Outreach in Diabetic and Hypertensive Patients serves to Educate and Provide Necessary Resources during Covid-19 Pandemic

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“What?”

Access East

- Coordinates patient care in eastern North Carolina to medically complex and at-risk populations, from Medicaid and dual-eligible patients to those without insurance

“So What?”

Expected Increase in Uninsured Population

- With our current climate of the Covid-19 pandemic, there was an increase of about 27 million in the uninsured population in May due to a loss of full or partial employment. These numbers are still expected to increase.
- More patients may have trouble managing their condition and obtaining the necessary resources to effectively manage chronic conditions, including diabetes and hypertension.
- Objective: Increase public health outreach through phone calls can serve as a means to educate patients about their conditions, assess patient need and coordinate care to the resources needed to manage conditions.

“Now What?”

Increased Public Health Outreach via Phone Calls

- Patients who previously presented to Greenville Community Shelter Clinic, Oakmont, Pitt Care Community Clinic, Bernstein and Agape with a history of Diabetes and/or Hypertension were documented. Patient outreach, via phone, were conducted to educate patients about their condition, assess patient well-being and needs, and potentially connect valuable resources.
- Future Plans: Continue outreach to ensure that patients are educated and have the necessary tools to effectively manage Diabetes and Hypertension.

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References: