Johnson City Schools Diabetes Program Enrollment Packet

Medical/Health Information Disclosure Consent

Our goal is to improve the health and well-being of all Johnson City School’s employees. The Diabetes Program provides an opportunity for employees to develop and improve diabetes self-management skills through education and support provided by the multidisciplinary diabetes health coaching team.

Program Requirements Include:

- Must participate in the Annual Health Assessment/Bio-Consultation in 2019 and going forward.
- Participant will complete an annual Provider visit (Non-Acute Visit). Acute care visits such as illness will not meet the requirement for the Provider visit.
- Participant will complete an annual diabetic eye exam if the participant has a diagnosis of retinopathy, or bi-annual if eye exam if no retinopathy diagnosis.
- Participant will complete an annual foot exam. This exam should have been completed at the time of your annual Provider visit.
- Participant will have an annual Micro-albumin collected at the annual health assessment. (This lab will be collected at the health assessment in 2019 or we will accept results from your Provider within the last year. You will have the micro-albumin collected at your annual assessment/bioconsult in 2019 going forward.)
- Participant will have at least 1 HgbA1C annually. A1C’s will be drawn at the annual health assessment or drawn at the Bio-Consult (if you have not already gotten those labs drawn at your provider office as a part of the lab work you are bringing to the Bio-Consult).
- Must participate in Health Coaching Sessions every three months. The Health Coaching Sessions will adopt a multidisciplinary approach which will include at minimum: 2 nurse health coaching sessions, 1 health coaching session with the pharmacist, and 1 health coaching session with the dietician. This is the minimum number of coaching sessions, however, depending on your health needs, additional coaching sessions would be available on an individual basis. The Coaching sessions would be either face to face or Telephonic. The health coaching sessions for the Diabetes Program will take the place of any Wellness Plan Health Coaching requirements and removes the previous requirement for attending classes, though we highly encourage any educational opportunities. The previous Diabetes classes offered at the Health Resource Center continue to be a great way to obtain additional information or education regarding your diabetes.
- Anyone who demonstrates an HgbA1c greater than 10 or who has an ER visit or Hospitalization related to their Diabetes diagnosis during the program year, will be required to attend 2 additional health coaching sessions and will be required to have an additional HgbA1c during the year. We encourage you to report ER visits or Hospitalizations to your Nurse Health Coach as he/she is a great resource to assist you with any needs related to your diabetes that you may have after discharge.
- Pediatric participants will provide a Care Plan from their Provider at least every 6 months to the Nurse Health Coach.
- A glucometer is provided by JC Schools (if you choose not to use this glucometer your strips may not be paid for). You will be seeing a pharmacist as part of the Diabetes Program. The pharmacist will need to know all the medications you are taking, including any alternative medications or diet supplements. Please bring a list of all medications to your coaching session with the Pharmacist. A list of your medications can be obtained from your pharmacy or from your Provider. We also recommend that you bring all your medications to your pharmacy visit. Please keep a log of your blood sugars and take your glucometer in with you to your Nurse Health coaching visits as well as your pharmacy visit.

**CANCELLATIONS AND MISSED APPOINTMENTS**

To maximize the time of both participants and our multidisciplinary health coaching team, the following is required to be followed by participants:

Participants will be allowed to reschedule 1 no show visit. If the rescheduled visit is a no show as well, the participant will be considered non-compliant for the program year and removed from the program. You will then have to re-enroll in the program the following benefits period.

- Participants, nurses, dieticians, and pharmacists are busy people. Therefore, it is crucial that we respect each other’s time. A 24-hour notice must be given if you are unable to make a scheduled appointment (unless it is an emergency situation). The Health Coach will be able to assist you in rescheduling your appointment. If you do not provide notice, you will need to attempt to reschedule your appointment as soon as possible. Upon a second missed appointment without prior notification, you will be mailed a non-compliance letter at the beginning of the last month of the quarter. You will need to respond to this letter if you intend to continue with the program. If no response is received within 30 days you will be removed from the program. Remember, this program is voluntary. If you choose to not be a part of the program, you must contact the Nurse Health Coach as soon as possible. If you discontinue the program, you may choose to re-enroll with an effective date of 1/1 or 7/1.
- Just a reminder, frequently, when the health coach tries to schedule an appointment with you, he/she may need to leave a message for you. It is very important that you respond to that message in a timely manner (i.e. within one week). Failure to respond to a second message will result in a call from the program coordinator. If you fail to respond to the coordinator, it will be assumed that you do not want to continue in the program. You will
be notified that you have been dropped from the program and will not be eligible to re-enroll in the program until January 1st or July 1st.

I understand that my agreement to voluntarily participate in the School’s “Diabetes Care Program” will qualify me for special benefits under the School’s health benefit program. This may include, but not necessarily be limited to, diabetes related medications with reduced copays under the School’s prescription benefit program, a free glucometer and special opportunities for care and education on diabetes at no cost to me.

I understand the requirements to become a participant in the Diabetes Care Program as part of the Johnson City Schools. I agree to follow the above agreement and understand that not following the agreement may result in my removal from the program.

It is further understood that at some time in the future, this program may be terminated, and that upon such termination any supplies, including medications provided to me are mine to keep, and that from that point, any medications or supplies that I may need in the treatment of my disease will be available to me only to the extent that they are provided under the terms of the School’s health benefits plan.

I also understand that if I voluntarily remove myself from the program or if I am removed by the Schools for failing to participate in the required training, testing, or health coaching, or if I am no longer an employee, I will no longer be eligible for the benefits of the program, and future costs of diabetic supplies and medications will be provided to me only at the level specified under the School’s health benefits plan.

I am: (please check)

( ) an employee of Johnson City Schools  ( ) a covered dependent of the Schools

________________________________________
Participant Signature

Date

Co-signed (if signature above is for a minor child)

________________________________________
Date

________________________________________
Program coordinator signature

(Sign after packet is returned to program coordinator)

Date
MEDICAL/HEALTH INFORMATION DISCLOSURE CONSENT

I am voluntarily participating in a health management program entitled “Diabetes Care Program” which is being sponsored by Johnson City Schools. The purpose of this form is to authorize the Schools through the “Diabetes Care Program” to request medical information that pertains to diabetes. The information will be shared with the program nurse health coach, dietician, and pharmacist confidentially and specifically for my care. In addition, any clinical information obtained by this program will also be shared with the primary care provider and/or diabetes care provider to ensure the continuity of care. Data may be grouped anonymously with information from other participants for study and educational purposes.

I understand that my Hemoglobin A1C test results will be used for monitoring program compliance. In addition these results will be shared with my primary care physician and/or my diabetes care provider for management of my diabetes.

The Johnson City Schools, in partnership with Ballad Health through the “Diabetes Care Program”, is authorized to request medical information about me from:

Primary Care Physician:

Diabetes Care Physician:

Participant's Name:

Participant's Date of Birth:

Participant's Address:

Participant's Phone Number:

Email Address:

The purpose for this disclosure is to facilitate the continuity of diabetes care.
This consent is subject to revocation at any time upon written notice by the patient, except to the extent that action has been taken in reliance upon this consent. This consent will expire if the patient is no longer participating in the Diabetes Care Program.

DATE: ___________________  PATIENT: ___________________

(Signature)

If additional consent is necessary from a person authorized to give consent other than the patient:

Parent/Guardian signature: ______________________________________

_______________________________________________________________

Relationship to Patient

This consent shall have duration of no longer than is reasonably necessary to effectuate the purpose for which it is given.
### Patient's Diabetes Knowledge Questionnaire

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Eating too much sugar and other sweet foods is a cause of diabetes.</td>
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<td>2. The usual cause of diabetes is lack of effective insulin in the body.</td>
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<tr>
<td>3. Diabetes is caused by failure of the kidneys to keep sugar out of the urine.</td>
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<tr>
<td>4. Kidneys produce insulin.</td>
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<td>5. In untreated diabetes, the amount of sugar in the blood usually increases.</td>
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<td>6. If I am diabetic, my children have a higher chance of being diabetic.</td>
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<tr>
<td>7. Diabetes can be cured.</td>
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<tr>
<td>8. A fasting blood sugar level of 210 is too high.</td>
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<tr>
<td>9. The best way to check my diabetes is by testing my urine.</td>
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<td>10. Regular exercise will increase the need for insulin or other diabetic medication.</td>
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<tr>
<td>11. There are two main types of diabetes: Type 1 (insulin-dependent) and Type 2 (non-insulin dependent).</td>
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<tr>
<td>12. An insulin reaction is caused by too much food.</td>
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<tr>
<td>13. Medication is more important than diet and exercise to control my diabetes.</td>
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<tr>
<td>15. Cuts and abrasions on diabetes heal more slowly.</td>
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<tr>
<td>16. Diabetes should take extra care when cutting their toenails.</td>
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<tr>
<td>17. A person with diabetes should cleanse a cut with iodine and alcohol.</td>
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<tr>
<td>18. The way I prepare my food is as important as the foods I eat.</td>
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<tr>
<td>19. Diabetes can damage my kidneys.</td>
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<tr>
<td>20. Diabetes can cause loss of feeling in my hands, fingers and feet.</td>
<td></td>
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</tr>
<tr>
<td>21. Shaking and sweating are signs of high blood sugar.</td>
<td></td>
<td></td>
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<tr>
<td>22. Frequent urination and thirst are signs of low blood sugar.</td>
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<tr>
<td>23. Tight elastic hose or socks are not bad for diabetics.</td>
<td></td>
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</tbody>
</table>

*Source: Starr County*

This product was adapted from the AICD "Diabetes Knowledge Questionnaire." - Garcia and Associates for the diabetes self management project at Gateway Community Health Center, Inc. with support from the Robert Wood Johnson Foundation® in Princeton, NJ.
Initial Patient Self-Assessment (Version 2)

Demographics:

Name: ____________________________________________

Address: __________________________________________

________________________________________________

E-mail: ____________________________________________

Phone Number: ______________________________________

Gender: ____________________________________________

Primary Language: __________________________________

Date of Birth: ______________________________________

Occupation:

☐ Clerical

☐ Skilled Labor

☐ Student

☐ Retired

☐ Homemaker

☐ Professional/
Managerial

☐ Other Labor

☐ Disabled

☐ Sales

☐ Unemployed

☐ Other

Education:

☐ Elementary School

☐ High School Degree

☐ College Degree

☐ Some High School

☐ Some College

☐ Post Graduate

Race/ Ethnicity:

☐ American Indian or Alaska Native

☐ Hispanic / Latino / Mexican

☐ Asian / Chinese/ Japanese / Korean

☐ White / Caucasian

☐ Black / African American

☐ Native Hawaiian or other Pacific Islander

☐ Other
Introduction

Have you ever been diagnosed, ever been told, or have you had problems with the following? (mark all that apply)

- [ ] High Blood Pressure
- [ ] High Cholesterol
- [ ] Kidney / Bladder problems
- [ ] Eye or vision problems
- [ ] Frequent nausea, vomiting, constipation, diarrhea
- [ ] Surgery in the last 5 years
- [ ] Heart Disease / Chest Pain
- [ ] Thyroid Disease
- [ ] Asthma
- [ ] Numbness/pain/tingling of hands/feet
- [ ] Depression or anxiety
- [ ] Drug allergies
- [ ] Stroke
- [ ] Problems with sexual function
- [ ] Shortness of Breath
- [ ] Other foot problems
- [ ] Other health problems

What is your height?

__________ feet __________ inches

What is your current weight?

________________________ lbs

In the past year have you?

- [ ] Lost more than 10 lbs
- [ ] Gained more than 10 lbs
- [ ] Stayed about the same

During what year were you diagnosed with diabetes?

________________________

Have you had diabetes education?

- [ ] Yes
- [ ] No

If yes, when (month and year)?

________________________

Do you have any physical limitations that may affect your ability to perform your self-care? (check all that apply)

- [ ] Hearing problems
- [ ] Problems with the use of your hands
- [ ] Problems with the use of your feet
- [ ] Vision loss (not corrected by glasses or contacts)

How do you learn best? (check all that apply)

- [ ] Listening
- [ ] Watching
- [ ] Hands On/Doing

Number of emergency room visits or 911 calls for your diabetes requiring assistance in the last three months:

________________________

Number of days missed from work, school or usual routine because of diabetes within the last 30 days:

________________________

Number of hospital admissions for diabetes within the last 3 months:

________________________
Having diabetes means that you need to make choices about food, physical activity, and when and how to take medicines. You may need blood tests and other exams to monitor your diabetes health status. You also need to do things to prevent problems related to your health, know how to cope with your diabetes, and make everyday management decisions.

The following questions are about the things you need to do to stay healthy with your diabetes. These questions ask about the things you do, how often you do them, how important they are to you and how sure you are about doing them.

**Reducing Risks**
Reducing risks means that you are taking steps to prevent or reduce problems related to diabetes. This includes having eyes checked by an eye doctor, having feet checked by a health care provider, seeing a dentist, getting flu and/or pneumonia vaccinations, having blood pressure checked, having cholesterol and triglycerides checked, and not smoking.

Check all of the following things that have happened in the past year.

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Had an eye exam (with drops in the eyes) by an eye doctor.</td>
</tr>
<tr>
<td>Had feet checked by a health care provider.</td>
</tr>
<tr>
<td>Saw a dentist.</td>
</tr>
<tr>
<td>Had a flu and/or pneumonia vaccination.</td>
</tr>
<tr>
<td>Had blood pressure checked.</td>
</tr>
<tr>
<td>Had cholesterol and triglycerides checked.</td>
</tr>
<tr>
<td>Got help to stop smoking (only applicable for smokers)</td>
</tr>
<tr>
<td>Had an A1C test</td>
</tr>
</tbody>
</table>

How important do you feel it is to do the things listed above to help prevent or reduce problems related to diabetes, where 0 is not important at all and 10 is very important?

0 1 2 3 4 5 6 7 8 9 10

How often does life stress make it hard for you to perform diabetes self care, where 0 is not at all and 10 is very likely?

0 1 2 3 4 5 6 7 8 9 10

How often do you closely examine or look at your feet with your socks off?

<table>
<thead>
<tr>
<th>Daily</th>
<th>Several times a week</th>
<th>A few times a month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Once in a while</td>
<td>Rarely or never</td>
</tr>
</tbody>
</table>

How sure are you that you can get the help you need to prevent or reduce problems related to diabetes, where 0 is not sure at all and 10 is very sure?

0 1 2 3 4 5 6 7 8 9 10
Result of my A1C test as given to me by the health care provider:

Are you able to become pregnant? If so, when was the last time you had counseling about what to do before getting pregnant (if female and able to get pregnant)
☐Never ☐ Last 6 months ☐ Last year ☐ Over a year ago ☐ Do not know

**Being Active**

*Being active means you are taking part in doing things such as jogging, bicycling, golfing, gardening, or walking without stopping for at least 30 minutes most days of the week.*

During the past week, or last 7 days, how many days were you able to be active? (circle one)

1 2 3 4 5 6 7

How important is it to you to be active, where 0 is not important at all and 10 is very important?

0 1 2 3 4 5 6 7 8 9 10

How sure are you that you can be active, where 0 is not sure at all and 10 is very sure?

0 1 2 3 4 5 6 7 8 9 10

**Healthy Eating**

*Following an eating plan that is good for you includes: not eating too much, counting the amount of carbohydrates you eat, not eating too much fat, keeping an eye on and/or drinking less alcohol. It also means eating fruits, vegetables, whole grains, and beans and other foods with high fiber. Following an eating plan that is good for you may also include reaching goals for losing weight, and limiting the amount of protein and salt you eat.*

During the past week, or last 7 days, how many days were you able to follow a healthy eating plan? (circle one)

1 2 3 4 5 6 7

How sure are you that you can follow an eating plan that is good for you, where 0 is not sure at all and 10 is very sure? (circle one)

0 1 2 3 4 5 6 7 8 9 10

How important is it to you to follow an eating plan that is good for you, where 0 is not important at all and 10 is very important? (circle one)

0 1 2 3 4 5 6 7 8 9 10
Taking Medication

Taking medication means that you take medicines that have been prescribed by your healthcare provider to treat your diabetes or other health conditions. These may be pills, insulin, creams, or other medicines that you inject. For the next several questions, please answer for all the medicines that you take.

Do you take diabetes medication? Check all that apply
☑️ Do not take medication
☑️ Other injections for blood sugar

☑️ Pills
☑️ Insulin

Do you take any additional nutritional supplements? Check all that apply
☐ Vitamins
☐ Herbal supplements
☐ Other

Sometimes it can be a hard to remember to take all of your medicines. Over the past week, or last 7 days, how many days have you missed taking your diabetes medicines as recommended?

1 2 3 4 5 6 7

How important is it to you to take your medicines, where 0 is not important at all and 10 is very important?

0 1 2 3 4 5 6 7 8 9 10

How sure are you that you can take your medicines, where 0 is not sure at all and 10 is very sure?

0 1 2 3 4 5 6 7 8 9 10

Monitoring

Monitoring for people with diabetes means that they regularly check blood sugar. Monitoring also includes checking your blood pressure, cholesterol, and weight. For this set of questions, we will focus on blood sugar monitoring. Monitoring the level of your blood sugar means that you use a blood sugar meter to take a blood sugar reading. Monitoring may be done on your own or with the help of a health care provider.

During the past week, or last 7 days, how many days were you able to monitor your blood sugar at least once per day?

1 2 3 4 5 6 7

How important is it to you to monitor your blood sugar at least once per day, where 0 is not important at all and 10 is very important?

0 1 2 3 4 5 6 7 8 9 10

How sure are you that you can monitor your blood sugar at least once per day, where 0 is not sure at all and 10 is very sure?

0 1 2 3 4 5 6 7 8 9 10
How often do you have high blood sugar?
☐ Daily ☐ Several times a week ☐ A few times a month
☐ Once in a while ☐ Rarely or never ☐ Don’t know

How often do you have low blood sugar?
☐ Daily ☐ Several times a week ☐ A few times a month
☐ Once in a while ☐ Rarely or never ☐ Don’t know

Do you wear a bracelet or keep something with you to identify that you have diabetes?
☐ Yes ☐ No

Do you use a meter to check your blood sugar? (check one) ☐ Yes ☐ No

How often do you usually check your blood sugar?
☐ 4 or more times a day ☐ Once a day
☐ 3 times a day ☐ Once a week or less
☐ 2 times a day ☐ Rarely or never

Problem Solving
Problem solving means coming up with ways to make everyday and/or challenging decisions to stay healthy with your diabetes. When you make a decision about what to eat or how much to eat, choose which medicines to take, decide whether to take a walk, or determine how you’re going to make changes to your daily routine to help your diabetes, you are problem solving. For most situations this means figuring out the problem, finding a way to deal with it and thinking about what may prevent you from solving the problem.

Over the past week, or last 7 days, how many days have you done problem solving for everyday and/or challenging decisions?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

How important is being able to problem solve when being faced with everyday and/or challenging decisions, where 0 is not important at all and 10 is very important?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How sure are you that you can problem solve when faced with everyday and/or challenging decisions, where 0 is not sure at all and 10 is very sure?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

When you are sick or can’t eat your usual foods how often do you do the following? (check all that apply)
☐ Replace usual food with carbohydrates or sugar ☐ Drink more water
☐ Take diabetes medication ☐ Check ketone level
Check blood sugar more often  □  Contact health care provider  □
Do nothing  □  Other  □

Healthy Coping
Healthy coping is having ways to help yourself or knowing when and how to seek help when you are overwhelmed by your diabetes. Every person with diabetes has to deal with stress, strong emotions or family situations that can make it hard to manage their diabetes. How you feel and your quality of life can be affected by emotional and social problems.

Over the past week, or last 7 days, how many days were you able to cope in a healthy way when you faced stress, emotional or family problems?

1 2 3 4 5 6 7

How important is it to you to either help yourself or know when and how to seek help when you are faced with stress, emotional or family problems, where 0 is not important at all and 10 is very important?

0 1 2 3 4 5 6 7 8 9 10

How sure are you that you can help yourself or know when and how to seek help when faced with stress, emotional or family problems, where 0 is not sure at all and 10 is very sure?

0 1 2 3 4 5 6 7 8 9 10

How often do you feel depressed?
□ A lot  □ A little
□ Some  □ Not at all

How much does your diabetes interfere with sexual function?
□ A lot  □ Some  □ A little  □ Not at all

Goal Setting
Having diabetes means you may need to make changes. What changes, if any, would you like to make now?
□ Activity  □ Eating
□ Medication taking  □ Monitoring
□ Problem solving for blood sugars and sick days  □ Reducing risks of diabetes complications
□ Living with diabetes  □ None of the above

Culture
Do you have any cultural factors that may make it more difficult for you to control your diabetes?
□ Yes  □ No

If yes, please state what these are:
Do you have trouble paying for your medications or doctor visits?  

☐ Yes  ☐ No

If yes, please explain what kind of trouble

Do you have a support person at home?  

☐ Yes  ☐ No