Decision algorithms: which patients should be given priority?

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ABSTRACT

The first action should be to assess the risk levels of our patients with diabetes. The risk levels we should apply are based on the Kaiser model. Proactive recruitment is essential for resuming appropriate follow-up of our patients with diabetes.

In the current epidemiological situation, the approach to chronicity has been affected by various factors:

- The difficulty in accessing health centres in-person, due to the restriction on visits.
- The lack of knowledge by users of the functioning of various circuits.
- Fear on the part of patients in terms of visiting health centres.
- Lack of knowledge on the care of their disease and, consequently, of the need and periodicity of visits (both telephone and in-person).
- The work overload on healthcare workers.
- Family and emotional situations and psychological aspects that, during the pandemic, have relegated the care of their chronic condition to a second priority for the patient and have led to neglecting aspects such as treatment compliance (drug and non-drug).
- Changes in the main caregiver in many families.

The first action, when the pandemic conditions allow for it, should be to assess the risk levels of our patients with diabetes. The various risk levels we should apply are based on the Kaiser Permanente stratification model, which differentiates 3 categories:

- Patients at low risk: patients with diabetes in initial stages. The objective for this level is to slow the disease progression and prevent patients from reaching higher risk levels. To this end, we should encourage self-management of the disease, preventive education and healthy habits.
- Patients at medium risk: patients who represent a moderate approach complexity (longer disease progression time, difficulty with glycaemic control, lack of compliance, etc.). The objective, as with the low level, is to reduce progression through planning and management of the disease, which combines self-management and professional care (medical and nursing).
- Patients at high risk: patients with greater complexity who have comorbidities associated with the diabetes. The objective at this level is to reduce exacerbations and hospital admissions through comprehensive case management with care mainly by health professionals.

The majority of patients will probably not come to the centres after the pandemic, but many of the conditions in place at the beginning will persist: fears, ignorance, healthcare limitations, etc. Therefore, it is essential to establish a recruitment strategy for users to prevent the potential complications in the short, medium and long term, thereby contributing to a better quality of life for our patients.

Proactive recruitment by medical practitioners and nursing is essential for resuming, in many cases, appropriate follow-up for our patients with diabetes (figure 1). Each autonomous community has its own peculiarities, given

that each uses different computer systems and databases. In those in which searches can be performed using patient list and can be narrowed using criteria, the priority should be:

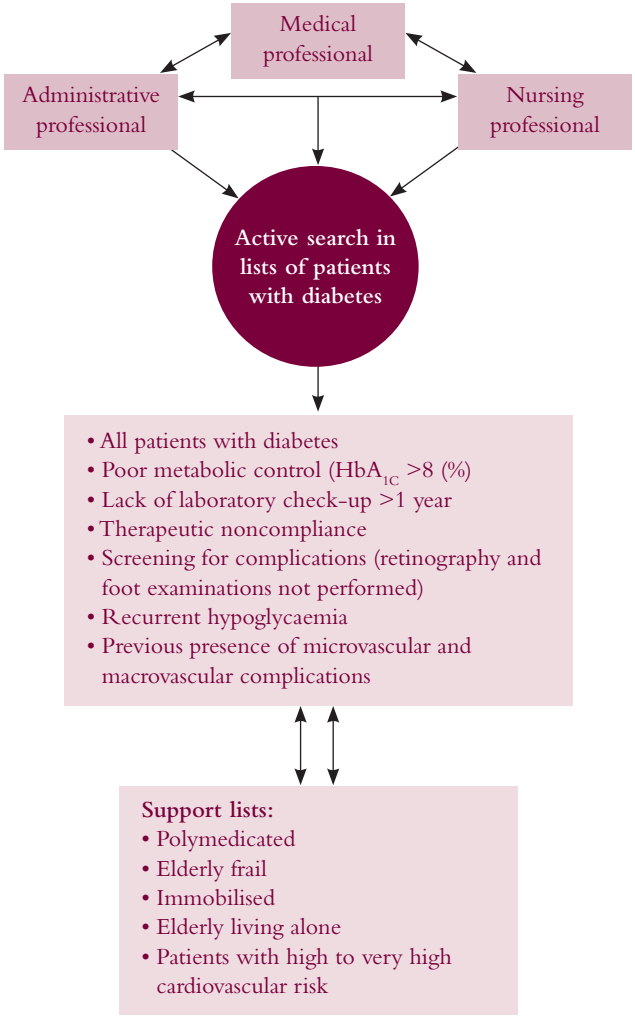
- List of all patients with diabetes by care quota (it is estimated that there are approximately 140–150 patients with diabetes per standard quota of approximately 1500 assigned individuals).
- Poor metabolic control (glycated haemoglobin [HbA_{1C}] >8%).
- Lack of laboratory check-up in the past year: patients with diabetes versus HbA_{1C} measurements performed.
- Probable therapeutic noncompliance: crossing electronic prescriptions with withdrawal of drugs for their chronic condition by the pharmacy.
- Evaluation and screening of complications: assess the lists of retinography not performed or foot examinations not conducted.
- Patients with a history of recurrent hypoglycaemia.
- Patients with microvascular-macrovascular complications.

We can also check for other lists that jointly facilitate the assessment of risk conditions in our patients with diabetes in which any of the following conditions coexist:

- Polymedicated.
- Elderly frail.
- Immobilised.
- Elderly living alone.
- Patients with high to very high cardiovascular risk.

Within the possible existing support systems in the health centre, the administrative type could be proposed for conducting telephone calls using the list of our patients with diabetes, thereby performing a first screening for the conditions specified in the preceding sections.

Figure 1. Proactive search for patients with diabetes



HbA_{1C}: glycated haemoglobin.
Own preparation.

RECOMMENDED REFERENCES

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