

2012 Military Health System CONFERENCE



Improving Diabetes Education Through Distance Learning-Telephonic Education

The MHS: Healthcare to Health

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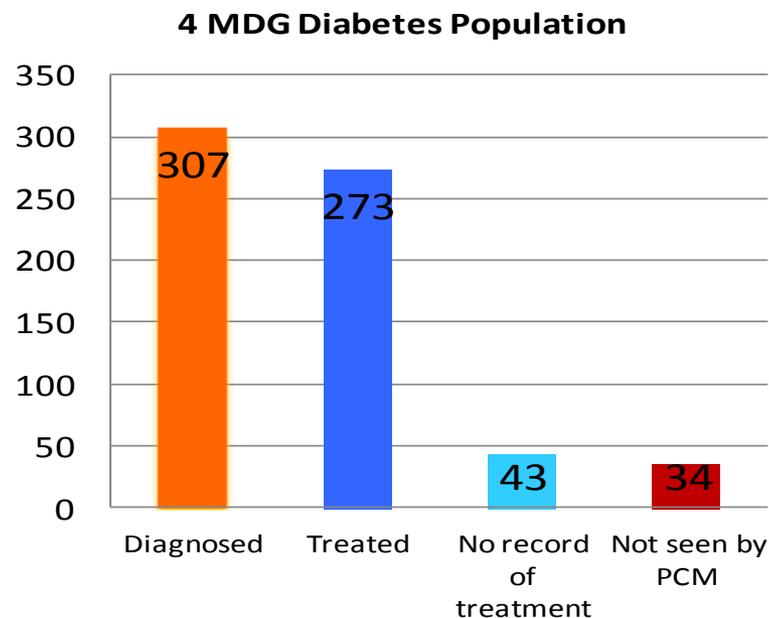
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Background



Incidences of Missed Appointments

- 34 or 11% of the 307 diabetics did not see their PCM
- Reasons include:
 - Lack of time to attend group, one-one sessions
 - Work obligations
 - Travel barriers



HEDIS Metrics validated

Problem



- Sep 09: Gap identified in educating and follow up of our diabetics
- Lacked resources to effectively manage our diabetics
 - Reduced access/provider appts due to deployment/PCS
 - No diabetes provider champion
 - No disease nurse manager
 - Decreased patient awareness
 - Decreased patient participation in care
 - Decreased HgA1c monitoring

Study



- 4 MDG's Family Health Clinic aspired to meet the (ADA) standards of medical care position statement that supported diabetes self management education, calling it an essential element in diabetes management
- Distance learning may provide an alternate method for education using a competent diabetic educator and disease manager that consequently, could raise the compliance of diabetic patients
- ADA-approved "Journey For Control" map provided the most interactive tool for telephone-based diabetes education



Outcome



Telephonic Education/Distance Learning



- Offered providers and patients an option for diabetes education that allows for autonomy
- Medications, nutrition, and follow-up appts are administered correctly and safely
- Promotes closer collaboration between providers and patients
- Leads to overall improvement in continuity of care

