

Title of Intervention: Harbor City, California Kaiser Permanente diabetes care system

Intervention Strategies: Supportive Relationships, Group Education, Environments and Policies

Purpose of the Intervention: To improve diabetes clinical outcomes

Population: Patients with diabetes

Setting: Harbor City Kaiser Permanente Medical Center located in the California region; health care facility-based

Partners: Health maintenance organization, medical center

Intervention Description:

- Supportive Relationships: Patients were seen in specialty offices for one-on-one office appointments to ensure intensive case management.
- Group Education: Patient group encounters were held in addition to yearly diabetes refresher experiences and medication reviews.
- Environments and Policies: The Kaiser Permanente Regional Diabetes Registry is a database containing information on all patients who have diabetes and is updated annually. The Diabetes Care System (DCS) recorded and tracked all patient data from all patient encounters and automatically tracked laboratory results. Communication among the different DCS team members was facilitated by the program's networking features. Computer screen forms allowed data entry, daily tracking, reminders, messaging, patient letter communications and archiving.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: Endocrinologists, nurse practitioner, physician assistant, registered nurses, vocational nurses, clinic assistants, receptionist, pharmacists
- Training: Not mentioned
- Technology: Computers and computer-based tracking systems
- Space: Clinic space
- Budget: Not mentioned
- Intervention: Educational materials, staff time
- Evaluation: Patient records

Evaluation:

- Design: Cohort
- Methods and Measures: Patient records provided information about screening rates for diabetic risk factors, blood pressure, glycemic control and inpatient utilization.

Outcomes:

- Short Term Impact:
- Long Term Impact: The intervention group tracked by the DCS showed significantly higher screening rates and demonstrated better glycemic control and blood pressure management. The intervention group also had significantly more follow-up testing when indicated from screening measures.

Maintenance: Not mentioned

Lessons Learned: Computerized tracking is essential to effective care management as it leverages the efforts of dedicated team members. Local ownership and administration of the computer software and database can maximize computer support.

Citation(s):

Domurat, E. S. (1999). "Diabetes managed care and clinical outcomes: the Harbor City, California Kaiser Permanente diabetes care system." *Am J Manag Care* 5(10): 1299-307.