

Inner City Practice of Diabetes Excellence

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DIABETES CARE LINK

The ADA-NCQA Certificate of Recognition for Delivery of Quality Diabetes Care is a boost to my inner city practice, serving the west side of the Metro Louisville-Jefferson County area. Demographically, the practice's patient population is ethnically split into about 50% each of African-Americans and Euro-Americans, mainly blue collar cadre professionals living in neighborhoods generally developed before the 1950's.

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The most important benefit of ADA-NCQA Recognition is practicality: my perceptive self measurement (PSM) of the standard of care, that I thought I gave before the survey of the practice, did not stack up to the real performance measurement (RPM) collated from the patients' medical records. Prior to the survey, my PSM estimate of nearing 100% standard of care goal was confirmed to be RPM of 40-80% spread over the criteria set to meet the goals.

Other benefits of the recognition are: 1) a keen awareness of and the ease of adherence to the ADA standard of care algorithms; 2) an on-time reportage of the logical need to maximize the use of pharmaceutical agents to achieve goals in glycemic and hypertensive controls; and 3) the use of every office visit opportunity to re-educate patients on diet, exercise, and the latest paradigms in diabetes management. Documentation of the data is laid out neatly on the right-hand side of the progress note for each visit – enabling a thorough assessment of the patient's clinical progress.

Pursuing recognition is vital: it is comforting for a third party peer to endorse one's excellence in a universal standard of care. I can now do a real time data review (RTDR) which enhances an early aggressive intervention. The outcome of such intervention is the

reduction in morbidity for the patient with improved quality of life. Automatic integration of RTDR to the practice protocol leads to practice excellence. Physician drive for quality and excellence guided by RTDR in an act of commission would significantly reduce complications of diabetes vis-à-vis the reduction of costs of health care for the individual and the community at large.



Shown here with Dr. A. O'tayo Lalude (center) is Will Hornback, a medical student from the University of Louisville and Christine Archer, a physician's assistant from the University of Kentucky.

I strongly encourage the practice site seeing patients with diabetes to consider the ADA-NCQA Recognition campaign. The physicians should know the ADA Guidelines for adequate diagnosis and treatment of diabetes and its sequelae; then, set attainable goals of excellence for propelling the practice forward; and, finally, agree to a third party assessor to measure the patient care of the physician with a set "gold standard".

If an inner city practice in the mid-south can cross the "Bridges to Excellence," any practice can meet the challenge as well.