Intervening in the Lived Experiences of Individuals Most Challenged by Diabetes

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Objectives

1. Identify the primary SDH that impact diabetes management and outcomes.
2. Describe behavioral health program targeting the lived experiences of youth most challenged by diabetes.
3. Demonstrate behavioral health strategies targeting the lived experiences of individuals most challenged by their diabetes.
What Were We Up Against?

- 10-day course
- 56% stopped by 3rd day
- 82% stopped by 9th day

Bergman AB, Werner RJ: NEJM 268: 1334-1338, 1963

What Are We Up Against?

- Maintaining exercise 10% to 80%.
- Oral agents 36% to 93%.
- Insulin 64%.
- Statins 87% in first 3 months down to 50% 6 months and onward.

Downstream vs Upstream Challenges

**Downstream**
- Assays, Labs
- Health Outcomes
- Complications
- Self-Management
- Behaviors
- Social Needs
- Context of Neighborhood/Community
- Social Inequities
- Policy and Programs

**Upstream**

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Downstream vs Upstream Interventions

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**Upstream**

Lots of ideas, but little evidence of effectiveness outside of RCTs

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**Upstream**
- Lots of evidence of impact on health and health outcomes, but few interventions.

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**Upstream Challenges**
- Truant/Not in School
- CPS/DHS Involvement
- Food Insecurity
- Unreliable Transportation
- Limited Support Family/Friends
- Unemployed/Underemployed
- Insecure Housing
- Single Parent
- Caregiver w Medical Condition
- >20 miles from Hospital

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**What’s Our Care Model?**
Improving Health

HbA1c

Patient YR Before NICH YR During NICH Difference
Pt1 $14,694 $1,165 $13,529
Pt2 $12,632 $2,799 $9,833
Pt3 $5,210 $2,207 $3,003
Pt4 $25,469 $6,239 $19,230
Pt5 $58,294 $26,380 $31,914
Pt6 $4,741 $265 $4,476
Pt7 $14,175 $498 $13,677
Pt8 $16,357 $1,586 $14,771
Total $151,572 $41,139 $110,433
Avg $18,946 $5,142 $13,804

Percent of Youth Who Experienced Acute Events

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prior to NICH</th>
<th>During NICH</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c Admission *</td>
<td>62%</td>
<td>63%</td>
</tr>
<tr>
<td>DKA Admission *</td>
<td>42%</td>
<td>48%</td>
</tr>
<tr>
<td>PICU Contact *</td>
<td>72%</td>
<td>67%</td>
</tr>
<tr>
<td>DKA-related PICU Contact *</td>
<td>40%</td>
<td>40%</td>
</tr>
</tbody>
</table>
Downstream Interventions for Upstream Challenges

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**Upstream**

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Smart Rats vs Dumb Rats

- Robert Rosenthal (1963) – *Expectancy Effect*

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Behaviors, not Outcomes

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Riders and Elephants

Don’t Clip Your Toenails with a Bazooka

Numbers in Context
Challenges

- Few are focused on the most challenging and most vulnerable.
- Little research on interventions targeting social factors that impact health.
- Tension between the scientific rigor and clinical care.
- Healthcare is delivered in silos.
- Healthcare is focused on costs (volume v value).
- Interventions continue to be medically focused.
- Default of using the least intensive interventions for our most challenging and socially complex.
- Instability in healthcare reform and healthcare environment.
Challenges

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Reasons for Optimism
Social Risk Factors and Equity in Medicare Payment

Merinda B. Burtin, Ph.D., and John Z. Ayvazian, M.D., M.P.P.

“. . . presents criteria for determining these factors and addresses methods of promoting fairness for providers while also maintaining or enhancing incentives to improve care for disadvantaged patients.”

Call to Action

• Practice matching care plan with SDHs.
• Everyone can be a Smart Rat.
• Focus on behaviors, not outcomes.
• Feed the elephant.
• Always review outcomes in context.
• Context drives behavior.
• Dare to provide what patients need, not just what defines you as a professional.
• Remember that to not fight is counterintuitive.

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Martin Luther King Jr.
March 25, 1966
The rocket science in health and health care is how we deliver it.
Jim Young Kim, MD, PhD

Thank You

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