Taking a new twist on practice guidelines

Disease-specific health risk assessments: Steps for improving care of patients with diabetes in the nursing home setting.

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By Angela M. DeRosa, DO, CPE
Diabetes is a disease that is extraordinarily costly, both in terms of healthcare expenses and the toll it takes on human health and quality of life. It is a common illness that racks up an estimated $132 billion annually. Much of this cost is borne by the elderly, with $40.3 billion spent for inpatient hospital care and $13.8 billion for nursing home care.\textsuperscript{1,8}

According to data from the third National Health and Nutrition Examination Survey trial, better known as NHANES III, a diagnosis of diabetes was responsible for 43.4% of hospitalizations, 52.1% of nursing home admissions and 47% of deaths. In multiple studies, the prevalence of diabetes in geriatric institutions ranged from about 10% to 20%.\textsuperscript{5,6}

Yet despite the fact that diabetes is driving high utilization of healthcare services and placing many elderly patients into subacute care settings, little is known about the exact patterns of care and the outcomes experienced by these patients.

We do know that people who suffer from diabetes often require higher levels of skilled care, experience more frequent health problems, have more hospitalizations and have longer nursing home stays. Many efforts have been made to reduce complications from diabetes in the hospital setting, but attempts to maintain these efforts once the patient enters the nursing home setting have been virtually nonexistent.\textsuperscript{4}

Staff members at nursing homes are well aware, however, of the increasing number of residents who have diabetes and know that these patients end up consuming an inordinate amount of resources and require major nursing time and effort. In addition, these patients often have recurring infections, multiple complications and readmissions back into the hospital setting. This all leads to major disabilities and comorbidities.\textsuperscript{2,7} The Arizona Medicare Health Services Advisory Group estimates that 50% to 70% of all patients admitted to a subacute care nursing home facility will be readmitted back to the hospital within 30 days of hospital discharge.\textsuperscript{3}

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Despite the significant awareness about the effects of diabetes, especially in the elderly, diabetes care for nursing home residents is a neglected area of research and management.\textsuperscript{12,13} Many studies suggest that when these clinical guidelines are followed, patients should have better outcomes. According to academic researcher Jason T.S. Cheah, “If competently constructed, taking into account the available scientific evidence, ethical and sociocultural values of the community, clinical guidelines can indeed exert a significant impact on medical practice.”\textsuperscript{15}

So what keeps most physicians from implementing guidelines, especially ones with solid evidence and outcomes, for their patients with diabetes? Many reasons exist, but most often the care of patients with diabetes is segmented between numerous clinicians and is difficult to coordinate, causing missed opportunities for prevention and intervention. In addition, patients with diabetes who are nursing home bound often do not have easy access to

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To understand where we need to go, we need to realize where we are and what we have as resources. The American Diabetes Association (ADA) and the American Medical Directors Association (AMDA) both have made recommendations regarding the standard practice of medicine with regard to patients with diabetes.\textsuperscript{12,13}
specialist care, have limited medical resources and very fragmented care.

Practice guidelines are not helpful when they are applied in a piecemeal fashion, when they are not connected to quality improvement efforts, or when they are introduced without the active support of appropriate clinicians. Also, they are not intended to reduce medical science to simple routine formulas. Rather, they are tools designed to facilitate clinical decision making and resource utilization.

A process that streamlines the identification of risks and simplifies management would be extremely useful for better adherence to the national standards of care set forth by the ADA and AMDA. Fortunately, we have just such a process available: diabetes-specific health risk assessments.

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Disease-specific health risk assessments performed by knowledgeable and properly trained medical professionals can greatly enhance the ability not only to identify opportunities for better management of diabetes, but also to ensure that the care delivered meets ADA and AMDA guidelines. This is particularly important in the nursing home setting, where the patients who suffer from diabetes are already compromised.

The disease-specific assessment formulates and structures the guidelines in a fashion that makes it easier to identify risk as well as implement all the standard-of-care guidelines and treatment recommendations. Within its bounds, the disease-specific health risk assessment recognizes that the practice guidelines are not appropriate for all cases. The individual physician bears the responsibility to recognize and understand a guideline, and then determine if and when it is applicable to his or her specific clinical case. The disease-specific assessment also provides areas for documentation of deviations from guidelines to prevent miscommunication about patient care as much as possible, as well as to diminish medical-legal risk.

In a recent “Call Letter for 2009,” the Centers for Medicare and Medicaid Services expressed expectations “that all Medicare eligible populations should have a general health risk assessment to effectively manage preventive services, diagnostics testing and therapies. However, the Special Needs Beneficiaries (including diabetics) will require a comprehensive risk-based health assessment that accounts for their already compromised health status and delivery of coordinated care that assures collaborative rather than parallel services.”

This call to action is specifically geared toward gathering as much health information about Medicare patients as possible and then, more importantly, providing the basis to take action in managing the special needs of these patients.

These generalized health risk assessments can provide the first step in identifying diabetes patients who are at risk and their general healthcare needs. This also provides the basis for more disease-specific health risk assessments that can effectively home in on the special needs of evaluating and treating specific patients with diabetes. The diabetes specific assessment looks at all areas of risk and management, such as:

- Comorbidities and how to best manage these in conjunction with diabetes risks and care.
- Medication recommendations and new guidelines to move to insulin more quickly in patients unsuccessful on oral agents.
Basal insulin with mealtime fast-acting insulins.

Dietary and nutritional needs.

Physical activity.

Appropriate necessity and timing of consultations for ophthalmology, podiatry, nephrology, neurology and cardiology concerns.

Lab testing for A1c and lipids, urine testing for protein, and glucose finger sticks.

Ancillary testing, including ankle/brachial index, monofilament testing and DXA.

Overall quality of life measurements.

The goal of health risk assessments, and in particular disease-specific health risk assessments, is to enhance patient outcomes and health improvements by giving medical care providers the resources that support clinical practice consistent with nationally recognized standards of care.

These health risk assessments, performed on patients in the nursing home setting, can identify areas of opportunity that can greatly improve outcomes in such areas as hospitalization rates, infection rates, adverse events and medical care resource utilization. This all leads to patients with better quality of life and physicians who know they have done everything they can to maximize their patients’ care. This is no small feat, especially in nursing home residents.

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References


