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“Su Salud en Sus Manos”  
A Community Health Center’s Experience with Self-Management

Twenty-five diabetic patients crowd around the conference table on Saturday morning. A volunteer is videotaping the session and many patients stand up to say what the last six weeks have meant to them. They have come to the sixth and final Tomando Control workshop and clearly are happy, excited and even proud. They are the latest of seven groups to have participated in the workshops, but the final testimonies sound the same. “Thank you for making this available to us. A few weeks ago my blood sugars were in the 300’s and now they rarely go beyond 150. My doctor was impatient and exasperated and now she congratulates me...” says one woman. She passes the microphone to another woman who stands up and also tells a story of finally after 15 years feeling she can control this disease. Alberto, the group leader, as always, thanks me for coming to the “graduation.” Of course, I try to explain to him that it is I who should thank him and the participants. The workshop graduations powerfully reinforce what physicians too easily forget, that our patients control the outcome and we can only help them along - how we do that is what really makes a difference.

Clinica Msr. Oscar A. Romero is a Federally Qualified Community Health Center with one clinical site in the Pico-Union/Westlake area of downtown Los Angeles and another site in East Los Angeles. The clinic provides about 50,000 visits annually to more than 14,000 patients. More than 16% of all encounters are diabetes related and almost 25% of our adult patients over 30 years have diabetes. We are on the frontlines of an epidemic and we know we must be creative and resourceful if we are to achieve our Health Disparities Collaborative goals. The Self-Management program “Su Salud en Sus Manos” is an approach that is transforming the way we manage diabetes.

The program consists of the following components:

- Goal setting begins with the provider at every visit. The diabetes progress note developed prompts the provider to discuss self-management goals.
- Goals are fully defined and plan for meeting goal is developed with the peer health educator at every visit with a newly implemented tool. The patient receives a copy of their self-management goals, which is very simple and includes graphics.
- The peer educator schedules Diabetes group classes. These classes run 2-3 hours and are offered 2-3 times per month.
- *Tomando Control workshop series is offered to any patient who is interested.*
- Depression Screening is done at the first visit (*for PHQ score >15 or <15 with suicidality seen by provider and referred to mental health*).
- The Medical Information System is able to track enrollment in the program as well as HGBA1C and LDL levels and participation in classes, one-on-one counseling and group sessions. We are able to provide case-management through the MIS.

Six months into the implementation of this program, we believe that we will be able to show decreasing HBGA1Cs, but we **know** we have changed the practice of physicians and other clinicians. One physician told me he was proud to work at a clinic that provided a program like “Su Salud.” In the hallways, instead of stopping to tell the story of a patient who missed their appointment, ran out of their meds and is totally “clueless”, we stop to tell a success story- the patient who brought their meds and asked what their last HBGA1C was!