

Chaw'se

Indian Grinding Rock,
CA State Park, Pine Grove

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Crater Lake, OR
Near Klamath
Tribe

Western Tribal Diabetes Project

November is National Diabetes Awareness Month

A Time To Reflect on the Quality of Care for Diabetes

The Indian Health Service (IHS) released Standards of Care for Patients with Type 2 Diabetes in the Spring of 2001. These Standards Of Care were developed to help provide consistent, quality care for patients with diabetes. Similarly, the Center for Disease Control's Task Force on Community Preventive Services (*Morbidity and Mortality Weekly Reports, Sept. 28, 2001*) **strongly recommends** the following for community members with diabetes:

- Disease Management
- Case Management and
- Self-Management Education.

These strategies have been shown to improve glycemic control and screening rates for diabetic complications.

The IHS Standards of Care are an excellent tool to ensure the highest quality of care for patients with diabetes. The following is a check list of the IHS Standards Of Care.

For more information on these issues please see web sites listed below or call Jen or Tim at 1-800-862-5497.

Disease management includes:

1. Identifying everyone with diagnosed diabetes in the community
2. Implement care plans proven to be effective
3. Track, measure, and manage

IHS Standards of Care for Patients with Type 2 Diabetes, 2001

Baseline Information

- q Height
- q Date of Diabetes Diagnosis
- q ECG (baseline, repeat every 1-5yrs*)
- q P1DD status

Each Clinic Visit

- q Blood Pressure
- q Weight
- q Blood Glucose
- q Foot Check
- qHbA1c (quarterly)

*as clinically indicated

Annually

- q Creatinine
- q Complete UA-Microalbuminuria
- q Lipid Profile
- q Eye Exam-Retinal
- q Dental Exam
- q Foot Exam
- q Screen for Neuropathy

Immunizations & Skin Tests

- q Flu Vaccine
- q dT (every 10 years)
- q Pneumovax
- q PPD (once)

Self-Care Education

- q Nutrition Education
- q Diabetes Education
- q Exercise Education
- q Glycemic Control
- q Self-Blood Glucose Monitoring
- q Tobacco Cessation *

Routine Health Maintenance

- q Physical Exam
- q Pap Smear, Pelvic Exam*
- q Breast Exam*
- q Mammogram
- q Rectal Exam, Stool Guaiac
- q Tobacco Use

Web Resources for Diabetes Awareness Month

www.cdc.gov/diabetes/projects/community.htm—find out more about improving the quality of care for patients with diabetes. (Center For Disease Control)

www.ihs.gov/MedicalPrograms/Diabetes/NDPreferences.asp—IHS Standards of Care

www.diabetes.org—get the latest news on diabetes (American Diabetes Association)

www.bluemountain.com/eng3/diabetes/ - send an electronic card for Diabetes Awareness Month

Diabetes Screening Toolkit Initiative By Tim O’Hearn, MPH

We need to develop a strategy for preventing diabetes – is a phrase being voiced by many tribes throughout the Pacific Northwest. In an effort to answer this need, the Indian Health Service (IHS), Portland Area Office and the Northwest Portland Area Indian Health Board (NPAIHB) and Northwest Tribes have collaborated to initiate and develop the Northwest Portland Area Diabetes Screening Toolkit (NPADST).

The NPADST started in August 2001, and includes individuals from six tribal communities from the Pacific Northwest (Cow Creek, Quinalt, Colville, Coquille, Coeur d’Alene & Warm Springs) In addition to answering community needs, the purpose of the toolkit includes:

- Serving as a proactive approach in reducing the disparity of diabetes
- Functioning as a comprehensive, community-based screening resource
- Serving as standardization tool for community-based screening activities

Components of the screening toolkit:

- Screening target populations
- Intervention strategies and examples
- Diagnostic standards
- Screening considerations
- Institutional Review Board (IRB) issues
- Managing screening data.

The toolkit will be a screening resource for tribes in the Northwest. The expected completion and availability date for the toolkit is December 2001.

The materials will include articles, web addresses relating to a particular topic or screening intervention. The toolkit will also provide information on the Institutional Review Board (IRB) issues, and provide its users a database training manual, as well as screening data base examples. The toolkit will take the form of a binder, professionally reviewed and compiled. Additionally, as new screening information becomes available it will be added to the toolkit binder. *For more information contact Tim O’Hearn at 1-800-862-5497.*



Pilot Screening Project at Colville
October 2000
Screening on the cutting edge...

Once Colville’s diabetes program felt confident and competent in their care, attaining a 70% good control rate (HbA1c<7.5%) in their known patients with diabetes, they felt ready to go out into the community and do diabetes screening.

“We conducted a pilot screening at the Pascal Sherman Indian School (PSIS), located on the Colville Reservation. This activity was planned in conjunction with the Tribal Health Program.” Said Aloe Marrero, ARNP, CDE and Diabetes Coordinator at Colville. “After receiving permission from the Tribal Council, we received permission from the school principal, superintendent, and ultimately the school board. Six weeks prior to the event we sent an informational letter to all parents of the children to be screened (offering free screening to parents also). We then sent a follow-up letter and permission slip one week prior to the event. We organized a healthy breakfast to follow the screening (as all blood tests were taken in the fasting state).”



Colville Diabetes Prevention Program Logo

Each participant received a T-shirt with the Diabetes Prevention Program logo once they were screened. Information gathered included height, weight, gender, date of birth, family history, body mass index, % body fat, blood pressure, capillary glucose, cholesterol, fasting insulin level, and acanthosis nigricans.

Letters of each child’s result were sent to all parents. Abnormal results were highlighted. Parents were urged to bring their child to their health care provider for more definitive testing. Aggregate results were also shared with the Tribal Council, PSIS School Board, Colville Diabetes Program, Northwest Portland Area Indian Health Board, and the National Tribal Leaders Diabetes Committee.

Code This!

By James Oliver, RD

It is extremely important to use the correct ICD-9 code. For diabetes diagnoses, these will be in the range 250.00-250.93. Within the code, the first three digits (250) refer to diabetes. The fourth digit (0-9) refers to complications (check the ICD-9 book for additional codes to use with complications). The fifth digit specifies type 1 (odd) or type 2 (even). The fifth digit also indicates blood sugar control. Use a 2 (type 2) or 3 (type 1) if uncontrolled; use a 0 (type 2) or 1 (type 1) if not stated as uncontrolled. For example, if the purpose of visit (POV) states “DM type 2 uncontrolled”, use the code 250.02. If the POV states “Diabetes-hypoglycemia”, use either 250.80 (if the patient is type 2) or 250.81 (if the patient is type 1).

Try coding these real narratives from Indian Country providers:

1. POV: “Diabetes mellitus type 2”
2. POV: “Peripheral neuropathy secondary to DM”
3. POV: “DM 2, insulin dependent, out of control”
4. POV: “Diabetes screening”
5. POV: “Acute bilateral DM”

Answers:

1. 250.00
2. 250.60 (if type 2), 250.61 (if type 1)
3. 250.02 (don't be fooled by “insulin dependent”, this patient will always be type 2)
4. V77.1 (always use this for screening)
5. 382.9 (trick question: the POV was intended to say “Acute bilateral DM”, but the handwriting was difficult to read)



Hearty Beef Vegetable Soup

Makes about 24 one cup servings

Ingredients:

- 1- 28 oz. can commodity beef
- 2- 16 oz. can vegetarian beans
- 2- 16 oz. can sliced carrots
- 2- 16 oz. can whole kernel corn
- 2- 16 oz. can green peas
- 16 oz. can green beans
- 16 oz. cans whole tomatoes, coarsely chopped

- 1 small onion, coarsely chopped
- 2 celery stalks, coarsely chopped
- 2 large red potatoes, coarsely chopped
- 2 small cloves of garlic (or 1 teaspoon of garlic powder)
- 8 cups water
- 1 small package of fresh basil, chopped (or 2 tablespoons of Italian seasoning)
- ½ package cooked pearl barley (it is easiest to cook this separately; follow the instructions on the package)



Instructions:

1. In a large pot, combine all ingredients except the basil and barley.
2. Bring to a boil and simmer slowly for about 30 minutes, or until the red potatoes are tender.
3. Stir in the cooked pearl barley and add black pepper to taste.
4. Stir in the basil just before serving.

Nutrition Facts

Serving size:	1 cup
Calories:	186
Protein:	12.9 g.
Carbohydrates:	21.4 g.
Fat:	5.7 g.
Saturated Fat:	2.1 g.
Cholesterol:	28 mg
Fiber:	4.1 g
Sodium:	289 mg

Western Tribal Diabetes Project

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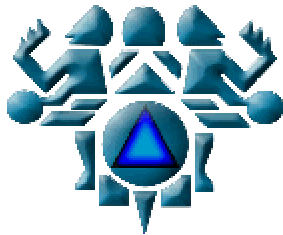
Or 503-228-4185

Fax: 503-228-4801

WE'RE ON THE WEB!

WWW.NPAIHB.ORG

The EpiCenter



Diabetes Management System - Tribal Clinics moving forward with on-site



Pitt River Staff and
Dawn LaBlanc, Indian Health Service
October 3rd, 2001



Greenville Rancheria and Red Bluff Staff
October 1st and 2nd, 2001



Toiyabe Indian Health Project
September 19th & 20th, 2001

To have an on-site training contact:

California Region:

Jen Olson
1-800-862-5497
jolson@npaihb.org

Northwest (Idaho, Oregon, Washington)

James Oliver
1-800-862-5497
joliver@npaihb.org

Centralized Trainings:

- ? October 16-18, Northwest Portland Area Indian Health Board (NPAIHB)
- ? December 11th, 12th & 13th, NPAIHB
- ? February 5th, 6th and 7th, Sacramento California Rural Indian Health Board
- ? Others dates to be determined