

May 18, 2009

Initiative to target Camden diabetics

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In a recent five-year period, 6,295 Camden residents visited local hospitals 48,000 times for conditions related to diabetes.

Altogether, they racked up \$1.2 billion in charges. Hospitals collected 13 percent of that.

To health officials, those numbers are stark proof that local diabetics haven't been getting the care they need to stay healthy.

Today, they'll announce the formation of a Camden Citywide Diabetes Collaborative designed to target that problem. The project was funded by a \$2 million, five-year grant from the Merck Company Foundation, the philanthropic arm of Merck & Co., Inc.

Nationwide, nearly 24 million people, or about 8 percent of the population, has diabetes, according to U.S. Centers for Disease Control and Prevention estimates.

Camden was one of five cities selected from 190 applicants to come up with comprehensive diabetes prevention and management programs through Merck's Alliance to Reduce Disparities in Diabetes.

Locally, the grant will be overseen by the Camden Coalition of Healthcare Providers, a consortium created in 2002 to improve health care across the city.

Project coordinator Mark DiFilippo said the goal is to offer educational resources for diabetics, help 10 local primary practices improve their services and follow up with the most serious diabetic hospital users through an outreach program.

The last piece will be added to an existing project targeting hospital "super users" that the coalition launched in fall 2007. Since then, a nurse practitioner, social worker and community health aide have offered free in-home healthcare and social services to more than 90 patients.

This spring, they'll solicit additional referrals for diabetic patients and enlist the help of a certified diabetes educator to join them during home visits to those like Benjamin Wescott, 61, who may not be able to get to group classes.

Wescott said his leg was amputated in February 2008 after he landed in the hospital three times with severe pain from blood clots.

"The pain got so bad I was asking God to take my leg off," he said.

Caregivers at a rehabilitation facility monitored his newly diagnosed diabetes until he was released this February, but then he had to learn how to do it himself. The coalition team showed him how to use a glucose monitor and checks on him every other week.

Virtua and CamCare already offer diabetes education classes on a regular basis, DiFilippo said, but doctors and patients don't seem to know much about them. Using the grant funds, he said, those classes will be expanded

and additional classes will be started at family practices in Fairview and Cramer Hill.

“If we can make it an existing resource people know about, we can start packing classes,” DiFilippo said.

DiFilippo said he also plans to broadcast information about diabetes on public television and put together a free educational video.

Education is essential because diabetes is such a complex condition that requires lifestyle changes, said Francine Grabowski, who will lead one of the new classes.

“There are nuances . . . that really need more guidance than a person can get in a medical office visit,” she said.

With Cooper University Hospital endocrinologist Steven Kaufman, the collaborative will offer continuing education on treating diabetes to primary doctors.

The 10 primary care practices participating in the collaborative have also filled out assessments showing what they would like to improve. DiFilippo said he’s now working with them to make sure those improvements happen. For example, he said, the collaborative has already purchased electronic records systems for two practices that will help them become more efficient. That will allow them to see more patients or schedule appointments as soon as patients need them.

All of these things together -- education, better access to doctors and collaboration between providers -- will eventually improve the way the health care system works, he said.

“Our model of primary care hasn’t really changed in 100 years,” said Jeff Brenner, a Cooper family doctor who founded the Camden Coalition of Healthcare Providers. “The idea of waiting for people to come to you and moving from room to room hasn’t changed. Take a complex person with an array of complex issues and try to squish all that in 15 minutes. It’s frustrating for the patient; it’s frustrating for the provider.”

Meanwhile, he said, “the most dysfunctional diabetics are at home, getting sicker, and costing the system a lot of money through amputations, blindness, and kidney failure.”

Kaufman said shifting the way health care is delivered will take decades, but it has to happen because the current system is almost “economically infeasible.”

He said he believed the hospitals would be able to measure the success of the diabetes collaborative over the next few years by looking at the numbers of patients coming in with complications from diabetes, whether foot ulcers or amputations.

So far, Cecilia Valentine, 43, has managed to avoid becoming one of those statistics. She began working with the coalition about a year ago. At that time, she was in danger of losing a toe that had failed to heal after a cut because of untreated diabetes.

Valentine is now enrolled in a medical day program. Valentine’s sister, Juana Cruz, 32, said it was challenging to help her older sister follow doctors’ orders, but things seem to be improving.

“She’s better controlled,” Cruz said. “There’s no need to be cutting off anything.”

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Additional Facts

MORE INFORMATION

The Camden Citywide Diabetes Collaborative will offer free classes in English and Spanish for Camden residents with diabetes starting in June. For information, contact Project Coordinator Mark DiFilippo at (856) 968-9505 or Difilippo-mark@cooperhealth.edu.

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