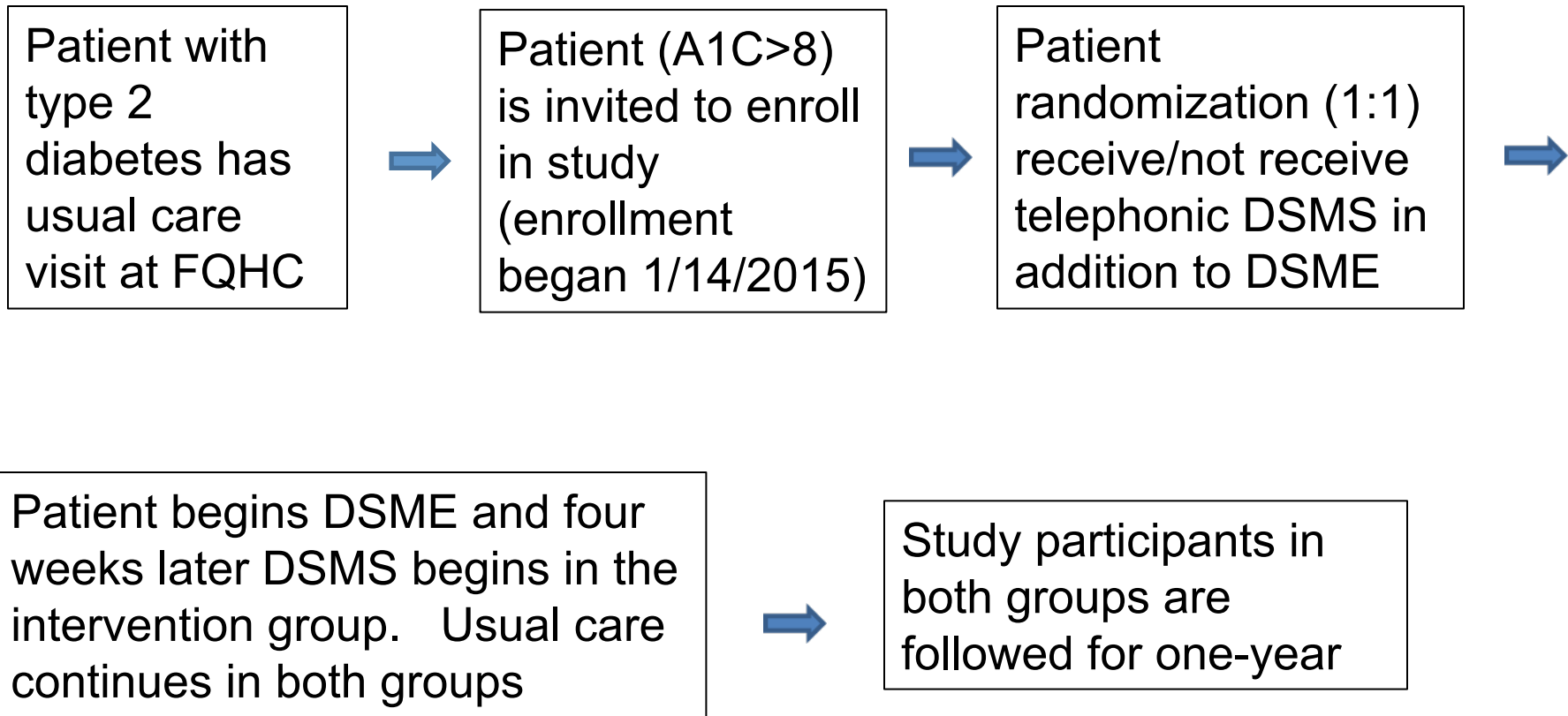
- Patients being recruited at 4 FQHCs
 - Triad Adult and Pediatric Medicine, High Point NC
 - El Rio Community Health Center, Tucson AZ
 - Cross Trails Medical Center, Cape Girardeau MO
 - FamilyCare HealthCenter, Scott Depot WV
- Telephonic diabetes self-management support
 - Delivered by health navigators at the National Center for Farmworker's Health, Buda TX

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Patient Experience – Service Map



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Project to Date

- Clinical and community capacity built
 - 4 FQHCs in diverse communities; a central Call Center (NCFH), and two central databases (APhAF, ODSS) are engaged in the project; enrollment began 1/14/2015
- Services delivered
 - Patients receive usual care that includes DSME w/wo ongoing telephonic DSMS for a one year
- Measured outcomes
 - Clinical assessments (A1C, BP, cholesterol, etc)
 - Patient knowledge and quality of life assessments

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The Team

- This study is a team effort and would not be possible without the hard work, engagement and enthusiasm of colleagues that include:
 - Chrissy Warren BS MS, and Ashley Lipke RN CDE, Crosstrails Medical Center
 - Marisa Rowen PharmD CDE and Kelly Boesen, PharmD BCPS, El Rio Community Health Center
 - Megan Kraskouskas MS RD LDN, Triad Adult and Pediatric Medicine
 - Grace Gibson RD LD CDE CPT, FamilyCare HealthCenter
 - Ben Bluml RPh (APhAF) and Sylvia Partida BA MA (NCFH)

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