



### Background

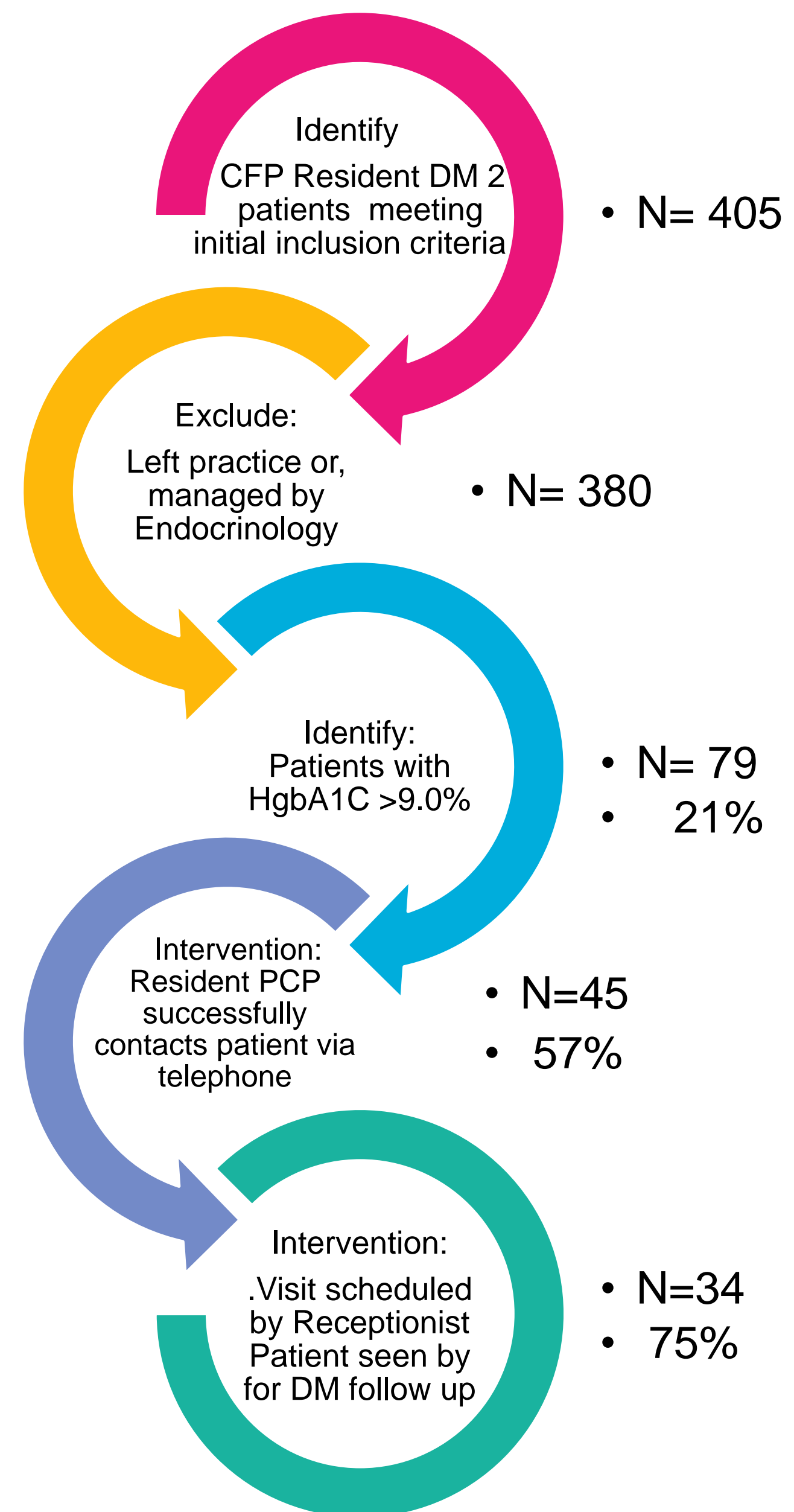
The incidence and prevalence of Type 2 Diabetes Mellitus is increasing in the United States. Patients often do not appreciate the severity of their illness, its progressive nature, and the importance of follow up care to slow disease progression. The COVID pandemic has also created fears about leaving home to go for primary care visits for routine care for chronic conditions.

### Hypothesis

Patients who are hesitant to come for routine care for Type 2 Diabetes Mellitus due to COVID will be reassured of office safety precautions and be motivated to schedule and complete appointments when contacted by their primary care physician. These patients could be “recaptured” through physician-led engagement and education. The goal was to recapture 50% of patients who were contacted and educated by the primary care physician.

### Design

The study was performed at St Luke's Coventry Family Practice, a residency-based community clinic in Phillipsburg, NJ. A cohort of patients was identified with an EMR query for Diabetes ICD 10 code E 11... performed in November 2020 for the period of January 2019 to October 2020. Patients met initial inclusion criteria by having a Resident Physician as primary care provider and at least one office visit in the past year but no office visit in the past three months. Patients were excluded if they were being managed by Endocrinology or documentation showed they had left the practice.



### Method

Resident physicians were asked to call patients with a Hemoglobin A1C  $\geq 9.0\%$ . A minimum of three telephone call attempts were made at different times of the day. Patients were given explanations regarding the need to resume regular care for diabetes as well as information regarding COVID precautions being taken in the office to protect patients and staff. Names of patients who requested a visit were given to office clerical staff for scheduling.

### Results

21% of 380 included DM 2 patients who had not completed nor scheduled a follow up visit for > 3 months had a most recent A1c  $\geq 9\%$ . 57% were successfully contacted by their resident physicians. 75% of those contacted were recaptured. No patients declined a visit due to COVID fears after receiving reassurance about COVID safety measures at CFP. The smart goal of 50% recapture rate for contacted patients was exceeded. The hypothesis that the physician led engagement and education regarding the importance of routine diabetic care would lead to improved rates of follow up despite the COVID pandemic was proven.

	PGY1	PGY2	PGY3	PGY-ALL
Qualified for Initial Inclusion	97	120	188	405
After Exclusion	91	111	178	380
Patients with A1c $\geq 9\%$	21% (19/91)	24% (27/111)	19% (33/178)	21% 79/380
Rate of Contact Completion	95% (18/19)	59% (16/27)	33% (11/33)	57% (45/79)
Rate of Recapture (Completed Visits) for contacted Patients	61% (11/18)	81% (13/16)	91% (10/11)	75% (34/45)
Overall Recapture Rate DM2 Patients with A1c $\geq 9\%$	58% (11/19)	48% (13/27)	30% (10/33)	43% (34/79)

### Discussion

Limitations of this study included the inability to reach some patients via telephone with the possibility that patients may have moved or changed their telephone number. While the initial educational call was initiated by the resident physician, the scheduling call was made by clerical staff. Some patients who agreed to arrange a visit after being educated by the resident physician were not able to be reached by the clerical staff to book an actual visit. These limitations lead to an overall recapture rate of 43% for the total subpopulation of patients with A1c  $\geq 9\%$ .

Improving glycemic control for this subpopulation is a network priority at SLUHN. The results of this project support the belief that the rapport between Family Medicine Physicians and their patients with diabetes is the key to improving patient compliance, outcomes, and quality of life. The next steps to be taken at CFP to align our practice with achieving network goals for population health include further development and use of resident physician patient panels and other methods of physician outreach and engagement of these patients as the threat of COVID diminishes.

