

DIABETES IN SPECIAL & VULNERABLE POPULATIONS: A NATIONAL LEARNING SERIES



WEBINAR # 3
Tuesday, April 7
11am PT / 2pm ET

Diabetes Continuum of Care: Effective Service
Delivery Approaches to Improve Health Literacy

Poll Responses and Q&As

Poll Responses

What are some of the resources a CHW can use to increase health literacy when teaching or supporting chronic disease self-management?

- Peer support
- Food models
- Using interpreter services
- Ask Me 3
- Laminated culturally-appropriate food on an actual plate
- To teach staff what health literacy is and how it impacts patients, there is a great you-tube video created by AMA and real physicians and real patients at EMORY. When used to teach staff, they are amazed.
 - https://www.youtube.com/watch?v=cGtTZ_vxjyA
 - It is the AMA foundation. There are short videos (4 min) but this one is about 23 minutes

What modifications have been successful in your practice setting to help overcome therapeutic inertia to improve outcomes in patients with low health literacy?

- First was educating all staff on low health literacy. Used American Medical Association (AMA Foundation) video
 - AMA full video about 23 minutes:
https://www.youtube.com/watch?v=cGtTZ_vxjyA
 - Short version: 4:30 min <https://www.youtube.com/watch?v=BgTuD7I7LG8>

What are some clues that indicate to you that a patient needs assistance and/or has not clearly understood what you have communicated, either verbally or in writing?

- Not taking meds
- Clients will say the providers didn't help them
- Blank looks on faces
- Too many things being discussed and no focus

Q&As

I would love to know what "sustainably funded" looks like for your CHWs!

- We use a variety of funding sources. We transitioned some of our CHWs to several HRSA services grants that were then rolled into our base funding. For the others, we are working with our Coordinated Care Organization (the Oregon equivalent of Accountable Care Organizations) and an "alternate payment methodology" (APM) that our agency uses to offset the cost of the clinical CHWs.

Hi, can you share what brand of plastic food product you use? how can we purchase these?

- What I have done is go over google images with the patient of their cultural foods. Then select foods that they usually eat, then laminate and make interchangeable pictures that they can do the plate method activity on
- I have found this to be powerfully effective despite budgetary challenges
- I don't have the brand name at the moment but can get it for you if you want to send an email. We also use laminated paper pictures, which is super helpful for cultural food items. I LOVE the ideas that were sent in for the polling questions - This is the very best part of learning together!!

Where do we purchase the "plastic" food

- We found our food online. I am not sure what brand we use but can get that information for you.

Do you try to address culturally-appropriate foods with the "pantry"?

- We do - we specifically ordered food items that we knew were appropriate, as well as asking patients what items we were missing and what they would like to see included. If we can't get or don't have a specific item (or we ran out of budget...) we will use paper images laminated for use.

How are you navigating the challenges around going shopping at store or farmer's markets in the current COVID environment?

- Great question - our Farmer's Market hasn't started yet - it starts in mid-May - so we haven't had to negotiate this yet. We have had to suspend non-essential face-to-face client encounters at this time, so all self-management has been put on hold. Hoping all of you are safe and well!

In unsung plastic food; What our clinicians found in doing nutritional diabetic education is that when some migrant patients with diabetes were asked to put together a nutritious meal they did not know what a protein food was. Example: one patient chooses celery as a protein. Also many did not know what foods are carbohydrates, simple or complex.

- We found the same thing. Part of the curriculum is going over the major food groups and using plastic food/paper food for hands-on learning and teach-back. Using this for the children in the family has been very useful as well.

How do CHWs work with patients that do not have insurance or are underinsured?

- Because we are a Federally Qualified Health Center, we are fortunate in that we can help anyone who comes through the door. The CHWs also have a wealth of information about community resources that are low or no cost and will assist the patients in navigating our local hospital's financial assistance program.

Can you provide an example of the meaningful use of electronic medical records to optimize coordination of care?

- The most important meaningful use of EMR that I can speak to is medication reconciliation at every visit and the sharing of encounters with all members of the interdisciplinary team.

Do you have a standard curriculum to train your CHW's?

- Hello, this is Esly Reyes from MHP Salud. We have a curriculum for CHW training to learn more visit our website <https://mhpsalud.org/how-we-can-help-you/training/chw-supervisors/> Also I would be happy to connect offline here is my email: ereyes@mhpsalud.org
- Oregon has a relatively new CHW training that is required to work as a certified CHW. We sent all of our CHWs through the training, and we are now a training hub for our region. Before that, we created our own training that included local diabetes class resources, the Living Well/Tomando Control facilitation curriculums, health literacy, popular education, motivational interviewing, cultural humility, public health and primary care (broad info only), and a number of other training. We have training and competency

lists that we keep for each CHW that has been very helpful for keeping their training up to date, as well as to show Providers the extensive training that their CHW has gone through. In addition, each CHW spends approximately 3 months learning, shadowing and being shadowed by an experienced CHW, and isn't allowed to provide self-management education solo until being signed off by their supervisor.

How are you reimbursed for the work the CHW's do?

- Such a good question!! We don't charge directly for CHW services, but in order to show value to our Coordinated Care Organization, we have added billing codes to their services. We generate reports in our electronic health record that show how many, what kinds of services, and how much time each service took that the CHWs provide. As a state, Oregon is looking at different ways to reimburse for CHW services. This will have a good and bad effect - good that CHW services will get reimbursed, but bad if the fee structure doesn't capture all of the time and energy that a CHW may put into that service. We know that one client "touch" can take 15 minutes or 2 hours, so any fee for service needs to take that into account.

What is the 340b program for low-income patients?

- The 340B program is a federal program that allows significant discounts on medications. i.e. at the time the price for Lantus was over 100 dollars through the 340b program it was 17.00 for all 5 pens!

Benton CHW's how has COVID impacted your staff with working with clients/patients? pls briefly give one example.

- For the last 3 weeks, our clinic has very limited client-facing time. We have one CHW working with each of their assigned care teams for any of our clients that need to be seen. Our other CHWs on the other teams (school, community, and resources) are working remotely, working with clients by phone when possible. This has been a strain on our community and those families know they can reach our CHWs through their work cell phones when they need to. (Each CHW has a work cell phone that they can give out the phone number. They will not give out their personal cell numbers.)

Was the high touch frequent follow up done by phone or in-person? It is hard to get patients to come into the office?

- The question was answered live.

For additional information and questions, email us at training@aapcho.org. For any questions about CME/CNE units, please email Martha Alvarado at malavardo@migrantclinic.org