

## Background

- Native Americans are at a much higher risk for type 2 diabetes and associated complications (American Diabetes Association [ADA], 2022).
- ADA Standards of Care (2022):
- Hemoglobin A1c less than seven (every 3 to 6 mon
- Microalbumin (every year)
- Foot exam (every year)
- Diabetic retinal exam (every year)
- Medications
  - Angiotensin-converting enzyme inhibitors (ACE) or
- Angiotensin II receptor blockers (ARB) and
- Statin  $\checkmark$

### Purpose

- To update the type 2 diabetes protocol at a primary care Indian Health Service (a Federally Qualified Health Center) in Northern California.
- To increase the providers' knowledge about the guidelines and support the providers of the clinic to provide the highest level of diabetic care to the Native American population and all the diabetic patients.
- To strengthen the clinic's finances by:
- Meeting government measures
- Decreasing diabetic complications
- Improving outcomes

## Method

- Assessed and updated the type 2 diabetes protocol (approved by the chief medical officer) for an Indian Health Service.
- Providers completed the Diabetic Attitude Survey from the University of Michigan Diabetes Research and Training Center prior to the protocol update to determine their attitude toward treating patients with diabetes.
- Mandatory staff meeting included:
- Updated protocol
- Updated diabetes guidelines
- Updated diabetes treatments
- New diabetes medications
- Providers repeated The Diabetic Attitude Survey 3 months postimplementation to reassess their attitude toward patients with diabetes, which was optional.
- Diabetes standards of care were measured pre-and post-protocol the total diabetic population and the Native American diabetic population.

# **Doctor of Nursing Practice Project** Indian Health Service Clinic Diabetes Protocol Update Charissa Barsos, APN, FNP-BC Project Advisor: Dr. Rhonda Oldham

### **Diabetes Attitude Survey Analysis**

Subscale	Time Pre <i>n</i> =3 Post <i>n</i> =6	Mean Score	Standard Error	<i>p</i> -value
Need for Special Training	Pre	4.53	0.17	0.42
	Post	4.31	0.14	
Seriousness of NIDDM	Pre	4.24	0.19	0.77
	Post	4.32	0.15	
Value of Tight Control	Pre	4.21	0.19	0.54
	Post	4.02	0.16	
Psychological	Pre	4.39	0.16	0.73
Impact of DM	Post	4.47	0.13	
Patient Autonomy	Pre	4.06	0.15	0.26
	Post	4.38	0.13	

Note: Data analyzed with a repeated meatuses ANOVA

### **Diabetes Standards of Care Measurements**

	Total Diabetic Population		Native American Diabetic Population		
	Pre	Post	Pre	Post	
Total	677	677	219	219	
A1c					
Total Collected	372	378	110	113	
	(54.9%)	(55.8%)	(50.2%)	(51.6%)	
Average	7.5	7.4	7.8	7.9	
Microalbumin	264	247	83	85	
	(39.0%)	(36.5%)	(37.9%)	(38.8%)	
ACE/ARB Use	376	399	114	115	
	(55.5%)	(58.9%)	(52.15)	(52.5%)	
Statin Use	421	436	106	117	
	(62.2%)	(64.4%)	(48.4%)	(53.4%)	
Foot Exams	28	100	8	35	
	(4.1%)	(14.8%)	(3.75%)	(16 %)	
Eye Exams	47	115	20	41	
	(6.9%)	(17.0%)	(9.1%)	(18.7%)	

nths)		

## Results

- No significant change in:
- A1c measurement
- Microalbumin measurement
- ACE/ARB use
- Statin use

Limitations:

- Small sample size for Diabetes Attitude Survey
- Time frame for the diabetic guidelines collected was limited to three months due to new EMR implementation
- period

- exams and eye exams.
- today.
- recently published.

Unnikrishnan, R., Pradeepa, R., Joshi, S. R., & Mohan, V. (2017). Type 2 diabetes: Demystifying the global epidemic. Diabetes 66(16), 1432-1442. https://doi.org/10.2337/db16-0766



## Discussion

### **Diabetes Attitude Survey Analysis**

 Insufficient evidence to suggest any significant mean differences between pre-and post-survey subscales.

• 5 was the highest possible score for each subscale All of the mean scores on the pre-survey were above 4, leaving little room for improvement.

### **Diabetes Core Measures Pre-Implementation**

• Mild increase in both foot exams and eye exams noted.

• Higher compliance may be seen if data was collected for a longer

## Conclusion

• Diabetes management is a highly complex disease requiring highcomplexity management that can be intimidating to providers (Unnikrishnan et al., 2017).

Post protocol data identified Increased compliance with foot

• Clinic continues to use the updated protocol. used in the clinic

• ADA Standards of Care are regularly updated with 2023 guidelines

### References

American Diabetes Association (2022). *Diabetes. www.diabetes.com*