



June 13, 2005 - CCLC E-NEWSLETTER

Please share materials, questions, requests and/or advice with all Collaborative members by hitting “reply all” on your e-mail. Also, materials and information can be posted to the next CCLC E-Newsletter by e-mailing cclc@caph.org.

Thank you to all who participated in the third Learning Session last week at Kaiser Permanente in Oakland. The evaluations and verbal feedback we’ve received indicate it was a success. The CCLC faculty and staff were immensely impressed with the progress you have been making. Keep up the good work!

TOPICS DISCUSSED THIS WEEK:

- 1) June 17 Action Period Conference Call CANCELLED!
- 2) Communicating with CCLC Staff
- 3) Important Dates for 2005 – NEW Dates & Locations Added
- 4) Progress Note/Data Collection Sheet from CHINATOWN PUBLIC HEALTH CENTER
- 5) SAN MATEO MEDICAL CENTER Reports on Site Visits
- 6) Question from Richmond Health Center
- 7) Kaiser Permanente – Community Provider Open House
- 8) New FREE Material from the Kaiser Permanente Library
- 9) California HealthCare Foundation (CHCF) Reports on Chronic Disease Self-Management
- 10) Resources on the SNI Website

1) June 17 Action Period Conference Call CANCELLED!

Because of scheduling difficulties for invited speakers, Action Period Conference Call originally scheduled for noon on June 17, 2005 has been CANCELLED. The next Action Period Conference Call will take place at noon on July 29, 2005. Please see item three for a list of important dates for the CCLC in 2005.

2) Communicating with CCLC Staff

- After June 29, 2005, Karen Lam will no longer be with the Safety Net Institute.
- Non-urgent questions should continue to be sent to CCLC@caph.org.
- Urgent questions regarding choosing your patient population and CDEMS should be directed to Mike Hindmarsh, CCLC Collaborative Coach, at hindmarsh.m@ghc.org.
- All other urgent questions should be directed to Angela Hovis, CCLC Improvement Advisor, at hovisfilms@gbronline.com.
- Wendy Jameson, CCLC Collaborative Director, can be reached by e-mail at wjameson@caph.org or by phone at 510.874.7105.

3) IMPORTANT DATES FOR THE CCLC IN 2005: Below is a list of updated dates and locations for the CCLC Collaborative for 2005. Please note, NEW DATES & LOCATIONS HAVE BEEN ADDED.

- CANCELLED: Action Period Conference Call, Friday, June 17, 12 P.M. - 1 P.M.
- Monthly Reports Due, July 10, Please send to hovisfilms@gbroline.com and cclc@caph.org
- Action Period Conference Call, Friday, July 29, 12 P.M. - 1 P.M.
- Monthly Reports Due, August 10, Please send to hovisfilms@gbroline.com and cclc@caph.org
- Action Period Conference Call, Friday, August 26, 12 P.M. - 1 P.M.
- Monthly Reports Due, September 10, Please send to hovisfilms@gbroline.com and cclc@caph.org
- Action Period Conference Call, Friday, September 30, 12 P.M. - 1 P.M.
- Monthly Reports Due, October 10, Please send to hovisfilms@gbroline.com and cclc@caph.org
- Action Period Conference Call, Friday, October 28, 12 P.M. - 1 P.M.
- Monthly Reports Due, November 10, Please send to hovisfilms@gbroline.com and cclc@caph.org
- Action Period Conference Call, Friday, November 18, 12 P.M. - 1 P.M.
- Outcomes Congress, December 9, 10:00 A.M. - 3:00 P.M., Sonoma Mission Inn

4) Progress Note/Data Collection Sheet from CHINATOWN PUBLIC HEALTH CENTER

As you might recall, in the last CCLC newsletter, Chinatown Public Health Center discussed a data collection sheet they use that functions as their CDEMS progress note. Please see this sheet attached. Thank you to Kit Chan, R.N. and Chinatown Public Health Center for sharing the attached data collection sheet.

5) SAN MATEO MEDICAL CENTER Reports on Site Visits

In early April, Donna Barrett, R.N. from San Mateo Medical Center visited both Edward R. Roybal Comprehensive Health Center in Los Angeles and Ocean Park Health Center in San Francisco. Thank you to Donna for sharing her experience with us; and, thank you to Roybal Comprehensive Health Center and Ocean Park Health Center for conducting the site visits.

At Edward R Roybal Comprehensive Health Center, Donna met with both Ruchi Mathur, M.D. and Flora Molina, R.N. to review clinic operations (i.e. how to use the intake form, how to schedule a follow-up visit, etc.). The diabetes clinic is on the third floor of the health center and operates in the following manner:

- Patients are referred to the clinic from the Primary Care Clinic on the second floor;
- Patients are case managed on average for six months, every one to two weeks by a team consisting of a diabetologist, medical fellows, nurses, a dietician and other clinic staff;
- The laboratory in the clinic allows test results to be available during the patient visit;
- A flow sheet is used to track labs, medications and patient progress; and, intake forms available to both the nurses and the physician; and,
- Diabetes education is provided in classes, by telephone and during individual visits.

New medications are started by the physician with nurses adjusting them by using standing protocols which are updated frequently. These protocols also include information on both labs that need to be drawn for medication adjustments and the frequency that adjustment can be made.

Clinic patients are managed to control HbA1c, lipids and blood pressure and are then referred back to their PCP for follow-up. A letter of discharge from the Diabetes Clinic goes back to the PCP, showing the patient's progress. In terms of maintaining good control, patient blood pressure and lipids usually remain acceptable with HbA1c being more difficult to control.

At Ocean Park Health Center (OPHC), Donna attended a Diabetes Group Visit led by Lisa Golden, M.D., Greta Cheng, R.D. and Donna Rice, L.C.S.W. OPHC group visits start at 8:30 a.m. and end with lunch at 11:30 a.m. Donna attended the last group visit in a series in which there were 10 attendees. Topics discussed included: action plans, complications, nutrition, prevention of relapse and exercise. Each topic was briefly reviewed, after which the patients would discuss the topic and make suggestions to one another. The dynamic of the group was extremely interesting with one specific patient empowering others patients with personal care suggestions. The group visit also included several interactive activities, one of which was exercising through dance steps.

Halfway through the morning there was a break from discussion where Dr. Golden spoke individually with each patient to 1) make sure that everyone was weighed and had their blood pressure checked; and, 2) review their medication, blood pressure and blood sugar control. Afterwards, as other team members presented, Dr. Golden used this time to do charting.

The final presentation of the day before a healthy lunch was served was related to nutrition. Greta, the dietician, gave a brief presentation on 1) the food available; 2) how to measure quantity; 3) the plate method; and, 4) using measuring cups. Everyone measured out their food into a plate divided into three sections for carbohydrates (1/4, brown rice), protein (1/4, chicken) and vegetables (1/2, salad). After lunch, fruit was offered for dessert.

The session closed with a certificate of completion, a placemat with pictures of food serving sizes, and a hand mirror to assist with foot care. Every patient had positive feedback about their experiences with group visits, and some people were even making plans to get together after the completion of the series for further support.

6) Question from Richmond Health Center (RHC)

In examining aggregate diabetes data, RHC has found several patients who have not had recent monitoring and it is unclear if these patients should be called diabetics. These patients had a diagnosis of diabetes at some point, but have since lost a lot of weight and have normal numbers. An example of one such patient had a BP of 132/76, leading to the realization that he is not diabetic.

- How long should someone have an A1C of less than six, off medication before they are removed from the disease management registry?
- How long should one stop foot exams and annual retinal exams for such an individual?

Responses to this question can be sent to CCLC@caph.org or can be sent directly to Kate Colwell, M.D. at kacolwel@hsd.co.contra-costa.ca.us.

7) Kaiser Permanente – Community Provider Open House

Kaiser Permanente's Care Management Institute and Community Benefit Program will be sponsoring a Kaiser Permanente – Community Provider Open House on Wednesday, July 6, 2005 from 8 a.m. to 4 p.m. at One Kaiser Plaza in Downtown Oakland on the 22nd floor in the Large Multi-purpose Room. You are welcome to attend some or all of the day's events as your schedule allows.

Topics for discussion during that day will include innovative approaches to:

- Chronic pain management;
- Health literacy;
- Diabetes management;
- Group visits;
- Asthma and diabetes self-management; and,
- New technologies in chronic condition care.

Space for this free event is limited. Please RSVP as soon as possible to Calindra Walls at Kaiser Permanente 510.271.2698 or calindra.walls@kp.org.

In addition, so that Kaiser Permanent can make the day meet your needs, please complete a needs assessment which can be accessed at <http://www.surveymonkey.com/s.asp?u=728711095587>.

8) New FREE Material from the Kaiser Permanente Library

The Kaiser Permanente (KP) Community Wellness Library (<http://www.kpwellness.org>) is excited to announce that their web site is now even easier to use with the following new features:

- *New "Shopping Cart" Ordering:* When searching the KP Community Wellness Library online catalog, the new "cart" will allow you to choose material without retyping the information to an order form. Once you are ready to check out, click on the appropriate cart and the selected items will be ready and waiting for you to complete your order.
- *Free CEUs for Nurses:* Continuing Education Units (CEU) are available for nurses through the "Home Study" videotape program. To order these videos, log onto the KP Community Wellness Library website (<http://www.kpwellness.org>); click on "Continuing Education" at the top of the page; and, select either "Clinical Videoconferencing Network" or "Continuing Education Units" to choose from a list of videotapes. To qualify for the Home Study program, clinicians must be a member of the California Primary Care Association (CPCA), California Association of Public Hospitals and Health Systems (CAPH), or an organization that is affiliated with these two groups. These tapes are available to borrow at no charge and are accompanied by a post-test, which must be completed and returned for credit.
- *New CME Titles Available:* The Wellness Library has updated their Continuing Medical Education (CME) offerings. To order, log on to the web site, click on "Continuing Education" at the top of the page, and select either "Permanente Medicine" or "Continuing Medical Education" to choose from a list of videos or audiotapes. These complimentary materials will be sent to you to keep and will be accompanied by an evaluation form, which must be completed and returned to receive CME credit.

- *Free Library Materials:* While supplies last, the library has a number of complimentary health education videotapes available free of charge. To request a free copy, search for one of the titles listed below; request to borrow it; and, add the words “Free Copy” to the Comments field:
 - High Blood Pressure: An Introduction To Treatment (English & Spanish);
 - Menopause;
 - Osteoporosis (English & Spanish);
 - Pain Management: The 3 R's;
 - Preventing Long-Term Complications of Diabetes (English & Spanish); and,
 - Women and Heart Disease.

Questions regarding the KP Community Wellness Library should be directed to Mary Leoni, MLIS at Mary.Leoni@kp.org.

9) California HealthCare Foundation (CHCF) Reports on Chronic Disease Self-Management

Given the prevalence of chronic conditions among individuals who are sedentary, overweight and elderly, CHCF recently commissioned the following three reports analyzing tools and strategies around self-management skills training:

- *Helping Patients Manage Their Chronic Conditions* describes five interlocking strategies that can help caregivers develop collaborative partnerships with their patients;
- *Patient Self-Management Tools: An Overview* is an analysis of four categories of self-management tools, based on patient participation and autonomy; and,
- *Using Telephone Support to Manage Chronic Disease* examines the clinical effectiveness and cost-effectiveness of various telephone support programs.

These reports can be viewed online on the CHCF webpage at <http://www.chcf.org/topics/chronicdisease/index.cfm?subtopic=CL613>.

10) Resources on the SNI Website

- Additional Self-Management, Group Visit and Protocol materials have been added to the website at <http://www.safetynetinstitute.org/UpdatedSite/OtherChronicResources.htm>.
- All presentations and handouts from Learning Session III have been added to the website at <http://www.safetynetinstitute.org/UpdatedSite/CCLCMaterials.htm>.
- Additional Multilingual & Multicultural Health Education Resources have also been added to the website at <http://www.safetynetinstitute.org/UpdatedSite/OtherChronicResources.htm> (scroll to the bottom of the page).
- Past CCLC e-newsletters are posted at <http://www.safetynetinstitute.org/UpdatedSite/ArchivedNewsletters.htm>.

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