Reimagining Diabetes Care Through Multi-stakeholder Collaboration

A KHC Community Health Forum
June 13, 2023

Kentuckiana Health Collaborative

Building a Bridge to Better Health, Better Care and Better Value

Welcome and Opening Remarks

Natalie Middaugh, MPH, CHES
Director, Programs and Health Strategies
Kentuckiana Health Collaborative

Jenny Goins, SPHR, MA
President and CEO
Kentuckiana Health Collaborative

Forum Agenda

8:00 – Event Kick-off and Welcoming Remarks

8:10 – The State of Diabetes in Kentucky: A Public Health Approach

8:35 – Diabetes Learning Collaborative Process and Report Overview

8:50 – Leading with the Voice of People Living with Diabetes

9:00 – DLC Participant Panel Discussion

9:55 – Closing

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Kentucky Public Health

Prevent. Promote. Protect.

State of Diabetes in Kentucky: A Public Health Approach

Cara Castleberry, RN, BSN, CDCES, MDLE, CCHW
Health Systems/QI Administrator
Kentucky Department for Public Health, Division of Prevention and Quality Improvement, Kentucky Diabetes Prevention and Control Program

Diabetes Learning Collaborative Process and Report Overview

Natalie Middaugh, MPH, CHES
Director, Programs and Health Strategies
Kentuckiana Health Collaborative

Learning Collaborative

"A learning collaborative is a method for supporting practice change in which teams of peers and recognized experts come together to learn from each other and to apply quality improvement methods in a focused topic area."

- Accelerating Care Transformation (ACT) Center at Kaiser Permanente

- Key Characteristics
  - Teams from across multiple organizations working together for 12-18 months
  - Expert-led learning sessions with time for peer-to-peer sharing
  - Tests of change between learning sessions, and monthly reporting and interim calls

About the DLC

The Diabetes Learning Collaborative (DLC) was formed to engage healthcare purchasers, providers, and payers together to implement interventions to optimize the prevention, treatment, diagnosis, and management of the overall health and well-being of persons with diabetes.

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Objectives

- Bring key multiple healthcare stakeholders together to understand optimal diabetes prevention and care, **identify data sources needed to identify gaps** in performance, and **develop a plan of action to impact diabetes care**
- Provide stakeholders the opportunity to **address diabetes challenges** that impact their relevant populations and **learn from one another**.

Objectives (Contd.)

- Provide a collective effort with stakeholders to **improve diabetes care benefit design, delivery, and payment methods to improve the quality, cost, and equity** of diabetes prevention and care and the overall well-being of people with diabetes.
- **Learn** from stakeholders and **compile a report** for organizations considering similar projects to inform their approach to diabetes care and prevention. **Share the learnings** in a community forum.

DLC Participants

Providers

Payers

Purchasers

Project Phases

The DLC phases were designed to take participating organizations through the development of a self-driven action plan to address diabetes prevention and management within their own organization.

Activities included:

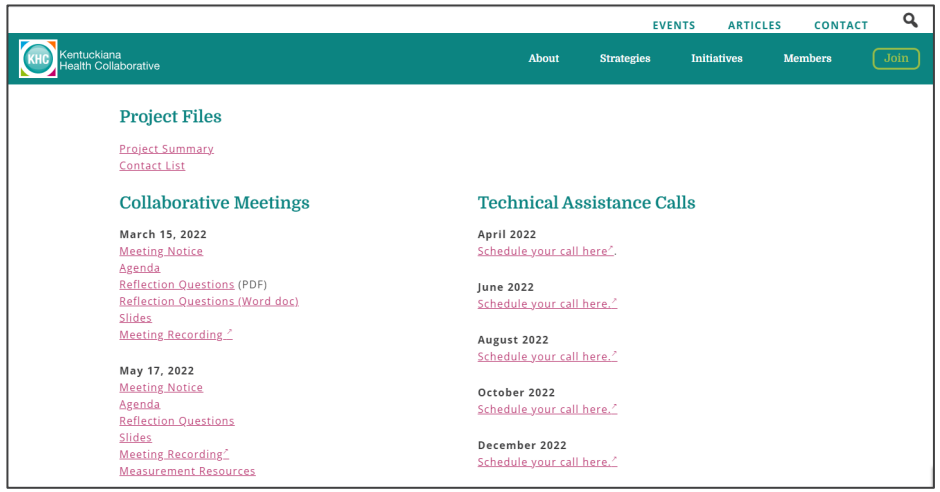
- Using data to identify priority areas of concern
- Identifying priority areas that multi-stakeholder collaboration could address
- Developing an action plan to address areas of concern

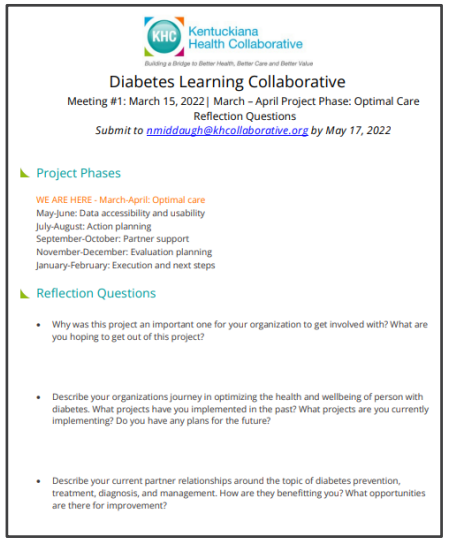
DLC Project Phases

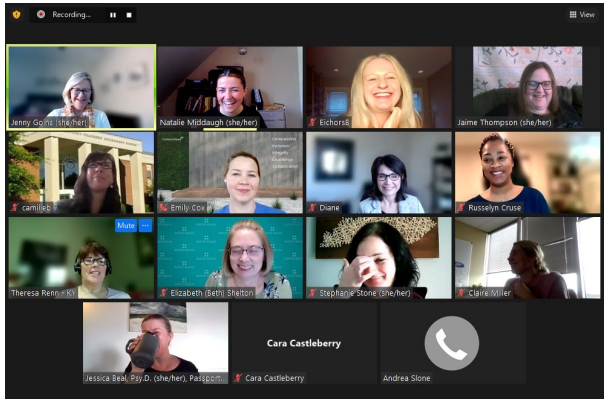
1. Optimal care
2. Data accessibility and usability
3. Action planning
4. Partner support
5. Evaluation planning
6. Execution and next steps

Project Phases

- Elements of each phase
  - **DLC Meetings**
    - Learning opportunities related to project phase
    - Sharing and updates from each organization
    - Group discussions
  - **Technical Assistance Calls**
    - Deep dive into project activities
    - Provide feedback on the process
    - Explore successes and challenges
  - **Reflection Questions**
    - Reflect on project phase
    - Document completion of phase goals





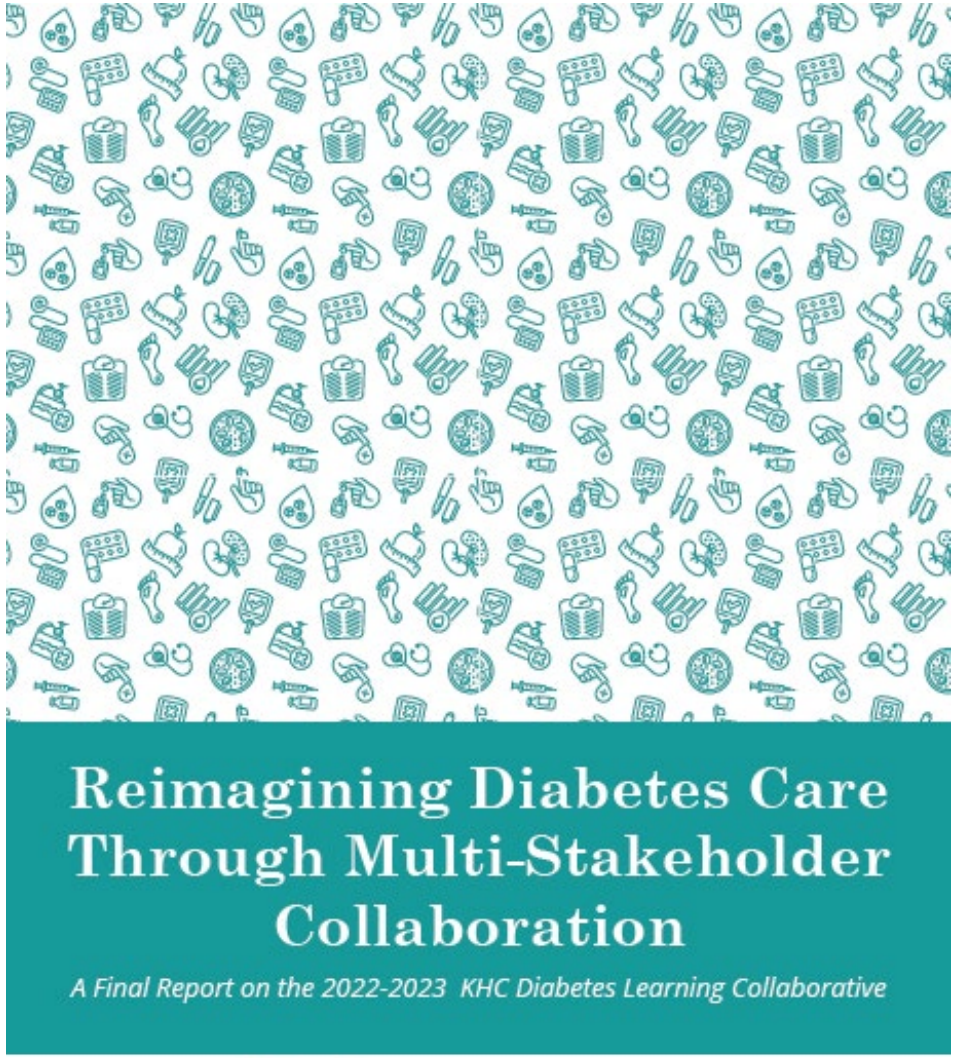


Patient Voice Project

- The Patient Voice Project was organized to listen to the experiences of people living with diabetes as well as hear their perspectives and observations about their interactions with different healthcare stakeholders related to their diabetes.

- 14 Kentuckians living with diabetes participated
  - Ages ranged from 42-77
  - Ten participants identified as female and four as males
  - Five participants identified as African American and nine identified as White
  - Lived in both urban and rural regions

The final report on the Diabetes Learning Collaborative details the process, key learnings, and next steps of this initiative.



https://khcollaborative.org/DLCReport

Key Learnings

From the DLC

- Ensure Information Exchange and Transparency
- Improve Operations for Clinical Management
- Engage Patients and Members and Maximize Outreach
- Leverage Case Management, Multi-Disciplinary Teams, and Diabetes Management Programs
- Understand Social Needs and Risks and Address Equity in Care Delivery and Outcomes

From the Patient Voice Project

- Acknowledge and Address Complexities Involved with Healthy Eating
- Promote and Encourage the Health Benefits of Movement and Physical Activity
- Recognize the Importance of Social and Emotional Support to Enhance Psychological Well-being
- Prioritize the Importance of Trust and Confidence with Healthcare Providers
- Embrace Patients' Suggestions and Ideas for Improvement

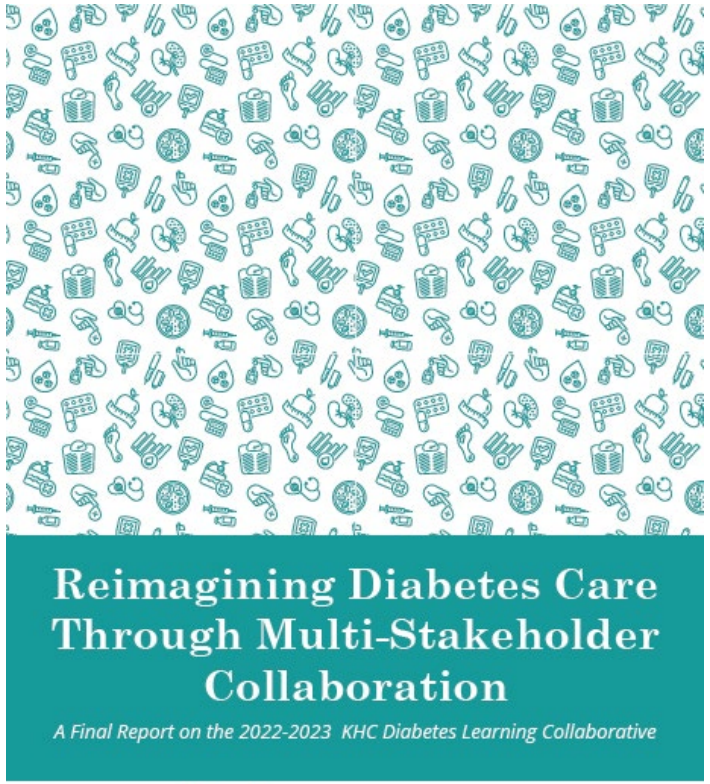
Putting it All Together

- The DLC provided a process for healthcare purchasers, payers, and providers to develop action plans related to diabetes prevention and management within their own organization.
- By participating in the DLC alongside their action plan development, these organizations:
  - Increased understanding and awareness of how each stakeholder group understands and addresses diabetes prevention and management
  - Maximized each other's action plans
  - Problem solved for barriers that arise between their operations
  - Identified opportunities for partnership

Putting it All Together

- This work has provided a foundation of learnings for healthcare stakeholders to utilize when evaluating how multi-stakeholder collaboration can optimize diabetes prevention and management programs.
- Multi-stakeholder collaboration can provide a new opportunity to improve diabetes prevention and management services, the quality of life for people with diabetes, and diabetes outcomes.

Thank you



For questions or comments related to the DLC and its report, contact nmiddaugh@khcollaborative.org

https://khcollaborative.org/DLCReport

Leading with the Voice of People Living with Diabetes

Lena's Story

DLC Participant Panel Discussion

Moderator
Jaime Thompson
Research Director
The McNary Group

Camille M. Burgess
Retiree Health Care Counselor III
Teachers' Retirement System of Kentucky

Thomas James III, MD
Chief Medical Officer
Passport Health Plan by Molina Health Care

Mikyla Peres, MS, RDN, LD/CN, CDCES, MDLE
Manager, Diabetes Education and Programming
Norton Healthcare

Teachers' Retirement System of the State of Kentucky

Camille Burgess – Retiree Health Care Counselor III
Concierge for Retirees' Health Insurance Issues (MEHP & KEHP)

<u>Diabetes Learning Collaborative Project</u>: TRS identifies as a purchaser in this collaborative effort.
TRS wants to promote improvement of health & well-being of our retired teachers, provide good benefits under their health plans, identify any gaps in their health care coverage, find & implement cost efficient solutions, encourage utilization of their benefits and engage in good health practices.

❖ **Main** 

Optimize prevention, treatment and management of people with pre-diabetes or diabetes because it is a fast-rising statistic in our State.

Teachers' Retirement System of the State of Kentucky

KEY LEARNINGS – 6 PHASES:

1. Optimal Care – Seeing more diabetes care & prevention program resources available to our members (Virtual & Face-to-Face)

- ✓ Under KEHP - Lark Diabetes program, or the Diabetes Self-Mgmt Education & Support is available (Type I or II educational self-care program)
- ✓ Under MEHP - UnitedHealthcare offers a Diabetes Management program
- ✓ Access to new diabetes websites: https://preventdiabeteseky.org/the-diabetes-prevention-program-in-east-ky/

2. Data Accessibility & Usability – Aon Health Solutions & Dept. of Employee Insurance provided the data for our (2) groups.

- ✓ KEHP data: Nearly 25% of members diagnosed with diabetes total (15,769) of these 2,660 Type II Diabetic & 1,251 Pre-diabetic.
- ✓ MEHP data: Nearly 27% of members diagnosed with diabetes (10,000+), in addition - over 6,300 were diagnosed with pre-diabetes.
- ✓ Members ages 70 & up struggle the most to manage their diabetes. Diabetes prescriptions costs were in the millions!
- ✓ UnitedHealthcare implemented **"Project Detect"** through their House Calls program in 2021 with Nurse Practioners traveling to members' homes to provide diabetes pre-testing, counseling services and PCP follow up for our Medicare members. 2,985 screenings were done, 24% were determined pre-diabetes & 2% were confirmed with diabetes. **This type of program is leap in the right direction for prevention efforts!**

3. Action Planning – Learning to be a **BETTER** communication conduit regarding health benefits & programs available to our members.

- ✓ Motivate & promote annual preventative care, medical follow-ups, UHC House Calls visits, Lark Program, or connect with other DPP suppliers.
- ✓ Giving our members positive reinforcement to make meaningful improvements with small behavioral changes is helpful.
- ✓ Point out educational websites & other diabetes resources to consult when needed.

Teachers' Retirement System of the State of Kentucky

4. Partner Support - Look at future new partners &/or what can our current partners do better to increase member engagement?

- ✓ Research new programs such as "Virta Health" – "diabetes reversal that focuses on metabolic health, nutritional therapy, with virtual medical coaching to help bring A1C readings to sub-diabetic levels." Does it really work? Is it successful long term or is it too good to be true?
- ✓ Can more **mobile medical care** be available in some regions of KY?

5. Evaluation Planning - TIME is a limited, precious commodity for everyone. Make it count when working with to those in need. ***Listen closer.***

- ✓ Diabetes prevention & management programs need to be short, uncomplicated, practical and provide achievable goals.
- ✓ See increased participation in our current programs available, hear more patients enjoy weight loss goals, decrease need for insulin.
- ✓ Have a reduction in obstacles experienced by members during diabetes care coordination.

6. Execution & Next Steps – Be the best communication conduit possible for our members who need diabetes resources.

- ✓ Continue promoting the KEHP Lark program, the MEHP Diabetes Mgmt. Program under UnitedHealthcare, including House Calls "Project Detect".
- ✓ Review diabetes statistics annually to see if pre-diabetes/diabetes diagnoses are decreasing or increasing. What's the big picture?

Reimagining Diabetes Care Through Multi-Stakeholder Collaboration

Tom James MD
Passport By Molina Healthcare
June 13, 2023

PASSPORT
BY MOLINA HEALTHCARE

Key Areas of Focus

Topic of Study

- Opportunities to improve type 2 diabetic control especially HbA1c and eye exam
- Reduce the rate of diabetic ketoacidosis among children with Type 1 diabetes

Importance

- 16,775 people covered by Passport with type 2 diabetes, and 303 children with type 1 DM
- 12.7% of Passport adult membership
- Large number of people at risk for diabetic complications

Intervention

- Initial barrier analysis
- Member issues: use of panels, communication, and healthy rewards incentives
- Provider issues: variation in provider application of ADA standards, using short- and long-term incentives for more uniform application of standards of care.

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Key Elements for Improving Diabetic Outcomes

Where does diabetes fit in the member's priorities?

Relevance to the individual, stages of change

- Stage 1 – precontemplation
- Stage 2 – contemplation
- Stage 3 – preparation/determination
- Stage 4 – action/willpower
- Stage 5 – maintenance

Just because it is our priority doesn't make it theirs

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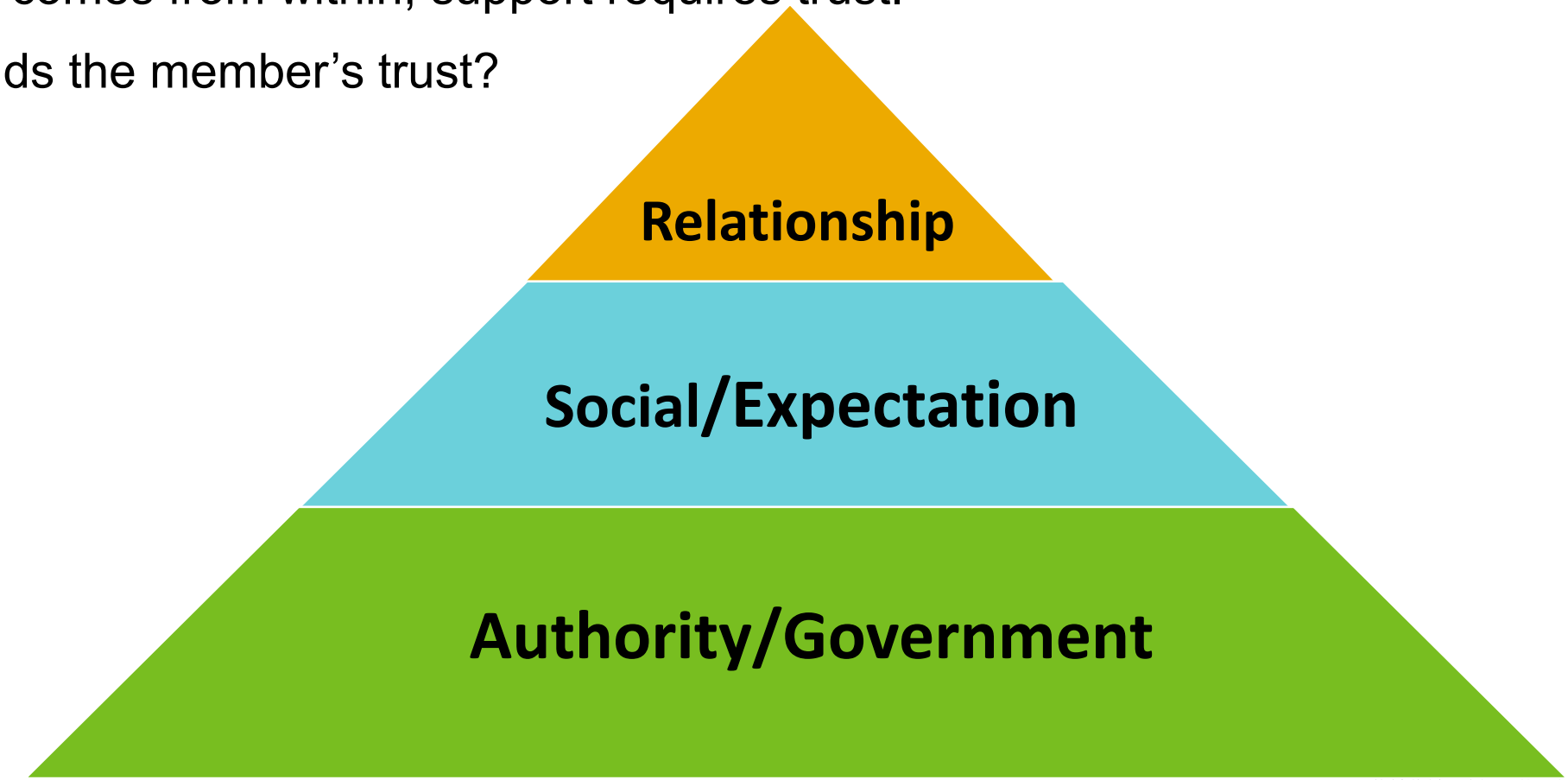
Key Elements for Improving Diabetic Outcomes

Change comes from within; support requires trust.

Who holds the member's trust?



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THANK YOU FOR YOUR ATTENTION

Looking Forward to the Discussion

Tom James MD
Passport By Molina Healthcare
June 13, 2023

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Closing

Jenny Goins, SPHR, MA
President and CEO
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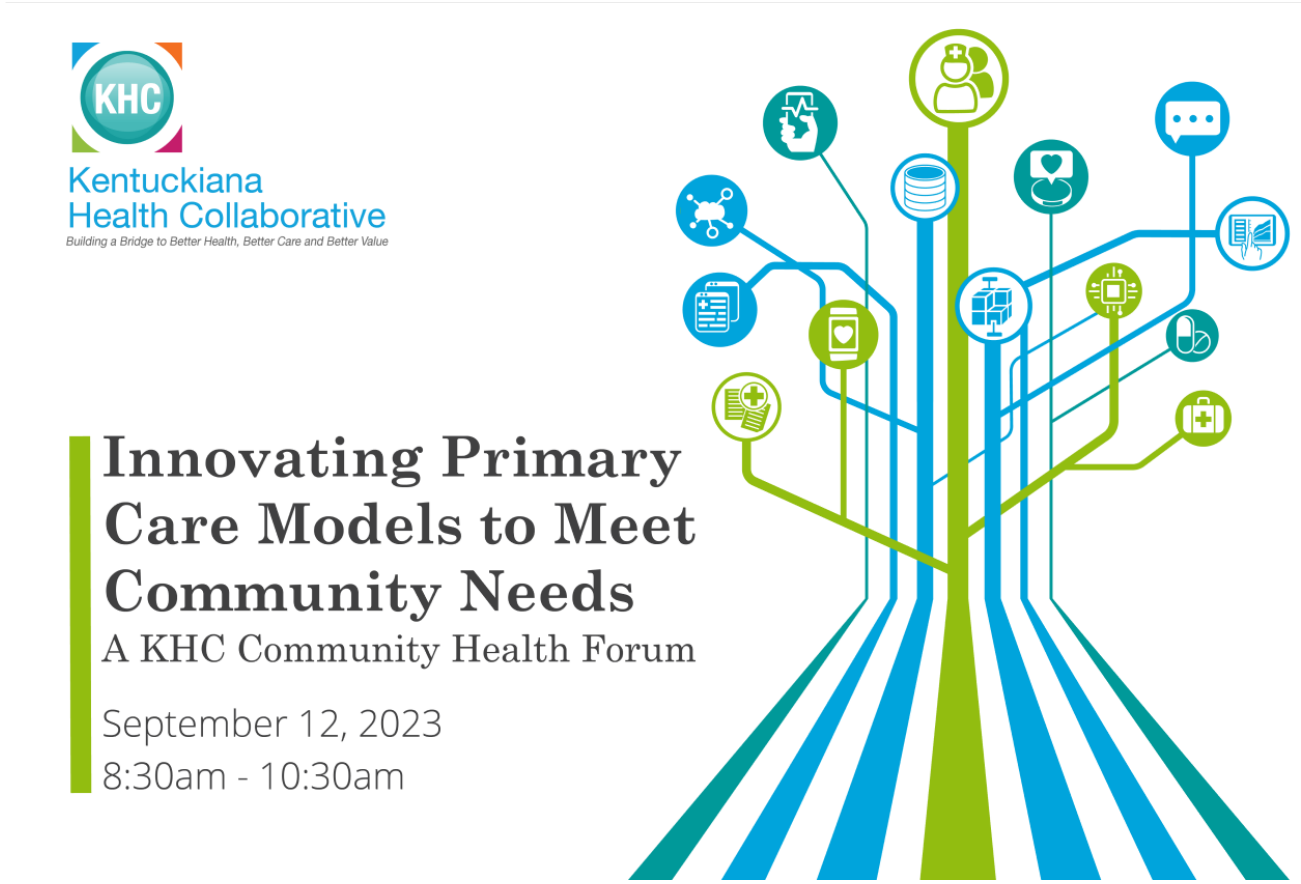
Upcoming Event



Register at https://khcollaborative.org/events/

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Thank you for attending!

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