

# Got diabetes?

# We'll

# help you

# manage

# it.

By Ginny Smith

For some diseases and infections, the cure is as easy as taking antibiotics for a few days and forgetting about it. But that's not the case with diabetes, says Martha Price, ARNP, a member of Group Health's Diabetes Expert Team.

"One of the hardest things to accept with a diabetes diagnosis is that it lasts a lifetime. Many patients feel fine, so they think their doctor must be wrong. But diabetes is initially a silent disease, and complications come later, after years of poor glucose control," says Price.

"At Group Health, we work hard to help patients understand what's going on, successfully manage the disease, and ward off complications. That involves careful monitoring on our part—and a lot of participation and commitment from the patient."

## Charlie Tarnoff, age 11

### Type 1 diabetes

Charlie Tarnoff was 5 years old—and a week away from starting kindergarten—when he was diagnosed with Type 1, or insulin-dependent, diabetes.

"Our family was on a road trip to Vancouver, B.C., and we had to stop the car numerous times so Charlie could go to the bathroom," says his mother, Suzanne Kotz. "Looking back, Charlie had all the symptoms of diabetes—excessive thirst, weight loss, crabbiness. But it wasn't until that trip, and all those stops, that we were finally tipped off."

Charlie was diagnosed with diabetes a couple of days after they got home and was taken to Eastside Hospital in Redmond.



## First steps after diagnosis

Group Health's teamwork kicks into action as soon as a patient is diagnosed with diabetes.

Let's say a patient, Henry, goes to his personal physician, Dr. Hwang. Henry complains that he's thirstier than usual, has to urinate a lot, has been losing weight without meaning to, and is more irritable than usual. Dr. Hwang has a blood test done and finds out that Henry's blood glucose (sugar) is 369. Normal blood glucose is 70–100 after fasting, or 70–140 without fasting, so it's clear that Henry has diabetes.

Before Henry leaves Dr. Hwang's office, his doctor will set up his treatment plan and the nurse will help him figure out a schedule to follow at home—when to test his blood glucose and when to take any medications that have been prescribed.

The doctor or nurse will also explain his target blood glucose levels for various times of the day, what constitutes healthy eating for him, and how to prepare and administer insulin if he needs it. At the pharmacy, he'll get a glucometer—a small, hand-held, high-tech machine that will allow him to check his own blood glucose level—and he'll be shown how to use it.

Over the next few weeks, Henry will need to talk more with the doctor, nurse, pharmacist, and, possibly, a nutritionist. He will learn that a big part of preventing complications is daily self-care: eating the right foods, in the right amounts, at regular times; not smoking or using tobacco; and exercising daily. He'll learn that he needs to maintain a healthy weight; take diabetes medications—pills or insulin—consistently as prescribed; and test his blood glucose regularly to make sure his treatment plan is working.

If Henry has questions about the cost of his care and medications, he'll be directed to check with Customer Service (toll-free at 1-888-901-4636) to find out what diabetes care and equipment are covered by his health plan. Coverage varies from plan to plan.

## Teamwork catches complications early

"Diabetes is a very common disease that affects 22,000 Group Health members, and there are well-established methods for catching and treating complications early," says Price.

Sophisticated computer programs help doctors at Group Health facilities monitor the care of patients with chronic conditions such as diabetes. "If a patient has a lab test that fits with a diabetes diagnosis, or fills a prescription for a diabetes medication at a Group Health medical center pharmacy, for example, they're added to our diabetes registry," says Price.

"The registry alerts doctors to how many patients in their practice have diabetes, whether the patients are current on their various tests, and whether they've been offered ACE inhibitor and statin medications to help reduce risks of heart disease and kidney damage."

Henry's personal physician will take charge of most of Henry's day-to-day care—assisted by other Group Health providers, such as registered nurses, pharmacists, nutritionists, and eye-care specialists. Periodic tests and examinations are done to check on blood glucose levels and for signs of any complications (see chart below).

Dr. Hwang may also consult with Group Health's Diabetes Expert Team if he has questions about the treat-

"He didn't feel at all sick, but my husband and I had to be trained to care for him, including determining his insulin dosages," says Kotz. "We had to pass a written test before he was discharged."

Kotz remembers Charlie's Group Health pediatrician at the Capitol Hill Campus calling her every morning for months to help her determine Charlie's insulin dosage for the day. A visiting nurse gave a presentation to teachers at Charlie's school to get them up to speed on what the diagnosis meant, and what to watch

out for. A diabetes educator helped Charlie find places—besides his legs—to give himself insulin injections. And a pharmacist researched insulin pens and syringes to find one that could deliver small enough doses for Charlie.

Kotz says communicating with Charlie's health care team online, via secure messaging, is "unbelievably easy and helpful. We download the results from Charlie's glucometer into our computer and e-mail them to his health care team so they can help us strategize his care. Secure messaging helps

us manage much of Charlie's care from home, without needing an appointment."

Charlie is in the fifth grade now. He tests his blood sugar 5 to 8 times a day, and gives himself insulin injections 3 or 4 times a day. "The hardest part is managing my blood sugars and all the sports I play," he says. "I like to play soccer and sometimes my blood sugar drops during a game, or after a game. But having diabetes isn't as bad as I thought it would be, and it gets easier once you learn the things to pay attention to."

## Rob Bailey, age 55

### Type 2 diabetes

Rob Bailey's diabetes was diagnosed in 2000, after he had a heart attack and was hospitalized. "I wasn't a Group Health member back then, and the first few years were pretty rocky. It was a constant struggle to keep my blood sugar at the target levels."



Things turned around when he joined Group Health a few years ago. "My new doctor upped some of my medications and changed the time of day I took one of them. Suddenly, I started meeting my targets—and I exceeded them at my last checkup. I actually got a 'wow' from my doctor!"

Bailey works with his personal physician, Stacy Globerman, MD, to get the periodic exams and tests he needs to make sure his diabetes is well controlled. Once, when he was experiencing some numbness in his

hand and legs, his doctor recommended that he see a specialist.

"The neurologist suggested that we watch it for a month or two to see if it would get better—and it did. What I remember about the experience is that I wasn't just routed off to the specialist and forgotten. My personal doctor kept track of the care I received, and followed up."

Bailey says having diabetes hasn't changed his life that much. "I've made some changes to my diet, and my doctor tells me that if I could lose 25 or 30 pounds, I could probably get off the diabetes medication. That's my next goal."

ment plan. This team consists of an endocrinologist/diabetologist (David McCulloch, MD), an advanced registered nurse practitioner (Martha Price), and a clinical pharmacist (Dan Kent, RPh). The team participates in planning all diabetes care, policies, and protocols at Group Health.

### Additional resources available to members

Online at MyGroupHealth ([www.ghc.org](http://www.ghc.org)), the Diabetes

Condition Center provides extensive information about diabetes and self-care. In addition, three Right Track notebooks (Basics, Personal Change, Intensive Insulin Management) are available free from any Group Health pharmacy with a prescription from your doctor or nurse.

Diabetes-related support groups and classes, group doctor visits, and a six-session workshop called Living Well with Chronic Conditions are available in some locations. To find out what's offered in your area, contact the Resource Line at 206-326-2800 or toll-free at 1-800-992-2279.

TO CHECK...	TEST OR EXAM	FREQUENCY	WHY IMPORTANT?
Blood glucose levels	Glycosylated hemoglobin (HbA1c) blood test.	Ranges from every 3 months to once a year, depending on treatment plan.	To make sure blood glucose levels are under control. Persistently high levels can lead to kidney, heart, blood vessel, and nerve damage.
Kidney health	Urine test to check for microalbuminuria (protein filtered through kidneys).	Annually	Can identify early stages of kidney damage. Taking an ACE inhibitor slows or prevents further damage.
Heart health	Blood test to measure cholesterol and triglyceride levels.	Usually annually	High levels of cholesterol and triglycerides increase the risk of blood vessel damage and heart attack.
Foot health	A physical exam to evaluate the presence of calluses, foot sores, or loss of sensation in the feet.	At least annually	Foot ulcers can be prevented with good foot care.
Eye health	Retinal screening (dilating pupils and looking at the back of the eye). Done by optometrist or ophthalmologist.	Recommended annually if there are any changes in patient's condition. Otherwise, every 2 years.	Screening can catch early signs of retinopathy (damage to tiny blood vessels in the eyes). Laser therapy, done early, can prevent vision loss.