



Promoting Improved Interventions and Clinical Outcomes in Diabetes Care

Diabetic Patient Engagement for Education & Self-Management
Training Session 3B

June 12, 2019



Hello!



Jillian Bird

Promoting Improved Interventions and Clinical Outcomes in Diabetes Care

- 1A: Care Teams Training
- 1B: Care Teams Facilitation
- 2A: Pre-Visit Planning Training
- 2B: Pre-Visit Planning Facilitation
- 3A: Patient Engagement Training
- 3B: Patient Engagement Facilitation- TODAY

Acknowledgements

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This learning collaborative was sponsored by the National Association of Community Health Centers (NACHC) and draws upon tools, resources, and best practices developed by NACHC and the Clinical Advisory Group convened by NACHC to provide subject matter expertise for its *Improve Diabetes Care in Health Centers* project.



Learning Objectives

1. Explain ACEs and their impact on the patients and to chronic disease risk.
2. Identify ways to incorporate Trauma-Informed care into the patient experience.
3. Introduce screening tools such as the ACE Survey or the Philadelphia Expanded ACE Survey for improved assessment of patient health histories.

Today's Schedule

Time	Module
5 minutes	Welcome and regroup
8-10 minutes	Looking upstream: ACE's in relation to chronic disease <ul style="list-style-type: none">• Brief overview• ACE's in relation to chronic disease sequela
10-15 minutes	Group Share on <ul style="list-style-type: none">• Where have you come• Future Steps• Challenges
5 minutes	Review and address Wrap up steps and what to expect from NNCC and NACHC <ul style="list-style-type: none">• Reconvene in 45 days to share updates

Welcome & Regroup

Sign-in with your name and email address

Please answer in chat box:

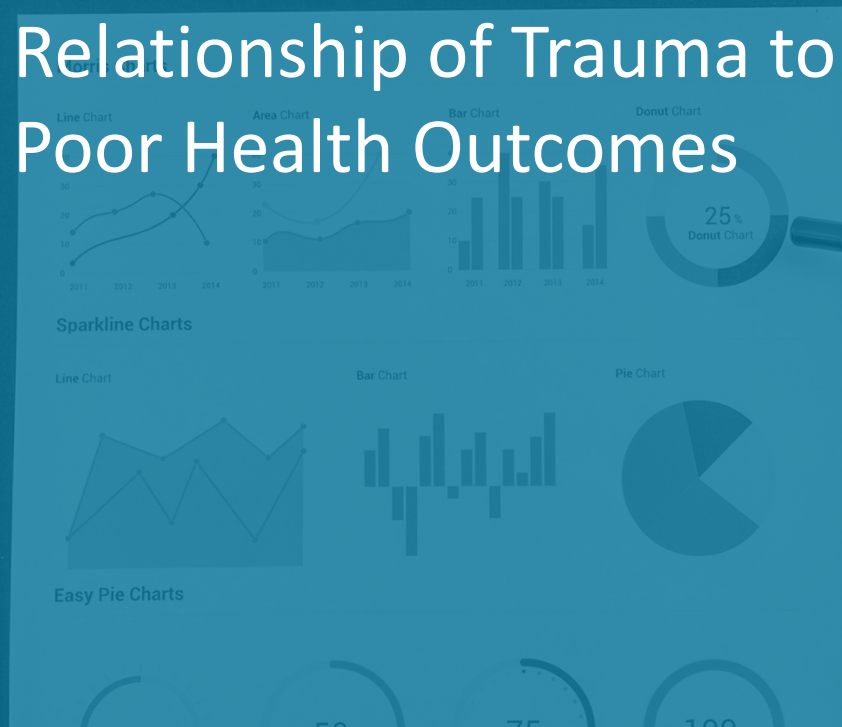
1. Which of the many practice transformation strategies introduced in this Learning Collaborative do you feel confident you want to or did successfully establish in your practice?
2. What are/were your obstacles?
3. Can the group help with a resource?

Optional: submit one or more offer to help or a resource you have on a topic. We can share these in Moodle.



Looking upstream: ACEs in relation to Diabetes

Relationship of Trauma to Poor Health Outcomes



NACHC's Change Package

Improving Health Systems & Infrastructure

Clinical Policy

Standing Orders

EHR: Structured Data

Leadership

Clinical Champion

Optimizing Provider & Multidisciplinary Teams

Care Team Training

Motivational Interviewing

Pre-Visit Planning

Group Visits

Expand Job Roles

Facilitating Behavior Change in Patients

Patient Self-Management

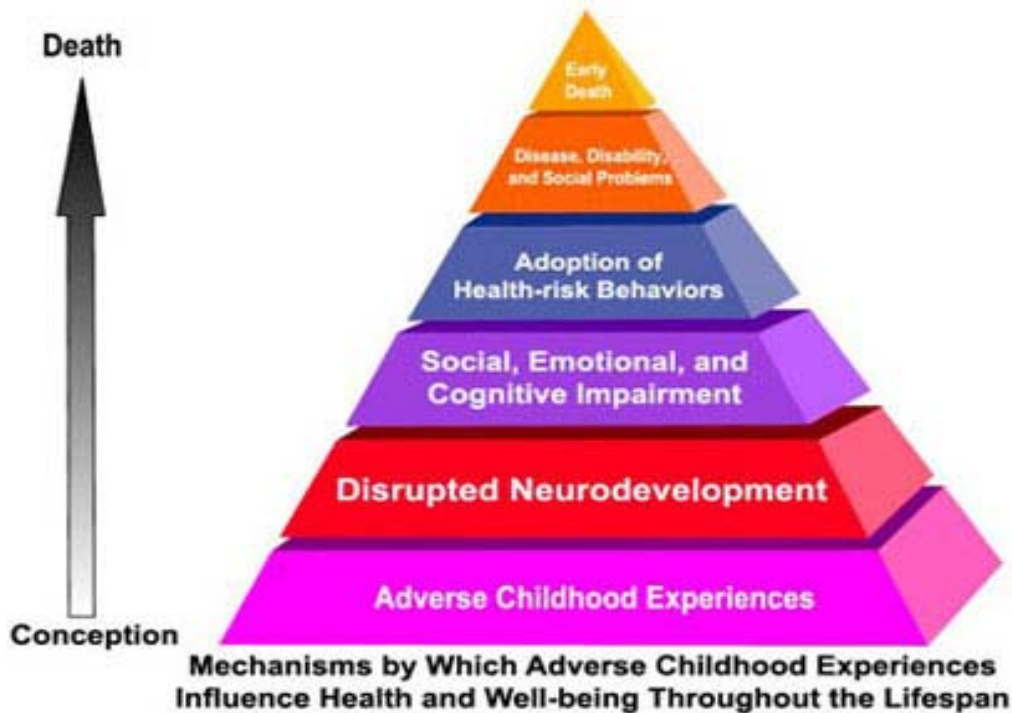
Patient Education

Obesity Screening

Obesity Reduction

Depression Screening

ACEs Study



Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study.

V. J. Felitti; R. F. Anda; et al. (May 1998).
American Journal of Preventive Medicine.

Adverse Childhood Experiences

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce

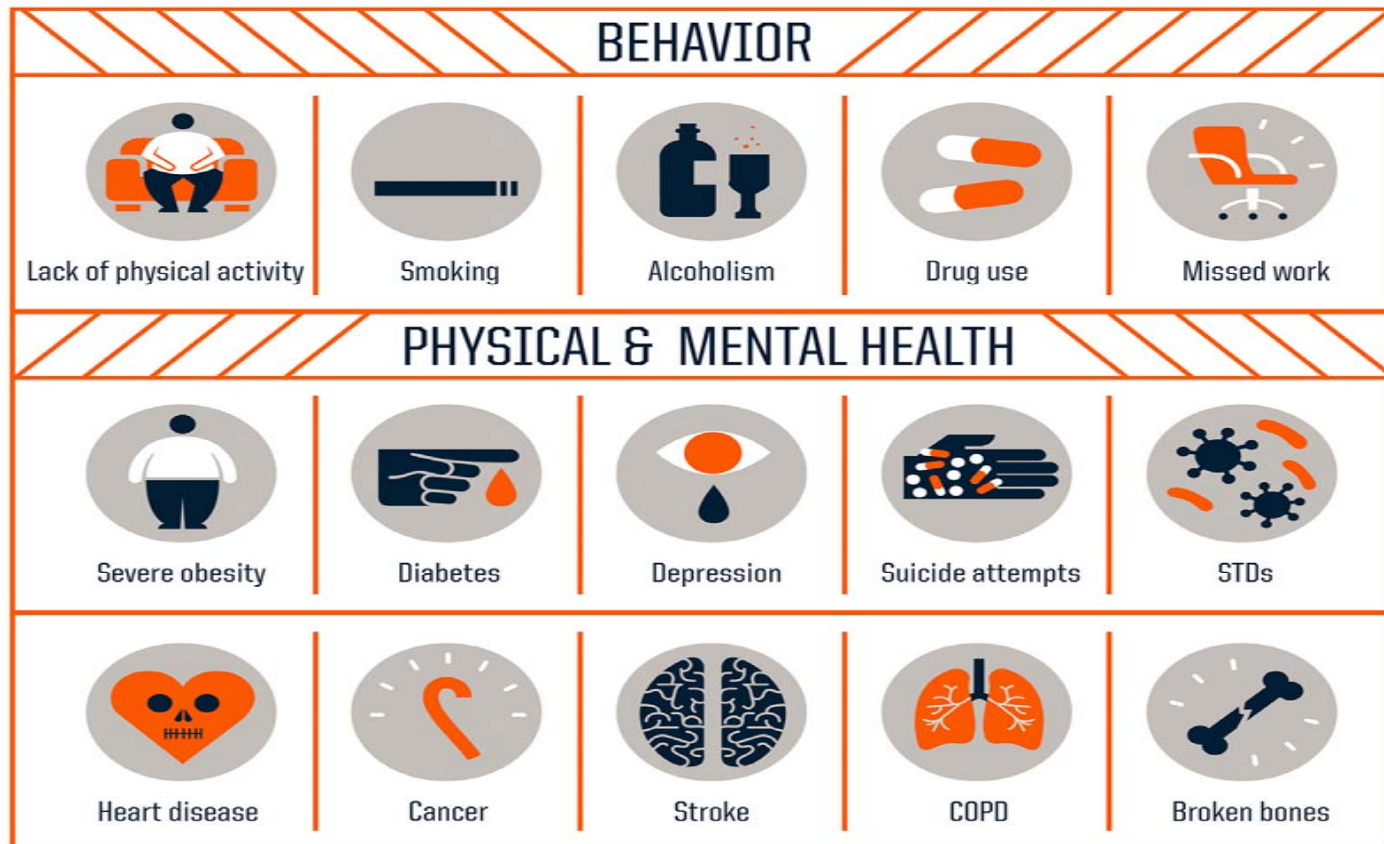


Incarcerated Relative



Substance Abuse

ACEs increase behavioral and health risks




Study with implication to Diabetes Treatment

Epidemiology/Health Services Research

Adverse Childhood Experiences and the Risk of Diabetes: Examining the Roles of Depressive Symptoms and Cardiometabolic Dysregulations in the Whitehall II Cohort Study

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<https://doi.org/10.2337/dc18-0932>



Medical Encounters are Inherently Stressful

- Expense (insurance or lack thereof)
- Shame and guilt (stigma)
- Reliving the original trauma
- Ambivalence toward treatment
- Intrusive (time off work, travel, childcare, etc.)
- Past treatment failures

“Treatment fails patients. Patients don’t fail treatment.”



Trauma Informed Care

Traumatic experiences are those which overwhelm an individual's capacity to integrate experience in the normal way. (e.g., Putnam, 1985)

Following exposure to trauma, if integration does not occur, traumatic experience(s) are split off and an individual alternates between functioning as if the trauma is still occurring and functioning as if the trauma never occurred. (e.g., Nijenhuis et al., 2004)

Although traumatic memories and associations remain inaccessible to consciousness much of the time, they have the power to shape an individual's daily functioning and behavior. (e.g., Allen, 1993)

Trauma Informed Care: Universal Precautions

- Create safety—physical and psychological
- Respect
 - Cultural values
 - Autonomy
 - Justice
 - Beneficence
 - Nonmaleficence
- Ask the right questions
 - “What happened to you?”
 - “How were you affected?”
 - “Who is there for you?”
- Address power imbalances to reduce re-traumatization
 - Non-verbal messages
- Kindergarten skills

Identify and Treat Trauma

Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score



Philadelphia ACE
Telephone Survey
Questions

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No

2. Did a parent or other adult in the household often ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No

3. Did an adult or person at least 5 years older than you ever ...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with anyone?
Yes No

FOR Qs1-4: While you were growing up, that is during your first 18 years of life...

1. Did you feel safe in your neighborhood (READ LIST)?
(IF RESPONDENT MENTIONS HAVING LIVED IN MULTIPLE NEIGHBORHOODS WHILE GROWING UP)
ASK: Overall, did you feel safe in the neighborhoods you grew up in?
1 All of the time
2 Most of the time
3 Some of the time, or
4 None of the time
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

2. Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted (READ LIST, IF NECESSARY)?
(IF RESPONDENT MENTIONS HAVING LIVED IN MULTIPLE NEIGHBORHOODS WHILE GROWING UP)
ASK: Overall, did you feel people in the neighborhoods you grew up in looked out for each other...?
1 All of the time
2 Most of the time
3 Some of the time, or
4 None of the time
D (DO NOT READ) Don't know
R (DO NOT READ) Refused



Group Share
Please share

Where have you come
Plan for future Steps
Challenges

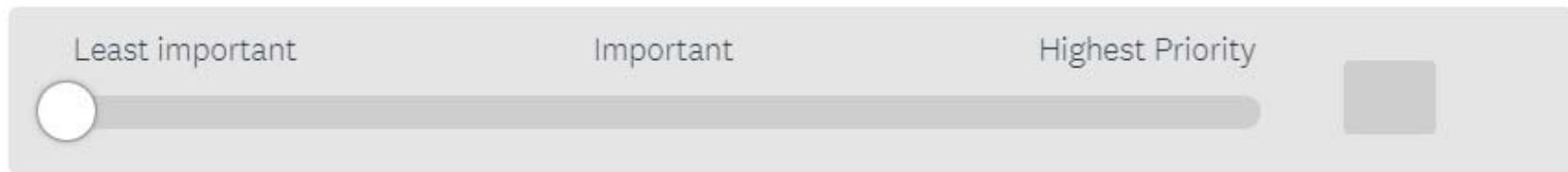
Goal Setting: Implementation &
Assessment of Impact



Survey on the NACHC Change Package

We would like to invite each of you to participate in a survey to help calibrate the importance of each of their following evidence-based interventions. We will ask you evaluate the following areas and which your feel need a greater emphasis for training and technical assistance purposes.

1. Clinical policy. Clinical policies and procedures are necessary to organizational change and quality improvement



Least important Important Highest Priority

Present your work at our annual conference

NURSE-LED CARE CONFERENCE 2019
DESIGNING THE FUTURE OF HEALTHCARE



CALL FOR ABSTRACTS

Submit an abstract today for our Nurse-Led Care Conference in Nashville, Tennessee on October 1-3. We are convening nursing leaders and advocates from across the country to learn about the transformative role that nurses play in designing the future of healthcare.

DUE: MAY 31, 2019

Want to share your experience with Improved Interventions and Clinical Outcomes in Diabetes Care? Please consider submitting an abstract at www.nurseledcare.org



Final Questions





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