Care Management Connection

A publication of the Michigan Care Management Resource Center

June, 2017

Volume 2 Issue 6

Social Determinants of Health and the Management of Diabetes

Patients living with diabetes are responsible for a large majority of the requirements to manage the disease. The success of diabetic management comes not only from the involvement of the health care team but the direct involvement of the patient. The needs of patients with diabetes are related to the proper glycemic control and correspond with preventing complications and disability limitations. There are seven essential self-care behaviors in individuals with diabetes that predict positive outcomes. These include healthy eating, physical activity, monitoring blood sugar, medication adherence, appropriate problem-solving skills, healthy coping skills and risk-reduction behaviors. In addition, these seven behaviors correlate to improved glycemic control, reduced complications, and improvement in quality of life.

Many times, these essential self-care behaviors are adversely affected by social determinants of health. A patient's ability and motivation to engage in required self-management behavior may be reduced by many intrinsic and extrinsic factors. Intrinsic factors may include attitudes and health beliefs, limited diabetes knowledge and technical skill, reduced health literacy, and insufficient self -efficacy to encourage positive behavior change. Extrinsic factors include financial considerations, inadequate family and community support systems, poor clinical relationships, and limited access to quality health care delivery.

Their surrounding environments play a significant role on every aspect of an individual's daily life, including their capability and willingness to manage their conditions. Positive diabetic outcomes are tied to effective diabetes self-management independent of the health care team. Patients require the motivation, knowledge, skills, and ability to manage their disease in an ever changing environment in which they live. Focus needs to be on the individual rather than the disease state itself. For example, the care manager who asks questions about the patient's life and health beliefs is conveying a patient centered approach and seeks to understand the individual's challenges, concerns, and priorities. A patient's engagement with diabetes self-management is dependent on psychosocial factors such as health beliefs and attitudes towards the disease, self-efficacy, affect, mood, perceived quality of life, and distress. A patient's self-efficacy relates to their self-self-management activities. Patients with higher self-efficacy have higher coping levels and are more likely to engage in activities of self-management. Building a patient's confidence and competence, developing a trusting care manager-patient relationship, and identifying past successes while developing required diabetes skills is essential.

Continued on page 5

UPCOMING EVENTS

VIEW OUR UPCOMING COURSES

Click on the dates below to register for MiCMRC Complex Care Management Courses:

July 10-13, 2017, Lansing

August 14-17, 2017, Lansing

MiCMRC CARE MANAGEMENT EDUCATIONAL WEBINAR

Date and Time: Tuesday July 11th 2-3 pm

Title: Applying a Patient-Centered Design to Improve Educational Materials on Advance Care Planning

Presenters: Kathryn Shindeldecker and Kristen Hurst, University of Michigan

Register HERE

To view additional upcoming webinars see page 2

The Michigan Care Management Resource Center supports ambulatory practices statewide to implement and build upon Patient-Centered Medical Home (PCMH) and PCMH Neighborhood (PCMH-N) capabilities related to care management, population management, self-management support, and care coordination. MiCMRC provides foundational and longitudinal curriculum, tools and resources to assist practices with developing a sustainable, evidence-based clinical model for care management activities. Support for the Michigan Care Management Resource Center is provided by Blue Cross® Blue Shield® of Michigan as part of the BlueCross Value Partnerships program. Michigan Care Management Resource Center is not affiliated with or related to Blue Cross Blue Shield of Michigan nor Blue Cross Blue Shield Association

Nursing and Social Work continuing education opportunity. For more information visit www.micmrc.org/continuing-ed

MiCMRC Questions?

For questions please **Contact Us**

Share Your Success Stories

Submitting your success story is as easy as clicking on the following link:

Share Your Success Story

For help submitting your success story contact us at http://micmrc.org/contact-us

MiCMRC 2017 CARE MANAGEMENT EDUCATIONAL WEBINARS

Date and Time: Tuesday July 11th 2-3 pm

Title: Applying a Patient-Centered Design to Improve Educational Materials on Advance Care Planning

Presenters: Kathryn Shindeldecker and Kristen Hurst, University of Michigan

Register **HERE**

Date and Time: Wednesday July 12th 2-3 pm

Title: Tobacco Dependence Treatment - Putting the Guidelines into Practice

Presenter: Patricia Heiler, MPH, Michigan Department of Health and Human Services

Register **HERE**

Date and Time: Wednesday July 26th 2-3 pm

Title: Breast and Cervical Cancer Control Navigation Program

Presenter: E.J. Siegl, BSN, OCN, MA, CBCN, Program Director, MDHHS

Register **HERE**

Date and Time: Wednesday August 9th 2-3 pm

Title: Colorectal Screening

Presenter: Abby Moler, American Cancer Society

Register **HERE**

Date and Time: Wednesday August 23rd 2-3 pm

Title: The Power of Prevention- Helping Your Patients Reduce Their Cancer Risk

Presenter: Danielle Karsies, MS, RD, CSO, Michigan Medicine Cancer Center

Register **HERE**

Date and Time: Wednesday September 20th 2-3 pm

Title: HPV Vaccine

Presenter: Abby Moler, American Cancer Society

Register **HERE**

Date and Time: Wednesday October 11th 2-3 pm

Title: Breast Cancer Screening

Presenter: Abby Moler, American Cancer Society

Register **HERE**

Michigan Care Management Resource Center Helps Michigan Pharmacists Transforming Quality and Care Provide Pharmacy Webinars

The Michigan Care Management Resource Center has teamed up with the Michigan Pharmacists Transforming Quality and Care (MPTQC). MPTQC is a BCBSM initiative focused on the integration of clinical pharmacists into primary care settings to help improve patient care and outcomes. Their goal is to improve patient care and outcomes through integration of clinical pharmacists in direct patient care.

MiCMRC collaborated with MPTQC to provide care manager and care coordinators access to MPTQC's recorded webinars. The webinars are open to all and provide a certificate of completion.

Webinars now available include:

- Neuropathic Pain
- Managing Statin Intolerance
- Hypertension
- Depression and Anxiety
- Chronic Pain and Opioid Use
- Chronic Pain and Non-Opioid Use
- GLP-1 Agonist Medication Review
- Non-Statin Medication Review

To access these webinars, visit **www.micmrc.org** and click on the webinars tab.

MiCMRC Approved Self-Management Support Courses and Resources Update

To access the list of the MiCMRC approved Self-Management Support courses, **Click Here.** The list of MiCMRC approved Self-Management Support Courses contains a detailed summary of each course, with associated objectives, location, cost and more.
Additionally, MiCMRC has collected resources for Self-Management Support including: websites of interest, publications, tools, videos, and even patient materials. MiCMRC's "Self-Management Support Tools and Resources" document offers an at a glance list and summary of these resources, along with descriptions and website links for quick access. For "Self-Management Support Tools and Resources" **Click Here.**

Both of these documents can also be accessed on the MiCMRC website home page **http://micmrc.org/**

MiCMRC Complex Care Management Course Registration

The MiCMRC Complex Care Management (CCM) course is designed to prepare the healthcare professional for the role of Complex Care Manager. Course content is applicable to all Care Managers in the ambulatory care setting, working with complex patients.

The training format for the MiCMRC CCM course consists of: a one-hour introductory live webinar, two days for recorded webinar self-study (approximately 6 hours of self-study) and two days of in person classroom instruction. To learn more about the CCM course click here

****For High Intensity Care Model Managers (HICM) ONLY-** HICM participants are required to complete the MiCMRC CCM course and two subsequent HICM self-study online modules. Details about the HICM online modules will be provided during the CCM course day 1 webinar.

Upcoming course dates and course registration:

July 10-13 | Lansing, MI | **REGISTER HERE** | Registration deadline: July 6th, 2017

August 14-17 | Lansing, MI | **REGISTER HERE** | Registration deadline: August 10th, 2017

NOTES: If you have 15 or more Care Managers in your area and would like the MiCMRC team to provide a regional training at your location please submit your request or questions to: **micmrc-ccm-course@med.umich.edu**

3

Quit Smoking Help Available

Tobacco use remains the single largest preventable cause of disease and premature death in Michigan, annually an average of 16,200 deaths are attributable to smoking. Tobacco use, and even exposure to secondhand smoke causes heart disease, cancer, stroke, and COPD, the four leading causes of death in Michigan. 5,800 Michigan children become new regular, daily smokers annually. A third of whom, will die prematurely due to this addiction. "On average, compared to people who have never smoked, smokers suffer more health problems and disability due to their smoking and ultimately lose more than a decade of life" - 2014 report of the U.S. Surgeon General.

In 2015, an estimated 20.7% of Michigan adults reported that they currently smoke cigarettes on a regular basis. The rate of tobacco use varies from one population group to another. For instance, Native Americans living in Michigan have an adult smoking rate that is nearly twice that of White state residents. Adults with disabilities are more likely to smoke cigarettes than adults without disabilities. Individuals of low SES status have much higher rates of smoking and smoking-related diseases than the general population. Lower income, lower educational level, and lack of health insurance are all associated with higher tobacco use rates. In addition, the Native Americans, Arab-American, and African-American populations all have smoking rates higher than the overall state rate. The Lesbian, Gay, Bisexual, and Transgender, Queer (LGBTQ) population experiences a higher smoking rate, as does the Michigan population with mental, emotional, and physical disabilities, and people living with HIV. The African American population (14.3% of Michigan's population) has a smoking rate of 25.9%. Inequities in income, education, job aspirations and mobility, and access to quality health care have conspired to make tobacco use and its related diseases a particular burden to African Americans. African Americans have been – and continue to be, more vulnerable to ongoing targeting by the tobacco industry. Native Americans represent less than 1% of Michigan's total population but have an adult smoking rate of 43.8%. Native Americans have very high co-morbidities with diabetes and asthma, both significantly worsened by tobacco use.

While the consequences of smoking and secondhand smoke affect people from all socioeconomic backgrounds, low SES individuals suffer a disproportionate burden of tobacco-related morbidity and mortality due to disparities in health care, lack of access to medical services, lack of access to smoking cessation programs and lack of support from the medical and social service communities when seeking to quit smoking.

In Michigan, rates of smoking among pregnant women have risen over the past several years from 16% in 2008 to over 18% in 2014. Smoking during pregnancy causes health harms for both the mother and the fetus. According to the U.S. Surgeon General, more than 100,000 babies have died in the last 50 years from Sudden Infant Death Syndrome, complications from prematurity, complications from low birth weight, and other pregnancy problems resulting from parental smoking. Smoking also causes ectopic (tubal) pregnancy and impaired fertility, cleft lip and cleft palates in babies of women who smoke during early pregnancy.

Because tobacco products are highly addictive, most users make several quit attempts before they are successful. However, there are proven resources available to help tobacco users quit. About 70% of smokers want to quit smoking, and about half try to quit each year. However, less than 10% succeed, in part because less than one-third of smokers who try to quit use proven cessation treatments (behavior counseling and pharmacotherapy). An estimated 80% of tobacco users in the United States see a health care provider each year, making the health care system an important setting in which to reduce rates among diverse populations, including those most at risk.

What can you do? Ask your clients about tobacco use at every visit, provide advice about the benefits of quitting, and refer clients to the Michigan Tobacco Quitline (1-800-784-8669). The Michigan Tobacco Quitline is an evidence-based service that provides free help with quitting. Staff and providers in all health care settings can refer patients to the Michigan Tobacco Quitline.

Combining medication and counseling improves success in quitting. In accordance with the U.S. Department of Health and Human Services' Public Health Service's Clinical Practice Guidelines for Treating Tobacco Use and Dependence clients should be prescribed medication while they receive behavioral counseling as it prevents or relieves the withdrawal symptoms and allows time to develop strategies to avoid relapse. All of Michigan's Medicaid Managed Health Plans cover individual and phone counseling in addition to the 7 recommended cessation medications; NTR Gum, NRT Patch, NRT Nasal Spray NRT Inhaler, NRT Lozenge, Varenicline (Chantix) and Bupropion (Zyban).

For more information about the Michigan Tobacco Quitline or how to help your clients quit, please contact the Michigan Department of Health and Human Services Tobacco Control Program at 517-335-1265 or visit **www.michigan.gov/tobacco**.

For other public health resources for primary care please visit **www.michigan.gov/primarycare**.

4

BCBSM Revised Provider Delivered Care Management Training Requirements

BCBSM has revised the BCBSM Provider Delivered Care Management training requirements for Care Managers (CM) and Qualified Health Professionals (QHP). To learn more about the revised BCBSM training requirements, please contact the staff person responsible for coordinating care management services at your practice's Physician Organization (your practice manager should be able to give you contact information for the Physician Organization). Also, at a glance training information is available here: **http://micmrc.org/training/supported-programs/pdcm**

NEW - Blue Cross Blue Shield of Michigan
Online Provider Delivered Care Management Billing Training course

The Blue Cross Blue Shield of Michigan (BCBSM) Provider Delivered Care Management (PDCM), Blue Distinction Total Care (BDTC) and High Intensity Care Model (HICM) Billing Online Course is now offered via web-based training. The PDCM/BDTC/HICM Billing Course is available for viewing at your convenience.

To access the Blue Cross PDCM/BDTC/HICM Billing Online Course **click here.**

To access the Blue Cross PDCM/BDTC Payment Policy and Billing Guidelines **click here**

NEW - Blue Cross PDCM/BDTC/HICM Webinar Offered Monthly

On a monthly basis, Blue Cross will conduct a question and answer session via WebEx relating to questions you may have after you've completed the online PDCM/BDTC/HICM Billing Online course regarding these programs. They are scheduled for the first Thursday of each month from 12:00 noon – 1:00 p.m. for the remainder of 2017. Dates and WebEx information:

- June 1, 2017
- July 6, 2017
- August 3, 2017
- September 7, 2017
- October 5, 2017
- November 2, 2017
- December 7, 2017

To join this meeting (Now from mobile devices!)

---

1. Go to https://bcbsm.webex.com/bcbsm/j.php?MTID=m9e19c18ee71d2a4203d6087055092b77
2. If requested, enter your name and email address.
3. If a password is required, enter the meeting password: pgip
4. Click "Join".
5. Follow the instructions that appear on your screen.

Teleconference information

---

1. Please call one of the following numbers:

Toll-Free: 1-800-4625837

Local: 1-313-2254000

2. Follow the instructions that you hear on the phone.

Your Cisco Unified MeetingPlace meeting ID: 734 134 932

Continued from page 1

Applying the **Health Belief Model** to diabetes suggests that people with diabetes need a reason to engage in self-care. According to Rodriguez (2012), two key questions have found to be effective during the first visit: "What are the greatest day-to-day challenges you face in managing your diabetes?" and "What makes you smile?". The first question indicates that the patient's experiences are valuable. Their answers in turn can help the care manager understand the patient's health beliefs, attitudes, "lived world", and assist in understanding and prioritizing their unique needs. Answers to the second question help identify key personal motivators for engaging in diabetes self-management and potential risks for depression.

Effective patient self-management may only take place when finances, families, workplace practices, community infrastructure, health care providers and the health care delivery system is informed, motivated, prepared, and works to support the patient to promote engagement in positive health behaviors. Diabetes is an expensive disease to manage and issues of low income combined with insufficient or lack of health insurance can be key factors in a patient's decision to attend physician appointments, fill prescriptions, and check blood glucose levels.

A family's influence on a patient with diabetes and their self-management many times is undervalued by health care providers. The family environment is largely where disease management takes place, and where linkages between traditional patient and community interventions take place. Families are a major influence that are capable of providing a positive or negative influence on a patient's engagement in diabetes. Care managers need to assess the family environment, dynamics and the impact on the patient's self-management. Just as the family environment can exude influence so can the workplace. Health and workplace productivity can suffer when working conditions are not conducive to the support of required self-care initiatives and behaviors.

Furthermore, the community environment is tied to the health of the patient. Patient engagement may be effected by access to healthy food, places to exercise, affordable medications and supplies, access to health care information, and ongoing follow-up. When assessing patient needs the care manager can identify potential shortcomings as well as support programs. If available, community health workers (CHWs) who represent the patient's community, culture, or geography can help provide invaluable links between the communities and health care providers.

Implications for the Care Manager

Self-care is an evolutionary process of developing knowledge or awareness by which to navigate the complexity of diabetes in a social context. Diabetes education must be transferred to action or self-care activities in order for the patient to take full advantage of its benefits. Self-care activities refers to healthy eating, increased exercise, self-glucose monitoring, and foot care. Care managers, who seek to understand the patient's typical day can help tailor self-care strategies to the patient's daily routines as well as how those daily routines impact the patient's ability to manage their diabetes. Decreasing a hemoglobin A1C may be the ultimate goal in diabetes management, however this is only one objective and changes in self-care activities should also be gauged for progress. The care managers ability to recognize patients who may be prone to non-adherence and provide special attention to them is key. In addition, diabetes self-management programs should be made available at the primary care level with emphasis on motivating positive behavior, especially lifestyle modification and participation in support groups. Patients are empowered when they have the necessary knowledge, skills, attitudes, and self-awareness to influence their behavior and that of others in order to improve their quality of life. For information on diabetes self-management programs in the state of Michigan **Click Here**. In, addition click on **www.micmrc.org** and click on the chronic conditions page for more diabetic management interventions.

Jones, C., Jansen, J., Scherr, C., Brown, N., Christy, K., & Weaver, J. (2015). The Health Belief Model as an Explanatory Framework in Communication Research: Exploring Parallel, Serial, and Moderated Mediation. Health Commun. 30(6): 566-576. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4530978/Rodriguez, K.M. (2012). Intrinsic and extrinsic factors affecting patient engagement in diabetes self-management: perspectives of a certified diabetes educator. *Clinical Therapeutics*. 35:2. 170-178.Retrieved from http://ac.els-cdn.com/S014929181300009X/1-s2.0-S014929181300009X-main.pdf?_tid=39a4f4ca-1a23-11e7-8b39-00000aab0f02&acdnat=1491412605_afb35061b0d81273050d5af983660824

Meetoo, D., Gopaul, H. (2005). Empowerment: giving power to people with diabetes. Journal of Diabetes Nursing. 9(1): 28-32. Retrieved from (http://www.thejournalofdiabetesnursing.co.uk/media/content/_master/1913/files/pdf/jdn9-1-28-32.pdf

Shrivastava, S., Shrivastava, P., & Jegadeesh, r. (2013). Role of self-care management of diabetes mellitus. *Journal of Diabetes & Metabolic Disorders.* 12(14). Retrieved from http://download.springer.com/static/pdf/948/art%253A10.1186%252F2251-6581-12-14.pdf?originUrl=http%3A%2F%2Fjdmdonline.biomedcentral.com%2Farticle%2F10.1186%2F2251-6581-12-14&token2=exp=1491416044~acl=%2Fstatic%2Fpdf%2F948%2Fart%25253A10.1186%25252F2251-6581-12-14.pdf*~hmac=568e1e53d9f5ac902e89aa3082ad0a24b978eea1fe4598ff4d58f0e7fafc8993