UNMC

University of Nebraska Medical Center

Omaha, NE

Initial Recruiting

- Request a pt list each month from our EMR with specific criteria in mind. (ie. BMI, etc)
- Stay on providers constantly to maximize daily pt accrual.
- Good initial Pre-Screening/mailing of letters about D2d.
- Quick f/u on mailed letters/Dr. referrals results in a high percentage of “quality” potential pts.

Pt Accrual

- Nearly all 100% of pts have come from our EMR/Pre-Screening process.
- More time is needed with Docs to have them refer their pts to us.
- We have tried to remind the Docs of the study but an effort to be with them multiple times a day has not been consistent due to lack of personal at the moment.

Problems Encountered

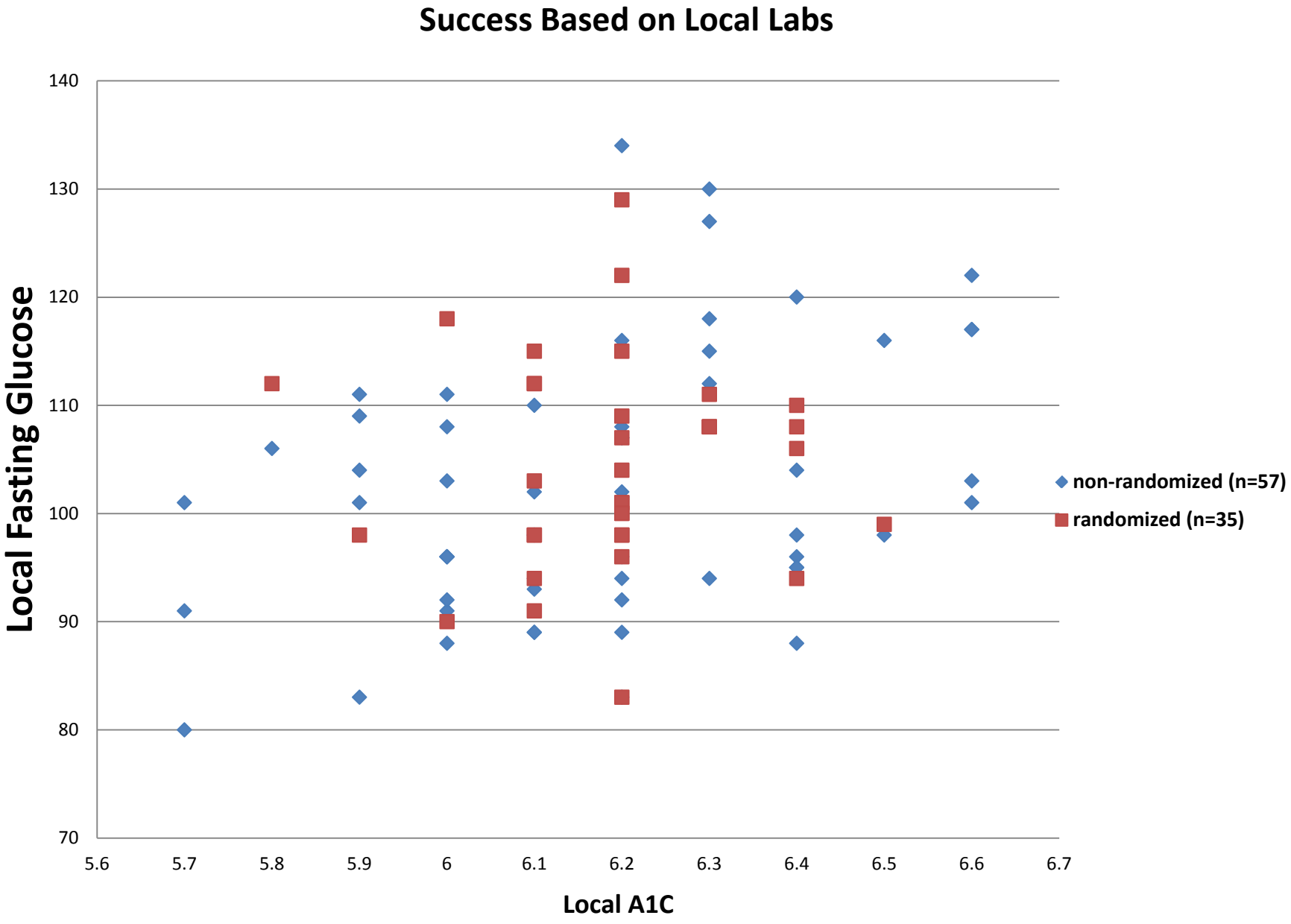
- Finding pts with current labs drawn.
- Maintaining an active relationship with our providers.
- Trying to find the lab “ranges” for pts.

Fixing the Problems

- A new list has been created to show pts with more current labs/visit dates.
- Staying consistent with repetitive Doc contacts to remind them about the D2d study so it becomes a natural event to refer us pts.
- Need more Baseline pts and time to figure out the ranges fully.

New “Stuff” Ahead

- Finding quality pts not quantity pts with our new lab information.
- Forming a tighter bond with our local providers.
- Further forming our bond with the local ADA chapter in Omaha, NE.
- Continue the tried and true method of pt lists from EMR and screening through all pts within that list.


Success Based on Local Labs
Local Fasting Glucose
140
130
120
110
100
90
80
70
5.6
5.7
5.8
5.9
6
6.1
6.2
6.3
6.4
6.5
6.6
6.7
Local A1C
non-randomized (n=57)
randomized (n=35)

“Wandering” A1c’s