

LC

**DIABETES IN SPECIAL & VULNERABLE POPULATION:  
Learning Collaborative**

**Diabetes Continuum of Care: Evolving Roles of  
the Enabling Services Staff in Diabetes  
Management- *Referrals and Care Coordination***

Session #4

Wednesday, February 16, 2022

9 am HT / 10 am MT / 11 am PT / 1pm CT / 2pm ET

*Welcome!*

*We will begin in a few minutes*

# ABOUT THE LEARNING COLLABORATIVE

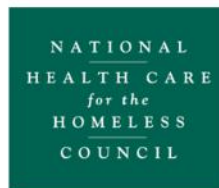
**Diabetes affects more than 34 million people in the United States.** Multi-tiered efforts to prevent, treat and manage diabetes are critical in reducing the burden of diabetes, particularly for special and vulnerable populations, which have unique characteristics that affect culturally and linguistically competent health care access and utilization. According to 2018 Uniform Data System (UDS), diabetes poses a unique challenge for the HRSA Health Center Program because 1 of 7 patients has diabetes and nearly 1 in 3 of those has uncontrolled diabetes.

To elevate the national conversation around diabetes, **14 National Training and Technical Assistance Partner (NTTAP) organizations** formed the Special and Vulnerable Populations Diabetes Task Force to engage health centers, Primary Care Associations (PCAs), and Health Center Controlled Networks (HCCNs) to increase knowledge of effective strategies that address diabetes among people experiencing homelessness, residents of public housing, migratory and seasonal agricultural workers, school-aged children, older adults, Asian Americans, Native Hawaiians and Pacific Islanders, LGBTQIA+ people, and other health center patients.

The Learning Collaboratives are **sponsored by HRSA** and will take a deeper dive into issues related to the roles of enabling services staff, developing patient-center resources, improving diabetes care and health equity, and management during a disaster in diabetes care and management.

For information about the Diabetes Task Force, visit **[chcdiabetes.org](https://chcdiabetes.org)** today.

# Special and Vulnerable Populations Task Force Members:



For more information on our NTTAP Partners, visit [chcdiabetes.org](http://chcdiabetes.org)



# Diabetes Continuum of Care: Evolving Roles of the Enabling Services Staff in Diabetes Management

## NTTAP FACULTY



**Albert Ayson, Jr., MPH**  
*Associate Director,  
Training & Technical  
Assistance of AAPCHO*



**Cindy Selmi**  
*Executive Director  
Health Outreach  
Partners*



**Hansel O. Ibarra, MPA**  
*Program Director II  
MHP Salud*



**Irene Hilton, DDS, MPH**  
*Dental Consultant  
NNOHA*



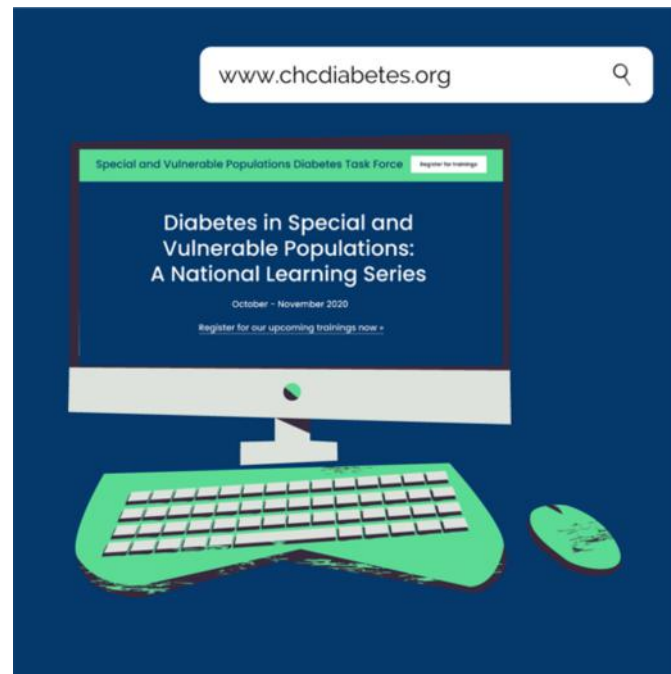
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# Diabetes Continuum of Care: Evolving Roles of the Enabling Services Staff in Diabetes Management

## Compendium of Resources

The Special and Vulnerable Populations Diabetes Task Force is excited to have a website — [www.chcdiabetes.org](http://www.chcdiabetes.org)!

For any questions, contact [training@chcdiabetes.org](mailto:training@chcdiabetes.org)



# Thank you for attending the Webinar. Please click **Continue** to participate in a short survey.

you will be leaving zoom.us to access the external URL below

[https:// www.aapcho.org/postwebinarsurvey](https://www.aapcho.org/postwebinarsurvey)

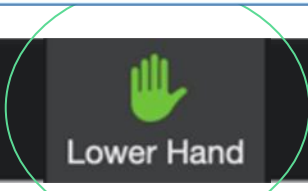
Are you sure you want to continue?

Continue

Stay on zoom.us

Chat

Q&A



Leave Meeting

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## CME/CNE Accreditation Available

- **Please complete the post-webinar survey** at the end to indicate whether you would like to receive CME/CNE units or a certificate of attendance.
- Please indicate whether you'd prefer an electronic or hard copy of your certificate and provide your contact information
- For questions, please contact Martha at [malvarado@migrantclinician.org](mailto:malvarado@migrantclinician.org).



# Diabetes Continuum of Care: Evolving Roles of the Enabling Services Staff in Diabetes Management- *Referrals and Care Coordination*

## Introductions

- Name
- Title/Role
- Organization







# Diabetes Continuum of Care: Evolving Roles of the Enabling Services Staff in Diabetes Management- *Referrals and Care Coordination*

## Session 4

Feb 16, 2022 @ 11-12pm PT/2-3pm ET

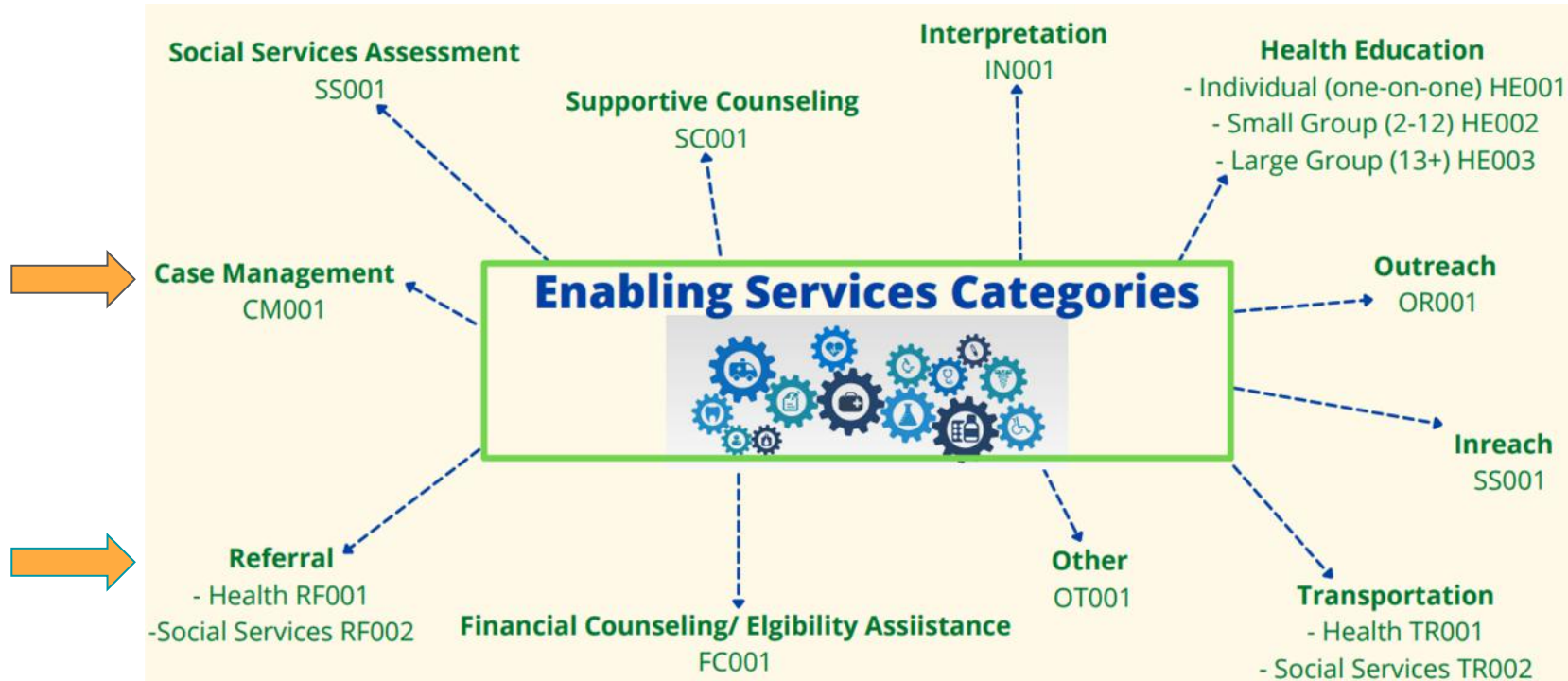
### Learning Objectives:

1. Explore how enabling services staff can facilitate clinical referrals within/outside the health center
2. Discuss the importance of patient education for successful referrals
3. Learn one health center's referral and care coordination workflows

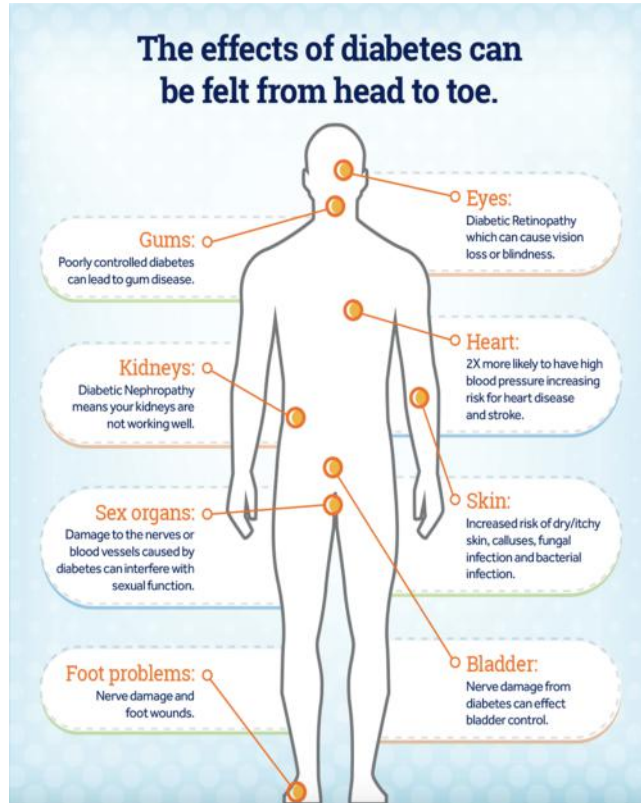


# Diabetes Continuum of Care: Evolving Roles of the Enabling Services Staff in Diabetes Management- *Referrals and Care Coordination*

## Roles of the Enabling Services Staff in Diabetes Management



# Diabetes Continuum of Care: Evolving Roles of the Enabling Services Staff in Diabetes Management- *Referrals and Care Coordination*



## Clinical Referral and Care Coordination for Patients with Diabetes

- Optometrist/ophthamologist
- Dentist/dental hygienist
- Cardiologist
- Nephrologist/Dialysis
- Dermatologist
- Urologist
- Podiatrist/Wound healing



# Diabetes Continuum of Care: Evolving Roles of the Enabling Services Staff in Diabetes Management- *Referrals and Care Coordination*

## Referral and Care Coordination for Patients with Diabetes



- Food support
- Healthy eating
- Smoking cessation
- Physical activity support
- Behavioral health
- Legal assistance/housing/IVP

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## Diabetes Continuum of Care: Evolving Roles of the Enabling Services Staff in Diabetes Management- *Referrals and Care Coordination*

✓ = Successful Referral?

- Literacy/Understanding
- In-house vs. External
- Cost
- Acceptability



## Diabetes Continuum of Care: Evolving Roles of the Enabling Services Staff in Diabetes Management- *Referrals and Care Coordination*

### Care Coordination

*Care coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services.*

*Care coordination addresses potential gaps in meeting patients' interrelated medical, social, developmental, behavioral, educational, informal support system, and financial needs in order to achieve optimal health, wellness...according to patient preferences.*



# Diabetes Continuum of Care: Evolving Roles of the Enabling Services Staff in Diabetes Management- *Referrals and Care Coordination*

## Today's Guest Speakers



Dana Kilinski, BS, CHW  
Community Health Worker



Madison Smith, BS, CHW  
Community Health Worker



Jennifer Kerns, BS, RDH  
Dental Outreach Coordinator



NORTHWEST MICHIGAN  
Health Services Inc



NORTHWEST MICHIGAN  
HEALTH SERVICES INC

# *Referrals and Care Coordination*

**Heal. Smile. Breathe.**

*Sanar. Sonreír. Respirar.*





NORTHWEST MICHIGAN  
**HEALTH SERVICES INC**



*Dedicated to providing  
quality healthcare through  
a wide range of health  
services to the people in  
our communities, always  
serving with dignity and  
compassion.*



**BRING WELLNESS TO LIFE.**



NORTHWEST MICHIGAN  
**HEALTH SERVICES INC**

Last year, we served over **7,500** patients, providing close to **30,000** medical, dental and behavioral health visits.



**10%**

Patients who are agricultural workers



**22%**

Patients without health insurance



**20%**

Mental health, substance use disorder visits

We're making health care more accessible for everyone!

**5** Health Centers   **2** School-based Clinics   **2** Mobile Clinics





**NORTHWEST MICHIGAN  
HEALTH SERVICES INC**

Traverse City

CHWs and  
Dental Clinic  
Staff



# Patient Referral for Help

The screenshot shows a patient referral form for a telephone encounter. The patient is identified as 'Test, Emergency Dental - Hold, 4Y, M' with account number 40057. The encounter is dated January 1, 2018. The form includes fields for 'Answered By' (Kerns, Jennifer), 'Date/Time' (01/19/2022 08:37 AM), 'Facility' (Mobile Dentistry), 'Assigned To' (Kilinski, Dana), 'Provider' (Wynkoop Ikuma, Ka), and 'Reason' (help for \$ denture). A message from Jennifer Kerns dated 1/19/2022 08:38:13 AM explains the patient's financial situation and need for dentures. The right-hand panel displays a 'Problem List' with items such as 'Tooth decay', 'Hypertension secondary to other renal disorders', 'Diabetes insipidus', and 'Encounter for dental examination and cleaning without abnormal findings'. Other sections include 'Global Alerts', 'Advance Directive', 'Allergies' (Ibuprofen), and 'Current Medication' (Synthroid).

Healthcare Provider □ Patient Chart “jelly-bean” □ CHW

# Community Resource Guide (5 pages)

**Community Resource Guide – THIS IS NOT A GUARANTEE OF HELP OR MONEY**

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| Name                               | Address  | City          | County         | Phone                | Usage   | Hours   | Services   | Contact                      |
|------------------------------------|--|---------------|----------------|----------------------|---|---|--|------------------------------|
| Area Agency on Aging               | 1600 Park Dr<br>PO Box 5946                      | Traverse City | Ian counties   | 647-8920             | Register first over phone                               |   | Support for elderly and caregivers   | Molly                        |
| ACTS                               | 8925 M-72 E                                      | Williamsburg  | Grand Traverse | 267-3002             | Grand Traverse, Kalkaska, Antrim *enters as appropriate | Wed 1-4<br>Sat 10-1                                   | Food, clothing   | Carol Hodson                 |
| Anazao House                       | 4947 Church Rd                                   | Traverse City | Grand Traverse | 260-303-8976         | For those recovering                                    | Call for appt   | Free mental health services  | Wm Marotz                    |
| Antrim Baby Pantry                 | 209 Jefferson                                    | Manancelona   | Antrim         | 587-5044<br>587-0511 | 2 x month   | 2 <sup>nd</sup> & 4 <sup>th</sup> Thurs<br>11:30-4:00 | Food and thrift store  | Barb Bruce<br>544-3019       |
| Bayview Wesleyan Community Meal    | 720 Wayne  | Traverse City | Grand Traverse | 947-0109             | 4 x month   | Wed 5-6pm   | Food   | Cathy Layman                 |
| Bellaire Food Pantry               | 205 Board St<br>PO Box 252                       | Bellaire      | Antrim         | 539-8600             | 1 x month   | Mon & Thurs 10-4<br>Sat 10-12                         | Food   | Bob Ayala                    |
| Benzie Area Christian Neighbors    | 2804 Benzie Hwy<br>PO Box 93                     | Benzonla      | Benzie         | 882-9544             | last resort for \$\$                                    | Mon – Thurs 10-2                                      | Food, Clothing, Financial Assistance, Educational Opportunities, Computer Literacy, Job Enrichment |                              |
| Benzie Co Baby Pantry              | 785 Benzie Hwy<br>PO Box 26                      | Beulah        | Benzie         | 882-4506             | 2 x month   | 1 <sup>st</sup> & 3 <sup>rd</sup> Sat 10-3            | Baby supplies  | Marlou Schlotterbeck         |
| Benzie Food Partners               | 10907 Main<br>PO Box 598                         | Honor         | Benzie         | 525-2936<br>920-5070 | 2 x month   | 1 <sup>st</sup> & 3 <sup>rd</sup> Thurs<br>8:30-12:30 | Food   | Jeffie Jones<br>Betty Cramer |
| Benzie Friends Resource            | 1054 Michigan Ave<br>PO Box 306                  | Benzonla      | Benzie         | 885-4300             | 4 x week  | Tues-Fri<br>10:30-4:30                                | Mental Health  | Lisa Morgan                  |
| Benzie Senior Resources            | ome –<br>10542 Main St<br>444 –<br>10579 Main St | Honor         | Benzie         | 525-0600<br>525-0601 | Must live in Benzie, must apply for financial aid       | Meals Mon-Fri<br>11:30-1:30                           | Meals on Wheels, home healthcare, homemaker/chores   | Doug Durand                  |
| Blessings in a Backpack- Benzie Co |  |               | Benzie         | School referral      | Weekly  |   | Feeds children on the weekend  |                              |
| Blessings in a Backpack-GT Co      | 826 Hastings St                                  | Traverse City | Grand Traverse | 947-2055             | Weekly  | Tues 1:00   | Feeds children on the weekend  | Les Hegeman                  |
| Blessings in a Backpack- Lee Co    | PO Box 106                                       | Lake Leelanau | Laellanau      | School referral      | Weekly  |   | Feeds children on the weekend  | Mary Stanton                 |



# Letter of Request for Help

## Patient Information + Treatment Plan

1. Referral to CHW
2. Patient Interview
3. Letter of Request
  - Patient Contact Information
  - Treatment Plan
  - Highlight out of pocket funds needed
  - “Story” about patient need
4. Letter of Intent-to-Pay received
5. Schedule appt for treatment
6. Other help as needed
7. Follow up

Heal. Smile. Breathe.  
Sanar. Sokreir. Respirar.

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HEALTH SERVICES INC.

| ID # | Priority | Health | Salvage | Class | Description | Rate | Estimated Cost | Est. Discount | Est. Total | Est. Balance |
|------|----------|--------|---------|-------|-------------|------|----------------|---------------|------------|--------------|
| 101  |          |        |         |       |             |      |                |               |            |              |
| 102  |          |        |         |       |             |      |                |               |            |              |
| 103  |          |        |         |       |             |      |                |               |            |              |
| 104  |          |        |         |       |             |      |                |               |            |              |
| 105  |          |        |         |       |             |      |                |               |            |              |
| 106  |          |        |         |       |             |      |                |               |            |              |
| 107  |          |        |         |       |             |      |                |               |            |              |
| 108  |          |        |         |       |             |      |                |               |            |              |
| 109  |          |        |         |       |             |      |                |               |            |              |
| 110  |          |        |         |       |             |      |                |               |            |              |
| 111  |          |        |         |       |             |      |                |               |            |              |
| 112  |          |        |         |       |             |      |                |               |            |              |
| 113  |          |        |         |       |             |      |                |               |            |              |
| 114  |          |        |         |       |             |      |                |               |            |              |
| 115  |          |        |         |       |             |      |                |               |            |              |
| 116  |          |        |         |       |             |      |                |               |            |              |
| 117  |          |        |         |       |             |      |                |               |            |              |
| 118  |          |        |         |       |             |      |                |               |            |              |
| 119  |          |        |         |       |             |      |                |               |            |              |
| 120  |          |        |         |       |             |      |                |               |            |              |

Dental Treatment Costs with Sliding Fee Discount Applied:

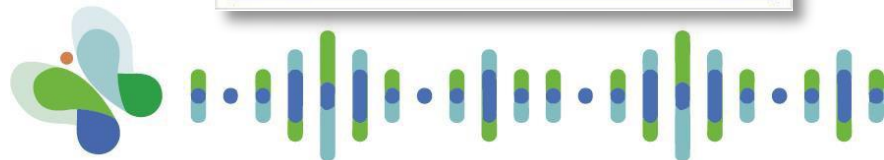
| Procedure Code | Estimated Cost |
|----------------|----------------|
| D1353          | \$30.00        |
| D2331          | \$98.50        |
| D2392          | \$118.50       |
| D2392          | \$118.50       |
| D2331          | \$98.50        |
| Total Cost     | \$463.00*      |

\*Due to the pt. income of \$1000/month, they qualify for Plan A of the Sliding Fee Scale discount. Their dental appts. Cost \$30 per visit under this plan, and their total amount due will vary based on how many appointments it takes to complete their dental work.

Please contact me at 231-947-0351 if you have any questions.  
Thank-you,  
Dana Kilinski

Traverse City  
Benzonia  
Manistee  
Ludington  
Shelby

Medical, Dental and Behavioral Health Services for Northwest Michigan  
www.nmhsi.org



# Diabetes and Oral Health

## LIVING WITH DIABETES? WATCH YOUR MOUTH!

Colgate Total<sup>®</sup> is collaborating with the American Diabetes Association to help raise awareness of the link between oral health and diabetes. Many people may be surprised to learn that people with diabetes are 2X more likely to develop gum disease\*\*. A national survey conducted by Harris Interactive on behalf of Colgate Total<sup>®</sup> confirmed the lack of knowledge concerning this important issue.



### THE MINDSET



**59%**  
OF AMERICANS WITH  
DIABETES ARE NOT  
CONCERNED ABOUT  
GUM DISEASE\*



**67%**  
say they never talk to  
their personal doctor  
about oral health\*\*



**36%**  
say they don't  
even talk to their  
dentist about it\*\*



YET...  
**54%**  
OF AMERICANS WITH  
DIABETES HAVE GUM ISSUES\*



**20%**  
of respondents  
report that they do  
not have a dentist\*

### ORAL HEALTH & DIABETES

NEARLY **26 MILLION**  
AMERICANS  
**8%** OF THE U.S.  
POPULATION  
LIVE WITH  
DIABETES\*\*



According to the Centers  
for Disease Control,  
people with diabetes are  
two times more likely to  
develop gum disease\*\*.

More than a third (36%) are  
unaware that having diabetes  
can contribute to oral health  
issues and that having oral  
health issues can contribute to  
the progression of diabetes\*



### NOW THAT YOU KNOW

Upon hearing  
about the risks of  
gum disease,  
Americans with  
diabetes pledge to  
pay more attention  
to their oral health  
and dental care.



**88%**

OF ALL AMERICANS LIVING WITH DIABETES  
BELIEVE THAT NOT ALL TOOTHPASTES  
ARE CREATED EQUAL AND THAT THE RIGHT  
TOOTHPASTE CAN HELP MANAGE GUM ISSUES\*\*

VISIT

ORALHEALTH  
ANDDIABETES.COM

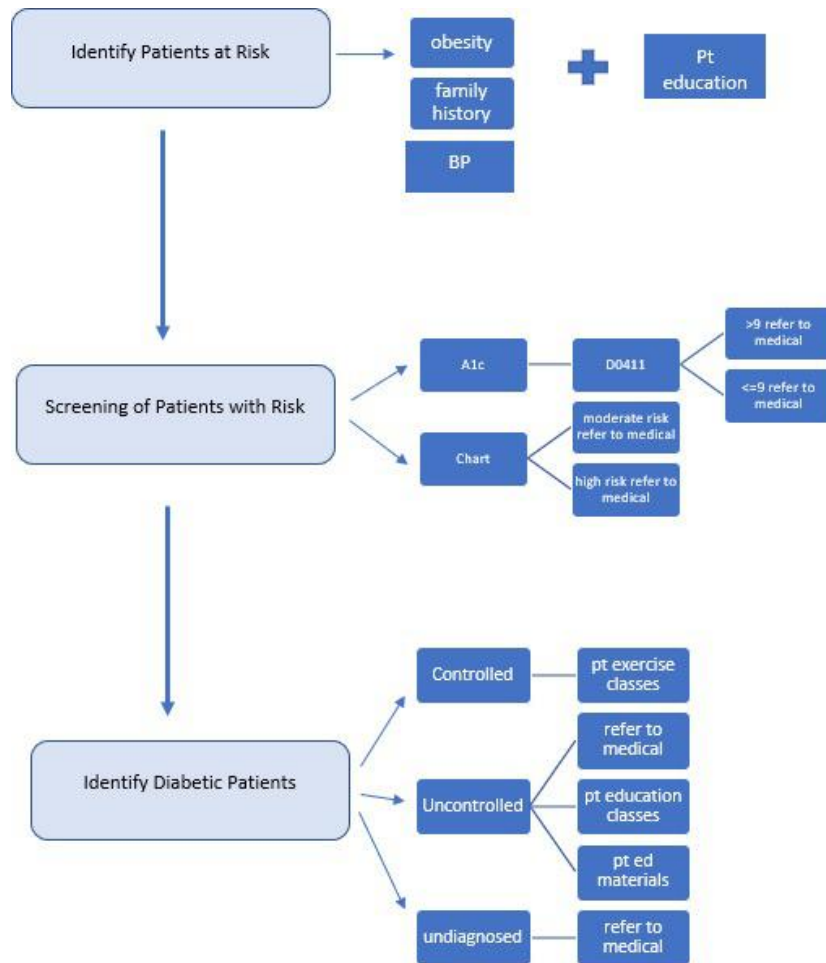
FOR MORE  
INFORMATION



\*\*Harris Interactive Survey, commissioned by Colgate Total<sup>®</sup>, April, 2012.  
\*\*CDC, 2011 National Diabetes Fact Sheet: <http://www.cdc.gov/diabetes/pubs/nationaldiabetesfact-sheet>  
\*Defined as gingivitis, an early form of gum disease.

# Dental Workflow

## for Diabetes





# DIABETES

## CONOZCA LOS SINTOMAS

Si usted tiene alguno de estos síntomas, visite a su médico. Para más información llame al 1-800-545-2079.

# DIABETES

## KNOW THE SYMPTOMS

If you have any of these symptoms, see your doctor. For more information call 1-800-545-5979.

Produced in collaboration with the U.S. Life and Group Life

Diabetes Posters

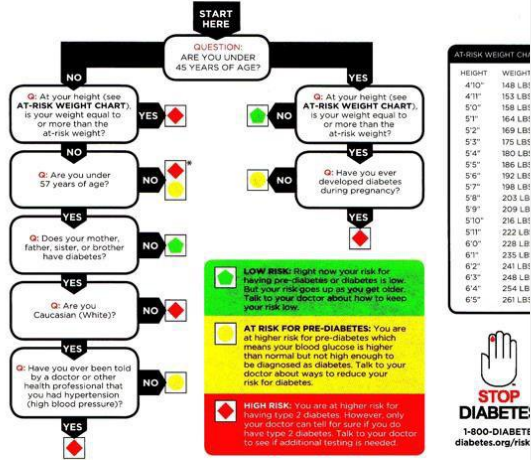
American Diabetes Association.  
**ALERT!DAY**

November is American Diabetes Month

**TAKE THE DIABETES RISK TEST**  
Calculate Your Chances for Type 2 or Pre-Diabetes

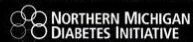
The American Diabetes Association has revised its Diabetes Risk Test according to a new more accurate statistical model. The updated test includes some new risk factors, and projects risk for pre-diabetes as well as diabetes.

This simple tool can help you determine your risk for having pre-diabetes or diabetes. Using the flow chart, answer the questions until you reach a colored shape. Match that with a risk message shown below.



\*Your risk for diabetes or pre-diabetes depends on additional risk factors including weight, physical activity, and blood pressure.

Diabetes education opportunities are available. To learn more, call (231) 935-9227 or visit [nmdiabetes.org](http://nmdiabetes.org)



**Diabetes Screening Tools**

**84 MILLION AMERICANS HAVE PREDIABETES. DO YOU?**

- How old are you?  
Less than 40 years (2 points)  
41-44 years (3 points)  
45-49 years (2 points)  
50-54 years (2 points)  
55 years or older (3 points)
- Are you a man or a woman?  
Man (1 point) Woman (2 points)
- If you are a woman, have you ever been diagnosed with gestational diabetes?  
Yes (1 point) No (0 points)
- Do you have a mother, father, sister, or brother with diabetes?  
Yes (1 point) No (0 points)
- Have you ever been diagnosed with high blood pressure?  
Yes (1 point) No (0 points)
- Are you physically active?  
Yes (2 points) No (1 point)
- What is your weight at last?  
See chart at right

Write your score in the box.

Score boxes for questions 1-7.

Add up your score.

Final score box.

| HEIGHT | WEIGHT  | SCORE   |     |
|--------|---------|---------|-----|
| 4'10"  | 119-141 | 140-160 | 100 |
| 4'11"  | 123-147 | 146-167 | 100 |
| 5'0"   | 128-152 | 153-169 | 100 |
| 5'1"   | 132-157 | 160-174 | 100 |
| 5'2"   | 136-163 | 168-177 | 100 |
| 5'3"   | 141-168 | 176-184 | 100 |
| 5'4"   | 146-173 | 184-191 | 100 |
| 5'5"   | 150-179 | 193-199 | 100 |
| 5'6"   | 155-185 | 202-208 | 100 |
| 5'7"   | 159-191 | 211-217 | 100 |
| 5'8"   | 164-197 | 220-226 | 100 |
| 5'9"   | 169-203 | 229-235 | 100 |
| 5'10"  | 174-209 | 238-244 | 100 |
| 5'11"  | 179-214 | 247-253 | 100 |
| 6'0"   | 184-220 | 256-262 | 100 |
| 6'1"   | 189-226 | 265-271 | 100 |
| 6'2"   | 194-232 | 274-280 | 100 |
| 6'3"   | 199-237 | 283-289 | 100 |
| 6'4"   | 204-243 | 292-298 | 100 |
| 6'5"   | 209-249 | 301-307 | 100 |

Use this chart to determine your weight score (0-100 points).

If you scored 5 or higher, you're likely to have pre-diabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or pre-diabetes. Talk to your doctor to see if additional testing is needed.



Type 2 diabetes is more common in African Americans, Hispanics/Latinos, American Indians, Alaska Natives, and Pacific Islanders.

Higher body weights increase diabetes risk. Americans are becoming and are becoming sicker. If you have a higher body weight, it can be one of the greatest risks for type 2 diabetes. Talk to your doctor to see if additional testing is needed.

For more information, visit us at [diabetes.org/risk](http://diabetes.org/risk)

**LOWER YOUR RISK**

Take 15-30 minutes a day to walk or exercise. Get 150 minutes of moderate-intensity physical activity each week. Eat a healthy diet. Stop smoking. Limit alcohol.

Visit [diabetes.org/risk](http://diabetes.org/risk) for more information.





## NORTHWEST MICHIGAN HEALTH SERVICES INC

Medical Workflow for Diabetic Patients

<https://www.munsonhealthcare.org/services/diabetes-education/diabetes-education>

1. **Are they taking their medications appropriately?**
  - a. Oral glucose lowering meds include:
    - i. Metformin (Glucophage)
    - ii. Glipizide, Glimepiride, Glyburide
    - iii. Pioglitazone (Actos), Rosiglitazone (Avandia)
    - iv. Acarbose, Miglitol
    - v. Nateglinide, Repaglinide
    - vi. Alogliptin (Nesina), Saxagliptin (Onglyza), Linagliptin (tradjenta), Sitagliptin (Januvia)
    - vii. Ertugliflozin (Steglatro), Dapagliflozin (Farxiga), Canagliflozin (Invokana), Empagliflozin (Jardiance)
    - viii. Exenatide (ER -Bydureon), Exenatide (Byetta), Dulaglutide (Trulicity), Semaglutide (Ozempic), Liraglutide (Victoza)
    - ix. Colesevelam
    - x. Bromocriptine
    - xi. Pramlintide
  - b. Insulin:
    - i. Rapid acting: Lispro, Glulisine, Lispro, Aspart
    - ii. Short-acting: Human regular
    - iii. Intermediate-acting: Human NPH
    - iv. U-500
    - v. Basal: Gargine, Detemmir, Degludec
    - vi. Premixed: NPH/Regular 70/30, Lispro 50/50, Lispro 75/25, Aspart 70/30
  - c. Any side effects?
  - d. If not taking, what is the reasoning? (i.e., access, financial, lack of knowledge, etc.)
2. **If on 2+ oral medications or insulin, are they checking their blood sugar?**
  - a. Fasting sugar should be <130, closer to 100 the better
  - b. Check for hypoglycemia (too low of sugar) - <70 – how frequent?
    - i. Schedule appt
  - c. Check for hyperglycemia (too high of sugar) - >400 – how frequent?
    - i. Schedule appt
  - d. If not, what is reason for not? (i.e., lack of access, financial aspects, need additional education, etc.)
  - e. We do have glucometers in the office
3. **When were they last seen?**
  - a. If A1c not at goal - ideally <7% - should be seen every 3 months
  - b. If A1c at goal - should be seen every 6 months
  - c. If it has been longer than recommended time frame, please assist them in scheduling an appt.
4. **Blood pressure – do they have a diagnosis of high blood pressure?**
  - a. If have a diagnosis, are they checking their BP?
    - i. If so, target of less than 140/90 mmHg
    - ii. If higher than this, please assist pt in scheduling an appt.
5. **Cholesterol – When is the last time they had their cholesterol checked?**
  - a. LDL goal < 100
6. **Diabetic retinal exam?**
  - a. Should be yearly
  - b. If they have had, do we have a record release signed so we can get a copy of the results?
7. **Dental?**
  - a. Do they have dental?
  - b. Should be at least yearly
8. **Have they been or are they interested in diabetes education?**

### **Classes Available at:**

- Cadillac Hospital - Outpatient Services 400 Hobart St. Cadillac, MI 49601
- Kalkaska Memorial Health Center - Outpatient Services 419 S. Coral St. Kalkaska, MI 49646
- Grayling Community Health Center 1250 E. Michigan Ave. Grayling, MI 49738; 989-348-0550
- Munson Professional Building 1221 Sixth St. Traverse City, MI 49684
- Paul Oliver Memorial Hospital - Outpatient Services 224 Park Ave. Frankfort, MI 49635
- Roscommon Community Health Center 234 Lake St. Roscommon, MI 48653; 989-275-1200
- Prudenville Community Health Center 2585 W. Houghton Lake Dr. Prudenville, MI 48651; 989-366-2900

# Patient Referral for Help

The screenshot shows a patient referral form for 'Test, Emergency Dental - Hold' (4Y, M) with account number 40057. The patient's address is 123 Main Street, Buffalo, NY 49444, and their phone number is 231-333-4444. The referral was answered by Jennifer Kerns on 01/19/2022 at 08:28 AM. The caller is listed as 'help for food and diabetes', and the reason is 'help for food and diabetes'. The provider is Wynkoop Ikuma, Ka. The facility is Traverse City Dental, and the pharmacy is Walgreens Drug Store. The status is 'Open'. The problem list includes K02.9 (Tooth decay), I15.1 (Hypertension secondary to other renal disorders), E23.2 (Diabetes insipidus), and Z01... (Encounter for dental examination and cleaning without abnormal findings). The current medication includes Taking Synthroid 137 MCG Tablet and Taking UNKNOWN MEDICATION. The action taken is: 'Kerns, Jennifer 1/19/2022 08:29:02 AM > pt is struggling with transportation to appts due to lost job. housing stable but food insecurity. overdue for diabetes check up, needs medical visit and food Rx program, etc.'

Healthcare Provider □ Patient Chart “jelly-bean” □ CHW



NORTHWEST MICHIGAN  
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**QUESTIONS? CONTACT US!**

## Diabetes Continuum of Care: Evolving Roles of the Enabling Services Staff in Diabetes Management- *Referrals and Care Coordination*



- *Introductions*
- *How are ES staff utilized your Health Center to support external & internal referral for patients with diabetes?*
- *What would you like to change or implement to better support care team referrals-utilizing ES staff?*



# Diabetes Continuum of Care: Evolving Roles of the Enabling Services Staff in Diabetes Management- *Referrals and Care Coordination*

## Session Evaluation

Before signing-off, please complete our quick session poll to help us evaluate how today's session went for you.

### Evaluation Questions for each session

1. Overall, how satisfied are you with this session? (Single Choice) \*

- 5 - Extremely satisfied
- 4 - Very satisfied
- 3 - Moderately satisfied
- 2 - Somewhat satisfied
- 1 - Not at all satisfied

2. How confident are you that you will be able to apply information from this session at your health center/organization? (Single Choice) \*

- 5 - Extremely confident
- 4 - Very confident
- 3 - Moderately confident
- 2 - Somewhat confident
- 1 - Not at all confident

3. Based on your level of knowledge prior to the session, how would you rate changes to your knowledge as a result of the session? (Single Choice) \*

- 5 - Extremely high level of knowledge gained
- 4 - High level of knowledge gained
- 3 - Moderate level of knowledge gained
- 2 - Low level of knowledge gained
- 1 - No knowledge gained

# THANK YOU!

For information about the Special and Vulnerable Populations Diabetes Learning Collaborative, visit [chcdiabetes.org](https://chcdiabetes.org) today.

Feel free to contact our NTTAP collaborating partners and speakers from today's webinar:

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At the end of this webinar, please complete the evaluation form. Your feedback is greatly appreciated