Diabetes Management:
Success with Peer Support and Population Health

November 4, 2014

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Mission

Our mission is the transformation of health care delivery to achieve optimal patient care, professional satisfaction, and success of primary care practices.

Values

- Integrity
- Transparency
- Innovation
- Collaboration
- Accountability

Culture Compass

People We are dedicated to growing our team personally and professionally. Transfor**MED** will be the most stimulating, rewarding and desirable place to work.

Agility We constantly strive to build-in organizational excellence. Transfor**MED** will execute efficiently, foster decision making at the individual level and be organized for learning.

Service We are here to serve. Transfor**MED** will hire and train happy, service oriented team members. Together they will hone the art of service excellence.

Growth We will grow by innovation in products and services. Transfor**MED** will grow strategically and organically in response to the needs of our customers.

Our Why

We believe healthcare reform is about people's lives, their livelihoods and America's future. We will look back years from now and know that this transformation gave our children and grandchildren a better life.

How

Through continuous learning, we empower primary care to become more patient focused, leading the coordination of resources in the community to improve quality and lower costs.

What

Tailored practice transformation consulting services to help communities develop in the areas of patient access and engagement, organization development, care management and coordination and leveraging technology to create efficiencies.

Table of Contents

Introduction and Background 6
Project Structure 7
PCMH and Peer Support: Shared Themes 9
Care Team with Peer Support 10
Risk Stratification and Population Management 11
3,700 Patients with Diabetes 12
Care Management and Peer Support 13
Self-Management Outcomes 14
Clinical Outcomes 15
PCMH and Peer Support 16
Lessons Learned 18
Additional Information 19

Introduction and Background

Alivio Medical Center – Implementation partner for Peer Support and PCMH demonstration

American Academy of Family Physicians Foundation – program administration, strategic planning, linkage with family medicine and primary care community

Peers for Progress – overall program leadership, guidance for program development, program monitoring and evaluation; co-lead national peer support learning network;

National Council of La Raza– guidance cultural and linguistic tailoring, resource development and advocacy efforts, co-lead national peer support learning network

TransforMED- PCMH Transformation, change management, quality improvement

University of North Carolina– Peers for Progress Program Development Center, program administration

Project Structure

Mi Salud Es Primero, My Health Comes First is Alivio Medical Center's peer support program in which peer supporters (Compañeros en Salud) are integrated with primary care to help patients improve self-management of their diabetes. In close coordination with the primary care clinical team, the compañeros provide support and assist individuals as they put into place the plans set forth with their care team for managing diabetes in their day-to-day lives.

Assistance in Daily Management

- "The nurse and doctor help me figure out what to do. The peer supporter helps me figure out how *I* can do it."

Social and Emotional Support

- Maintain motivation over multiple decades with diabetes
- Support healthy coping with distress that so often accompanies chronic disease

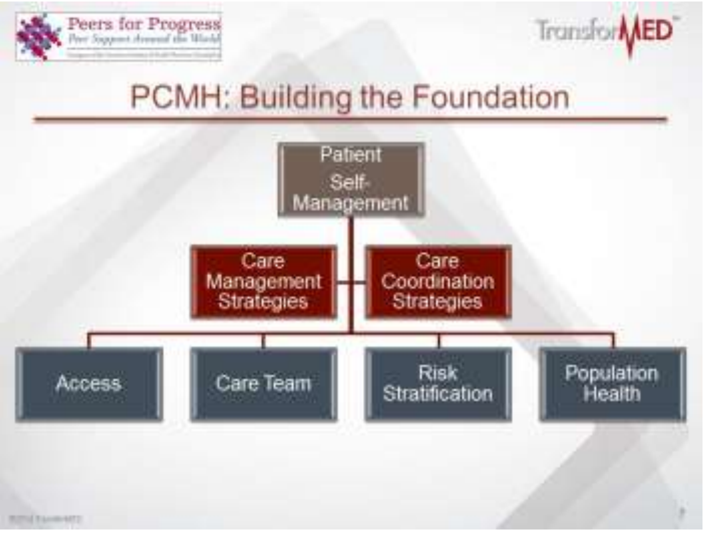
Linkage to Clinical Care and Community Resources

Ongoing Support

- Chronic Disease is "For the Rest of Your Life"

"Peers for Progress Global Evidence Humanizing"

http://peersforprogress.org/pfp_headline/global-evidence-for-peer-support-humanizing-health-care/



The core of PCMH is the relationship between the patient and the primary care team, which is based on trust and collaboration. Within a PCMH practice, there's a focus on patient engagement, a provider-patient relationship, culturally sensitive care and whole person care. PCMH is a model of care that transforms primary care practices from an office-centered practice to a proactive partner in health that practices preventive medicine and coordinates disparate care.

PCMH and Peer Support: Shared Themes

Patient Engagement

- Peer support can reach the "hardly reached" and help them access services

Emphasis on population health

- Working from registry or EMR helps extend services to all who need them

Team-based foundation for care

- Without concept of team-based care, peer support is seen as low-level care by a non-provider
- With extended care team, peer support is part of patient-centered care model

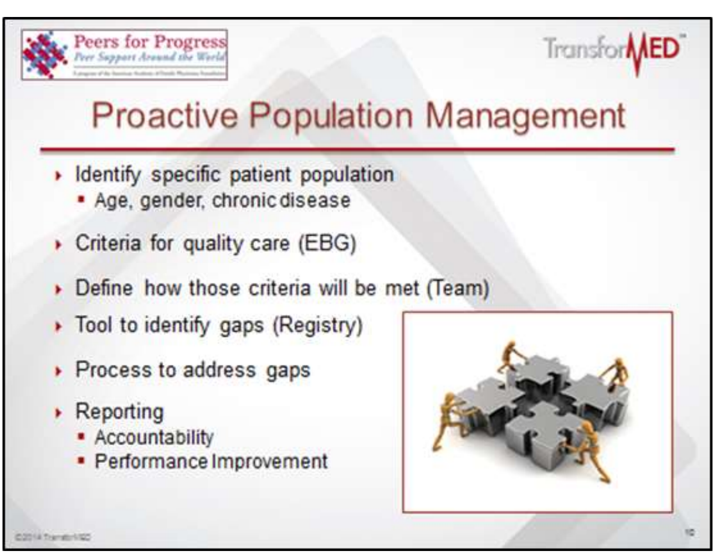
Care Team with Peer Support

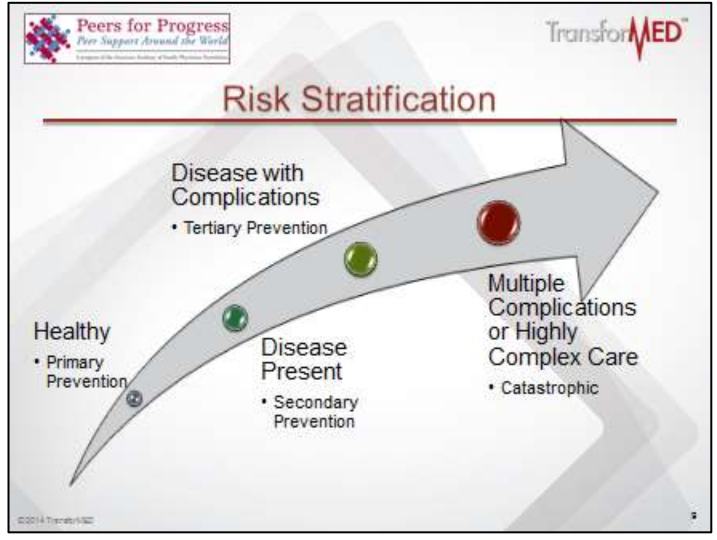
In a team based visit roles and responsibilities are divided among care team members.

- Everyone is working at the top of their license, skills, and ability.
- Job descriptions define and communicate roles/responsibilities.
- Workflows and processes are patient centered, streamlined, and standardized
- There is accountability for everyone on the team and no surprises to the patient.
- Communication and relationship building occurs between team members and the patient and their families.

This visit reflects a proactive approach to healthcare where the patient's needs are anticipated and taken care of before or during the visit.

Risk Stratification and Population Management





Population Health Management sets the stage for Risk Stratification by identifying which patients fall into which bucket of population health: Preventive Screenings & Exams, Wellness & Lifestyle Management, or Chronic Condition Management. Risk Stratification takes this information and conducts additional analysis to sort the individual patients into levels of risk or acuity. This additional segmentation allows the care team to further personalize care to address not just the presence of a condition but the acuity and the patient's adherence to standards of care.

AAFP's Risk Stratified Care Management Rubric:
http://www.aafp.org/dam/AAFP/documents/practice_management/pcmh/initiatives/RSCM.pdf

3,700 Patients with Diabetes

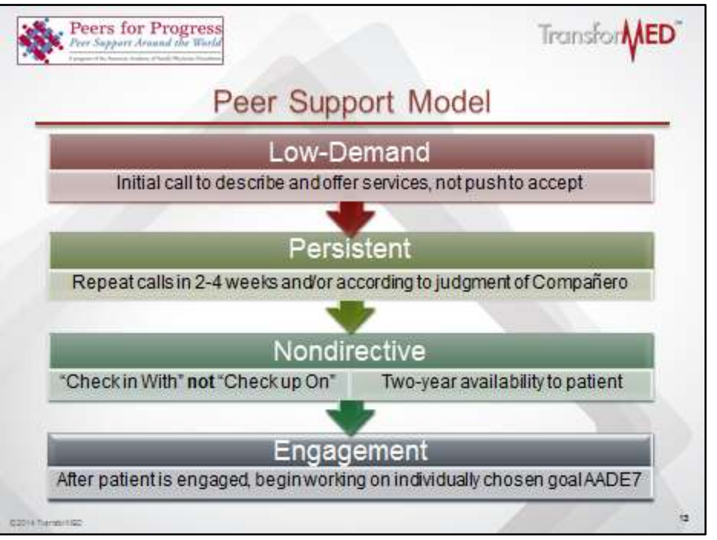
High Need Group

- HbA1c > 8%, Psychosocial Distress, Physician's Referral
- 471 of the 3700
- Bi-weekly contacts for 12 weeks
- Monthly contact for 6 months until no longer meet criteria for High Need or until progress has stabilized
- Quarterly thereafter

Regular Care Group:

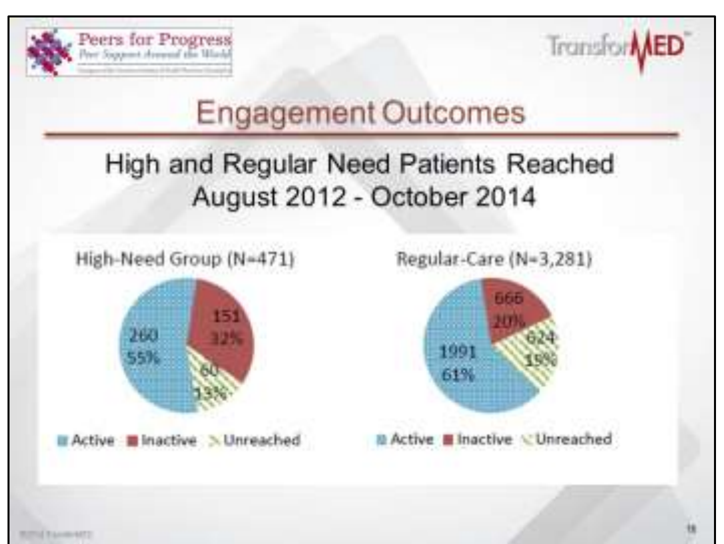
- Quarterly contacts, encourage clinical care and use of resources (e.g., group classes) and self-management
- Transition to High Need as needed

Care Management and Peer Support



Care Management provides proactive, comprehensive, whole person care over time by applying systems, science, and information to assist patients and their support system to become engaged in a collaborative process designed to manage medical/social/mental health conditions and results in high-quality, high-value care.

Self-Management Outcomes



Engagement Outcomes

- 87% of 471 High Need patients have been reached
- 87% of 3,721 Regular Care patients have been reached
- 15,138 successful 1:1 peer support contacts
- Average 582 successful contacts per month
- Range 326-885 successful contacts per month

Active – Engaged in communication with CES

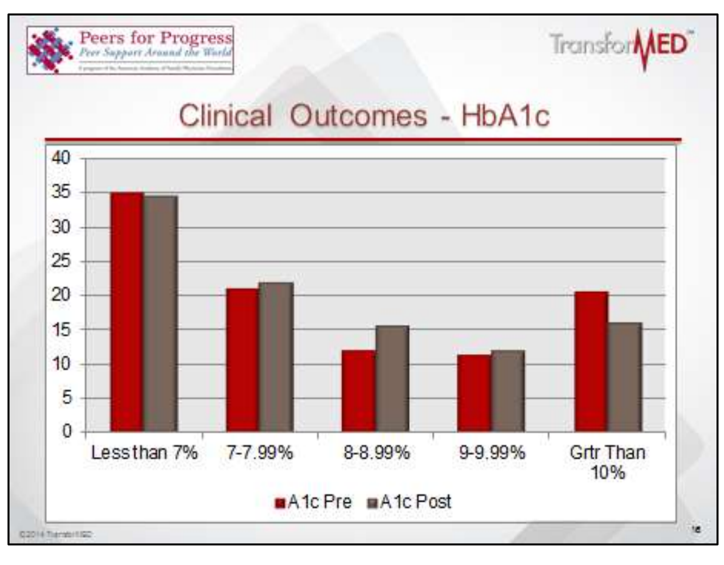
Inactive – Has been reached but not actively engaged in communication with CES

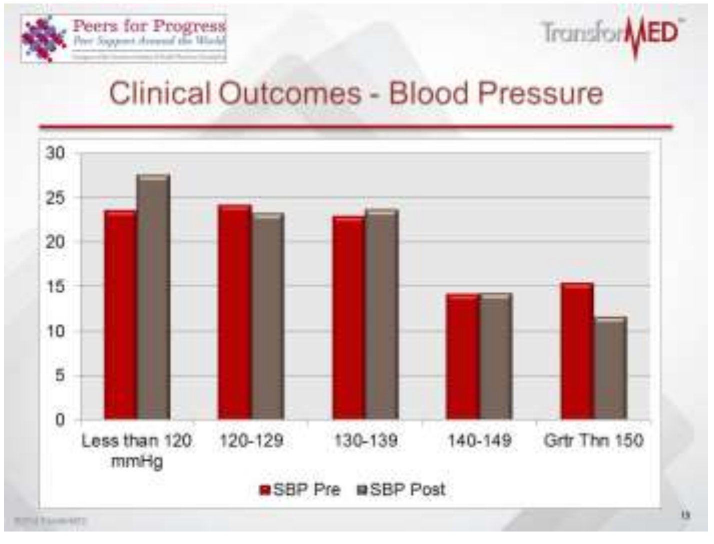
http://www.diabeteseducator.org/ProfessionalResources/AADE7/

American Association of Diabetes Educators (AADE) – AADE 7 Self Care Behaviors

1. Healthy eating
2. Being active
3. Monitoring
4. Taking medication
5. Problem solving
6. Reducing risks
7. Healthy coping

Clinical Outcomes





PCMH and Peer Support

Team-based foundation for care

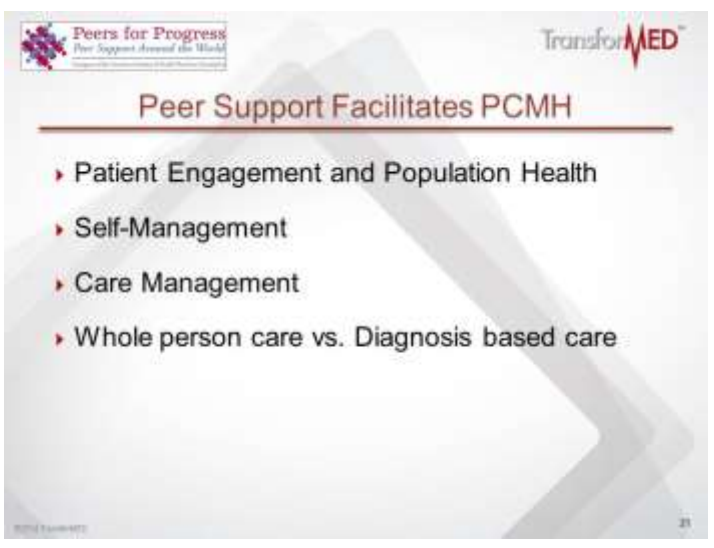
- Without concept of team-based care, peer support is seen as low-level care by a non-professional
- With extended care team, peer support is part of patient-centered care model

Patient Engagement

- Emphasis on patient engagement places value on key utility of peer support

Emphasis on population health

- Working from registry or EMR provides monitoring for peer support outreach



Patient Engagement and Population Health

- Can reach the "hardly reached" and help them become engaged in prevention and disease management
- Peer support can provide supportive, motivational services at lower cost than professionals

Self-Management

- Peer support as key source of self-management support

Care Management

- Peer support as extenders of Care Managers
- Ongoing support for those needing care management, e.g., patients with heart failure

Whole person care vs. Diagnosis based care

- Peer support gives voice to the patient's perspective in the clinical care team

Lessons Learned

- Peer support can be organized, implemented and sustained to meet the needs of all those for whom a program is designed (e.g. all patients with diabetes), not just a few hundred enrollees.
- Behavior change necessary for long-term diabetes control in the “hardly reached” occurs when you address the needs of the whole person.
- Involving providers in planning, training and delivering peer support is an effective way to increase clinician and clinical staff buy-in.
- Creatively expanding the care team to include peer support increased practice success in patient-centered care delivery transformation.
- Consistent measurement is key to quality improvement efforts: mindfulness of current, future and ideal state during transformation allows for phased transitions between manual and automated data collection processes.
- Cross-training, process documentation, regular training and reinforcing concepts is crucial to sustainability and spread of best practices.

Additional Information

Peers for Progress
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NCLR and Peers for Progress

National Peer Support Collaborative Learning Network:

Advisory Committees on Quality Assurance, Financial Models, Special Audiences and Populations, Advocacy, Communications & Networking, Organizational Factors and Integration

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