



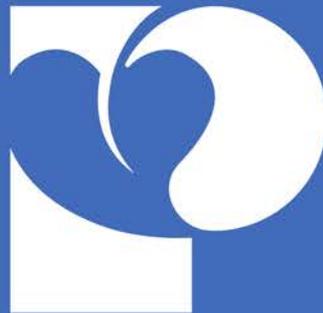
Bristol-Myers Squibb

Community Health Center

University Medical Center of Princeton
at Plainsboro

Diabetes Group Visit

Learning Collaborative 5
October 8, 2015



University Medical
Center of Princeton
at Plainsboro

Princeton HealthCare System

Redefining Care

Program Schematic

DD-1 DSRIP DIABETES GROUP VISIT

Primary Outcome

The program will meet or exceed hospital specific goals on all diabetes specific metrics. Patients will achieve scores of health literacy / knowledge base testing of 85% or more

Primary Drivers

Endocrinologist will conduct a preconference on all patients to be seen with the DSRIP team and RWJ Residents

The Team will meet with each patient at least quarterly

The Team will provide intensive case management and follow-up

The patients will attend peer group sessions for education and

Secondary Drivers

100% of patients will be reminded of appointment by phone and confirmed

100% of DSRIP team staff and Providers will receive education in diabetes best practices

DSRIP team will monitor and address patient specific metrics

100% of patients will receive orientation to the program and will take pretest Diabetes Literacy / Knowledge base test

DSRIP Enrollment #'s

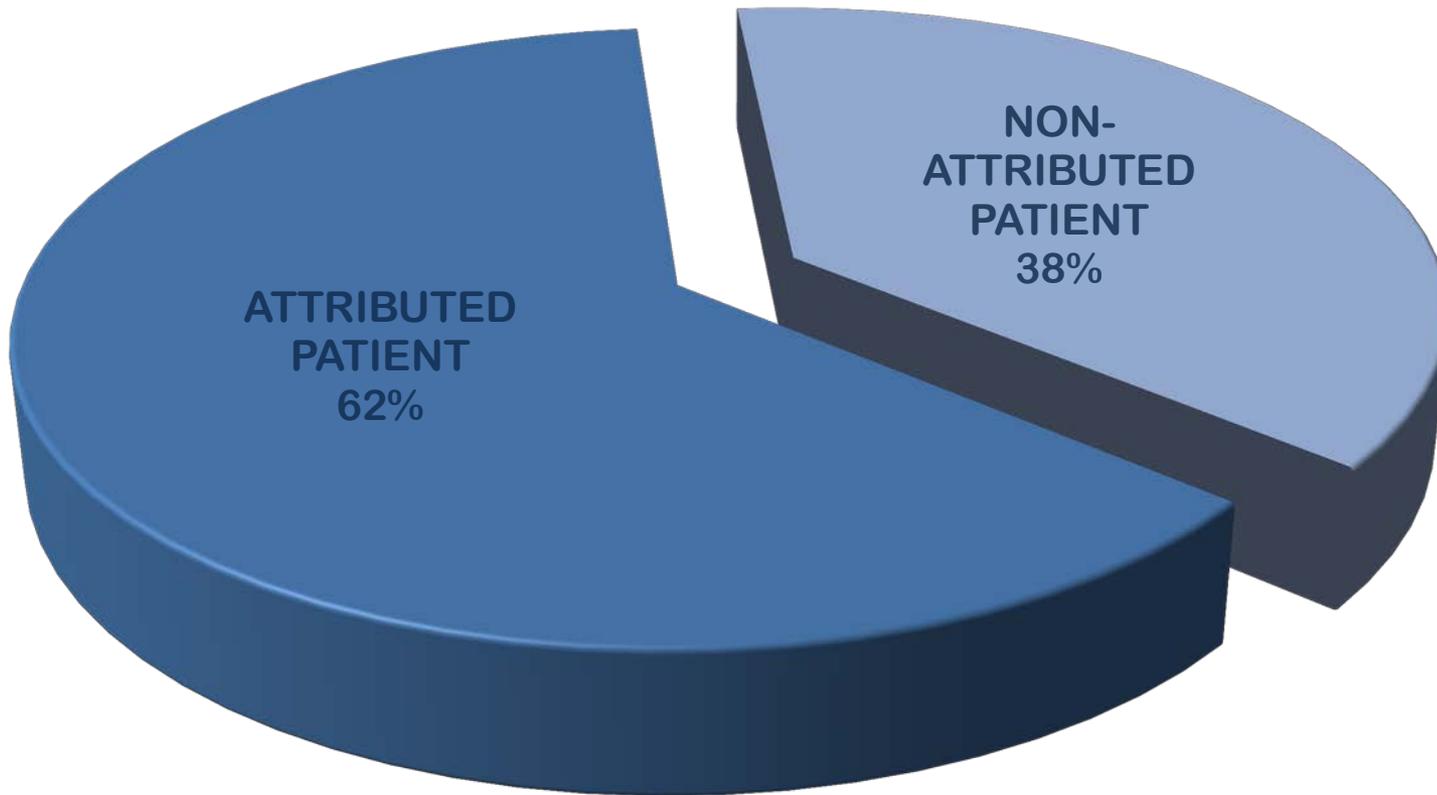
	2014					2015									GRAND TOTAL
	3rd QTR		4TH QTR			1st QTR			2nd QTR			3rd QTR			
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	
# of DSRIP CLINIC VISITS	5	8	23	13	26	40	31	22	44	26	27	37	40	45	387
# of Enrolled Attribution List	3	2	17	7	5	12	5	4	3	5	1	1	1	4	70
# of Enrolled Non-Attribution List	0	0	6	4	5	4	7	0	2	3	4	1	1	5	42
TOTAL # ENROLLED PATIENTS	3	2	23	11	10	16	12	4	5	8	5	2	2	9	112



Enrolled Patient Attribution Breakout

DSRIP Population

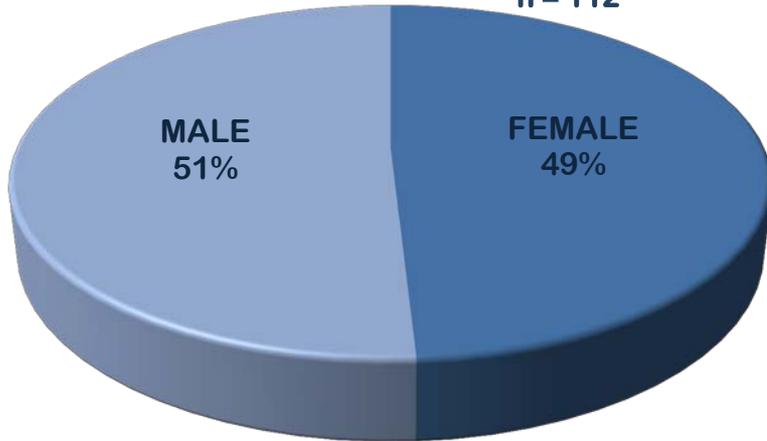
n = 112



DSRIP Demographic Population

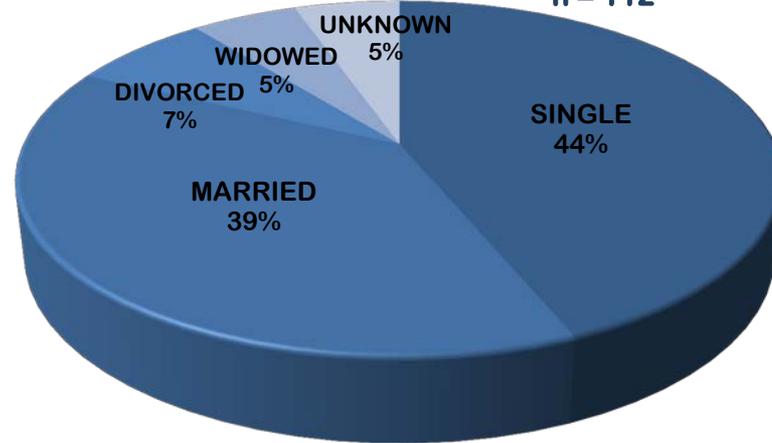
Gender

n = 112



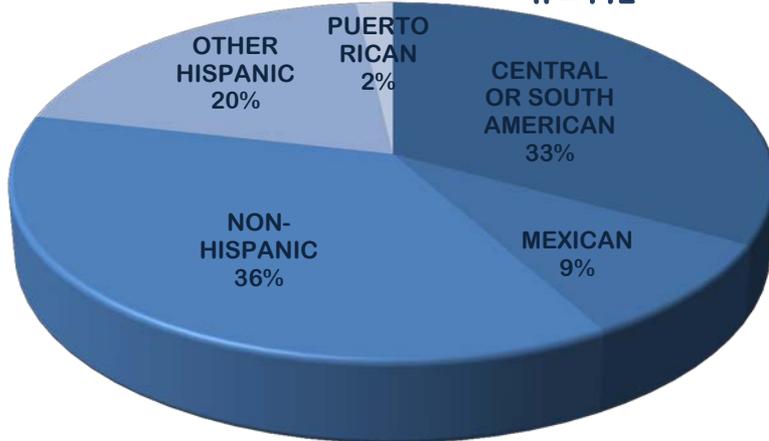
Marital Status

n = 112



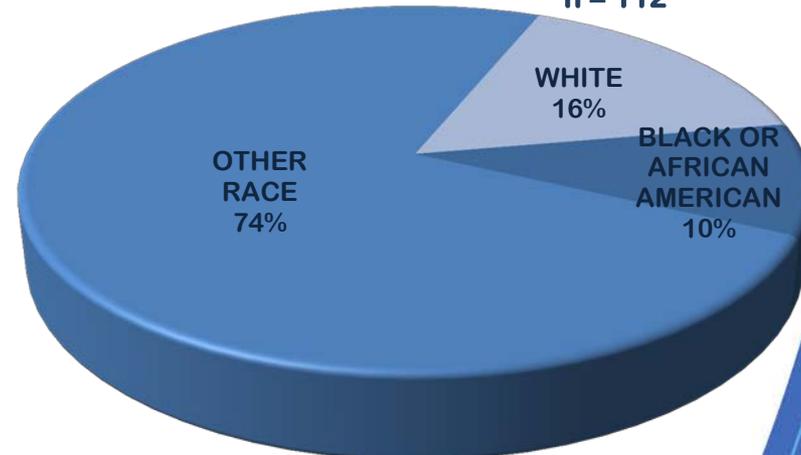
Ethnicity

n = 112



Race

n = 112



DSRIP Demographic Population

<u>Age Group</u>	<u># of Patients</u>	<u>% to Total</u>
Early Adult (18 - 29 Years)	5	4.46%
Young Adult (20 - 29 Years)	2	1.79%
Young Adult (30 - 39 Years)	18	16.07%
Middle Adult (40 - 49 Years)	24	21.43%
Middle Adult (50 - 59 Years)	38	33.93%
Older Adult (60 - 69 Years)	17	15.18%
Older Adult (70 - 79 Years)	6	5.36%
Older Adult (80 - 89 Years)	2	1.79%
Grand Total	112	100.00%

<u>Financial Class</u>	<u># of Patients</u>	<u>% to Total</u>
CHARITY CARE	56	50.00%
NEW JERSEY CAPTIATION	30	26.79%
MEDICARE	14	12.50%
MEDICAID (MVT)	6	5.36%
AFFORDABLE CARE ACT	3	2.68%
AMERIHEALTH	1	0.89%
QUALCARE	1	0.89%
PRIVATE PAY PATIENT	1	0.89%
Grand Total	112	100.00%

<u>County</u>	<u># of Patients</u>	<u>% to Total</u>
MERCER	73	65.18%
MIDDLESEX	30	26.79%
SOMERSET	3	2.68%
MONMOUTH	3	2.68%
GLOUCESTER	1	0.89%
UNION	1	0.89%
BURLINGTON	1	0.89%
Grand Total	112	100.00%

Quality Improvement Measurement

- Tracking 6 months of pre and post DSRIP enrollment of hospital visits for Emergency Room, Observation, Inpatient and 30-Day Readmissions, for patients that have had 6+ months of post enrollment data
- Of the 112 patients, 81 have had 6 months of post enrollment data
- Of the 81 patients measured, 55 are on the attribution list

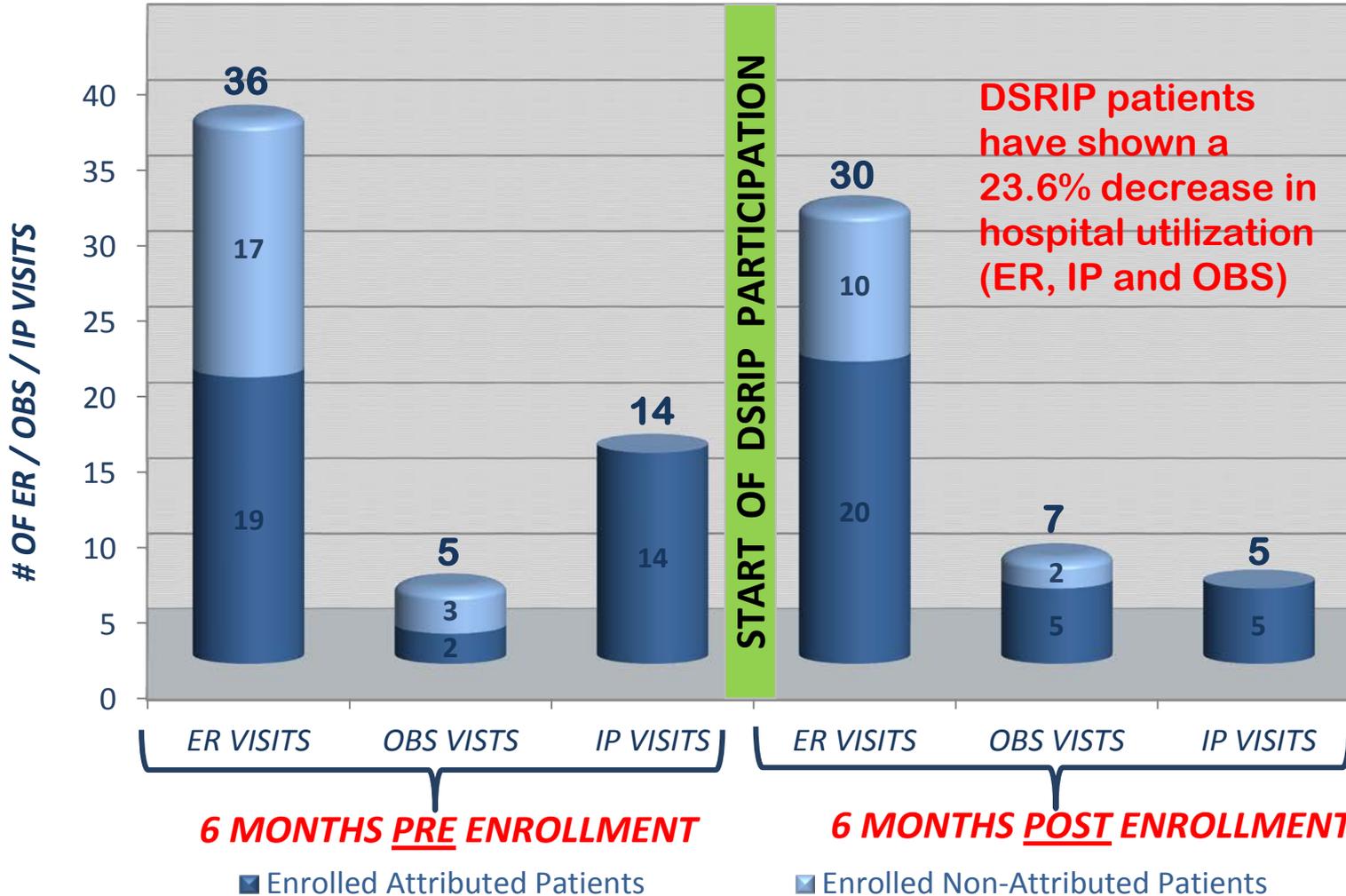
	6 MONTHS <u>PRE</u> ENROLLMENT				6 MONTHS <u>POST</u> ENROLLMENT						30-DAY READMITS		
	# of DSRIP PATIENTS	ER VISITS	OBS VISITS	IP VISITS	TOTAL UTILIZATION	ER VISITS	OBS VISITS	IP VISITS	TOTAL UTILIZATION	Hospital Utilization Variance	% of Hospital Utilization Variance	6 Months Pre Enrollment	6 Months Post Enrollment
Attributed Patients	55	19	2	14	35	20	5	5	30	-5	14.3%	2	1
Non-Attributed Patients	26	17	3	0	20	10	2	0	12	-8	40.0%	0	0
Total Enrolled Patients	81	36	5	14	55	30	7	5	42	-13	23.6%	2	1

Quality Improvement Outcomes

6 MONTH PRE & POST DSRIP ENROLLMENT

ER / OBS / IP ACTIVITY

n=81



Note: To date, the clinic has enrolled 112 DSRIP patients, of which only 81 patients have had 6+ months of post enrollment data, therefore, and are reflected in this chart.

Project Opportunities to Date

- 54% of patients had HbA1C <8
 - 16% under our target of 70%
- 87% of patients had Urine Microalbumin / Creat Ratio performed yearly
 - 13% under our target of 100%
- 59% of patient had LDL <100
 - 11% under our target of 70%
- 51% of patients had Dilated Eye Exam performed yearly
 - 9% under our target of 60%

Project Achievements to Date

- 112 patients enrolled, 70 on attribution list
- 100% of patients receive the following annually:
 - Lipid panel
 - A1C
 - CMP
 - Influenza vaccinations
 - Pneumonia vaccinations
 - Foot exams with monofilaments
- 100% of patients got their BMI checked at each visit
- 75% of patients had Blood Pressure <140/90
 - Exceeded our 70% target
- 59% of patient had LDL <100
 - Reflects a 13% increase from last our DSRIP submission, our target is 70%
- 87% of patients had Urine Microalbumin/Creat Ratio performed yearly
 - Reflects 6% increase from our last DSRIP submission, our target is 100%
- 51% of patients had Dilated Eye Exam performed yearly
 - Reflects 4% increase from our last DSRIP submission, our target is 60%
- No-show rates - low
- Patient satisfaction - high

Patient Satisfaction Survey Results



Bristol-Myers Squibb
Community Health Center

University Medical Center of Princeton
at Plainsboro

TOTAL SURVEYS RECEIVED = 120

JAN 1, 2015 - SEP 30, 2015

Patient Satisfaction will be distribute at the end of the session and will be collated and reported out at quarterly intervals

Patients and/or family members do NOT receive any incentives for completion of the Patient Satisfaction survey.

SATISFACTION SURVEY FOR THE BRISTOL-MYERS SQUIBB COMMUNITY HEALTH CENTER

REGISTRATION:

- 1) The person who waited upon you was courteous
- 2) The person who waited upon you was helpful
- 3) Waiting time is acceptable
- 4) It is easy to get an appointment

	Never	Sometimes	Usually	Always
1) The person who waited upon you was courteous	0%	0%	2%	98%
2) The person who waited upon you was helpful	0%	0%	5%	95%
3) Waiting time is acceptable	0%	5%	7%	88%
4) It is easy to get an appointment	0%	0%	12%	88%

FACILITY:

- 1) It is comfortable in the waiting area

	Never	Sometimes	Usually	Always
1) It is comfortable in the waiting area	0%	0%	5%	95%

YOUR TREATMENT:

- 1) The nurse/CMA who provided treatment was helpful
- 2) The nurse/CMA responded effectively to your questions and concerns
- 3) Overall you are satisfied with your experience in the Bristol-Myers Squibb Community Health Center
- 4) You would recommend the BMS Community Health Center
- 5) You are satisfied with the explanation given by your doctor
- 6) You understood your doctor's instructions

	Never	Sometimes	Usually	Always
1) The nurse/CMA who provided treatment was helpful	0%	0%	0%	100%
2) The nurse/CMA responded effectively to your questions and concerns	0%	0%	0%	100%
3) Overall you are satisfied with your experience in the Bristol-Myers Squibb Community Health Center	0%	2%	0%	98%
4) You would recommend the BMS Community Health Center	0%	0%	0%	100%
5) You are satisfied with the explanation given by your doctor	0%	0%	5%	95%
6) You understood your doctor's instructions	0%	0%	2%	98%

Highlights of Patient Satisfaction Survey

- Received 120 survey results
- 95.6% 'Always' satisfaction score
- Stable and effective staffing
- Active participation of staffing
- Improving patient outcomes
- Positive response to ongoing staff training
- Thoughtful changes to program in response to rapid-cycle evaluations – scheduling & follow up



Partnerships

- UMCPP Community Education & Outreach (CE&O)
 - Health fairs, screenings & referrals
- Inpatient service
 - CDE consultations and referral to program
- The New Jersey Commission of the Blind
 - Free diabetic eye screenings twice a year on site
- Specialty care
 - Podiatry, vascular, ophthalmology, cardiology, nephrology, surgery and other providers available on-site and in the community for charity care patients



Community Education & Outreach

Our primary partner is PHCS's Community Education & Outreach (CE&O) to connect with many organizations and individuals—providing education on health topics including diabetes and building awareness of our healthcare system for the general public and specific diverse communities.

Dates	# of Events	Glucose Screenings	Approximate Attendee Count
1/1/2015 to 3/31/2015	9	0	384
4/1/2015 to 6/30/2015	20	93	2295
7/1/2015 to 8/31/2015	13	0	270
Total YTD 2015	42	93	2949

Community Education & Outreach

The events had ~2,949 attendees and were held at the following locations:

Chapin School

Franklin Township Library

Greenbriar at Whittingham

Hamilton YMCA

Hillsborough Township Municipal Center

Monroe Township Library

Monroe Township Senior Center

Montgomery High School

Novo Nordisk (Plainsboro)

Princeton Fitness & Wellness Center at Plainsboro

Queenship of Mary Church (Plainsboro)

South Brunswick Library

South Brunswick Wellness Center

St. Anthony of Padua Church

St. Augustine's in Kendall Park

University Medical Center of Princeton at Plainsboro

Village Grande at Bear Creek

Witherspoon Street Presbyterian Church

Lessons Learned

- Patients respond well to a patient-centered multidisciplinary approach
- Access to care improves compliance (POC testing, onsite providers)
- Education on and access to medications is instrumental to program success
- Performance Improvement (Rapid Cycle Testing)
- Workflow barriers: tracking board and patient flag
- No show barriers and patient expectations: pre-visit calling
- Medication access: workflow change with medication samples and pharmacy technician for PAP applications
- Medication Health Literacy: Patient medication reconciliation cards



Next Steps: Plans for the future

- Presently we enroll high risk patients into our program. To improve enrollment, we are initiating Phase II which will include moderate-risk patients from attribution list.
- We have acquired a fundus camera which will help us to perform yearly eye exams for patients who do not attend other screenings.



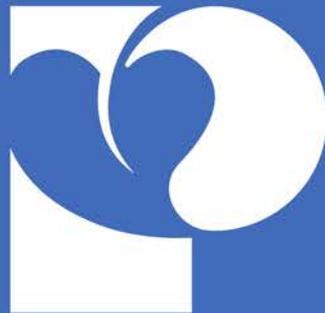


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Supplemental Information



University Medical
Center of Princeton
at Plainsboro

Princeton HealthCare System

Redefining Care

Overview of UMCPP Diabetes Specialty Clinic

- Bristol-Myers Squibb Community Health Center
- Suburban underserved population in Princeton, Nj and surrounding areas
- High risk patients from population of 400-500 diabetes patients
- Diabetes group visits: 1 day a week, 6-12 patients each day
 - Interdisciplinary Pre-conference
 - Group provider visits (Endocrine, IM Residents, RN CDE)
 - Patient group education session/therapy
 - Peer support & education groups with LCSW and RD
 - Medication assistance through pharmacy technician
- Care coordination



DSRIP Program Objectives

- Provide culturally sensitive, patient-centered, high-quality care to our highest risk diabetic patients, utilizing group visits and a team-based approach
 - Improve patients' diabetes knowledge base
 - Improve caregivers' knowledge base
 - Identify and address barriers to care
 - Perform intensive case management
 - Improve clinical outcomes
 - Reduce costs
 - Reduce ER/hospital visits/co-morbidities
 - Continuously improve our processes
 - Share our experiences and lessons learned



DSRIP Barriers

- Language barriers
- Transportation barriers
- Low general or health literacy or both
- Financial barriers - affording medications
- Psycho-social barriers



DSRIP Patient Clinical Criteria

- Patients with uncontrolled diabetes
- Diabetic patients with poor health literacy
- Recently hospitalized or diagnosed with diabetes
- All Type 1 diabetics
- Highest risk Diabetic Clinic Patients

Patients screened and agree to program requirements before enrollment

High Level Interventions

- **Risk Stratification:**
 - Diabetes Distress Screening Scale
 - Diabetes Knowledge Test
 - Psychosocial assessment
- **Evidence based medicine: AACE and ADA guidelines customized to meet individual needs**
- **Patient-Centered**
 - Group exercise classes, culturally competent recipes
 - Family and caregivers welcomed to participate
 - Translation services
 - Psycho-education & Solution-focused therapy interventions
 - On-site testing and specialty providers
 - Inter-visit telephonic communication by CDE
- **Dedicated consulting Endocrinologist**
- **Medication assistance:**
 - Medication samples and patient-assistance programs
 - Health Center Grants

