IMPROVE OVERALL QUALITY OF CARE FOR PATIENTS DIAGNOSED WITH DIABETES MELLITUS AND HYPERTENSION

DIABETES AND HYPERTENSION CARE PROGRAM

LEARNING COLLABORATIVE 5 – OCTOBER 9, 2014
OVERVIEW

• GROUND UP BUILD OF INFRASTRUCTURE AS WELL AS IMPROVEMENT OF EXISTING SYSTEMS AND PROCESSES
• USES NEW AND EXISTING STAFF
• INCLUDES CLINICAL AND NON-CLINICAL COMMUNITY PARTNERS
• OVERSIGHT BY PROJECT STEERING COMMITTEE THAT INCLUDES PARTNERS, CONSTITUENTS, PROJECT TEAM
• MULTIDISCIPLINARY PROJECT TEAM, MEDICAL DIRECTOR, PROJECT CHAMPIONS
## Core Project Processes

<table>
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<th>Improve Access to PCP</th>
<th>Patient Navigation</th>
<th>Evidenced Based Care</th>
<th>Patient Engagement/Self Management</th>
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| Primary and Specialty Care Clinic: Improve timeliness of appointments | Dedicated patient navigator | Comprehensive service:  
- Primary Care  
- Podiatry  
- Ophthalmology  
- Endocrinology  
- Social Work  
- Education/Self Management | All programmatic elements designed with the social, culture, literacy level of the patients:  
- Literacy assessment  
- Interviewing techniques  
- Availability of print materials in languages and reading levels that are understandable  
- Assessment of comprehension  
- Alternate teaching methods |
| Improve referral process-streamline | Intake process for each patient | Use of Clinical Protocols, based on national standards; share with clinical partners | Improve access to patient education/self management:  
- Marketing of existing education  
- Offer “Drop In” learning centers  
- Community Outreach education and screening |
| Intense discharge planning/case management—appointment with Primary Care in 5 days; expedited appointment from ED | Individualized care plan for each patient | Navigates patients, tracks patient, ensures goals are met, identifies and removes barriers. | |
| Community education and screenings/referral to PCP | Coordinate communication with team and patient | Coordinate communication with team and patient | |
| | Navigates patients, tracks patient, ensures goals are met, identifies and removes barriers. | | |
| | Best practice s in team, interdisciplinary communication | | |
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PRIORITIES FOR IMPROVEMENT

• ACCESS TO PRIMARY CARE (PI)
  • CORRECT IDENTIFICATION OF PRIMARY CARE PROVIDER FOR POST DISCHARGE FOLLOW UP
  • APPOINTMENT WITH PRIMARY CARE PROVIDER IN 5 DAYS
  • APPOINTMENTS FOR UNASSIGNED PATIENTS WITH PCP
  • COMMUNITY SCREENINGS DURING DIABETES AWARENESS MONTH—NOVEMBER
PRIORITIES FOR IMPROVEMENT

• **PATIENT NAVIGATION (PROCESS DESIGN)**
  • HIRED PATIENT NAVIGATOR, BILINGUAL
  • CREATE PROCESSES FOR INTAKE, TEAM COMMUNICATION, PATIENT FOLLOW UP, DOCUMENTATION
  • CREATE PARALLEL DATA SYSTEMS TO SUPPORT PROCESSES (ACCESS, EXCEL)
PRIORITIES FOR IMPROVEMENT

• EVIDENCE-BASED CARE (PI)
  • SUMMARIZED 2014 ADA CLINICAL CARE GUIDELINES ON A ONE-PAGE DOCUMENT
  • AVAILABLE IN CLINICS AS REFERENCE, SENT TO PARTNERS
  • EDUCATION OF MEDICAL STAFF, RESIDENTS, CLINICAL PARTNERS, PROVIDERS
  • PROJECT PI, BASELINE ON MEASURES AND ONGOING MONITORING
PRIORITIES FOR IMPROVEMENT

• PATIENT ENGAGEMENT/SELF MANAGEMENT (PROCESS DESIGN)
  • HEALTH LITERACY PLAN
    • ORGANIZATIONAL AWARENESS
    • DOOR TO DISCHARGE PATIENT-CENTERED ENVIRONMENT
  • PATIENT-CENTERED COMMUNICATION LANGUAGE, LITERACY, CULTURAL SPECIFIC FOR EDUCATION AND CRITICAL COMMUNICATION (MEDICATION, SIGNS AND SYMPTOMS, APPOINTMENTS)
  • PROVIDER EDUCATION: PLAIN SPEAK, ASK ME 3, TEACH BACK
Responses to LC Survey

• CONSISTENT PROGRESS TOWARDS MEETING PROJECT TARGETS/ GOALS
• PROJECT HAS BEEN COMMUNICATED WIDELY IN THE HOSPITAL, WITH THE MEDICAL STAFF AND IN THE COMMUNITY WITH BROAD LEVEL OF SUPPORT
• SIGNIFICANT CHALLENGE WITH INFORMATION SYSTEMS TO SUPPORT THE PROJECT; CONTRACT WITH OUTSIDE VENDOR TO ASSIST WITH DATA ABSTRACTION; CREATING STAND ALONE DATA BASES TO SUPPORT SOME PROCESSES
• 3 PSDA IMPROVEMENT CYCLES IN PROCESS
PROJECT ACHIEVEMENTS

• AWARENESS, INTEREST AND ENTHUSIASM FOR THE PROJECT
• COMMUNITY COLLABORATIONS THAT DID NOT PREVIOUSLY EXIST
• DEVELOPMENT OF EVIDENCE-BASED GUIDELINE TOOL, USEFUL FOR PRACTITIONERS
• IMPROVED ACCESS-RELOCATED DIABETES CENTER NEXT TO PRIMARY CARE AND ENDOCRINOLGY CLINIC
PROJECT

OBSERVATIONS/CHALLENGES

• RECRUITMENT OF STAFF FOR THE SERVICE AREA
• DISPARATE INFORMATION SYSTEMS, DEVELOPMENT TIME FOR PARALLEL SYSTEMS TO MEET BASIC PROJECT NEEDS
• UNDERSTANDING THE ATTRIBUTION MODEL AND HOW IT RELATES TO THE PROSPECTIVE PATIENT POPULATION
QUESTIONS OR SUGGESTIONS?

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