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Diabetes Mellitus Type II Quality Improvement Using the My Own Health Report
Lynn B. McMorrow MS, APRN, FNP-C

Introduction
• 1980-2012, adults with diabetes in the US rose from 5.5 million to 21.3 million
• 1.7 million more are diagnosed yearly
• 176 billion in estimated direct medical costs in 2012
• 69 million in lost wages, disability and death in 2012
• Patient self-management has been shown to improve patient quality of life, and short term glycemic control
• My Own Health Report (MOHR) is an on-line health risk assessment tool to assess patient behaviors, mental health risks

Purpose
Develop a new QI process for Type 2 Diabetes (T2D) using the MOHR

Aims
• Develop QI process, with the MOHR for T2D with HbA1C >9
• Expect statistically significant improvement in HbA1C and or weight over 6 months, in the MOHR group vs. the non-MOHR group

Methods
• QI process began with 27 patients
• 10 patients did not participate and 17 did the MOHR
• MOHR administered by the medical assistant in 5-10 minutes
• Provider reviewed the MOHR summary and used motivational interviewing (MI) to discuss the results with each patient at a T2D visit, for willingness to discuss or change modifiable life styles.
• Quantitative analysis done with Fisher’s Exact Test comparing those who were in the MOHR group to those not participating.
• Qualitative analysis was not done secondary to time and EHR constraints.

Results
• Qualitative analysis was to be measured by a patient survey but time constraints prevented the survey from being completed. All patient comments are presented, verbatim, without further analysis.
• “Thanks, it’s been helpful.”
• “This was meaningful to me.”
• “This is needed in health care.” (2 patients)
• “I enjoyed doing it very much, thanks.” (2 patients)
• “This is an important missing part of health care.”
• “Doing this means you care deeply for me.” (2 patients)
• “This is a l l humbug.” (His HbA1C decreased from 10.2 to 8.2)
• “Whatever.”
• “This is good for me.”
• “This was very interesting.”
• “This was very nice.” (2 patients)
• “This was smart to do.”
• “I have to do it for my health care.”

Discussion
• MOHR was done in person or by phone, but never online
• Mental health diagnoses were not addressed specifically as integrated PC/MH social worker left the practice early in process
• We had improvement for 8 of 17 patients with MH comorbidities
• The interventions and outcomes are congruent with findings in the literature for a short study
• Positive results with no added costs or significant changes in office practice

Conclusions
• Generalizability limited by: small sample size; self selected group; provider use of motivational interviewing and historical patient relationships
• Without randomization, motivational interviewing, and requiring that the MOHR be completed we cannot absolutely determine the impact of the MOHR on T2D disease marker improvements.

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<thead>
<tr>
<th>MOHR Down HbA1C &amp; Wt down</th>
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<tbody>
<tr>
<td>MOHR</td>
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<tr>
<td>Not MOHR</td>
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