REDUCING DISPARITIES: POLICY AND SYSTEM CHANGE ASSOCIATED WITH IMPLEMENTATION OF INTERVENTIONS

The Alliance to Reduce Disparities in Diabetes is a consortium of 5 communities that focus on people with the worst diabetes outcomes: African Americans, Hispanics, and Native Americans. The communities that comprise the consortium are located in: Camden, NJ, Chicago, IL, Dallas, TX, Memphis, TN, & the Wind River Reservation in Wyoming. Improved services, education and support systems are required to reduce disparities in diabetes outcomes. The 5 community based sites of the Alliance have introduced innovative interventional for those most at risk related to care coordination, patient education and provider training regarding working with diverse patient groups. Sites soon recognized that system and policy changes were necessary to move their innovations from periodic programs and projects to institutionalized ways of ensuring sustainability.

STUDY PURPOSE AND METHODS

This study examined system and policy changes initiated by Alliance sites. Data were initially collected from project leaders via a form requesting enumeration of all system and policy change efforts. These were examined against site documents provided routinely to the Alliance National Program Office (NPO) at the University of Michigan. A policy expert extracted confirming information from these materials, refined the original lists to include only confirmed system and policy changes, level of change (organizational, citywide, statewide), and stage of accomplishment (1, beginning; 2, adoption; 3, implementation; and 4, full maintenance). Final lists were then verified through documentation by the Alliance teams (N=44 individuals) in face to face meetings with the NPO leaders (N=1).

RESULTS

Analysis of data revealed 43 distinct system and policy changes initiated across the 5 sites and classified into 3 levels: organizational, citywide, statewide. Of the changes, 28 were classified as being implemented or in the maintenance stage. Examples of changes at each site are provided below.

CHICAGO

- "Improving Diabetes Care and Outcomes on the South Side of Chicago"
- Institutionalized change and support for diabetes self-management education in Federally Qualified Health Center (FQHC) clinics, with teaching responsibilities assigned to clinic staff
- Stage: Adoption at organizational level
- Integrated Care Coordinators into clinical team; Care Coordinators have role in patient navigation, education, and care for community members
- RHBCs (4) are positioned for Patient Centered Medical Home Recognition
- Stage: Adoption through implementation, based on specific clinical
- Strengthened clinic to community links through agreements and memos of understanding with diabetes partners
- Save a Life, grocery chain, Walgreens, Farmer’s Market and KLEO Community Food Pantry to provide incentives
- Stage: Implementation at citywide level
- Shaped the evolving Chicago Department of Public Health to plan/evaluate diabetes-related citywide policy
- Stage: Implementation at citywide level

CAMDEN

- "Camden Citywide Diabetes Collaborative"
- Established the Camden Camden Health Information Exchange (CHIE), which allows for real-time sharing of lab results, radiology reports, and discharge summaries among 4 hospitals, 8 PCPs, specialists, two allergy services, and outreach care team and research team. CHIE is primarily used to target high-utilizers of hospital services
- Stage: Implementation at citywide level
- Led effort to enact legislation creating ACDS in New Jersey. Law has been signed by Governor and the Collaborative is working with the state to create regulations to implement the legislation
- Stage: Implementation at state level
- Camden Coalition of Healthcare Providers (CCHP) initiated the process to become a Medicaid ACO, one of the first in the nation. CCHP is working with stakeholders to develop gain-sharing, expects formal recognition as ACO by end of 2013
- Stage: Implementation at state level

RESULTS

Level of Change

Stage of Accomplishment in Year 4 of Project

WIND RIVER

- "Reducing Diabetes Disparities in American Indian Communities"
- Established protocols for sharing patient data across clinical (Indian Health Service) and community systems (Tribe/Program-Diabetes: Navigators and Outreach Worker)
- Stage: Maintenance at organizational level
- Established Wind River Reservation Diabetes Coalition: increased coordination and collaboration among Tribal Health and Tribal Diabetes programs: Indian Health Service, State of Wyoming, County Public Health Nurses, and University of Wyoming to improve services to American Indian people with diabetes. Coalition created the Annual Wind River Diabetes Conference, currently in fourth year as of 2012
- Stage: Maintenance at state level and Tribal level
- Established collaboration with Indian Health Service to incorporate information on Tribal history, culture, and traditions into the new employee orientation for health care providers
- Stage: Implementation at organizational level

DALLAS

- "Diabetes Citywide Project"
- Established 2 new job codes within the Baylor Health Care System: Community Health Worker 1 & Community Health Worker 2
- Stage: Maintenance at organizational level
- Embedded Community Health Worker (CHW) as part of clinical care team in Patient Centered Medical Homes through job description, effort underway to broadly the CHW role from diabetes to chronic disease support in evolving Baylor ACO
- Stage: Implementation at organizational level
- Implemented timely diabetes registry activities (Diabetes) to improve and monitor patient care
- Stage: Maintenance at organizational level
- Established "VIP Program" for high-risk patients as part of routine clinical protocol to facilitate closer monitoring (medication adjustment), additional screening
- Stage: Implementation at organizational level

MEMPHIS

- "Diabetes for Life"
- Established first Diabetes Quality Improvement Learning Collaborative in 11 community practice sites
- Stage: Beginning at the organizational level
- Established citywide Chronic Disease Collaborative to engage primary care practices in an effort to become certified as medical home
- Stage: Beginning at citywide level
- Establishing peer education and peer support network via the faith-based community (Memphis Healthy Churches) utilizing trained Church Health Representatives
- Stage: Adoption at organizational/community level

BACKGROUND

The Alliance to Reduce Disparities in Diabetes is a consortium of 5 communities that focus on people with the worst diabetes outcomes: African Americans, Hispanics, and Native Americans. The communities that comprise the consortium are located in: Camden, NJ, Chicago, IL, Dallas, TX, Memphis, TN, & the Wind River Reservation in Wyoming. Improved services, education and support systems are required to reduce disparities in diabetes outcomes. The 5 community based sites of the Alliance have introduced innovative interventional for those most at risk related to care coordination, patient education and provider training regarding working with diverse patient groups. Sites soon recognized that system and policy changes were necessary to move their innovations from periodic programs and projects to institutionalized ways of ensuring sustainability.

CONCLUSION

These datasets suggest achieving effective care coordination, patient education, and provider training requires supportive system and policy changes. Such change is fundamental to institutionalizing and sustaining promising interventions for reducing diabetes disparities. Changes range from the organizational level such as individual practice or clinic sites to broader scales such as across health care systems and communities. Collaborative effort across stake holding groups is required to achieve sustainability.

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