

# Diabetes Management through Peer Support and Community Outreach from the Patient-Centered Medical Home

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Peers for Progress

American Academy of Family Physicians Foundation

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TransforMED

Alivio Medical Center, Chicago

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Panel on Patient Engagement and  
Practice Change

Together on Diabetes Grantee Meeting

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# Project Description

- Demonstration project – 2 years – with Alivio Medical Center to develop/demonstrate/evaluate peer support as extension of PCMH
- National Peer Support Collaborative Learning Network
  - Develop/share evidence of benefits, best practices, evaluation methods, organizational models, models of advocacy
  - Webinars, Work Groups
  - White papers, reports, program materials and other resources for field
  - Disseminate through Peers for Progress, NCLR, ToD, members
  - Include dissemination of lessons from demonstration project with Alivio

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# Patient Engagement – Strategies

**Strategies – Engagement has to reflect** varying individual needs

- **Fact:** the time we choose to contact people may truly not be the best time for them to engage in what we propose
- **Reality** of experience among underserved groups that encourages careful scrutiny, reluctance before accepting a service
- Critical Ingredients:
  - Time
  - Repetition
  - **Earned** (not assumed) trust

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# Patient Engagement – Interventions

**Interventions – Compañeros en Salud – engagement in regular care, AADE 7, weight loss, coping with socio-economic stressors**

- **Linked with but not part of** clinical team — e.g. meet some patients in clinic, record services and communicate with clinical team through EMR
- **Tiered System**
  - **High Need** — elevated HbA1c (8 or above), low literacy, high EMR visits, lack of family support; EMR and/or clinician referral
    - Biweekly, then monthly, until no longer meet criteria for High Need or until progress has stabilized
    - Had anticipated 400 of these; have identified 474
  - **Regular Care** — balance of approx. 4,000 adults with diabetes receiving care through Alivio Medical Center
    - Quarterly phone calls: regular care, resources available (e.g., education classes), AADE 7, weight management
- **Important** — High Need <-> Regular Care as needs change
  - "High Need" not an individual characteristic

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# Patient Engagement – Recruitment

## Recruitment – Nondirective, flexible, low-demand

- 90% engagement mothers of Medicaid-covered children hospitalized for asthma (Fisher et al., Arch Ped & Adol Med 2009 163: 225-232)
  - Initial call to describe and offer services, not push to accept
  - Repeat calls in 2-4 weeks (according to judgment of Compañero) to "**check in with**", not "check up on" patient
  - Project 2 year availability to patient — not considered refusal unless patient clearly requests no further contact
- Coordination with clinical team — clinical team can encourage participation with Compañeros
- After patient engaged, begin working on **individually chosen** goals from AADE 7 or weight loss
  - Compañeros always working with patients on objectives they have chosen, not trying to persuade patients to do things in which they aren't interested

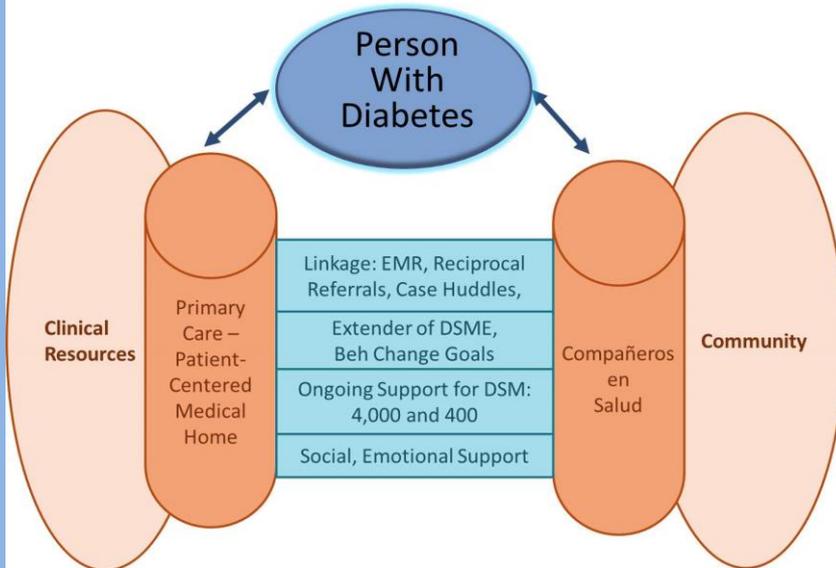
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# Practice Changes: Models, Processes, Personnel Role

## Peer Support & Patient-Centered Medical Home



## Shared Care Plan:

Critical in Linking Patients, Compañeros, Clinical Team  
Complementarity of Roles

Goals	Objectives	Specific Behaviors
(e.g. Live to 80)	(e.g., lose 10 lb)	(e.g. walk after dinner)

←←←←←←←←Person with Diabetes→→→→→→→→

Physician →→→→→

Clinical Team→→→→→

Peer Supporter→→→→→→→→→→

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# Lessons Learned

## What's working? Success to Date (8/1/12 to 1/31/13)

- High Need — have identified 445 (anticipated 400)
  - 132 (30%) unreached
  - 72 (16%) are inactive (not currently engaged)
  - 241 (54% of 445, 77% of those reached) are engaged with Compañeros
    - 120 (27%; 50% of those engaged with Compañeros) have chosen individual goal

## What needs to change to work?

- Organizational leadership, organizational change

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# Peer Support (and PCMH): Organizational, not Technical Innovation

- Efficacy and effectiveness studies do not show how to organize and manage peer support in real-world settings
- Introducing peer support/PCMH entails organizational changes that cut across disciplines
- Especially hard to accomplish in “silo” health care settings – **professional bureaucracies** (Mintzberg, *Harvard Business Review*, Jan-Feb, 1981).
- Progress requires organizational leadership and commitment as well as engagement of the organizational context
- Organizational Factors, Program Sustainability in Work Groups of Nat Peer Support Collab Learning Network

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