


Intervening in the Lived Experiences of Individuals Most Challenged by Diabetes

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No financial disclosures



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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.



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Cindy L. Hanson, PhD
1955 – 2019



Richard R. Rubin, PhD
1943 – 2013





Julio V. Santiago, MD
1942 – 1997



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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

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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.**




Garcia-Perez et al: *Diab Ther* 4: 175-194, 2013

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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




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SDH

Downstream vs Upstream Interventions


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



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Downstream vs Upstream Interventions




Downstream

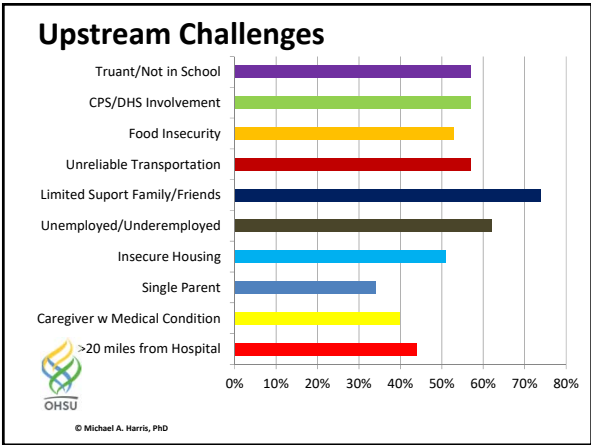
- Assays, Labs
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Lots of evidence of impact on health and health outcomes, but few interventions.


Upstream

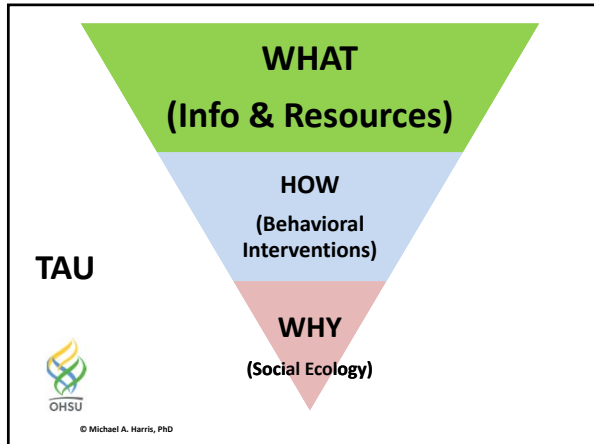


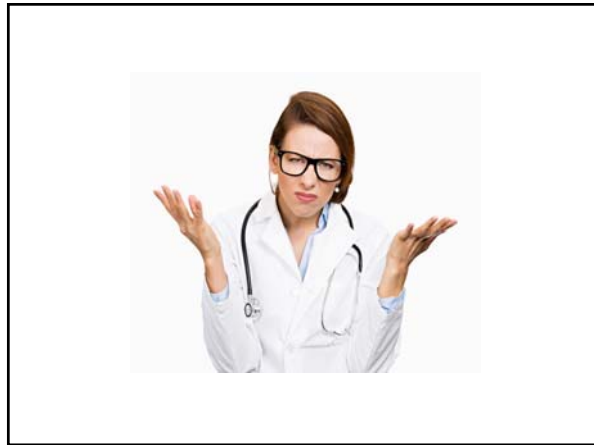
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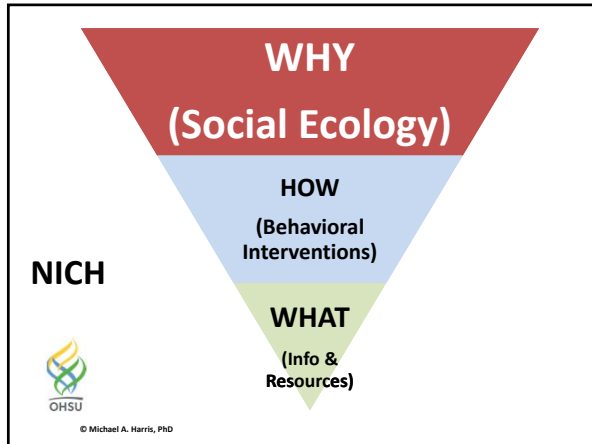
What's Our Care Model?

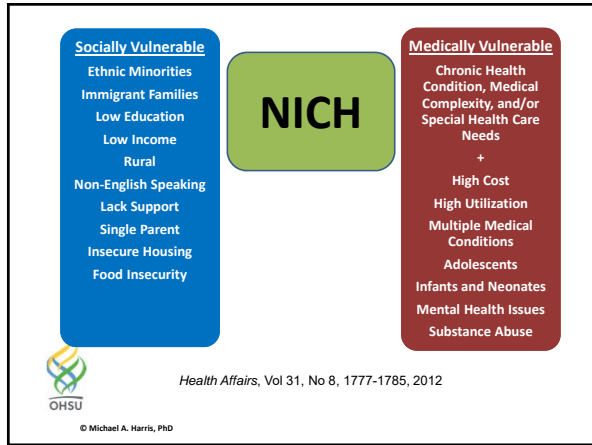


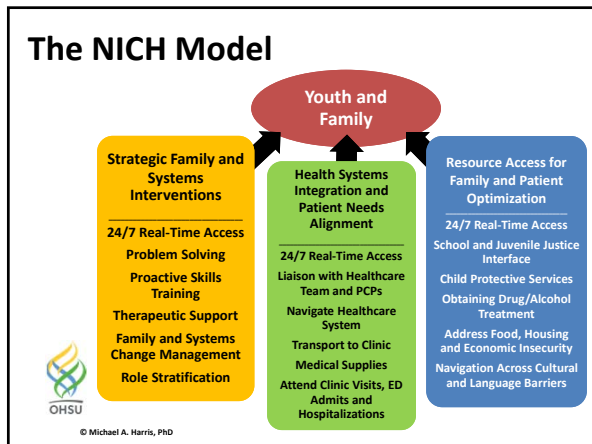


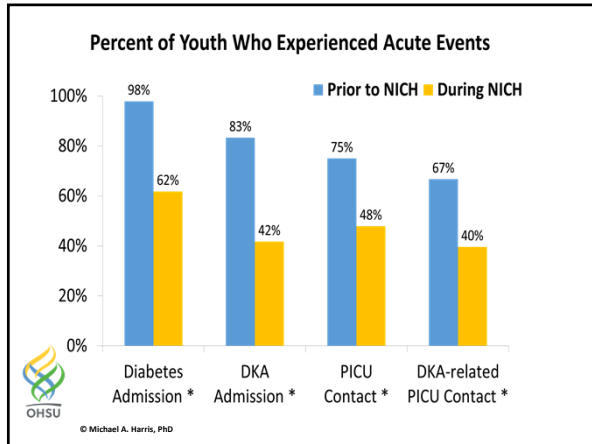


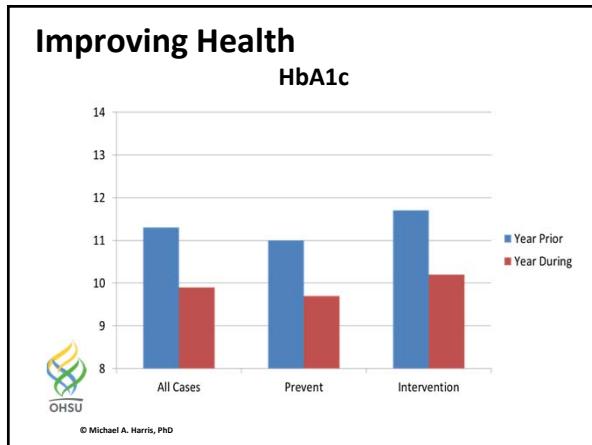












Patient	YR Before NICH	YR During NICH	Difference
Pt1	\$14,694	\$1,165	\$13,529
Pt2	\$12,632	\$2,799	\$9,833
Pt3	\$5,210	\$2,207	\$3,003
Pt4	\$25,469	\$6,239	\$19,230
Pt5	\$58,294	\$26,380	\$31,914
Pt6	\$4,741	\$265	\$4,476
Pt7	\$14,175	\$498	\$13,677
Pt8	\$16,357	\$1,586	\$14,771
Total	\$151,572	\$41,139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

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Downstream Interventions for Upstream Challenges



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Upstream



Smart Rats vs Dumb Rats

- Robert Rosenthal (1963)
– *Expectancy Effect*



Rosenthal & Fode (1963). *Beh Science*, 8, 183-189.


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Behaviors, not Outcomes




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Riders and Elephants



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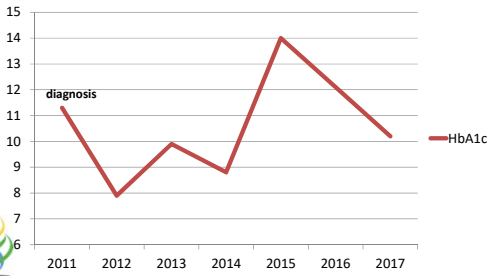
Don't Clip Your Toenails with a Bazooka



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Numbers in Context


HbA1c



Year	HbA1c
2011	11.5
2012	8.0
2013	10.0
2014	9.0
2015	14.0
2016	12.5
2017	10.5

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Lazy Isn't a Thing
Avoiding the Fundamental Attribution Error




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Get Out of Your Lane



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Psychological Quicksand



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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.



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- **Instability in healthcare reform and our current healthcare environment.**



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Reasons for Optimism



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Social Risk Factors and Equity in Medicare Payment

Melinda B. Buntin, Ph.D., and John Z. Ayanian, 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. ”



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Call to Action

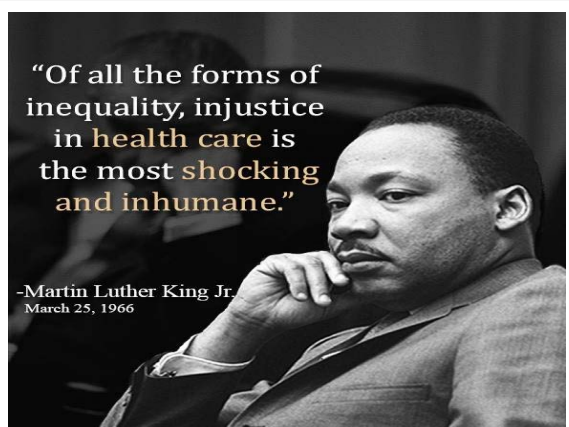
- Practice matching care plan with SDHs.
- Everyone can be a Smart Rat.
- Focus on behaviors, not outcomes.
- Feed the elephant.
- Always review outcomes in context.
- Context drives behavior.
- Dare to provide what patients need, not just what defines you as a professional.
- Remember that to not fight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



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

-Martin Luther King Jr.
March 25, 1966





Thank You

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