Chronic Disease Management: The Role of a Diabetes Case Manager

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Objectives

• Define case management.
• Describe how diabetes case management strategies are used to improve A1C levels among patients with poor glycemic control.
• Describe barriers and solutions a diabetes case manager faces in co-managing a diverse group of patients with diabetes.
Chronic Diseases

As described by the Centers for Disease Control, chronic disease is the leading cause of death and disability in the United States. It accounts for 70% of all deaths in the U.S., and accounts for 86% of our nation’s health care costs.

How do we support those living with chronic diseases?

• **Self-management support** is the care and encouragement provided to people with chronic conditions and their families to help them understand their central role in managing their illness, make informed decisions about care, and engage in healthy behaviors.

Case Management

**Definition**

**WHO?**:

“Case Management is a collaborative process...”

**WHAT?**:

...“involves assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s and family health needs through communication and available resources...”

**WHY?**:

...“to provide quality, cost effective outcomes.”
Case Management Philosophy

“.. when an individual reaches the optimum level of wellness and functional capability, everyone benefits: the individuals being served, their support systems, the health care delivery systems and the various reimbursement sources”

www.cmsa.org, Case Management Society of America, 2015

Diabetes Case Management

Healthy Life NEXT EXIT
Adherence Challenges

- Age-related characteristics
- Cultural diversity
- Comorbidities
- Complexity of the disease process itself
- Treatment for the disease
- Lifestyle changes required
- Reimbursement/Cost of Care
- Social isolation
- Knowledge gaps
- Physician Communication
- Readiness to Change
  - Motivation
  - Attitudes
  - Experiences

Impact of Nonadherence

“Recent studies have demonstrated that poor adherence is associated with lower success rates for treatment to target levels, increased adverse clinical outcomes, and overall mortality.”

“Poor adherence is also associated with increased utilization of healthcare resources and intensification of medical therapy as providers strive to reach desired clinical outcome goals for their patients.”

“Indeed, among people with type 2 diabetes, the prevalence of non-adherence is high and appears to be an important cause of increased morbidity and mortality.”
Role of a Diabetes Case Manager

• Identification
• Assessment and problem/opportunity identification
• Developing a care plan
• Implementation and coordination of the care plan.
• Evaluation of the care plan and follow-up
• Termination of the case management process

Strategies to Engage a Patient:

• Create a safe, non-judgmental environment of structured interaction
• Help patients understand their condition…a little at a time.
• Development of patient focused goals
  • What’s important to them?
  • What’s getting in their way of being successful?
• Open-ended questions
• Collaborative decision making/ Encourage problem-solving
• Praise efforts. Boost confidence.
References

Bodenheimer, Thomas, MD, MacGregro, Kate, MPH, Sharifi, Claire. (2005) Helping patients manage their chronic conditions. California Healthcare Foundation. 4-25


www.cmsa.org


PANEL DISCUSSION – Q&A