

SoonerCare: Improving Care for Native Americans with Diabetes

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For patients with diabetes, regular medical check-ups to get their blood sugar, cholesterol, blood pressure, eyes, feet, and teeth examined are essential to manage their disease. In Oklahoma, this is particularly important for Native Americans with diabetes, who lag behind in these vital screening tests.



Through CHCS' Best Clinical and Administrative Practices workgroup *Improving Health Care Quality for Racially and Ethnically Diverse Populations*, SoonerCare, the Oklahoma primary care case management program of the Oklahoma Health Care Authority (OHCA), set a goal to improve care for adult Native Americans with diabetes.

Oklahoma is home to 39 tribal governments and more than 380,000 Native Americans live in the state. Currently there are almost 70,000 Native Americans enrolled in Oklahoma Medicaid, representing 13 percent of the state's Medicaid population. Native Americans receive health care services from providers who participate in Oklahoma Medicaid, the Indian Health Service (IHS), tribal health care systems, or urban Indian clinics.

For its pilot project, SoonerCare set a goal to increase screening rates for Hemoglobin A1c from 20.2 percent to 28.2 percent; low-density lipoprotein cholesterol from 16.5 percent to 24.9 percent; and eye exams from 2.1 percent to 11.9 percent for Native American enrollees, ages 18-75, with diabetes.

SoonerCare used claims data to identify 1,020 eligible Native Americans enrollees with diabetes for January 2005 through September 2005. In addition, SoonerCare ran queries to identify each enrollee's primary care provider.

Interventions focused on educating Native American members with diabetes and providers about benefits related to diabetes screenings via letters, one-on-one outreach, and on-site clinic visits. The letters informed members about the importance of screenings, diabetes management, and benefits available to them. Nurses from the care management team contacted members to assess why screenings were missed and to help them schedule appointments and obtain transportation for scheduled screenings. The plan also issued provider notifications of screening needs for the identified population.

In addition, SoonerCare evaluated the management of Native Americans with diabetes at four "high-performing" provider sites. BCAP team members interviewed medical teams to assess their day-to-day diabetes care management: how they identify and register patients, how they schedule visits, how they organize care, and the level of personnel. The results of those assessments will guide the development of education sessions at four identified "low-performing" practice sites.

"Through this process we are able to identify best practices that can be replicated at other health clinics serving this population," said Angela M. Shoffner, RNC, MLS, Manager of Quality Assurance/Quality Improvement for the OHCA. She cited one diabetes wellness center that implemented a strategic community education plan for diabetes with an overall goal of improving access to care. Another facility coordinates monthly diabetes clinics to ensure that identified patients have access to a comprehensive annual exam. Diabetes education staff at each site emphasized the need to provide culturally appropriate materials.

SoonerCare's outreach efforts resulted in an 18 percent increase in screening rates for members contacted through the phone/letter campaign, and 10 percent for those who only received letters. Future plans include continuing current outreach/intervention efforts with clients; developing "best practices" using information from the "high-performing" provider sites; and improving data completeness, which includes linking data with other state agencies and providing a mechanism to validate race and ethnicity data.

"The care management staff has provided education to many members who were not aware of the importance of these screenings as part of their diabetic management," said Ms. Shoffner. "Members and providers are now more aware of the services provided by the care management staff, which may have an impact that reaches beyond the screening services alone. The one-on-one intervention is developing a sense of trust between members and care management staff."

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