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Preventing Heart Attack and Stroke for Everyone

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Desired Future: Reduced morbidity rate in the PHASE population, regardless of race/ethnicity.

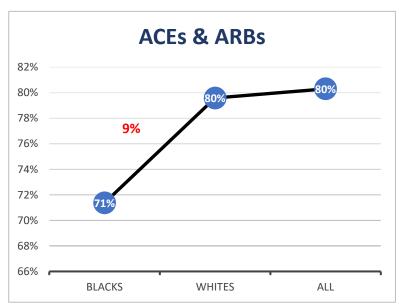
"Follow up with me more on required yearly lab work. I'm not good about getting to the lab when I should."

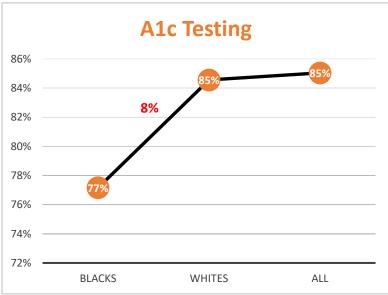
A1c Control
BP Control

Medication Therapy

Why This is not Currently Possible

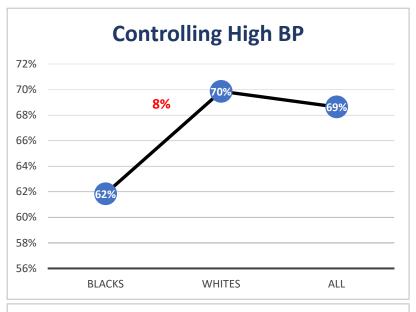
Disparities at a Glance

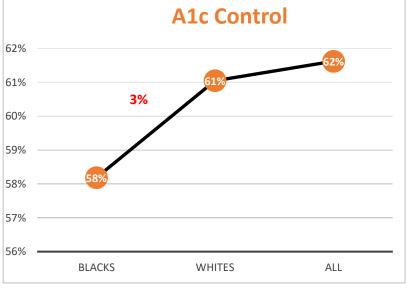




June 2020

Effects of Health Disparities





[Things Tried, & Lessons Learned...]

"Keeping me accountable for my blood sugars. I am told that I feel the way that I feel due to my blood sugars being so out of control."

[Drive-Thru High Risk COVID Clinic, Nurse Led]

Without ever leaving their vehicle, patients in 15 minutes or less were able to

- 1. Obtain an actionable A1c reading
- 2. Engage with Nursing for a BP check and brief education on At-home monitoring
- 3. Test for COVID
- 4. Complete a PHQ-9

[Activities We will Keep Doing]

- 1. Developing innovative ways to meet the patient where they are
- Advocating for A1c point of care testing in areas with limited lab access
- Utilizing Nursing staff for management of Hypertension

Other Possibilities

"Follow up with me for my appointments. I need reminders or I will forget."







PREVENTION AND EDUCATION

PATIENT ENGAGEMENT

COMMUNITY PARTNERSHIPS

Benefits of Reduced Mortality

Patients and families benefit from improved health and decreased mortality

Staff benefit from the reduction in workload due to having a healthy patient population and incentives received for achieving goals

Providers feel like they are making a difference, increased morale and motivation

Organization benefits from the \$\$ attached to achieving desired health outcomes for its patient populations

Community benefits from the improved health and mobility of residents, boosting commerce and participation in community events

Globally reducing the economic burden that being chronically ill has on society

[If We Don't Move Forward with Point of Care Testing]

Uninsured Patient with diabetes has no current A1c and no meds

Patient has no transportation so is unable to get to the lab after work in time

Patient lives with uncontrolled diabetes for another year

Patient presents for med refill, but is unable to get Rx because no current A1c

Immobile, patient experiences severe depression and begins to cope with alcohol.

Due to infection and prolonged neuropathy patient's leg is amputated.

6 months later, patient presents with neuropathy and infection

Labs Ordered and patient re-scheduled.

Patient is now a depressed diabetic amputee with alcohol dependence.

Patient requires home health, behavioral health intervention, Medication Assisted Treatment for alcohol and Diabetes care.

Before long, patient suffers from severe bed soars and infection spreads, leading to sepsis

Patient expires.

[What We Need from Our Leaders to Make it Happen]

CEO

We ask that you adjust our "branding", so it represents all members of the community not just the majority.

CMO

We need more Black Physicians. We need discussions with educators and the Medical Society around how to encourage black students into becoming doctors and making people aware of the financial assistance that is available to them to do so. We also need you to allow clinic staff to use the A1c machines.

Lab Services Director

We need to continue using A1c analyzers for identified locations that otherwise have no lab access in order to provide adequate and appropriate care for our high-risk economically disadvantaged populations.



Thank you for your time!

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SPECIAL THANKS TO:

Maggie Partida-Moreno, LVN CMC Vacaville
Ginger Manss, Chief Nursing Officer
Denise Armstorff, Coach

"Appointment reminders from my case manager and check-in phone calls; want to feel like somebody "gives a damn"."