2023 Performance Excellence Award Nominee

CHRONIC DISEASE MANAGEMENT

at Lakeshore Community Health Care

Lakeshore Community Health Care Clinic (LCHC), in collaboration with Concordia University Wisconsin (CUW), embarked on a pilot project aiming to address uncontrolled diabetes within their population. LCHC identified that a significant portion of their diabetic patients had consistently high HgbA1C levels, indicating poor glucose control. In response, they partnered with CUW's Driving Wellness Home Project (DWHP), which involves interprofessional teams assessing health and wellness of FMOW (Fresh Meals on Wheels) clients. This collaboration brought together an interdisciplinary team from all parts of the community, including CUW students studying Athletic Training, Pharmacy, Dietetics, and Nursing, LCHC primary care providers, a clinical ethnographer, LCHC pharmacy resident and local Area Health Education Center representative.

The pilot project aimed to recruit 10-12 diabetic participants aged 58 and older with persistent HgbA1C levels greater than 9%. Participants received bi-weekly check-in via home-visits and telehealth appointments over the course of 90 days that included medication management, exercise, diet, nutrition counseling, wellness coaching, group sessions on diabetic management. Participants also received nutritionally appropriate meals from Fresh Meals on Wheels.

This pilot project showcased the impact that community and patient-centered programs can have on health outcomes, including:

- The average A1c across four cohorts lowered by an average of 1.89%, with 17% of patients achieving an A1c of <7.5%.
- 30% increase in patients achieving a BP <130/80 over three months when meeting with the pharmacist as part of the Chronic Disease Management program.
- Enhanced patient satisfaction scores, solidifying the importance of a team-based approach in care delivery. Participants shared that this program helped them to take control of their healthcare and make a plan to improve their health.

"The Chronic Disease Management program is truly representative of interprofessional team-based care. As a pharmacist member of this team, I was able to interact with and coordinate health professional students of different disciplines and contribute to improving the lives of patients on a weekly basis over a 3-month period for the Fall 2022 and Spring 2023 cohorts. Through this team collaboration, I was able to have a better understanding of health disparities, culture, and other aspects of social determinants of health that impact the lives of patients at Lakeshore Community Health Care." - Kristen Korankyi (Pharmacy Resident)

This project also demonstrated a commitment to health equity by addressing social determinants of health (SDOH) and food insecurities. It acknowledged the impact of income levels and payer mix on healthcare disparities, aiming to bridge gaps through integrated and personalized care. Overall, the project encapsulated a patient-centered approach, interprofessional collaboration, and a dedication to improving both patient outcomes and healthcare delivery.