

MINUTES

Diabetes Learning Collaborative Kick-off Event

Date: 7/15/2019
 Tim: 9:30-3:30 PM
 Place: Portland State Office Building

Action Items

| Item | Who | By When |
|---|------------------|----------|
| Action period #1: Send final SMART goals/PDSA plans to Akira | Health Centers | 9/30/19 |
| Action period #1: Begin baseline data collection and tests of change + come prepared to report out on October webinar | Health Centers | 10/14/19 |
| Send October webinar invite | Terese | ASAP |
| Send follow-up e-mail with materials | Terese | 7/22/19 |
| Draft Stages of Change prototype | Ariel/La Clinica | |

Meeting Attendees

Members Present: La Clinica, Multnomah County Health Department, Outside In, Siskiyou CHC, SouthRiver CHC, Virginia Garcia Memorial Health Center, Wallace Medical Concern

Others Present: CareOregon, Comagine

Handouts/Attachments

- Slides
- Minutes
- Story Sheets
- Supplemental Material – AAPCO Webinar Slides (Diabetes and CHWs) PDF, Diabetes Distress Scale PDF, PDSA template

Minutes

Health Center Strengths

- Providers ordering the right tests – providers respond great to needs
- Strong data and analytics team
- New, robust care team structure (2 care coordinators)
- Data transparency and analytics + connection with operations and care team
- Visual display of data as a communication tool
- Multidisciplinary teams
- National Diabetes Association foundation and framework
- Staff training – providers, pharmacy, CHW
- Social determinants of health screening
- Diabetes groups (patients and families) – topic oriented, Q&A, relationship building
- Provider becoming certified in areas where there are gaps (e.g. nutrition)

- Integrated with BHC
- Veggie RX

Health Center Opportunities

- Creating tools/space for nurse managers to fill gaps
- Data and reporting
- SDH workflow standardization – Welcome software
- Use of SDH data and chronic disease
- Engaging and leveraging all staff roles
- Shift from standard diabetes metrics to diabetes prevention – keep in control for those with it
- Build risk stratification model for diabetes and SDH – care dashboard to react to needs based on pt. demographics

Metrics-Driven System vs. Patient-Centered Care

- When you get too focused on the metrics, you are so busy pulling the patient along that you can create resistance because they are an adult and have their own ideas about their life.
- This video reflects how we work on the ground, but not the pressures we experience from payers and funders. They need to be watching this video too and thinking about how it might change the system's approach.

Definition of Patient Engagement

- Center for Advancing Health definition of patient engagement is very lofty. Patients and clients are often just focused on their daily safety and needs, and may not have the capacity or medical literacy to engage.
 - It also doesn't define greatest benefit - not necessarily benefit to them.
 - It is also defined in terms of health care services, but does not saying anything about what else patients might want/need to do to improve their health.
 - Puts patients in a passive role, suggests the actions are pre-defined or fixed
- World Health Organization definition
 - More focus on partnership, acknowledges that the health system has a role in supporting engagement and building capacity.
 - Also highlights the role of families and caregivers, not just patients themselves.
 - Still too focused on care, not including enough about the other health enhancing behaviors and systems that patients might engage in. For example, could replace "active involvement of patients in their own care" ...to "in their own wellness"
 - WHO document also describes the importance of patients as co-producers in care, moving from illness care to wellness care, from system focus to patient focus

Empathy Mapping –

- Needs - Behavioral health support, glucose monitoring, health education, encouragement, positive feedback, support system/group/community
- Insights – Frustration of visits, burden, 24/7 job, isolating experience
- How might you engage this person?
- If not checking blood sugar, why give patients glucometers?
 - How else can we measure patient engagement?
 - Stages of change – potentially use dot phrases
 - Qualitative vs. quantitative
 - Motivational interviewing scale questions
 - Diabetes Distress Scale
 - Wallace Medical Concern has simplified and reduced to 10 questions, edited to lower literacy level, very provider-centric, still in development/testing phase
 - What motivates the patient and frequency of visits?
 - Is this a good scale?
 - If frequency goes up, does A1c go down?
 - Garner patient stories
- What has worked/not worked with patient engagement efforts?
 - Diabetes Learning Group – became a nice support group, though not the original intended purpose
 - Could be interesting to:
 - Mock patient experience – Staff participate and give feedback to provider
 - Create an interview template – What are some questions to ask? What is the right way to ask questions?

Key Components of Health Center Work Plans

- Outside In – BH/Diabetes Integration
 - Stages of change, diabetes workgroup (clinical), pt. surveys re: processes
- La Clinica – Prevent Diabetes
 - Risk factors/ethnicity, targeted outreach, predictive analytics, diabetes peer model/curriculum
- SouthRiver – Personalized Diabetes Program
 - Stakeholder feedback on standard workflow (patient-driven)
 - Follow-up with patient diabetic group to identify stakeholders
- Virginia Garcia – Revamping Education Materials
 - For patients and staff
 - How are materials being utilized and what is the pt. experience of using them
 - Good project to use human-centered design techniques
- MCHD – Revisit Surveys from Pts. on Gaps
 - Create tool for staff documentation
 - Care pathways + pilot for pt. feedback/reactions
 - Pt. specific diabetic education
- Wallace – SDH Surveys
 - Narrow to diabetes pts.
 - CHW scrub charts, f/u with patients after visits