Slide 1	Beac*n Community.	
	AN INHS COLLABORATION	
	Development of an Inventory to Assess	
	Primary Care Practice Readiness for	
	Diabetes Care Coordination	
	Jennifer Polello, MHPA, MCHES	
	Daniel Hansen,	
	Beacon Community of the Inland Northwest	
	APHA Annual Meeting	
	November 1, 2011	
Slide 2		
Silue 2	Presenter Disclosures	
	Jennifer Polello and Daniel Hansen	
	The following personal financial relationships	
	with commercial interests relevant to this presentation existed during the past 12 months:	
	processing the past in the second	
	No Relationships to Disclose	
	Beach Community.	
Slide 3	Learning Objectives	
	Describe the case management and care	
	coordination activities as it relates to diabetes self-management in the primary	
	care setting	
	Describe the Diabetes Care Coordination	
	Readiness Assessment tool (DCCRA) and	
	the validation process	
	Discuss the overall implications and how the results have been used	
	Beac*n	
	As med COLLEGE LOGI	

BCIN Project Goals

- Help assure consistent care for individuals with diabetes who see many different providers in the area
- Fill information gaps so that physicians have a more complete record for clinical decision-making
- · Objectives
 - Reduce use and costs of emergent and inpatient care for diabetes-related complications
 - Leverage health information exchange to increase adherence to diabetes preventive health services
 - Promote population health by improving access to diabetes health information by public health

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Slide 5

Beacon Communities

"Demonstrate the vision of the future where hospitals, clinicians and patients are meaningful users of health information technology, and together the community achieves measurable improvements in health care quality, safety, efficiency and population health."

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Slide 6



Validation Process

- Review clinical and health services literature on care coordination
 - --Special emphasis on linkage between care coordination and health information exchange
- Develop constructs of care coordination based on professional and scientific evidence
- Populate DCCRA tool, based on constructs

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Slide 8

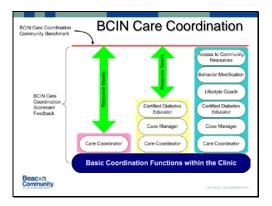
Current Status of Diabetes Care

- Individual physicians and hospitals working to improve care
 - Some use of diabetes registries or tools within or addition to EHRs to manage care for individuals
 - Some coordination of care within and between practices; variations in post-discharge coordination
 - Variation in available care coordination based on size and capacity of each organization
- Gaps in patient records due to lack of information from other providers

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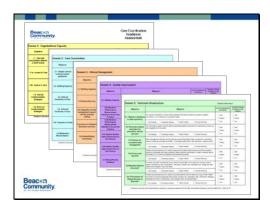
Assessing Readiness

- Comprehensive tool based on a review of current literature
- 5 Domains with measures
- Done in consultation with the provider staff
- Used to determine capacity and future QI projects with coaches

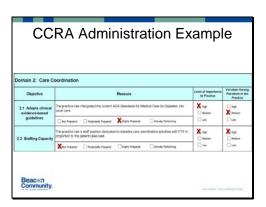
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Slide 11



Slide 12



Practice Transformation Resources

- On- site Coaching for QI activities
- Access to continuing education for the entire care team
- Strategies for practice transformation and work-flow re-design
- Disease management application and physician portal

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Slide 14

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Beac*n Community.

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Slide 15

Thank You

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Community

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