Combining technology and people to manage diabetes

The Lincoln Community Health Center (LCHC) has embraced two new programs to help patients achieve better health. One is a living, breathing helper. The second is a bundle of technology presented to patients with a worrisome condition.

Rubi Arizmendi was hired in the fall of 2020 as one of LCHC’s first Community Healthcare Workers (CHW) – a job focused on helping patients overcome barriers to treatment and supporting providers in delivering the most effective care possible.

“They are like the glue,” remarked Mary Jo Koschel, LCHC program manager, describing the role of the CHWs. “They are that connection piece to help patients navigate the healthcare system.”

Helping people sign up for the Oregon Health Plan, assisting patients filling out forms for financial assistance, connecting patients with transportation, providing translation services for providers and patients, delivering medical equipment or food boxes to patient homes, and helping patients to schedule referral appointments outside the LCHC are just examples of the work performed by Arizmendi and at least three new hires in the same role.

“I helped a patient fill out patient assistance forms for insulin,” Arizmendi recalled when asked about particular accomplishments. “They would get samples when they came into the clinic, but it was a Spanish-speaking patient and the form was in English. We filled out forms, pulled pay stubs together, and faxed it all over. They were approved and received a year’s supply of insulin, around $10,000 worth. It was a good feeling,” she said.

Becoming a CHW with Lincoln County took commitment on Arizmendi’s part. One requirement of the job was getting certified with Oregon Health Authority. A 90-hour training program was completed via zoom, with classes three days per week, five hours at a time.

Once in training, she is now the trainer, helping patients to utilize another new program offered at LCHC. Remote monitoring of diabetes began this spring when select individuals with uncontrolled type 2 diabetes and significant comorbidities were given remote glucose monitoring devices (RGMD).
Currently five patients are participating in the home monitoring program, which provided them with a smart phone, glucometer, and scales.

Patients do the traditional finger-stick test using a glucometer that is connected via Bluetooth with the smartphone. That data is collected through an application (app) that then conveys the data to the patient’s electronic medical record. The system sends a report to the provider, which is checked daily.

“An RGMD is a valuable tool to empower patients to check their blood sugars and to take control of their diabetes,” explained Family Nurse Practitioner Jason Vang-Erickson. “In addition, the information gathered from the device helps providers make appropriate medication changes, provide additional education, assess medication effectiveness, and trends in blood sugar levels,” he added.

Arizmendi has seen the difference already.

“I had a patient that, when we gave her the glucometer, she had an A1C of nine. After two months, she began to see the number drop and now she’s at 7.5. She’s been positively impacted because she was an at-risk patient for sure,” she commented. The A1C measures average blood sugar levels over a three-month period.

Grant money and quality improvement funds helped to pay for the devices, but people like Arizmendi are the key to a successful program. They help to educate the patient on how to use the technology, including patients who sometimes have never used a smartphone before.

“Yes, I provide a little bit of tech support,” she commented, explaining that some patients may need only one orientation session, but others have several follow-up visits.

“Helping people become healthier is really rewarding for me,” she added.

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