

Alignment of home health diabetes interventions with diabetes self-management education and support (DSMES)

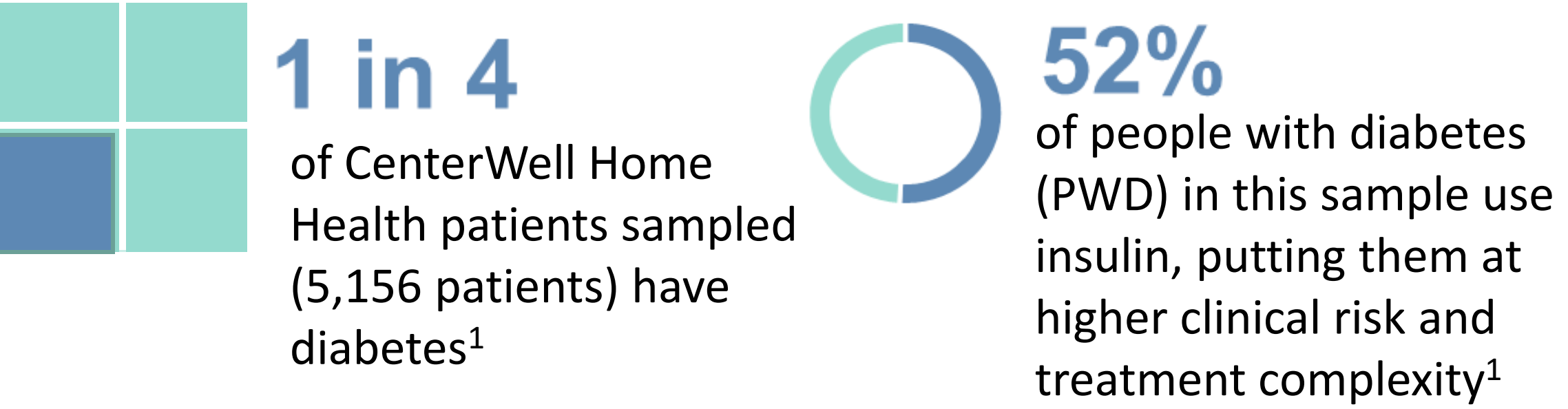
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Purpose

To align endocrine/diabetes medication management, teaching, and assessment with diabetes self-management education and support (DSMES) for persons with diabetes (PWD) receiving home health services.

Diabetes population within home health

Within CenterWell Home Health, 25% of patients have diabetes, and of these over 50% manage their condition with insulin. Approximately 7% of those are admitted to CenterWell Home Health with diabetes as their primary diagnosis (1). This means that for the majority of patients, diabetes is a secondary focus of care. While the primary focus of home health care is to address the reason for admission, there remains a need to assess diabetes management and provide corresponding DSMES in order to help patients manage their diabetes as well as their associated comorbidities.



What is home health?

Home health is a range of care services provided at home for people with illness or injury delivered with a plan of care that may include skilled nursing, physical and occupational therapy, speech language therapy, and medical social services. It involves interventions for acute episodes of care relating to health conditions, functional decline, or a combination of the two. Clinicians and the referring provider take into account the PWD’s expressed goals. Typically, the episode of care involves assessing PWD’s health status and needs, monitoring and evaluating progress, assisting with activities of daily living (ADLs), and communicating among the patient, family, and medical provider.

What is new with home health?

A significant shift in the home health industry occurred in 2020 with the introduction of the Patient-Driven Groupings Model (PDGM) which is a case classification model. The objective of PDGM is to improve payment accuracy and appropriateness by focusing on the patient rather than the volume of services provided, as well as to reduce administrative burden on providers. PDGM uses 30-day periods as a basis for payment. The payment for the 30-day periods are based on five different subgroups: 1) admission source; 2) timing of the 30-day period; 3) clinical groupings based on primary diagnosis which includes medication management, teaching, and assessment (MMTA); 4) functional impairment; and 5) comorbidity adjustment (2).

Upon your primary care visit, did you receive any specific plan for managing your diabetes?

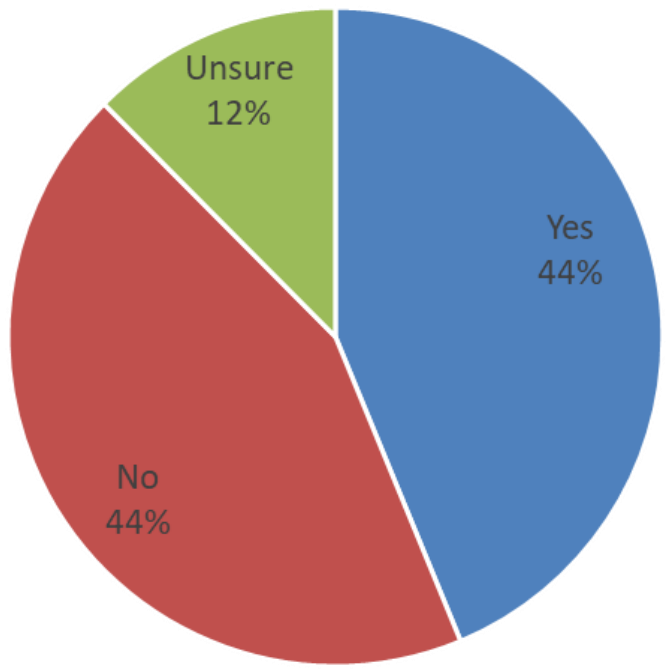


Figure 1

Upon hospital discharge, did you receive any specific plan for managing your diabetes?

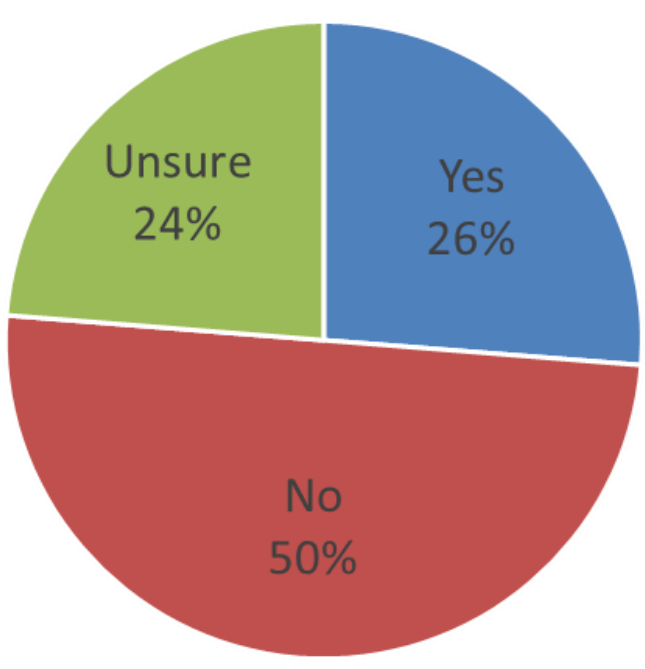


Figure 2

How many hours of diabetes education have you received from a diabetes educator within the past 12 months (not including home health)?

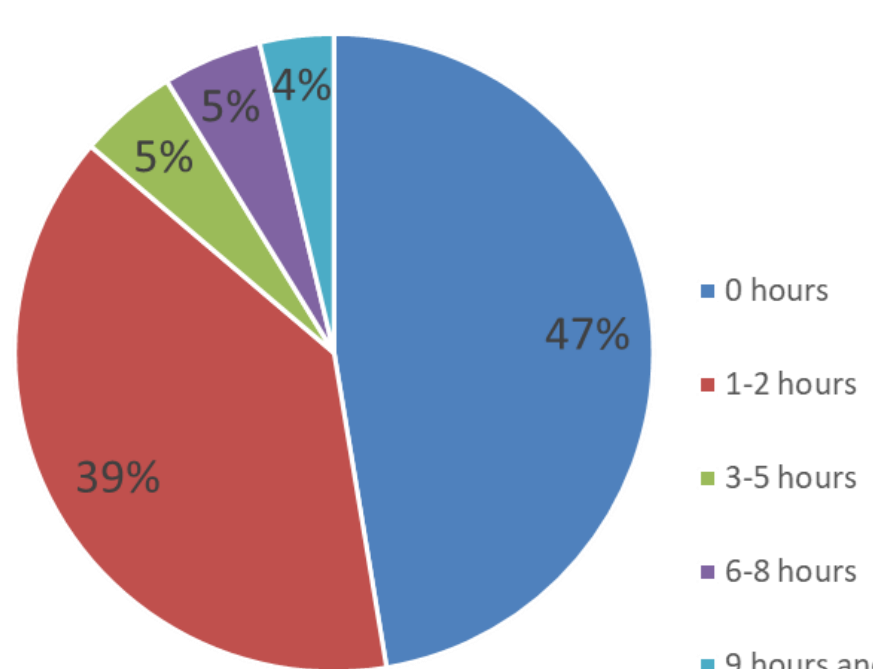


Figure 3

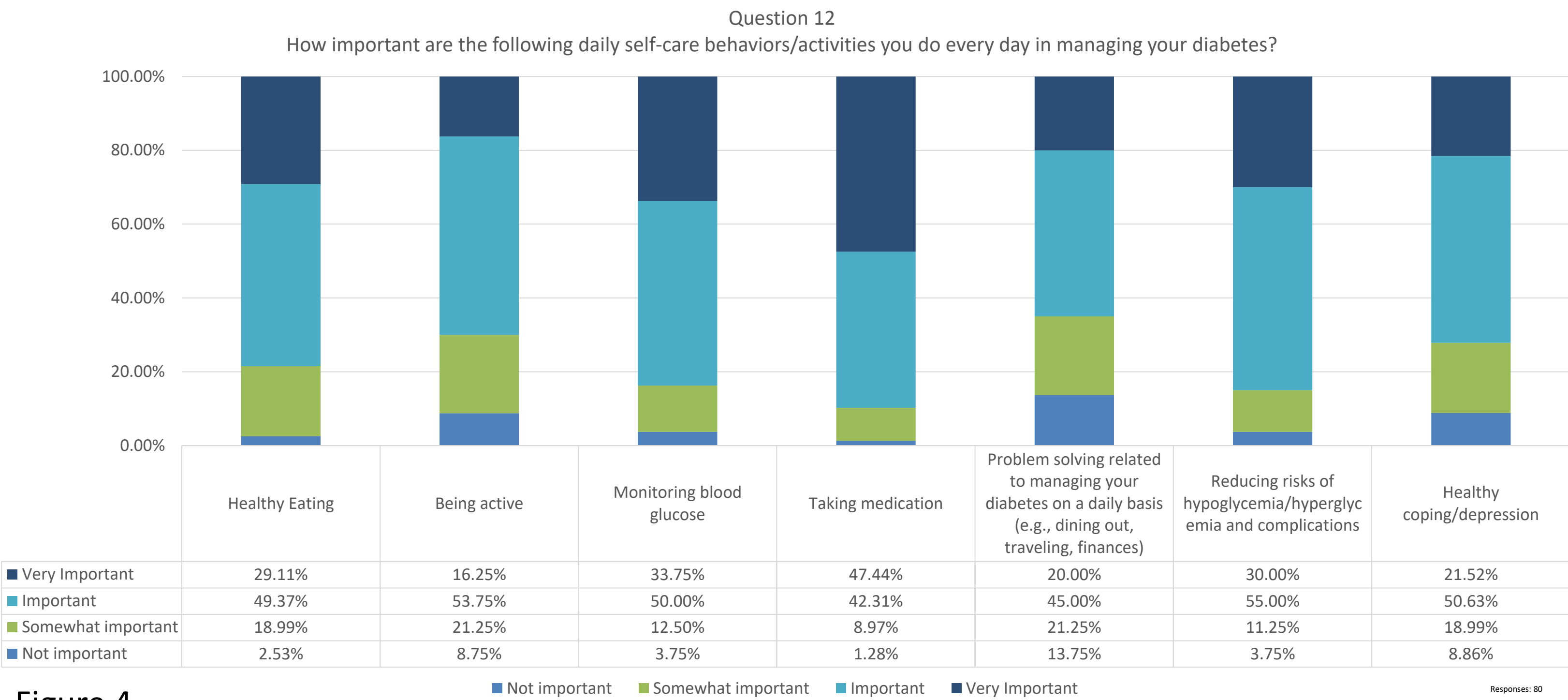


Figure 4

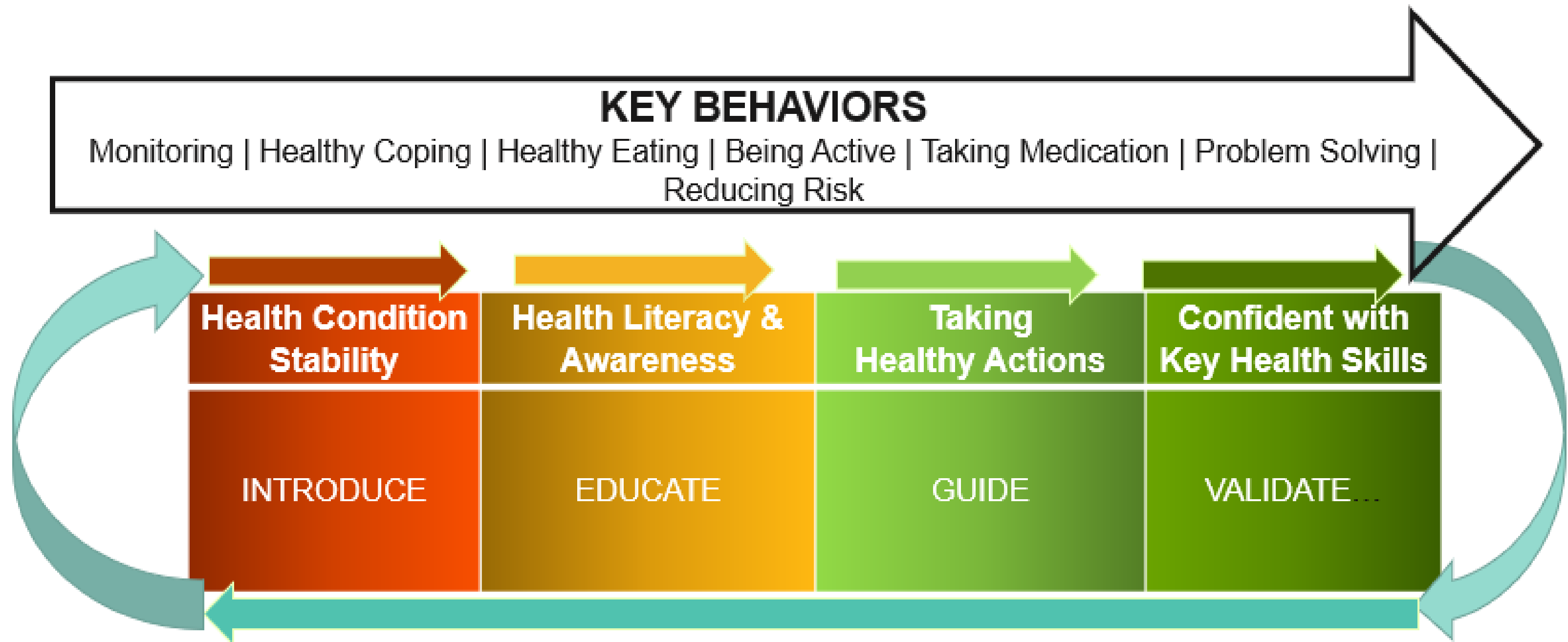


Figure 5

Assessment, evaluation, education, medication

Home health diabetes interventions are based on assessing the clinical, cognitive, and social needs unique to PWDs among the aging population. PWDs have multiple co-existing conditions that impact how efficient and effective they are in diabetes self-management. Consequently, home health clinicians evaluate other conditions that can interfere with diabetes management, including: 1) hearing, visual, and cognitive impairment; 2) urinary incontinence; 3) falls; 4) polypharmacy; and 5) cardiovascular disease. (3) DSMES is part of usual care for PWD in home health. Each PWD has a plan of care developed at the start of care that is evaluated and updated throughout the home health episode. This plan of care addresses all elements of the ADCE7 Self-Care Behaviors (Figure 4). PWD education is prioritized to minimize and manage daily symptoms and mitigate identified risks of hospitalization.

Intervention priorities for home health

Home health DSMES is tailored to the needs and priorities of PWD. Diabetes programing development is based on evidence-based interventions for older adults and the needs of PWD receiving services from CenterWell Home Health. A recent CenterWell Home Health survey of PWD indicated that 56% of PWD had not received a specific plan for managing their diabetes from their physician (Figure 1) and only 26% received a specific plan for managing their diabetes upon hospital discharge (Figure 2). Among PWD, only 86% received two hours or less of diabetes education in the past 12 months (Figure 3). Of the ADCE7 Self-Care Behaviors, PWD receiving care services from CenterWell Home Health identified taking medication and monitoring blood glucose as important aspects of managing their diabetes (Figure 4) (5).

How to integrate DSMES into home health?

DSMES aligns with the Endocrine MMTA PDGM grouping where the main reason for the home health encounter is to provide medication management, teaching, and assessment. CenterWell Home Health integrates DSMES in the plan of care for PWD to promote confidence and ownership of key health behaviors that positively influence ongoing self-management. Interventions provided during home health visits address the ADCE7 Self-Care Behaviors and promote PWD skill-building and ability to sustain the key health behaviors long-term (Figure 5).

Conclusion

Home health endocrine/diabetes medication management, teaching, and assessment (MMTA) aligns with diabetes self-management education and support (DSMES) for people with diabetes (PWD).

Contact

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References

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