



How Five Free and Charitable Clinics Across the U.S are Taking On Diabetes and Food Insecurity in Their Community

With funding from a Baxter International Inc. grant, a new AmeriCare program using Deviceless RPM is helping clinics reach more patients to have greater impact.

Background Across Texas, Missouri, Maryland, and North Carolina five free and charitable clinics worked with CareSignal to provide Deviceless Remote Monitoring® (RPM) for their uninsured/low-income patient populations. With funding from a Baxter International Inc. grant, AmeriCare contracted with CareSignal to provide Deviceless RPM to help clinics reach more patients and have greater impact. The funds enabled the clinics to empower people affected by both diabetes and food insecurity to better manage their health.

The clinics faced a number of challenges, including engaging thousands of busy patients, not having sufficient staff to follow-up with patients consistently, increasing patient self-management, and connecting patients to preventative care resources. Baxter’s goal was to use the CareSignal programs to assess social determinants of health (SDOH) needs and identify patients in need of support to manage their diabetes. The CareSignal solution used automated text messages and phone calls to assess patient needs and was best suited for the target population because the technology was cost effective, accessible and equitable, and allowed the clinics to reach more patients than they could have with staff alone.

Vision The clinics’ primary SDOH focus was food security, but several clinics chose to monitor additional SDOH factors such as health literacy, community support and employment. Clinics also leveraged CareSignal remote monitoring program to expand outreach and support outside of the initial Diabetes and Social Determinants of Health use cases. To date, clinics have also launched Depression, Hypertension and Wellness programs.



The Five Clinics' Impact

Total Automated Touches



Total Alerts Triggered



Engagement

Total Patients Engaged in the Diabetes Program



of Patients Remain Engaged after 10 Months



Diabetes Outcomes

Reduction in eHbA1c >8% at baseline (n=81)



Reduction in eHbA1c >9% at baseline (n=51)



Social Welfare Board

“ The AmeriCares platform has infused another layer of communication between the patient and provider team that allows for real time problem solving and action steps.”

- Linda Judah, Executive Director

Background The St. Joseph, MO-based group provides medical and dental care for residents in the county. The services also include a dedicated women's health and family planning. Services are rendered based on financial considerations for low-income populations.

“ I love receiving the text messages as they remind me to check my blood sugar two times a day, which helps me keep my sugars within normal range. Bottom line...these reminders are keeping me on track. I have changed my eating habits and so far have lost nearly 20 pounds.” - Patient

Shepherd's Clinic

“ The connection provided by this platform is something that was new to the Clinic and could not have come at a better time. This was a program we didn't know we needed, especially during COVID when remote connections have become the safest way of interacting with many patients.”

- Adongo Matthews, Executive Director

Background This Baltimore, Maryland-based full service community clinic serves uninsured patient's needs ranging from primary care to hospital specialty care. This clinic has remained in the same location since the first opening of the clinic in 1999 and continues to serve the same community with expanded primary care services.

Patient Story A patient texted her high glucose results and a Shepherd's clinical team member was able to contact her to adjust her insulin, which dramatically improved her glucose control. This simple note to triage helped enable the patient to regularly monitor glucose levels and even have the ability to request the appropriate foods for pickup at the clinic.

Heal the City

“ In the exam rooms, we have heard over and over again how patients appreciate the accountability in submitting their blood sugars and/or blood pressures weekly. These check-ins have not only allowed the patient to receive prompt support when necessary, but also allowed them to reflect more frequently how their daily lifestyle decisions impact their overall health.”

- Maren Brady, Clinical Operations Manager

Background This faith-based community clinic in Amarillo, Texas has served nearly 10,000 uninsured patient's by providing acute, chronic, dental, and vision care.

Patient Story A patient reported an abnormal blood sugar to CareSignal that might otherwise have been missed, but through a clinically actionable alert, a medical assistant noticed the abnormality. She was able to reach out to the patient, discuss the context of the blood sugar and the patient's current symptoms, and schedule an appointment. This medical assistant operated top-of-license and appropriately triaged the patient to the patient's nurse practitioner. The provider was able to provide the patient with much needed IV fluids and additional education, quickly addressing the patient's real-time needs.

Future Vision The clinic aims to expand the remote patient monitoring feature to other chronic disease states such as hypertension, hyperlipidemia and behavioral health related conditions. The patients expressed positive reactions to the CareSignal platform's messages and staff at the clinic are able to increase their capacity while reducing the relative burden of work. As funding permits, the programs would be used to offer long-term checkpoints with patients to ensure there is continuity of care and their disease states are appropriately managed, regardless of technological or geographical barrier.

Greater Hickory CCM

“ CareSignal has been a tremendous asset to Greater Hickory Cooperative Christian Ministry and to the patients/neighbors being served! We have been truly blessed to be able to partner with CareSignal and extend our clinical outreach services. We currently have more frequent contact with the diabetic population being served. We have also been able to identify patients/neighbors who need

Diabetes Education and more support in order to better self-manage their condition. The dashboard is a very valuable tool for us to use that enables us to see blood glucose data being submitted. Some patients/neighbors require more monitoring and support than others.”

- Linda Johnson, Director of Health & Wellness

Future Vision Greater Hickory CCM hopes to leverage CareSignal in the future for more health and wellness-centered programs such as tobacco cessation, exercise, nutrition, follow up on immunizations, annual dilated eye exams and foot exams. Helping their pre-diabetic population is a specific focus for the Greater Hickory CCM team.

The monthly and quarterly reports shared by CareSignal have helped Greater Hickory CCM communicate outcome measurements and metrics to their staff, administration and board members. Adding additional programs and having the CareSignal data for these programs would help the clinic understand the outcomes and overall impact for their patient/neighbor population.

Patient Story We have had multiple people express gratitude for the services being provided since going live with CareSignal in January 2021. The additional outreach has allowed them to feel “more connected” to our staff members.

One patient has said she really appreciates all of the support she has been given. She had been struggling with fluctuating blood sugars and feels she has much better control now since attending the Diabetes Education Classes. She is one of the caregivers for her mother who is on hospice and has been under a lot of stress recently. She has been in tears at our office before while letting us know how much we mean to her.

A great testimonial from a patient such as this one is very rewarding to the staff! I hope we can continue to have an ongoing partnership with CareSignal as we strive to greatly impact those we serve by providing high quality Diabetes Education Classes, empowerment, encouragement, and ongoing support for those living with diabetes.

- Linda Johnson, Director of Health & Wellness

Interview with Shelby Leonard, Program Manager

- **Shelby Leonard, AmeriCare's Program Manager describes the challenges clinics face.**

Leonard said, “Managing diabetes in patients who are uninsured is challenging. Our goal of supporting clinics in addressing their patients’ needs involves an understanding of the complexity of health and resource problems as well as the flexibility to adjust our methods to the clinics and communities’ specific needs. The platform allows clinics to choose modules that fit the needs of their populations. The program with CareSignal, specifically the SDOH module allows clinics to become aware of and address social needs that contribute to poor health. The program has educated the clinics about the importance of addressing these social needs.”

- **She describes why CareSignal's automation enables clinics to engage more patients without hiring additional staff.**

Leonard said, “Free and charitable clinics often don’t have access nor funds to purchase high impact technology. The CareSignal platform provides access to real-time dashboards so healthcare personnel can monitor their diabetic patients.

Under-staffed clinics that don’t have the capacity to monitor patients’ health, while the patient is not in the clinic, are able to use the CareSignal dashboard to triage and respond to patient needs. The technical assistance provided directly to clinics by CareSignal has allowed clinics of varying technological capacities to understand and use the platform.”

- **Lastly, Shelby describes why CareSignal's low-tech approach using texts and calls enables clinics to better engage busy patients.**

Leonard said, “Although access to technology is often a limiting factor for patient involvement in technology-based interventions, the CareSignal platform only requires patients to have a phone that can send and receive text messages [or calls]. Many patients of free and charitable clinics have access to a basic phone allowing them to take advantage of the CareSignal platform.”

Conclusion

The five clinics unanimously agreed that they would like to provide the diabetes and social determinants of health remote monitoring programs to patients long term, and many identified additional CareSignal programs they would like to offer patients, including hypertension, wellness, and annual wellness visit reminders. In addition to improved health outcomes and patient self management, the clinics operated more efficiently with automated outreach which enabled care teams to identify at-risk patients and deliver proactive care. A secondary benefit of the program was the clinic's ability to track and measure health improvements and impact for patients. The clinics look forward to finding additional funding sources to sustain and grow their impact on patient lives.

About CareSignal, a Lightbeam Company

CareSignal Deviceless Remote Patient Monitoring® is a scalable, evidence-based remote monitoring solution that improves payer and provider performance in value-based care by engaging and identifying rising-risk patients. Care teams receive real-time alerts enabling clinically informed prioritization and outreach, and patients respond to clinically validated questions via automated SMS text messages or IVR phone calls.

CareSignal amplifies care team operations, improving clinical outcomes and delivering financial returns for over two dozen conditions such as CHF, COPD, diabetes, depression, and more.



Learn how to leverage Deviceless RPM at your organization.

Schedule a free consultation with Value-Based Care expert, Jent Paule: crsg.nl/jen-paule.



About CareSignal, a Lightbeam Company:

Together, Lightbeam and CareSignal align best-in-class population health capabilities with proven remote engagement and monitoring solutions. Learn more about solutions specific to your organization and population by trying our self-guided demo: <https://try.caresignal.health/>

CareSignal • 4220 Duncan Ave. #201, St. Louis, MO 63110 • 1 (866) 976-8910