

The Effect of Primary Care Providers (PCP) on Avoidable Emergency Room Visits in Underserved Patients with Type II Diabetes

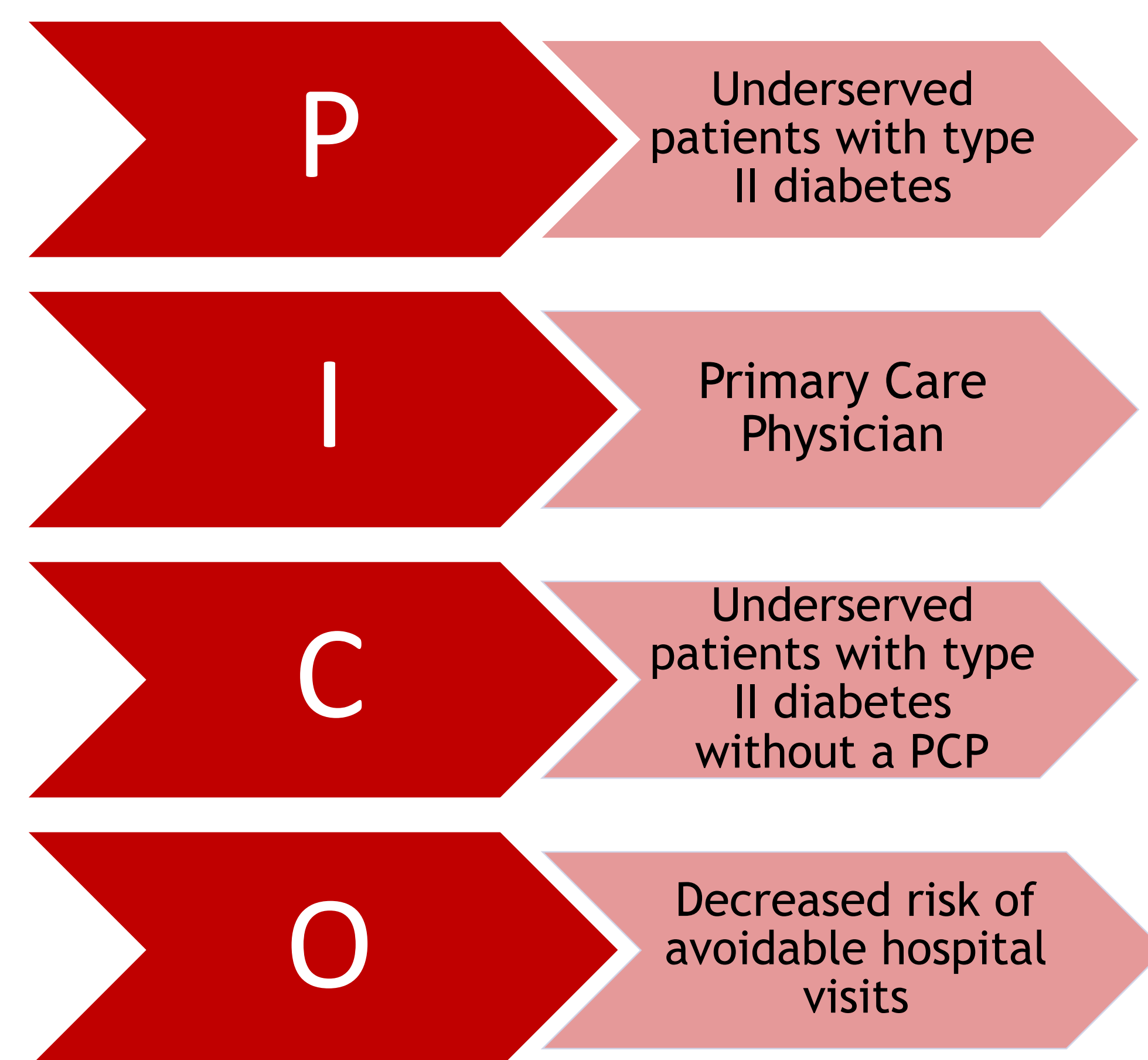
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PICOT Question

Are underserved patients with type II diabetes who have a PCP at a decreased risk of avoidable emergency room visits compared with underserved patients with type II diabetes without a PCP?



Literature Search

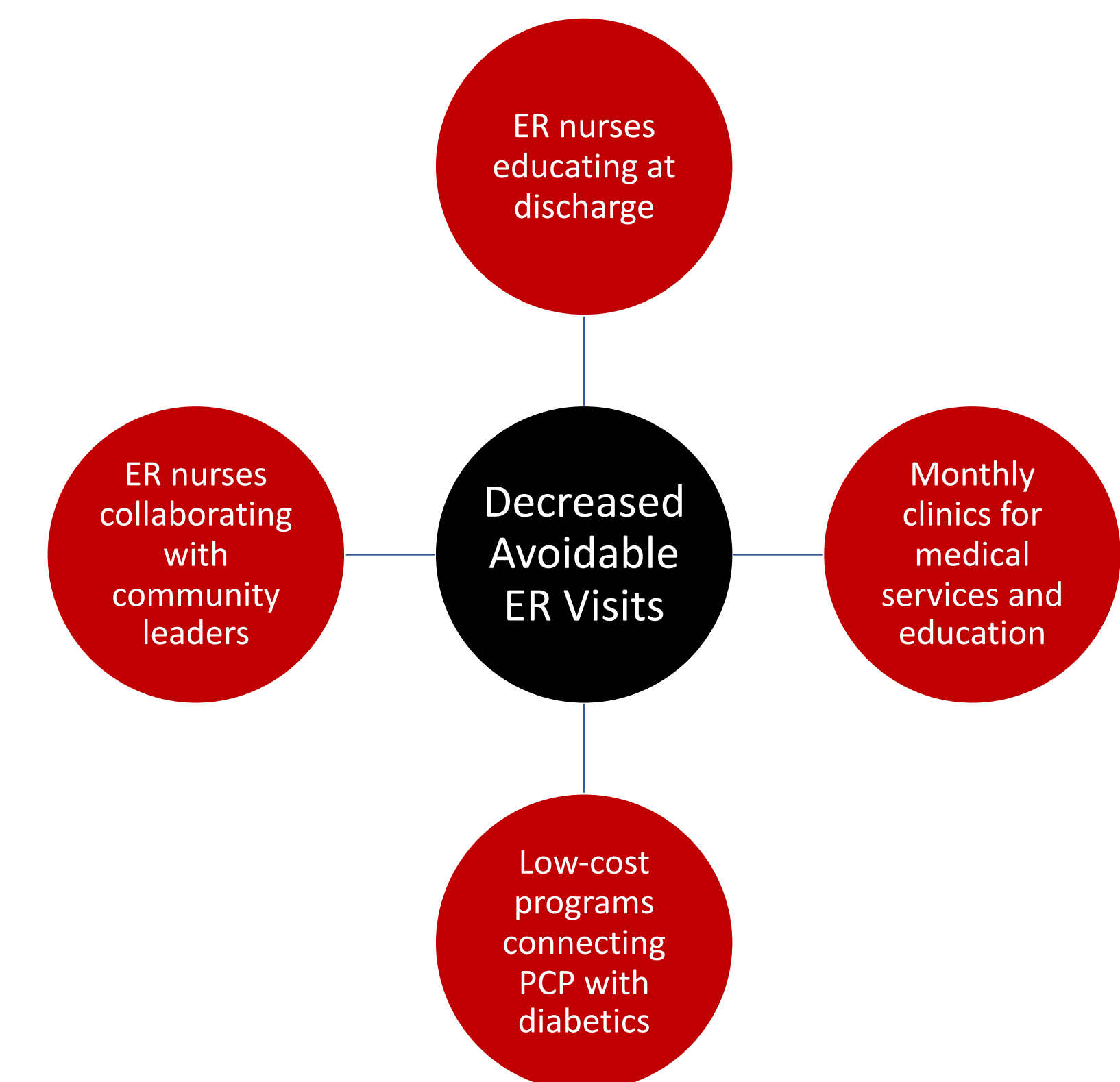
- **Databases:** PubMed, JSTOR, Google Scholar
- **Article Selection Criteria:**
 - Peer-reviewed articles
 - Articles no older than 5 years from publication
- **Keywords:**
 - Diabetes ,emergency room, underserved ,avoidable ,management, diabetes mellitus

Synthesis of Findings

- Retrospective cohort study found that attending regularly scheduled PCP appointments shows decreased HbA1c level and decreased ED visits (Carter et al., 2016; Chwastiak et al., 2017).
- In socioeconomically disadvantaged areas, patients who do not have a patient- provider relationship have a higher instance of avoidable ED visits due to their inability to self manage their diabetes (Aweko et al., 2018; Dashputre et al., 2020).
- Programs like the FMG, Care One Program, Multi Condition collaborative care program, Risk Stratification program are interventions that can be used to increase access of underserved patient medical needs through primary care providers (Carter et al., 2016; Chwastiak et al., 2017; Karter et al., 2017; Soto Mas et al., 2019).
- Social determinants of health such as lack of access to transportation shows that individuals are more likely to have uncontrolled medical conditions such as diabetes, miss their appointments, and stop taking their medications (Soto et al, 2019; Thomas et al., 2018).
- Non-emergency medical transportation leads to improved diabetes management especially in rural areas where access to public transportation is scarce. However, residents of Harlem, an urban setting with ample transportation, reported lack of transportation as a reason for discontinuing insulin treatment (Soto et al, 2019; Thomas et al., 2018).

Decision to Change Practice

- The ER nurses can educate ER patients on community resources that provide aid and support in management of their diabetes at discharge.
- ER nurses can work with hospital administration and community leaders to set up a monthly clinic that can provide medical services and education on diabetes management for underserved populations.
- ER nurses will work with hospital administration to begin a low cost program that will connect underserved populations with diabetes with a primary care provider.



Evaluation

- **Outcome:** Decreasing avoidable ER visits for diabetic patients
- **Measurement:** Self reported questionnaire
- **When:** completion of ER visit

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