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Diabetes Type II Quality Improvement Using the My Own Health Report

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Diabetes Mellitus Type II Quality Improvement Using the My Own Health Report

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Introduction

- 1980-2012, adults with diabetes in the US rose from 5.5 million to 21.3 million
- 1.7 million more are diagnosed yearly
- 176 billion in estimated direct medical costs in 2012
- 69 million in lost wages, disability and death in 2012
- Patient self-management has been shown to improve patient quality of life, and short term glycemic control
- My Own Health Report (MOHR) is an on-line health risk assessment tool to assess patient behaviors, mental health risks
- Patients identify readiness to change, & willingness to discuss changes with their provider

Purpose

Develop a new QI process for Type 2 Diabetes (T2D) using the MOHR

Aims

- Develop QI process, with the MOHR for T2D with HbA1C >9
- Expect statistically significant improvement in HbA1c and or weight over 6 months, in the MOHR group vs. the non-MOHR group

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Methods

- QI process began with 27 patients
- 10 patients did not participate and 17 did the MOHR
- MOHR administered by the medical assistant in 5-10 minutes
- Provider reviewed the MOHR summary and used motivational interviewing (MI) to discuss the results with each patient at a T2D visit, for willingness to discuss or change modifiable life styles.
- Quantitative analysis done with Fisher's Exact Test comparing those who were in the MOHR group to those not participating.
- Qualitative analysis was not done secondary to time and EHR constraints.

Results

- Quantitative: Comparison of the MOHR group to the non-MOHR group: 47% improved both weight and HbA1c whereas the non-MOHR group had 0% improvement (P=0.01).
- Using the same comparison for HbA1c only, the MOHR group decreased by 58% compared to 10% for the non-MOHR group (P= 0.02)
- There was no statistical improvement in weight alone or in keeping appointments

	HbA1C Down	HbA1c & Wt down
MOHR	10(58%)P=0.02	8(47%) P=0.01
Not MOHR	1 (10%) P=0.02	0 (0%) P=0.01

Results

•Qualitative analysis was to be measured by a patient survey but time constraints prevented the survey from being completed. All patient comments are presented, verbatim, without further analysis.

- "Thanks, it's been helpful."
- "This was meaningful to me."
- "This is needed in health care." (2 patients)
- "I enjoyed doing it very much, thanks." (2 patients)
- "This is an important missing part
- of health care."
- "Doing this means you care deeply for me." (2 patients)
- "This is all humbug." (His HbA1C decreased from 10.2 to 8.2)
- "Whatever."
- "This is good for me."
- "This was very interesting."
- "This was very nice." (2 patients)
- "This was smart to do."
- "I have to do it for my health care."

Discussion

- MOHR was done in person or by phone ,but never online
- Mental health diagnoses were not addressed specifically as integrated PC/MH social worker left the practice early in process
- We had improvement for 8 of 17 patients with MH comorbidities
- The interventions and outcomes are congruent with findings in the literature for a short study
- Positive results with no added costs or significant changes in office practice

Conclusions

- Generalizability limited by: small sample size; self selected group; provider use of motivational interviewing and historical patient relationships
- Without randomization, motivational interviewing, and requiring that the MOHR be completed we cannot absolutely determine the impact of the MOHR on T2D disease marker improvements.

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