Slide 1

Development of an Inventory to Assess Primary Care Practice Readiness for Diabetes Care Coordination

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Slide 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:

No Relationships to Disclose

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Learning Objectives

1. Describe the case management and care coordination activities as it relates to diabetes self-management in the primary care setting

2. Describe the Diabetes Care Coordination Readiness Assessment tool (DCCRA) and the validation process

3. Discuss the overall implications and how the results have been used
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

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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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

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

BCIN Care Coordination

Basic Coordination Functions within the Clinic

- Needs to optimize resources
- Behavior Modification
- Lifestyle Coach
- Care Coordinator
- Care Manager
- Care Coordinator
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

CCRA Administration Example
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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Thank You

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