inspire
Patient-centered Medical Neighborhood

Diabetes

Columbus Regional Health
Diabetes Services
2400 East 17th Street
Columbus, IN 47201
812-376-5709

Schneck Medical Center
Diabetes Services
411 W. Tipton Street
Seymour, IN 47274
812-524-3365

Active informed engagement of people with diabetes improves outcomes. We work with you to help meet Inspire diabetes goals.

- HgA1c <8
- Appropriate HgA1c testing (≥ 2/yr)
- Good blood pressure control (<140/90)
- LDL-C in good control (≤100mg/dL)

Physician Resources

- Initial appointment with Diabetes Educator to help identify barriers to diabetes control (e.g. cost of medications, depression, and nutrition plan).
- Initial care plan will be formulated at that visit: Patient will be contacted between primary care visits and initial diabetes educator visit to help with accountability and motivation with achieving goals. Any barriers to diabetes control that come up will be addressed.
- Group members of multiple disciplines work as a team with the patient to achieve best possible outcomes.
- Registered dietitians, diabetes educators and health coaches are involved to optimize diabetes care.
- Phone consultations are available with endocrinologist.
- Our goal is to improve quality of diabetes care and reduce cost in cases of difficult to control diabetes.

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Physician Resources (Continued)

Call a member from the Inspire team for the following:

- Endocrinologist can answer diabetes medication question. Call will be returned same business day.
- Diabetes Educator, Dietitian, and Coaches can address consistent poor adherence to regimen and resource challenges.

Diabetes Group Consult

If the patient or caregiver can check one or more of these qualifying factors they may be eligible for an inspire Diabetes Group consult.

- A1C>9 or frequent hospital admissions for diabetes
- New complicating factors influence self-management—poor regimen adherence
- Support with adding basal insulin and/or meal time insulin
- Acute transitions in care
- Support with behavior change or managing chronic condition

Consider Endocrinology Consult if:

- Diabetes Type 1
- Recurrent hypoglycemia
- Current medication regimen not working
- Patient on insulin pump
- Patient on U500 insulin or requiring >150 units/day insulin
- Diabetes due to pancreatic injury, surgery, or disease

Diabetes –
Columbus Regional Health

2400 East 17th Street Columbus, IN 47201 812-376-5709

Patient Connect Process

Columbus Regional Health Diabetes Services

Call: 812-376-5500
Fax: 812-375-3161

- Inform the patient you want to connect them with a member of your diabetes care team.
- Call Columbus Regional Health Centralized Scheduling at **812-376-5500** to schedule an appointment.
    - o Inform Centralized Scheduling this is an Inspire patient.
    - o Give patient the Centralized Scheduling phone number in case they should need to reschedule appointment or Diabetes Services Direct Line **812-376-5709** for questions.
- Fax signed Referral Form to CRH Order Intake at **812-375-3161**.

Initial Assessment

The Initial assessment visit will take approximately one hour and will include:

- Assessment of learning needs/behavioral changes.
- Education and skill training based on assessment.
- Creation of self-management plan that reflects collaborative SMART goal setting specific to the 7 Key Behavioral Areas (AADE7).
- Plan with goal documentation will be sent to referring provider.

Continuing Care

- We will provide ongoing diabetes management support and help patients achieve goals to diabetes care.

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Columbus Regional Health Diabetes Services

General Information

Columbus Regional Health Diabetes Services is accredited by the American Association of Diabetes Educators (AADE). The program's goal is to provide information and engage people to promote diabetes self-management through

7 Key Behaviors:

1. Healthy Eating
2. Being Active
3. Monitoring
4. Taking Medication
5. Problem Solving
6. Risk Reduction
7. Healthy Coping

Motivational interviewing and SMART goal setting are primary intervention strategies as well as:

- Knowledge education
- Behavioral contracting
- Situational problem solving
- Skill training
- Confidence building
- Barrier resolution

Diabetes – Columbus Regional Health

2400 East 17th Street Columbus, IN 47201 812-376-5709

Maria Amparo Caudell
Associate Diabetes Educator;
Bilingual Health Coach

Certifications: CCHCP Medical Interpreter, Coaching Healthy Behaviors — Cooper Institute

Chronic Disease Self-Management Instructor — Stanford University

Special Interest: Community Health for Spanish-Language Population

Phone: 812-376-5709

Lucina Kessler, ACNS-BC, CDE
Advanced Practice Nurse;
Certified Diabetes Educator

Education: University of Louisville

Special Interest: Population Management

Phone: 812-376-5709

Sandy Kuniewicz, MS, RD, CD, CHWC
Registered Dietitian;
Certified Health and Wellness Coach

Education: University of Connecticut

Special Interest: Diabetes, Weight Management, and Overall Wellness

Phone: 812-376-5709

Diabetes –
Schneck Medical Center

411 W. Tipton Street Seymour, IN 47274 812-524-3365

Patient Connect Process

Schneck Medical Center
Diabetes Services

Call: 812-524-3365

Fax: 812-523-5235

- Inform the patient you want to connect them with a member of your diabetes care team.
- Call Schneck Diabetes Services at **812-524-3365** to schedule an appointment.
    - Have patient take over the phone call to schedule the appointment.
    - If the diabetes educator is not available, leave a message and we will contact the patient to make the appointment.
- Send patient demographics, along with diagnosis, doctor's signature, medication list, initial history, and physical, as well as primary care provider progress notes.
    - Fax information to **812-523-5235**.

Initial Assessment

The Initial assessment visit will include:

- Determine barriers for diabetes control.
- Education and skill training based on assessment.
- Creation of self-management plan— Plan with goal documentation will be sent to referring provider.
- Provide ongoing diabetes management support and help patient achieve goals to diabetes care.

Continuing Care

- We will provide ongoing diabetes management support and help patients achieve goals to diabetes care.

Diabetes –
Schneck Medical Center
2411 W. Tipton Street Seymour, IN 47274 812-524-3365

Schneck Medical Center Diabetes Services

General Information

Schneck Outpatient Diabetes Self-Management Education Program is ADA recognized. Our diabetes self-management training program goals are to provide an overview of:

- Diabetes
- Complications
- Medications
- Glucometer testing
- Nutrition and meal planning

Our comprehensive weight management and lifestyle program covers essentials for:

- Healthy eating
- Physical activity
- Behavior modification strategies

Diabetes – Schneck Medical Center

411 W. Tipton Street Seymour, IN 47274 812-524-3365

Monica Adams, MS, RD, CD
Registered Dietitian
Education: Ball State University
Phone: 812-522-0718

Andi Bukowski, RD
Registered Dietitian; Diabetes Educator
Education: Purdue University
Phone: 812-524-3365

Kristen Gilbert, MD
Endocrinologist
Education: DePauw University;
Indiana University School of Medicine
Phone: 812-523-7893

Lesley Kendall, MS, RD, CD
Registered Dietitian; Clinical Coordinator
Education: Purdue University;
University of Alabama
Phone: 812-522-0456

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Schneck Medical Center
2411 W. Tipton Street Seymour, IN 47274 812-524-3365

Jill Whitaker, MS, RD, CD
Registered Dietitian
Education: Mississippi State University; University of Alabama
Phone: 812-522-0176

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Diabetes Self-Management Goal Sheet

Patient Information

Name

Date of Birth

Date Weight

Primary Provider

Diagnosis A1c

Diabetes Educator

Goal Achievement

Education:

Barriers to self-care:

7 Self Care Behaviors:

1. Healthy Eating
2. Being Active
3. Monitoring
4. Taking Medication
5. Problem Solving
6. Healthy Coping
7. Reducing Risks

Clinical Goals:

- A1c less than 7% (A1c will be ordered by your doctor at least 2 times per year)
- BP less than 140/90
- Cholesterol LDL less than 100

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Diabetes Self-Management Goal Sheet

continued

Behavioral Goal	Outcome Achievement	1-10/Date

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