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

Authors: Belinda W. Nelson, PhD., Martha Quinn, MPH, Julia Dodge, RN., MS., & Noreen M. Clark, PhD.

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 interventions 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 functioning that ensured 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=3).

CAMDEN
"Camden Citywide Diabetes Collaborative"

Established the **Citywide 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 ancillary 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 ACOs in New Jersey.** Law has been signed by Governor and the Collaborative is working with the state to craft regulations to implement the legislation
Stage: Implementation at statewide 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 statewide level

CHICAGO
"Improving Diabetes Care and Outcomes on the South Side of Chicago"

Institutionalized **classes 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

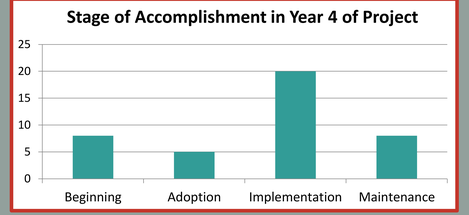
Integrated **Care Coordinators into clinical team**; Care Coordinators have role in patient navigation, education, and are liaisons with community. FQHCs (4) are positioned for Patient Centered Medical Home recognition
Stage: Adoption through implementation, based on specific clinic

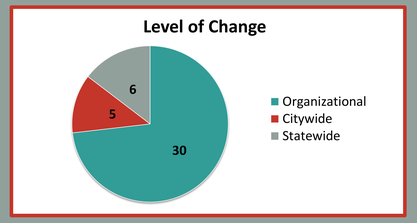
Strengthened **clinic to community links** through agreements and memos of understanding with diabetes partners: Save-a-Lot grocery chain, Walgreens, Farmer's Market and KLEO Community Food Pantry to provide incentives, education, and assistance to clinic patients
Stage: Implementation at organizational level

Shaped the evolving **Chicago Department of Public Health** to plan/evaluate diabetes-related citywide policy
Stage: Implementation at citywide level

RESULTS

Analysis of data revealed 41 distinct system and policy changes initiated across the 5 sites and classified into 3 levels: organizational, citywide, and statewide. Of the changes, 28 were classified as being implemented or in the maintenance stage. Examples of changes at each site are provided below.





DALLAS
"Diabetes Equity 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 broaden the CHW role from diabetes to chronic disease support in evolving Baylor ACO
Stage: Implementation at organizational level

Implemented **timely diabetes registry entries (DiaWeb)** to improve and monitor patient care
Stage: Maintenance at organizational level

Established a **"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"

Establishing first **diabetes Quality Improvement Learning Collaborative** in 10 community practice sites
Stage: Beginning at the organizational level

Establishing **citywide Chronic Disease Collaborative** to engage primary care practices in an effort to become certified as medical homes
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

WIND RIVER
"Reducing Diabetes Disparities in American Indian Communities"

Established **protocols for sharing patient data** across clinical (Indian Health Service) and community systems (Tribal Programs-Diabetes Navigators and Outreach Workers)
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 statewide 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

CONCLUSION

These data 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 levels such as across health care systems and communities. Collaborative effort across stake holding groups is required to achieve sustainability.

The Alliance to Reduce Disparities in Diabetes is supported by the Merck Foundation
http://cmcd.sph.umich.edu/