



Louisiana Health Care Review

The Medicare Quality Improvement Organization
www.lhcr.org

Limb Preservation After Katrina (LiPAK)

Helping Medicare Diabetics
Decrease their Risk of Amputation
after Catastrophic Events.





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Hurricane Katrina near peak strength on August 28, 2005





- At least 1,836 people lost their lives in the actual hurricane and in the subsequent floods, making it the deadliest U.S. hurricane since 1928.





- In addition to dealing with diabetes during a catastrophe, African American diabetics in Louisiana have another concern . . . the highest amputation rate for African American Medicare diabetics in the nation.
- According to Dartmouth Atlas (2003 – 2005 data) the amputation rates for African American Medicare diabetics in Louisiana is 6.14% . . . for the U.S., the rate is 4.17%.





- During a catastrophe and the days, weeks, and even years afterwards . . . how could we help Medicare Diabetics refocus on diabetes self-management and take special care of their feet to help decrease these amputation rates?



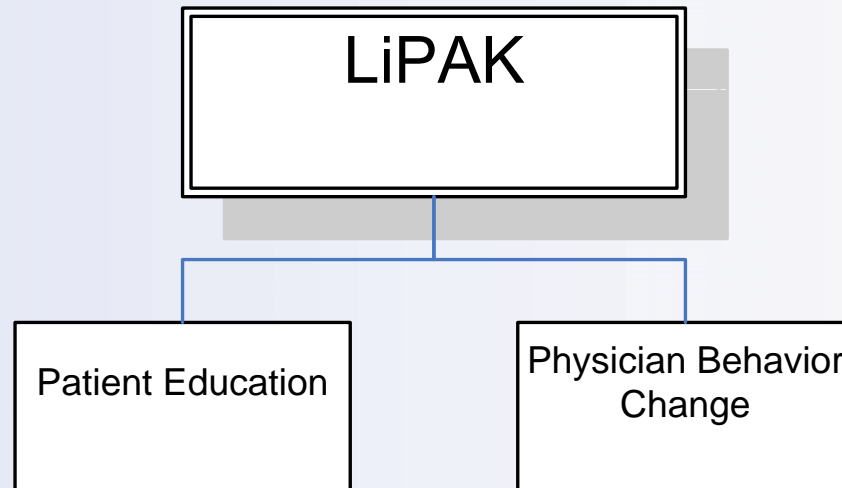


- LHCR presented a special study request to CMS that consisted of developing and utilizing interventions that includes patient education aimed at preserving limbs and improving self care especially when catastrophic conditions exist.





The LiPAK Interventional Model Uses a 2-pronged Approach





Components of LiPAK DSME



- 500 African American Medicare diabetics
- Orleans and Jefferson parishes
- DEEP curriculum
- Cognitive Behavior Theory (CBT) activities
- Additional foot care education
- Diabetes Care Questionnaire
- Quarterly follow-ups with beneficiaries





When the Mind is Ready, the Body will Follow.

- Cognitive Behavioral Theory (CBT) activities help to achieve greater acceptance and behavior change during and after the educational process.
- Help beneficiaries learn to re-frame thinking about diabetes (by helping them verbalize issues and providing them with the proper referral resources.)





Simple CBT Activities That Can be Used Include:

- “Refrigerator Wisdom” – motivational reminders and quotes
- Stress Tip Sheet
- “Trigger” monitoring – noting triggers that cause unhealthy behaviors identified by the beneficiary
- Reflective Journaling





Sample of a reflective journal sheet. Beneficiaries are able to write just one word instead of long sentences, if needed.


Reflective Journal		
What happened?	How do I feel about it?	What did I learn?






Self Foot Exam

Self Testing Instructions
(You may screen your own feet or ask a relative, friend, or neighbor to do it for you)



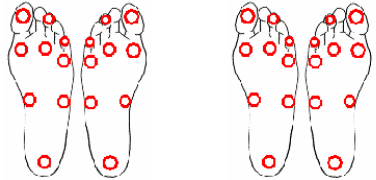
Step 1



Step 2

1. Hold the red filament by the paper handle, as shown in Step 1.
2. Use a smooth motion to touch the filament to the skin on your foot. Touch the filament along the side of and NOT directly on an ulcer, callous, or scar. Touch the filament to your skin for 1-2 seconds. Push hard enough to make the filament bend as shown in step 2.
3. Touch the filament to both of your feet in the sites circled on the drawing below.
4. Place a (+) in the circle if you can feel the filament at that site and a (-) if you cannot feel the filament at that site.
5. The filament is reusable. After use, wipe with an alcohol swab.

Diabetic Foot Screen Test Sites
If you have a (-) in any circle, take this form to your health care provider as soon as possible.



Date _____ Date _____

Place Filament Here

- This self foot exam sheet is from a HRSA/LEAP study published in the January 1998 issue of Diabetes Care, which reported that 87 percent of the patients who participated in the study obtained the correct results as documented by their primary care provider. We plan to teach this self exam education to LiPAK participants.

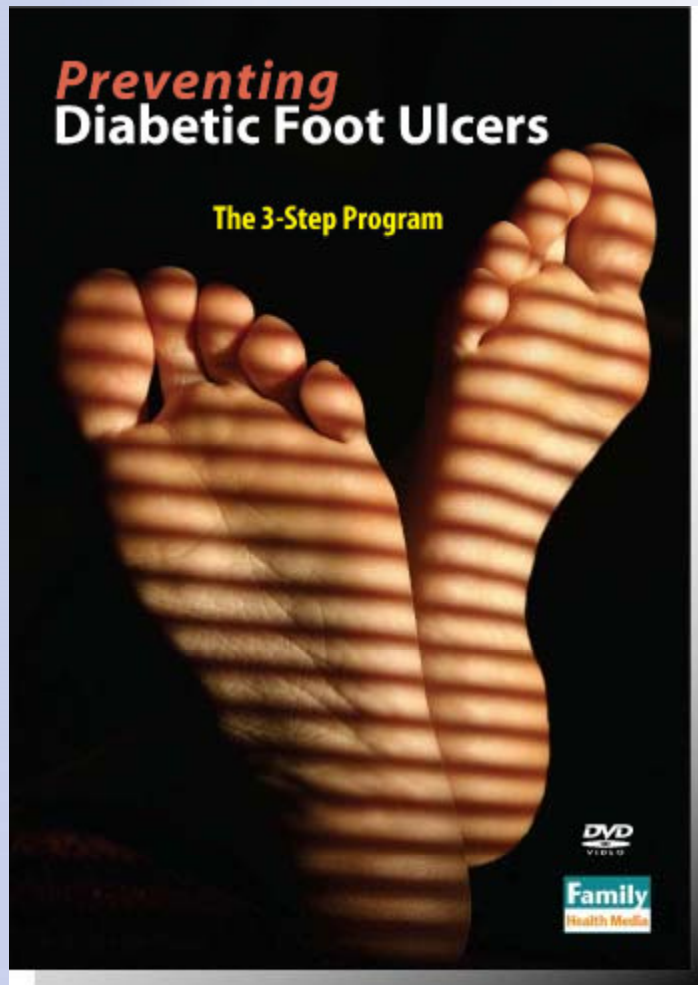




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Foot Care Video



- We'll also be using this video, produced by Family Health Media. Myra F. Varnado, RN, CDE, CWOCN from LSU Diabetic Foot Program was the clinical consultant on this award winning video and is a partner with our project.





LiPAK Beneficiary Education

- Uses a stepwise interaction methodology to keep beneficiaries engaged with self-care over time.
- Diabetes Care Questionnaire will identify the beneficiary's understanding of foot exams and A1c.
- Last foot exam and A1c (self reported by beneficiary) will set baselines.





With Physicians . . .

- Physicians will be given a profile of their Medicare diabetic quality indicator utilization.
- Monitored quarterly when new data comes out.
- Academic detailing by trained quality improvement specialists.
- Educational opportunities for physicians on care of the diabetic foot.





How will we Measure Success?

- Feedback from beneficiaries. We will be forwarding 1 – 2 beneficiary success stories quarterly to CMS.
- At least 85% of the targeted beneficiaries to complete DEEP curriculum. ($500 \times .85 = 425$)
- 20% increase in beneficiaries receiving foot exams from their PCP.
- 20% increase in beneficiaries receiving an A1c.
- Identify limb amputations/Identify a control group/prepare comparative analysis.





First Quarter Results

- 14 physicians recruited (goal was 10)
- 51 beneficiaries educated (goal was 25)
- 34 beneficiaries self reported having a foot exam prior to special project
- 15 beneficiaries self reported having an A1C exam prior to special project





Some Findings from Q1 Questionnaire (n=51)

- Has the doctor you see for your diabetes ever checked your feet?
32% (n=16) said no.
- Have you ever had a sore (foot ulcer) on your foot?
9% (n=5) said yes.
- Do you know what an A1c is?
66% (n=33) said no.
- Have you visited a specialty doctor called an endocrinologist for your diabetes?
76% (n=39) said no.

