

Implementing Solutions: the Diabetes Dilemma

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Conflicts of Interest

- The authors have no commercial or financial conflicts of interest
- We do share a driving interest in the implementation of inter-sectoral collaboratives to prevent disease and improve self-management of chronic conditions

Average Cost of Diabetes annually

- \$13,700 give or take
- \$7,900 attributed to diabetes
- 2.3xmatched non-diabetics
- American Diabetes Association
- www.diabetes.org/advocacy/news-events/cost-of-diabetes.html [10/21/13]
accessed 3/19/2017

Project Goal:

Bring professionals, communities,
and public health entities together
to implement diabetes
prevention and self management
with peer education

Objectives for you and your work:

- Make practice easier and better by offloading clinical work
- Achieve targets of Advanced Primary Care/Quality Payment Programs
- Decrease the Diabetes epidemic
- Pass your Boards?

Diabetes is a preventable plague: The National Diabetes Prevention Program



Our Pilot Project: The Partners

- ***QTAC-NY***, promotes evidence based health promotion and self-management programs throughout New York State offering training, quality assurance and an online portal, Compass, that manages all aspects of programs and can respond to electronic referrals.
- ***Health People Inc.*** is the Bronx's largest entirely peer educator-based health education and disease prevention community organization.
- ***The New York State Academy of Family Physicians*** (NYSAFP); New York State Chapter of the American Academy of Family Physicians.



Manages Multiple Programs

Participants [in part]

- Bob Morrow-NYSAFP/SACME/Albert Einstein College of Medicine
- Chris Norwood-Health People
- Phil McCallion-QTAC/SUNY Albany
- Doug Reich-Bronx Lebanon Hospital Center
- Vito Grasso-NYSAFP
- Erica Chito-Childs-Hunter College, CUNY
- Jose Tiburcio, Jose Lopez, Eleanor McGee

Solving the Dilemma

- Amputation, heart attacks, kidney failure-a result of the diabetes epidemic
- More than half of diabetes [and its outcomes] is PREVENTABLE according to the CDC



South Bronx the most vulnerable

- US 8.3%
- NYC 9.7%
- Bronx 14%
- We found 30% with and 33% more at high risk when we interviewed 1000 residents of Public Housing

Peers

- We set up an advisory
- QTAC educated community peers-NDPP protocol
- We set up a curriculum for and trained Academic Peer Detailers
- We connected with public health HIT systems at the State and City level
- We interviewed our peers, academic detailers. and Public Health officials for enablers and challenges

Trained community residents

- 8 Coaches trained 52 individuals [2 coaches/class]
- Average age 52, 63% African American, 37% Latino, 75% female
- Average weight loss at 16 weeks 7.4, majority doubled physical activity

Academic Detailing

- Trained 7
- Visited 12 sites
- Visits by AD and Coach together to enhance trust---and to have another set of eyes and ears to observe process

Analytics

Robert Morrow, MD; Lisa Ferretti, LMSW; Chris Norwood, BA; Douglas Reich, MD; Erica Chito-Childs, PhD; Phillip McCallion, PhD, et al

Improving the Reach of the National Diabetes Prevention Program Within a Health Disparities Population: A Bronx New York Pilot Project Crossing Health- and Community-Based Sectors.

JCEHP.Fall 2016. 36:4

Challenges

- Lack of insurance--not covered by and not having it
- Lack of linkages-how to refer and follow
- Cost and privacy
- Use of non-licensed personnel to provide services

Enablers

- Striking, clear interest of community, health care organizations and providers, and Public Health
- Patient-centered inter-professional teams with community residents can produce meaningful design, implementation, and analysis
- DSRIP has accelerated process

WHY DO THIS STUFF?

- It makes your practice easier and better—off load the tough stuff
- PCMH-APC-VBP-APMs-other letters
- Boards [*see PRIME*]
- It helps your patients and communities

Join the Journey

