

2026 Davee Foundation Lecture and Resident Research Day

Abstract

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Title: Management of Type 2 DM Across Four FQHC Residency Clinics: A Performance and Quality Improvement Activity

Background: The management of type 2 diabetes mellitus requires a collaborative approach involving nurses, nutritionists, and physicians from various specialties. At Erie Family Health Centers, a Federally Qualified Health Center (FQHC), high rates of uncontrolled diabetes highlighted the need for targeted intervention. Resident and faculty care teams at four different family medicine residency programs launched a collaborative PI/QI activity. Each team developed and focused on one intervention to add to their regular management of T2DM. Focusing on managing uncontrolled diabetes based on HgbA1C levels above 9%. The overarching goal was to improve glycemic control and long-term outcomes among patients with poorly controlled diabetes.

Objectives: Participants will learn which interventions are effective for managing and controlling type 2 diabetes mellitus.

Participants will be able to enhance or modify one or more interventions to better manage patients with type 2 diabetes mellitus unique to their own clinical practices.

Participants will be able to apply some of these methods to their regular management of type 2 diabetes mellitus.

Methods: The Plan-Do-Study-Act (PDSA) model was employed, consisting of three two-month cycles. To track intervention uptake, teams used EPIC blue sticky notes with pre-written DOT phrases. This allowed for real-time identification of providers implementing the interventions.

Results: Erie Evanston/Skokie demonstrated the most consistent improvement, especially with teams focusing on follow up visits and medication optimization despite not engaging in tracking interventions.

At Erie Humboldt Park, trends were variable across interventions. Educational booklets showed peak effectiveness by Cycle 2.

Uncontrolled diabetes rates remained stable despite interventions at Erie Foster Avenue.

At Erie HealthReach Waukegan, frequent follow-ups led to an initial improvement but was not sustained. Educational booklets and insulin titration showed modest improvements.

Conclusion: Trends in uncontrolled T2DM varied across sites and interventions, highlighting the complexity of identifying a universally effective approach. Efforts to manage diabetes in resource-limited FQHC settings underscore the importance of sustainable, adaptable strategies that align with existing clinical workflows. Teams that demonstrated high levels of engagement report that consistent reminders from peers and preceptors were valuable in maintaining adherence to interventions. This initiation shows promise in fostering positive, habit-forming behaviors that may enhance patient outcomes, particularly by promoting regular follow up for individuals at the highest risk of uncontrolled diabetes.