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Personal Disclosure

We have nothing to disclose



Objectives

At the end of this session participants will be able to:

- Verbalize at least two components of a cost effective model for caring for indigent patients with type II diabetes mellitus
- □ Understand the Nurse Practitioner's (NP) framework for reducing a diabetic patient's HbA1c
- Identify three strategies used to encourage adherence to the care model standard of care

Background



- Parkview Clinic
- Chronic Care Model
- □ Indigent patient care
- Medication cost-treatment
- Lowering glycated hemoglobinA1C (HbA1c)
- □ Reduction of Complications
- □ NP lead clinic
- Care delivered by NP students

Nurse Practitioner led Type-II Diabetes Mellitus Chronic Care Model

The model of care includes: The Standard of Care – AHA/ADA

- □ Diet modification
- □ Exercise by walking for 30 minutes at least five times per week
- □ Foot examinations on every visit and daily at home
- Patient and family education using the teach-back method
- □ Medication management

Purpose

- Determine the impact of a chronic care model
 on a population of indigent Hispanic patients
- □ Lowering hemoglobin A1C (HbA1c) levels to less than 7%
- Decrease cardiovascular and renal disease incidence and mortality rates

Methods

- □ Retrospective chart reviews
- □ Type II Diabetes (N = 138)
- □ Inclusion criteria indigent patients



Results

- □ Hispanic patients
- \square 67 males and 71 females; (n = 138).
- □ Initial HbA1c levels did not meet the recommended goal of less than 7% (n = 126; 91.3%).
- □ 41 patients (29.7%) met the recommended level by end of year two.
- \square A statistically significant improvement in the HbA1c levels over the course of the two year period (p \le 0.001).

Conclusion:

- Results from this study support a care model utilizing free and low cost diabetes medication
- □ Diet and exercise therapy reduced HbA1c levels among an indigent patients population.
- These results can be used to contribute to the body of knowledge regarding ongoing care of indigent patients with Type II Diabetes.
- Results can be considered a catalyst for change when advocating for resources to support chronic care using a model of care for indigent patient populations that include free and low cost medication therapy in a clinic led by a NP working in collaboration with NP students.



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