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
- 2.3x matched non-diabetics
- American Diabetes Association
- 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
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, healthcare 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