

OUTCOMES OF CULTURAL COMPETENCY BASED PATIENT EMPOWERMENT DURING IMPLEMENTATION OF CKD CLINIC MODEL OF DIABETES MANAGEMENT

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Poor health literacy is related to worse glycemic levels and kidney failure among underserved. The Agency for Healthcare Research and Quality (AHRQ) stated in its 87th report that low reading skills and poor health are clearly related. A cultural competency and literacy based patient centered diabetes management (PCDM) program was implemented on modeling concepts formulated by the Brigham Chronic Kidney Disease (CKD) initiative with emphasis on patient empowerment. OBJECTIVES: 1. Implement AHRQ studied and other available health literacy tools using culturally appropriate health communications. 2. Aggressively manage all the comorbidities among diabetics with reduced renal function. A prospective non-randomized open study with comparative clinical outcomes analysis 18 months after the initiative was performed. Diabetic patients received CKD related care based on Brigham CKD Initiative. AHRQ studied and other commonly available literacy promoting tools were employed as applicable with cultural appropriateness. Total of 206 patients age > 40 were included in the study. 63.5% were females. Reduction in renal function was found in 27.1% of patients. 24.8% had mild reduction in GFR. 26.1% had HbA1c < 8 and only 10.1% had HbA1c < 7 before initiation of the CKD clinic compared to 82.3% and 54.7% respectively after the clinic initiation (p<0.0005 using McNemar test). 72.4% had SBP <130 and 61.7% had diastolic < 80 compared to 20.7% and 21.4% respectively with desired control before. Lipid functions were improved after the CKD clinic approach with an average 44.5 point improvement in LDL levels (p<0.0005 using paired t-test). 59.7% had BMI >= 25 and 31.7% of them had >= 5% of weight loss after receiving periodic lifestyle modification counseling. 46.6% were smokers & 57.2% of them were heavy nicotine dependent on the Fagerstorm test. Readiness to Change on Lairson's modified CAGE was positive for 67.2% of them with 16.3% who quit. CONCLUSIONS: PCDM approach modeled on the Brigham CKD clinic concepts and delivered by a culturally competent provider team led to improved outcomes among diabetic patients with reduced renal function.