ELEGANT-DM2: EarLy IntErvention Addressin Ther Apeutic IN er Tia in Diabetes Mellitus-2

A MULTIDISCIPLINARY COLLABORATIVE CARE MODEL CLOSING THE GAPS IN CARE FOR VETERANS WITH DIABETES

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ELEGANT-DM2 approach:

- Use of dashboards for proactive identification in Veterans failing therapies.
- Redesign the care delivery system and support the primary care providers to addresses the gap in the care by aligning services to bridge the care silos.
- Identify opportunities to streamline resources for care optimization.



ELEGANT-DM2:



Self Management support: PACT, PharmDs, RN Nutritionists, HBPCs.



Decision Support:

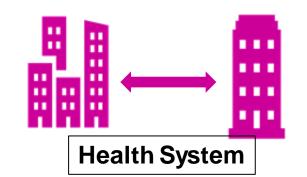
Endocrinologist supported Core team / PACT CPP, CPT. Seamless longitudinal care with minimal to no disruptions in care.



Delivery System Design: F2F clinics, Video Clinic, Care Coordination via HT, Data monitoring via Dashboards/and transmission devices.



Each member works hand in hand towards predefined individualized goals: **Patient-centric care.**



Community





Clinical Information System:

Population level data.

Proactive identification of at-risk vets from CDW and academic detailing dashboards. Use of technology automation for standard of care.

Diabetes Dashboard

Outreach

Collaborative Care Model

Veterans at-risk:

- A1c >9% via eQM/ Dashboards
- 2. Hypoglycemia concerns
- 3. Clinical consult placed by PACT

Step 1:

CPT intake/ patient interview (if patient agreeable)

Step 2:

CPP scheduling for medication therapy management (all modalities – phone, video, F2F) INITIAL:

CPP intervenes, completes assessment, sets goals, stratifies care based on complexity

Intervention

FOLLOW-UP:

CPP manages and provides ongoing continuity of care or presents patient to collaboration

Collaboration with Endocrinologist, once-weekly huddle:

- Insulin basal doses >100 units
- 2. Complex insulin regimens
- 3. Poor response to current regimen
- Hypoglycemia unawareness requesting CGM

CPP continues to manage Veterans' care under collaboration.

Continued poor response may see Endocrine for episodic care, along with continued CPP oversight.