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Aggressive Case Management together with Home Telehealth Monitoring can be Effective for Long Term Control of Blood Sugar in Patients with Diabetes Mellitus

In a recently published study funded by the VA Office of Rural Health (ORH), VA investigators evaluated the quality and effectiveness of a program combining aggressive case management and home telehealth monitoring for patients with diabetes mellitus by monitoring glycosylated hemoglobin (A1c), a long-term indicator of average blood sugar levels in diabetic patients. This program, launched by the Iowa City VA Health Care System in 2006, assists patients with poorly controlled diabetes to self-manage their disease through continuous education on lifestyle and diet and the use of home telehealth equipment to send patient health data (blood sugar, weight and blood pressure, answers to disease-related questions) on a daily basis to a secure server. This data is monitored by a nurse/case manager and when values are out of an expected range, the patient is contacted and either orders are changed or the patients are questioned about their status. In addition diabetes education is further supplemented. Eligible patients are enrolled in this program for one year and their A1c level is monitored at admission and at three month intervals. After graduation from the program, patients' A1c levels are monitored for an additional 2 years. The American Diabetes Association maintains that an A1c level of 7% or less for patients with diabetes offers the greatest protection from diabetes complications, including reducing microvascular and neuropathic complications and reducing the incidence of cardiovascular disease. VA investigators compared the average and median A1c levels of three groups: 1) graduates of program, 2) active participants in program, and a 3) control group of eligible patients that did not participate in the program. Results indicated that although there was no difference in baseline A1c levels between the groups, there was a statistically significant difference in both average and median A1c levels between the participants groups (active and graduates) versus the control groups at all time intervals. Both participant groups demonstrated significant reductions in A1c levels and the graduate group achieved the 7% goal at 6 months, while the control group mean and median A1c level remained significantly elevated. *Citation: Klobucar et al., Evaluating the Effectiveness of an Aggressive Case Management and Home Telehealth Monitoring Program for Long-Term Control of A1c. Professional Case Management. Vol. 17, No. 2, 51-58. ♦*

Did You Know?

- The Veterans Health Administration currently serves more than 1.2 million veteran patients with diabetes (approximately 20% of all Veterans who access VA Health Care).
- The Centers for Disease Control (CDC) estimates that nearly 26 million Americans have diabetes.
- Some health care models predict that 33% of the US adult population will have diabetes by 2050.
- There is significant evidence that self-management of blood sugar levels improves quality of life in diabetic patients, decreases inpatient length of stay and avoids poor health outcomes. ♦



Unmet Health Care Needs of Veterans Living in Rural Alabama

The VA Office of Rural Health sponsored an outreach initiative in rural Alabama to better understand the health care needs of Veterans residing in those areas. Veterans who have never used VA services and those who have not used VA services in the last two years were targeted by Veteran Community Outreach Health Workers to ascertain their unmet health care needs as well as perceived barriers to care. Over 200 hundred Veterans from rural Alabama were given several different validated questionnaires covering military history, demographics, health history, mental health screening, functioning and disability as well as questionnaires regarding access to primary and specialty care. Results revealed that 71.4% of these Veterans had received non-VA primary care within the past year, however there was significant unmet clinical need among this group of Veterans, especially for dental care and pharmacy services. Discrepancies between desired care and potential need for care were even higher for mental health care services, in that only 9.4% reported that they or a health care provider believed they needed mental health treatment in the past year, although nearly 56% screened positive for at least one Axis 1 diagnosis (i.e., depression, anxiety, substance use). The most frequently reported barrier to getting needed care was 'couldn't afford' to obtain care. ♦

