



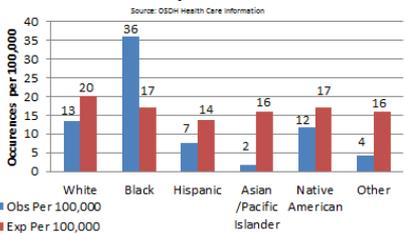
Diabetes Workgroup: Creating a Culture of Quality

PLAN: Identify an opportunity and plan for improvement

1. Getting Started

In 2012, Oklahoma's diabetes mortality rate ranked the 4th highest in the nation. About 329,100 Oklahomans 18 years and older were diagnosed with diabetes. There were 7,007 hospital admissions with diabetes noted as the primary diagnosis, and the charges totaled \$206.7 million. In 2013, the expected uncontrolled diabetes hospital admission rate far exceeded the actual rate.

Uncontrolled Diabetes Hospital Admission Rate by Race, 2013
Source: OSDH Health Care Information



OSDH & OHCA leadership initiated discussions on these health outcomes and commissioned the creation of a joint rapid cycle workgroup that would implement interagency collaboration on mutually reinforcing strategies. The coordination of tactics on this crosscutting health issue also presented an opportunity to reduce potentially duplicative, overlapping, and fragmented efforts.

2. Assemble the Team

- Oklahoma State Department of Health
 - Center for Health Innovation & Effectiveness
 - Chronic Disease Service
 - Office of the Tribal Liaison
- Oklahoma Health Care Authority
 - Population Care Management
 - Health Policy
 - Strategic Planning & Reform
 - Tribal Relations
 - Reporting & Statistics
 - SoonerCare Medical Professional Services

3. Examine the Current Approach

Prior to initiation of Year One rapid cycle efforts, the OSDH and OHCA were pursuing the expansion of diabetes prevention programs (DPP) and diabetes self-management education (DSME) initiatives without the shared aid and expertise inherent in mutually beneficial interagency cooperation.

4. Identify Potential Solutions

With commitment from both agencies, a Diabetes Quality Improvement Workgroup (Workgroup) was formed in March of 2014 to discuss shared population health outcome goals. The Workgroup was established to foster open lines of communication, to bridge organizational cultures, and to enable a cohesive and collaborative working relationship between the agencies.

5. Develop an Improvement Theory

Aim Statement: *By December 31, 2014, increase the number of joint activities in Oklahoma between OSDH and OHCA from 0 to 3 to support evidence-based interventions to a) prevent prediabetics from developing Type 2 diabetes; and b) reduce health care costs through the management of uncontrolled diabetes.*

DO: Test the theory for improvement

6. Test the theory

By the end of Year One, the Workgroup held 9 meetings, jointly attended a QI training session and a QI booster session, and toured the Oklahoma City Indian Clinic Wellness Center. The Workgroup adopted the following activities:

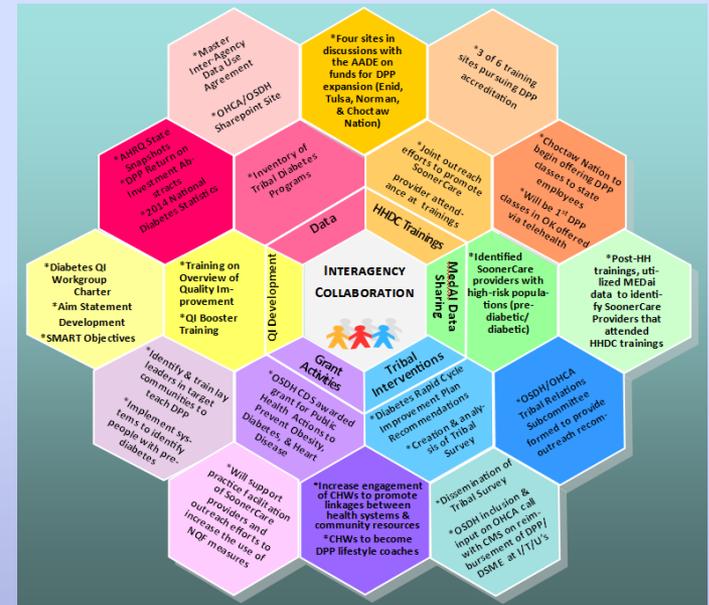
- Harold Hamm Diabetes Center Training Sessions – aimed to identify strategies implemented or barriers to implementing DPP/DSME strategies among OHCA providers through analysis of a 90-day evaluation.
- Use of Tribal Questionnaire results to: a) identify likely tribal partnerships and to develop community-based approaches to reduce diabetes prevalence, and b) to identify and engage a tribe to replicate their culturally-tailored diabetes program in a community with tribal residents who receive their health care from a non-tribal health center.

CHECK: Use data to check results

7. Check the results

The Workgroup achieved the Aim Statement by initiating 3 joint activities that will continue into the Year Two rapid response cycle of the project.

Year One Successes (shown below) included joint QI trainings, the development of collaborative technologies and shared competencies, and strengthened interagency partnerships. Year One successes will be leveraged to develop crosscutting, integrated approaches, focusing on health outcomes to improve the performance, efficiency, and effectiveness of both agencies.



ACT: Standardize the improvement and establish future plans

8. Standardize the Improvement or Develop New Theory

Interagency information sharing, communication, and collaborative approaches produce more public value than could be produced if the agencies acted alone.

9. Establish Future Plans

OSDH & OHCA leadership seek to enhance and sustain interagency collaborations. Efforts will be ongoing to integrate quality improvement in joint activities and evidence-based interventions to prevent diabetes and manage uncontrolled diabetes.



Diabetes QI Workgroup: Diabetes Prevention Training Sessions

PLAN

Identify an opportunity and plan for improvement

1. Getting Started

There are fifty-two Diabetes Self-Management Education (DSME) Programs in the state, but only four (4) CDC-recognized Diabetes Prevention Programs (DPP): Harold Hamm Diabetes Center, the Choctaw Nation, Norman Regional Health System, and the Northeastern Tribal Health System.



The Harold Hamm Diabetes Center (HHDC) was contracted by OSDH Chronic Disease Service to facilitate six diabetes prevention training sessions across the state (Lawton, Weatherford, Oklahoma City, Tulsa, Enid, and McAlester.)

2. Assemble the Team

Oklahoma State Department of Health
Oklahoma Health Care Authority

3. Examine the Current Approach

OSDH and OHCA were pursuing DPP & DSME initiatives without the shared aid and expertise inherent in mutually beneficial interagency cooperation.

4. Identify Potential Solutions

OSDH & OHCA could enhance and sustain interagency collaboration on a health outcome that would prove to be mutually beneficial. OSDH could leverage OHCA's provider relationships to promote SoonerCare providers' attendance at training sessions. OHCA could realize decreased costs in claims as a result of a healthier Medicaid population. Interagency information sharing and communication could produce more public value than could be produced if the agencies acted alone.

5. Develop an Improvement Theory

Objective: *By December 31, 2014, identify strategies implemented or barriers to implementing strategies among OHCA providers who attended HHDC training sessions through analysis of a 90-day evaluation.*

DO: Test the theory for improvement

6. Test the theory

OHCA identified SoonerCare providers with high-risk populations (pre-diabetic/diabetic) based in HHDC training sessions sites, which OSDH then targeted with post cards, flyers, and calls regarding the trainings.

In order to promote attendance, OHCA staff emailed HHDC training session agendas to SoonerCare providers in the counties in which the trainings were scheduled to occur. Following the six training sessions, OHCA identified the SoonerCare providers who attended trainings at each site.



CHECK: Use data to check the results

7. Check the results

Site	Participants	Survey Respondents	SoonerCare Providers
Enid	7	7	5
Lawton	34	31	2
McAlester	18	18	8
Oklahoma City	40	36	10 (4 Nutritionists)
Tulsa	43	39	10
Weatherford	14	13	2
Total	156	144	37

The results of the summative pre-post surveys indicate positive participant engagement and implementation of evidence-based strategies within their practices.

Training Site	Diabetes Prevention Tour		
	PARTICIPANT RESPONSE AT CONCLUSION OF WORKSHOP	Needed to research the feasibility of implementing strategies	PARTICIPANT RESPONSE AT 3-MONTH FOLLOW-UP
Lawton	Intended to make changes to practice	25%	Indicated they made changes to their practice
Weatherford	28.1%	15%	37.5%
Oklahoma City	53.8%	18.8%	53.8%
Tulsa	46.9%	41.7%	60%
McAlester	33.3%	41.2%	73.3%
Enid	47.1%	14.3%	57.1%

One of the most common concerns voiced by participants was the lack of reimbursement for DPP and the limited reimbursement for DSME services.

ACT: Standardize the improvement and establish future plans

8. Standardize the Improvement or Develop New Theory

Following the six training sessions, 3 of the 6 sites initiated efforts to establish a DPP: Enid, McAlester, and Tulsa. These efforts indicate significant progress in the adoption of evidence-based preventive measures, as currently there are only four CDC-recognized DPPs in Oklahoma.

In Norman, Enid, Tulsa, and the Choctaw Nation, there are discussions with the American Association of Diabetes Educators (AADE) who may provide funds for expansion of the programs in these areas. If funded, these sites will be able to employ lifestyle coaches and pursue the implementation or expansion of existing programs. In addition, the Choctaw Nation will begin offering classes within their nation's boundaries to state employees, which will be the first NDPP classes in Oklahoma to be delivered via telehealth.

9. Establish Future Plans

In Year 2, efforts will continue to promote the benefits of practice facilitation, as well as interagency collaboration on the expansion and reimbursement of DPP and DSME.



Diabetes Workgroup: Recognizing Tribal Expertise

PLAN: Identify an opportunity and plan for improvement

1. Getting Started

Of the fifty-two Diabetes Self-Management Education (DSME) Programs in the state, twenty are provided by tribal nations or tribal entities. There are only four CDC-recognized Diabetes Prevention Programs (DPP) in Oklahoma, two of which are provided by tribal nations. Oklahoma tribal nations have been nationally recognized by the Centers for Disease Control for developing effective programs that prevent diabetes, promote disease self-management, and treat Type II Diabetes.

OSDH & OHCA leadership initiated discussions on approaching tribal nations and tribal serving entities to utilize their expertise in diabetes treatment and prevention to reduce the disease and economic burden of diabetes mellitus (DM), and improve the quality of life for all Oklahomans who have or are at risk for DM.

Leadership commissioned the creation of a joint rapid cycle workgroup that would implement interagency collaboration on mutually reinforcing strategies to strengthen diabetes prevention and management efforts.

2. Assemble the Team

- Oklahoma State Department of Health
- Center for Health Innovation & Effectiveness | Chronic Disease Service | Office of the Tribal Liaison
- Oklahoma Health Care Authority
- Population Care Management | Health Policy | Strategic Planning & Reform | Tribal Relations | Reporting & Statistics | SoonerCare Medical Professional Services

3. Examine the Current Approach

In 2012, Oklahoma had the 4th highest diabetes mortality rate in the nation. American Indians in the state have been diagnosed more frequently and die from diabetes at the highest rate of any other race or ethnic group.

Prior to initiation of Year One rapid cycle efforts, OSDH and OHCA did not collaborate to improve DM health outcomes by partnering with tribal nations or tribal serving entities.

The current approach was examined through an assessment of existing tribal diabetes programs, a survey of Tribal Diabetes and Wellness Programs, and a tour of the OKCIC.

4. Identify Potential Solutions

Oklahoma has 39 recognized tribes served by 5 hospitals, 57 clinics and two urban clinics that provide services to members of many tribes. Oklahoma Tribal partners have experience and expertise in designing and implementing evidence-based interventions.

Objective: *With the use of a Tribal Questionnaire, a) identify likely tribal partnerships and engage a tribe in a joint effort in the development of community-based approaches to reducing diabetes prevalence, and b) identify and engage a tribe to replicate their culturally-tailored diabetes program in a community with tribal residents who receive their health care from a non-tribal health center.*

DO: Test the theory for improvement

6. Test the theory

In addition to a Tribal Questionnaire, the Workgroup conducted an assessment and inventory of existing tribal diabetes programs, and toured the Oklahoma City Indian Clinic Wellness Center.

As part of OHCA's involvement in the Medicaid Prevention Learning Network, a survey was developed to better assess similarities and differences among Tribal Diabetes and Wellness Programs in Oklahoma. The Workgroup identified this survey as a partnership opportunity to begin the assessment phase of the project.

CHECK: Use data to check the results

7. Check the results

An online Tribal Diabetes/Wellness Program Questionnaire was made available online in August of 2014. Prior to its release, the OHCA Tribal Relations Unit emailed the survey link to 18 tribal entities in the hopes of increasing the response rate. The OHCA received seven responses representing six programs (listed below).

Muscogee (Creek) Nation	Indian Health Care Resource Center of Tulsa	OKC Indian Clinic BRAID
Chickasaw Nation	Seneca-Cayuga Nation of Oklahoma	Cheyenne & Arapaho Tribes

Results of the assessment and survey show there are many programs in place, but the level of standardization is not clear. Better understanding of the commonalities and effectiveness of programs using evidence-based practices is needed.

ACT: Standardize the improvement and establish future plans

8. Standardize the Improvement or Develop New Theory

Tribes need to be included at the decision table to determine willingness and feasibility of this approach to leverage tribal expertise.

9. Establish Future Plans

- Engage tribal stakeholders through methods such as inclusion on the workgroup or tribal consultation
- Explore reimbursement for DPP and other tribal preventive and wellness services
- Leverage the Million Hearts initiative
- Develop, implement and evaluate a pilot