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DIABETES INITIATIVE
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CDE Role in Redesigning Primary Care: Training MAs in the CCM

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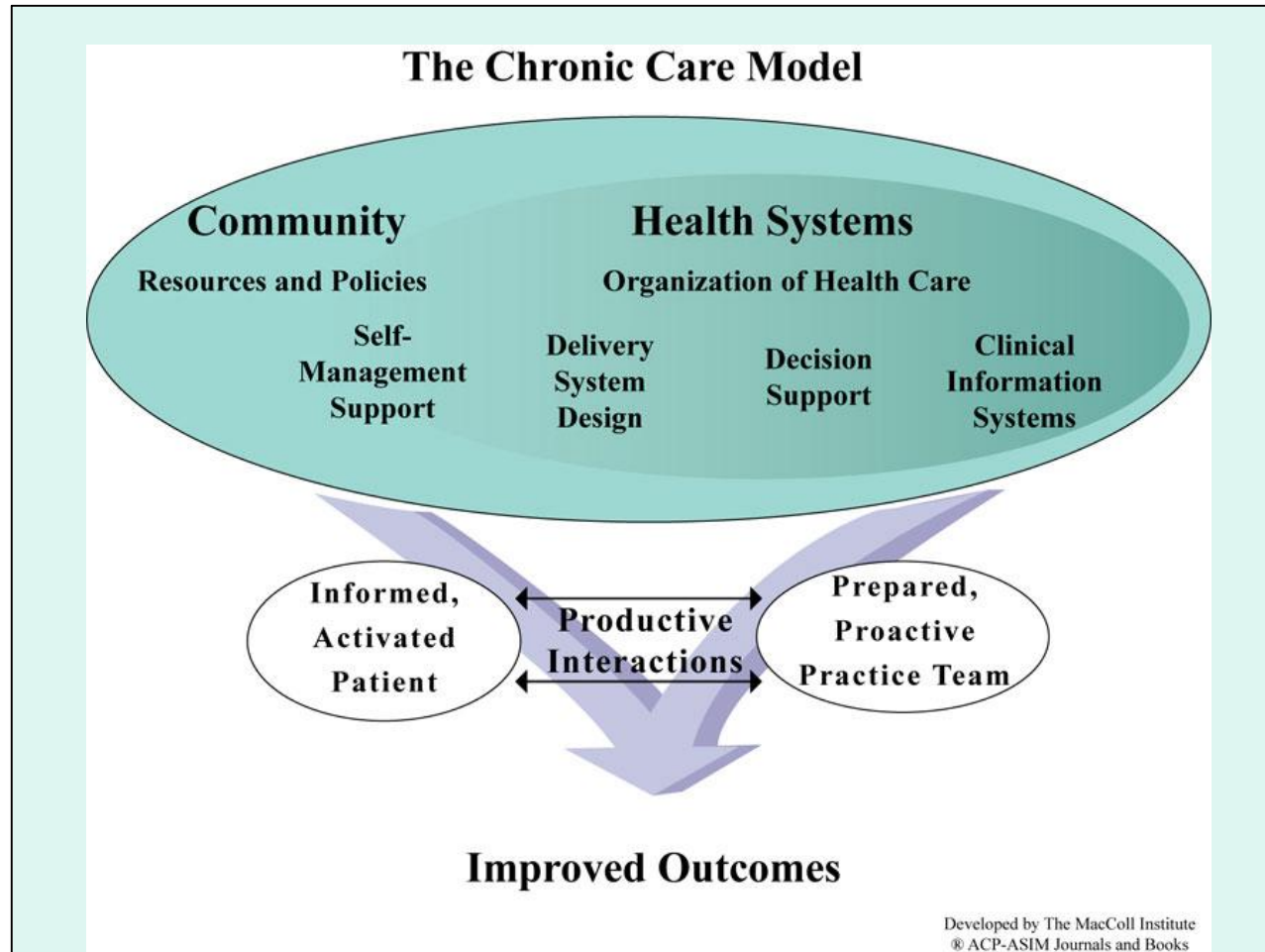


PSPH Medical Assistants & Boldt Diabetes Center





CDE's & Medical Assistants Work Within the CCM





Expanded Role of the Medical Assistant

- Data Registry Entry
- Goal Setting
- MA Patient Planned Visits
- Organized Patient Group Visits
- Referrals to Health Specialists (CDE's)
- Initiate Standing Orders
- Provide Follow-Up Phone Calls to Patients
- Foot Checks
- Immunizations
- DM Education Reinforcement



Dr. Devin Sawyer





Primary Care Self-Management Goal Cycle





Considerations for the MA Curriculum

- American Association of Medical Assistants
- Western Washington Area Health Education Center
- Health Care Assistant Law in the State of Washington



More Considerations for the MA Curriculum

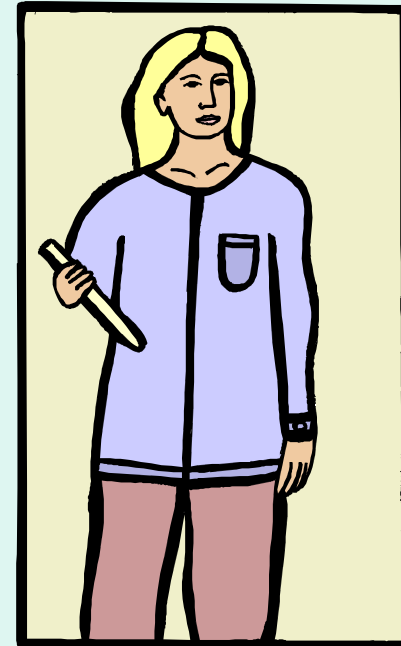
- Review of MA Focus Group Results
- Review of MA Curriculums from Local Technical Community Colleges
- Literature Search on MA Training for Diabetes Care
- Review of Published Diabetes Knowledge Surveys for Patients



Medical Assistant Learner Characteristics

Characteristics of MAs in Primary Care

- 18 Medical Assistants
- Most Caucasian
- Trained locally
- Significant Family Responsibilities

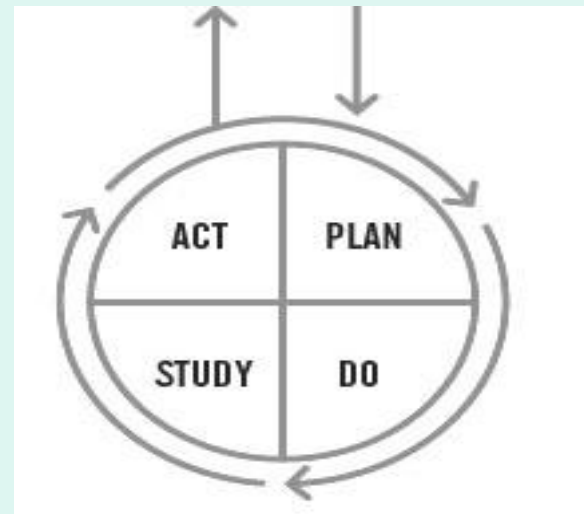




Rapid Cycle Improvement Process

Rapid Cycle Improvement Process

- MAs attended patient DM classes.
- MAs gave feedback.
- PPT slides for MA training edited.
- Classes revised





MA Curriculum Matrix

Reporting Conditions		X	X		
Goal Setting		X	X	X	X
Long-term Complications	X		X	X	X
Acute Complications	X				
Diabetes Treatments	X	X	X	X	X
Pathophysiology of Diabetes	X	X	X	X	X
Age, Race, Gender Awareness		X	X	X	X
	Registry Data Entry	Telephone Follow-Up	Planned Visits	Provider Visit	Group Visit



Applied Educational Theories

- Mezirow Transformational Learning
 - Experience
 - Reflection
 - Discussion
- Knowles Adult Learner
 - Independent Learner



Educational Methods

- Cognitive Methods: Lectures, Discussion, PPT slides
- Behavioral Methods: Role-Play, Phone Scripting, Computer Practice; Diaries for Food, Blood Glucose, & Exercise
- Kinetic Methods: Self-Blood Glucose Monitoring, Glucose Gel and Tablet Tasting, Injection of Normal Saline



Shari Gioimo, Medical Assistant



- Active Participant in the Diabetes Initiative
- National Consultant to Clinics Expanding the MA Role
- Certified Trainer in Chronic Disease Self-Management



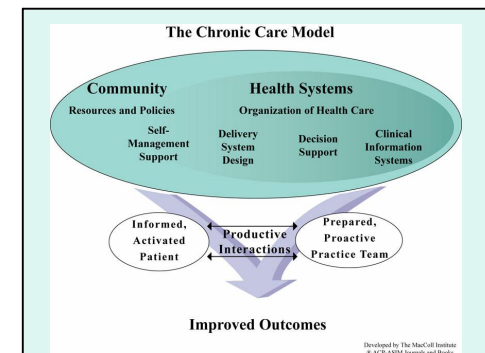
Clinical Life before the MA Expanded Role

- The MA traditionally “roomed” and “vitaled” 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



Delivery System Design

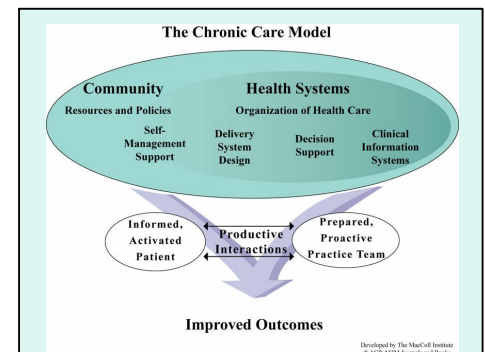
- Individual “Planned Visits” with MA and Patients
- MA Organized Group Visits with PCP and Patients





Decision Support

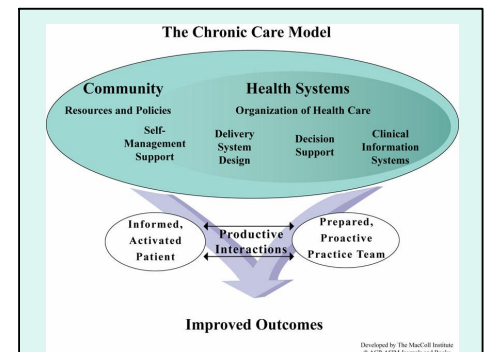
- Standing Orders:
 - **Introduce the Idea of Self-Management**
 - Laboratory (Tests A1c, etc.)
 - Immunizations
 - Foot Checks
 - Referral to CDEs and specialists





Self-Management Support

- Goal setting using the Transtheoretical Model
- Follow-up phone calls to “check-in”
- Goal Trotter’s Walking Club
- Newsletters

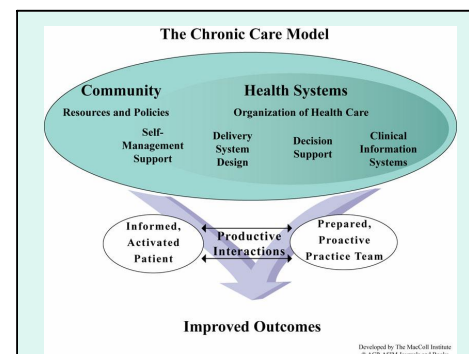




Clinical Information Systems

Data Input into CDEMS Registry

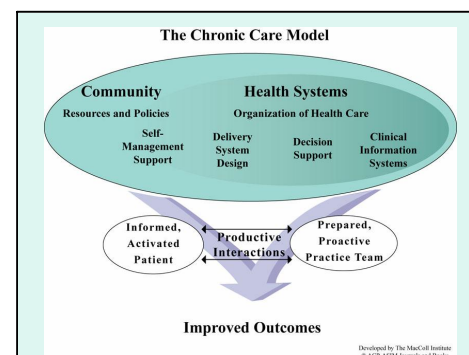
- **Self-Management Goals**
- A1c
- Lab Results
- Immunizations
- Eye Exams
- Smoking Cessations
- Medications
- Vital Signs





Interaction with the Community

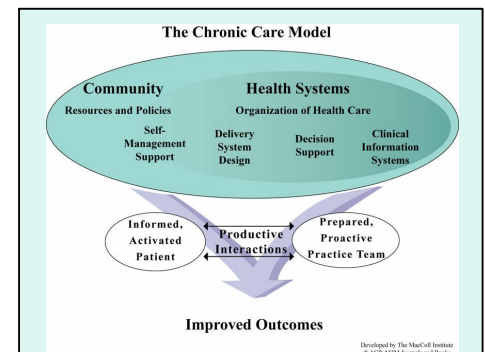
- Consult with local CDE's regarding questions on diabetes.
- Consult with other community agencies and programs such as the Food Bank, YMCA, and Senior Centers.





Health Systems Support

- MAs give administrative leaders and doctors feedback.



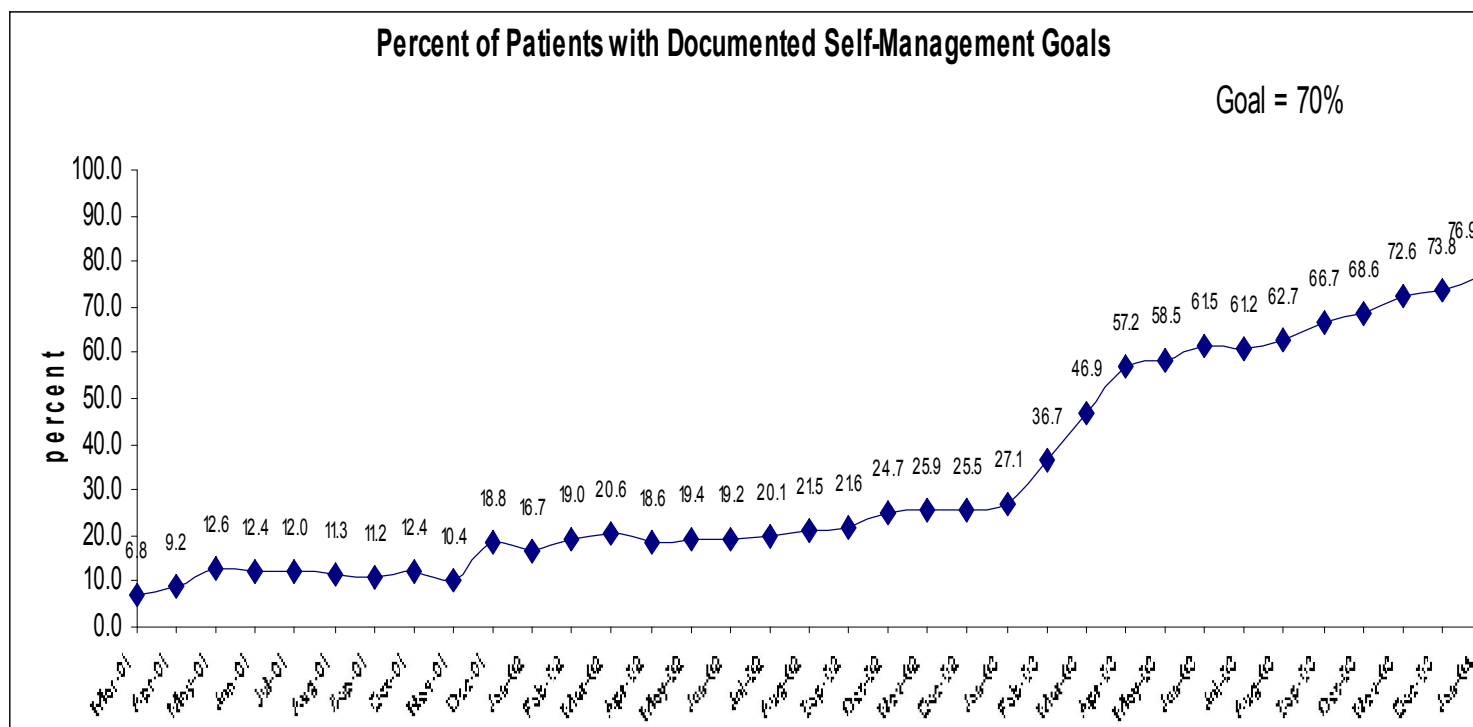


Clinical Life After the MA Training

- MA-Patient relationship is better.
- MA patient care is more organized.
- MAs receive more respect from team members.
- MAs reinforce patient education.
- MA retention rate is higher.



Percent of Patients with Self-Management Goals





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 ...

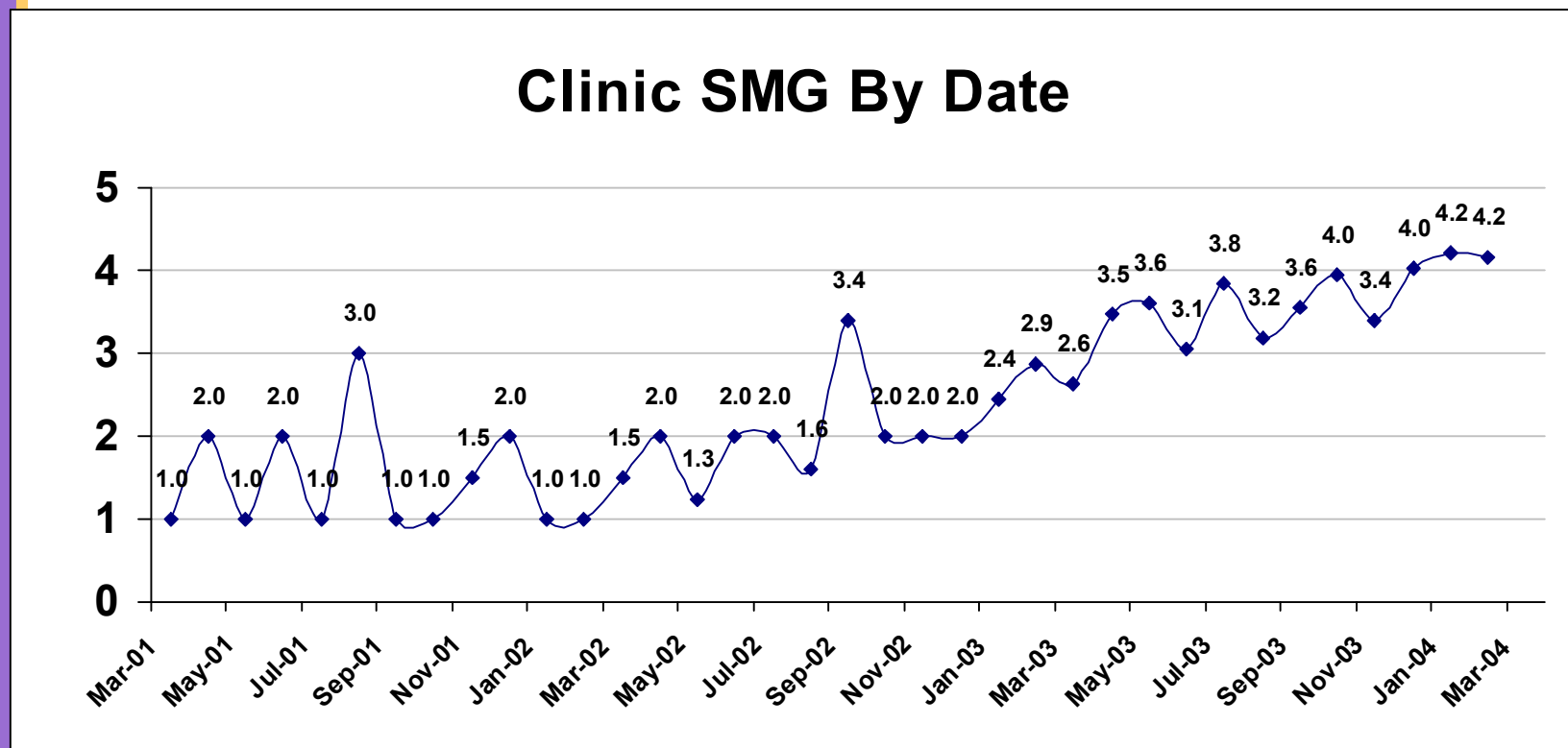
- 1 point-Activity (what they are planning on doing)
- 1 point-Duration (how much)
- 1 point-Frequency (when...morning, noon, night MWF etc.)
- 1 point-Location (where are they going to perform this new activity)
- 1 point-LOS Score (a patient's self-assessment of how likely they will to be successful,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



A Caring Difference You Can Feel



Quality of Self-Management Goals Over Time





Opportunities

- The MA Curriculum *A Work in Process*
- CDE's deliver MA training in local settings.
- Business expansion with referrals.
- Expand resource base for the CDE 's and the Family Medicine Teams.



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