Establishing a Preconception Counseling Program for Women with Diabetes in Primary Care Resident Clinics

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Establishing a Preconception Counseling Program for Women with Diabetes in Primary Care Resident Clinics

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Background
- Preconception counseling (PC) in women with pre-gestational diabetes mellitus (DM) reduces the rate of major congenital malformations
- Although the American Diabetes Association recommends all women of childbearing age with DM receive PC beginning at puberty, only about 1/3 of these patients receive PC
- Vengrove et al. identified barriers to PC across primary care providers at LVHN
- No QI initiatives have been performed to improve efficiency & provider knowledge of PC in this population.
- Primary care residents also have not previously been engaged in educational & clinical interventions surrounding PC.

Problem Statement
This QI project was designed to develop and implement educational and electronic health record (EHR) tools to help residents conduct PC for women of childbearing age with DM.

Methods
- IRB non-human subjects based research determination
- Multidisciplinary team assessed barriers, needs, and current state of PC in the healthcare network and EHR
  - This project developed and implemented
    - 1-hour, didactic session w/ PowerPoint for resident education
    - 3 EHR Smart-Phrases with Guidelines, Assessment & Plan, and Clinical Summary content
    - All based on Joslin Diabetes Center & ADA guidelines
    - Pre, post, & 3-month follow up surveys created in REDCap & piloted via Delphi technique to assess tool utilization & efficacy

Results
- On a scale of 1 (not at all) to 5 (definitely), was the didactic educational session on Preconception Counseling for women with DM informative?
  - 61.50% of participants rated the session as highly informative, with 25.60% rating it as somewhat informative.
  - Only 7.70% and 0% rated the session as not helpful at all.

Discussion
- Very few residents received education on PC prior to our didactic session (27%), but most reported that it would be beneficial (84%)
- Following our session, almost all residents confirmed that the information presented was informative (95%)
- Residents realize that medical learning is iterative & desire repetition in education
- Residents are excited to use these tools-
  - The few that have found them to be beneficial for their patients
  - Dissemination of EHR tools and education via multiple modalities (ie email, in-person) is effective and important to catering to a variety of preferences & learning styles.
  - We hope to expand this initiative to PC providers across LVHN

Conclusions
- These interventions appear promising as methods to assist residents in providing PC to women with DM.
- Our didactic session fills a major gap in resident education & may serve as a precedent for future ACGME curriculum development &/or practice simulation.
- Values-Based Patient-Centered Care: PC empowers both patients & providers to make proactive decisions about patient care. Allowing both parties this time, knowledge, & space ideally avoids the reactive management of uncontrolled DM in pregnancy & the associated maternal & neonatal risks.
- Healthcare Systems: Not only are our tools using the EHR to its fullest capacity, they are allowing the EHR to work for providers by encouraging them to engage in guideline-driven practice.
- These tools may improve provider & patient education, thereby improving rates of PC with the goal of decreasing neonatal & maternal outcomes.

REFERENCES

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