OPCA

Oregon Primary Care Association

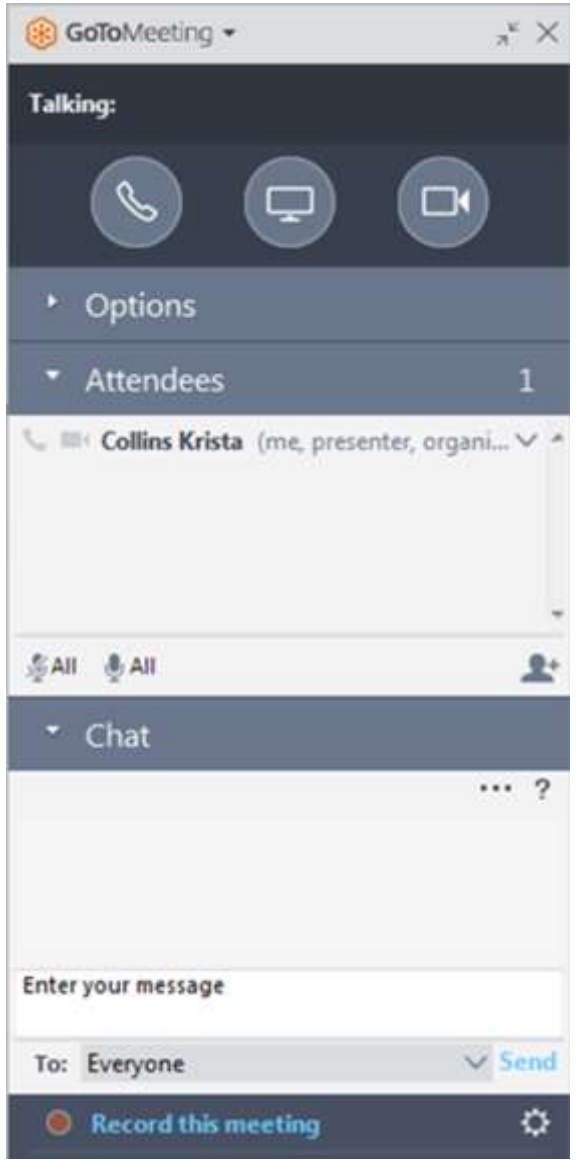
Data Transparency Project

Diabetes Learning Collaborative Kick-off

July 17, 2018

Meeting Etiquette

- Facilitated networking from 11:30-12:30pm
- Photos and opt-out option
- Help avoid background noise
- Careful not to talk over each other
- Connectivity and WiFi
- Careful of wires in corner of room
- Webcam participants
  - Type your questions throughout the meeting
  - Notes will be taken on screen during report out periods



Facilitated Networking

- Introductions
  - Name
  - Role
  - Clinic
- Create a story sheet
  - Find your group
  - Assign a scribe
  - Share your health center successes and challenges
  - *Ask: How might we address these challenges?*
- OPCA/Partners: Listen and learn!

Facilitated Networking (11:30-12:30pm)

Health Center	Success	Challenge
CHCs of Lane County	Registry management and outreach; close one on one patient education and follow up; improved data tracking	Patient adherence; in-house lab documentation; lack of lab compliance with pts getting labs at contracted lab site; no diabetes registry
La Clinica	Wellness coach assisted patient with removing barriers to care and RN CM provided education and coordination of care. Patient hasn't been hospitalized for several years and has health blood sugar control.	Lack of patient follow up; high cost of diabetic meds & difficulty in obtaining prior auth for diabetic medicines
La Pine CHC	Monthly scrubbing of gap lists and outreach to patients missing A1Cs; bringing in A1Cs from other providers into the EMR (Epic); RN dedicated to DM management-monthly outreach to all patients with high A1C; starting to have BHCs also involved - collaborative visits with providers for patients with high A1C.	A1C tests at outside provider offices not being interfaced into Epic; EMR/Epic Health Maintenance section not being provider-friendly; patient barriers such as transportation.
Mosaic Medical	Using reporting work bench in Epic to work gap lists and lists of patients proactively who are due for A1c	Adequate resources to manage gap lists
MCHD	Working with community partners to bring evidence-based self-management education to at-risk populations	Time with coaching patients; patient poor adherence; weak connections between clinics and community partners who provide this vital service
Outside In	Using plain language in care plans; getting real about diet and exercise improvements	Patients coming back for follow up; getting discouraged or not having support in family or community
Siskiyou CHC		Non-compliant patients

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Welcome!

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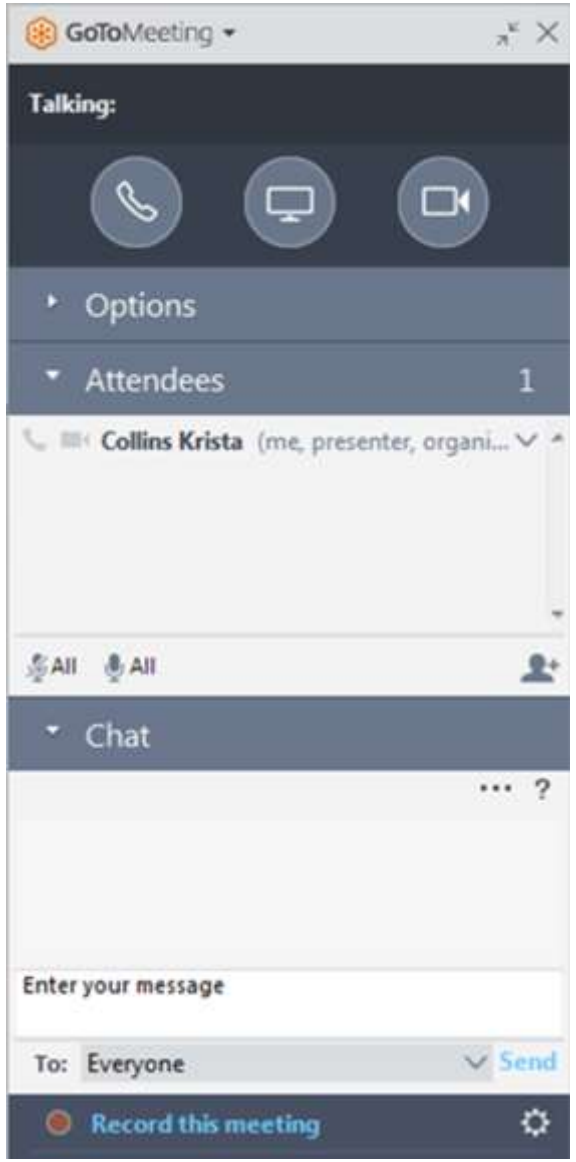


Introductions

- OPCA
- Partners
- Clinics
  - Your name
  - Your health center
  - One thing you are hoping to get out of this collaborative

Why Diabetes Learning Collaborative?

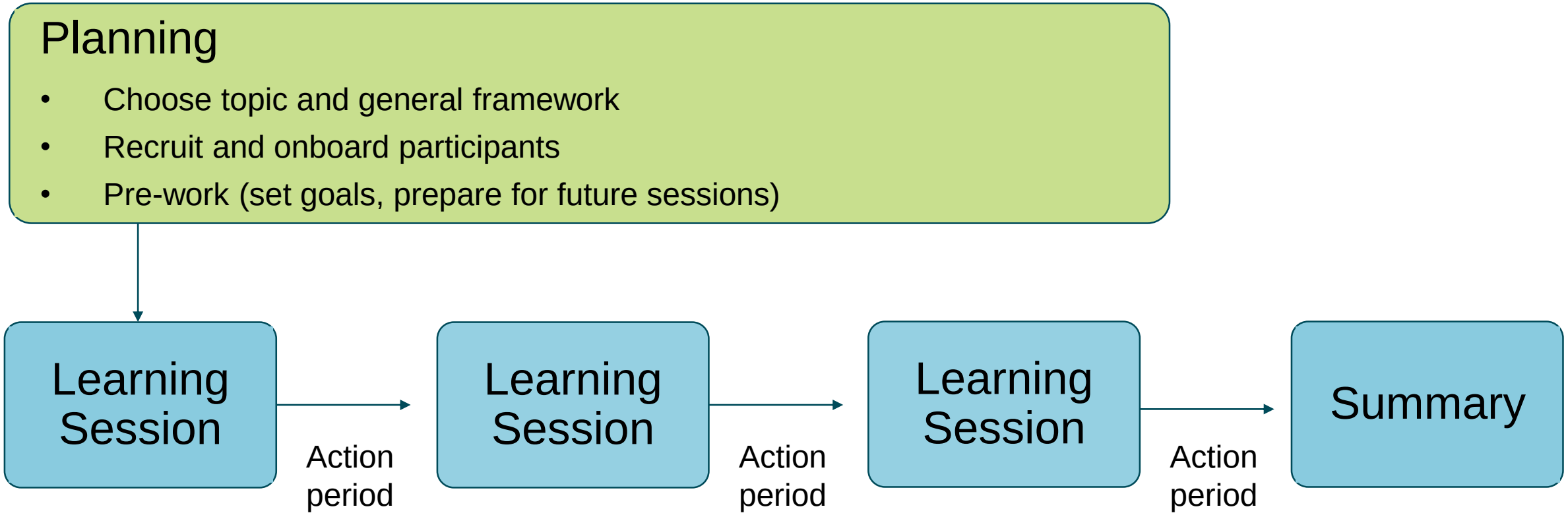
- HRSA focus
  - New Site Visit Protocol
  - QI Initiative (NACHC presentation, slide 26-31)
    - Note: Your health center must register for Action Plan privileges in the EHB. Learn more here.
- Data Transparency Project metric of focus
  - Replacing Quarterly Measurement & Improvement Calls

Goals of the Day

- Objectives:
  - Engage participants by co-creating charter that ensures collaborative outcomes meet health center needs
  - Learn high-level successes and challenges of other health centers related to diabetes poor control
  - Provide a face-to-face opportunity for participants to network

IHI Breakthrough Series Model

For more information:
http://www.ihi.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx



Human-Centered Design Mindsets

For more information: https://www.careinnovations.org/programs/catalyst/

Inclusion & Empathy

Making things tangible

Starting small, learning fast

Collaboration

Showing unfinished work, early and often

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Co-Design: Dimensions of the Collaborative

Reflective Discussion

Consider your own clinic's successes/challenges AND what you heard in your networking groups

- What would you like to highlight?
- Where do you see opportunities?
- What conventions and orthodoxies do we have (and perhaps should be challenged)?

Key Themes

- Population segmentation and reducing health disparities (e.g. race/ethnicity)
- Patient engagement and self-management
- EHR workflows (e.g. capturing data, reporting)
- Workflows for outreach and clinical recommendations
- Care gaps related to diabetes comprehensive care
- Integration with oral health screening and assessment
- Exploration of co-occurring conditions (e.g. depression, obesity, hypertension)
- Pre-diabetes and diabetes prevention
- General best practices (e.g. motivational interviewing, utilizing patient voices, use of dieticians, patient and clinical education)

Group Brainstorm

For more information on collaborative cycles:
https://www.careinnovations.org/resources/catalyst-method-collaborative-cycle/

What topical areas should we elevate as part of this collaborative?

- Instructions:
  - Jot down one idea per post-it
  - Report out your 1-2 top ideas
  - Turn in your post-its

BREAK!

10 minutes

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Co-Design: Structure of the Collaborative

Human-Centered Design Mindsets

Inclusion & Empathy

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Review Affinity Map

For more information on affinity maps:
https://www.careinnovations.org/resources/catalyst-method-affinity-clustering/

- What priorities rose to the top?
- Are these the right buckets?
- Is anything missing?

Current Practices and New Ideas

- Presenting and discussing best practices
- Providing information, tools/resources and upcoming training opportunities
- Conducting PDSA cycles
- Pre-work and homework + report out
- Clinic site visits and observations
- Integrating data in new ways (e.g. disparities data)
- Forming regional break out groups
- Including patients in improvement efforts

Group Brainstorm

What activities would you most like to see as part of this collaborative?

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Wrap-up

Next Steps: OPCA and Clinics

- OPCA
  - Create affinity map and build charter
  - Begin building diabetes tool library
  - Session follow-up

- Clinics:
  - **Complete Pre-Collaborative Survey: https://www.surveymonkey.com/r/LKW9637**
  - Accept listserv invite
  - Webcam participants: Send us your story sheet!

Upcoming Events

- Future collaborative dates/webinars (invites to be sent)
  - October 16 – 1:00 to 2:30pm
  - January 15 – 1:00 to 2:30 pm
  - April 16 – 1:00 to 2:30pm

- See flyers included in registration packet for more information on OPCA and partner events
  - Cost and Utilization Collaborative
  - APCM Learning Session

Ongoing TA Resource

- OCHIN Diabetes Guides:
  - Diabetes Improvement Guide
  - Meaningful Use Workflows
- Meaningful Use
  - Workflow Gap Analysis
  - Optimization Consultation
  - CQM Workflow design/redesign
- UDS
  - CQM Workflow Gap Analysis
  - Workflow design/redesign
- Contact OCHIN at #hccnadmin@ochin.org

Evaluation

- I like…
- I wish…
- I wonder…
- **Pre-Collaborative Survey: https://www.surveymonkey.com/r/LKW9637**