Pathways and Possibilities in Health Care Reform for Reducing Diabetes Disparities

*Local Programs With National Impact*

Friday, March 1, 2013
12:00 – 1:00 pm ET

Sponsored by Merck Foundation
Welcome and Introductions

Noreen Clark, PhD
National Program Office for the Alliance to Reduce Disparities in Diabetes

Susan Dentzer
Health Affairs

Jeffrey Brenner, MD
Camden Coalition of Healthcare Providers

Marshall Chin, MD, MPH
University of Chicago

James Walton, DO, MBA
Genesis Physicians Group
Agenda

- Overview of Alliance and Alliance Policy Considerations
- Where We Stand on the ACA – Updates on Latest Implementation Milestones
- Examining Local Programs and Their Potential Impact and Influence Given Health Care Reform
- Audience Q&A
- Closing
About the Alliance

The Alliance to Reduce Disparities in Diabetes aims to change the outlook for those who experience the worst outcomes.

• National program launched and supported by the Merck Foundation.

• Local level demonstrations.

• Located in five communities across the country since 2009:
  - Camden, NJ
  - Southside of Chicago, IL
  - Dallas, TX
  - Wind River Indian Reservation, WY
  - Memphis, TN

• National level efforts to support key partners’ work in diabetes control and put forward policy considerations informed by local experience.
The Alliance Aims to Reduce Disparities in Diabetes Outcomes Through Local Demonstrations That Comprise:

Evidence-based, community-focused interventions to enhance quality of care: system level; provider level; patient education

Efforts to ensure that successful programs and services are sustained in policy and practice
Leverage Local Learnings to Address Health System, Provider and Patient Needs

• Designed to overcome the systemic and structural barriers to providing effective diabetes care to those most in need including realigning financial incentives

• Considerations pose a series of questions surrounding the need to realign financial incentives affecting health systems, providers and patients

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<tr>
<th>Addressing Health System Needs</th>
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<tr>
<td>• Encourage Greater Integration of Public Health and Health Care Systems</td>
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<td>• Share and Report Community-Wide Health Data</td>
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<td>• Eliminate Incentives That Encourage Underinvestment in Low-Income, High-Risk Patients</td>
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<td>• Optimize ACOs' Abilities to Reduce Disparities</td>
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<td>• Support Deployment of Community Health Workers</td>
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<td>• Enhance Diabetes Self-Management Supports</td>
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Policy Considerations That Make the Link

- Provisions of the Affordable Care Act present an opportunity to improve care coordination and reduce disparities

- Which ones are moving forward and which aren’t?
Policy Considerations

- Health insurance: coverage expansion begins in 2014
- Estimated 30 million more will gain coverage through private insurance or Medicaid
- Insurance reforms take effect – e.g., ban on preexisting condition restrictions
- Medicaid expansion: 26 states now moving forward; 9 weighing options; 15 states opposed
Policy Considerations

- National Diabetes Prevention Program

- Public/private partnership bringing to communities evidence-based lifestyle change programs for preventing type 2 diabetes – moves forward.
Policy Considerations

- Prevention and Public Health Fund
- Begun at $500 million; to build to $2 billion/year for total contributions of $10 billion over 10 years
- Fund reduced by $6.25 billion in FY 2011 to $3.75 billion over decade
- Significant proportion of fund has been used to supplant existing federal funding; further cuts ahead?
Policy Considerations

- Payment and delivery system reforms
- Increase care integration and reduce fragmentation
- Realign financial incentives affecting patients, providers and systems
- Support enhanced primary care
- Support patient self-management
Policy Considerations

- Patient-centered medical homes: all-payer national pilot; 25 states have incorporated into Medicaid; Federally Qualified Health Center Demonstration on Advanced Primary Care

- Accountable Care Organizations: Accountable Care Organizations, including nearly 300 in Medicare program; nearly 5 million beneficiaries participating

- Medicaid ACOs in Minnesota, Colorado, Oregon and Washington
Policy Considerations

- Health Information Technology and 2009 HITECH/ARRA law, meaningful use incentives
- Connectivity between health care systems and public health just beginning
- Health information exchange – moving slowly, picking up steam
Community Health Workers – recognized in Affordable Care Act

No specific financing or reimbursement mechanism,

Growing use nonetheless – e.g., as part of Community Health Teams in Vermont’s Blueprint For Health

Vermont one of six states to receive State Innovation Model grant ($45 million) from CMS to extend the Blueprint model more broadly
Alliance Camden Program

Jeffrey Brenner, MD
Overview of the Camden Coalition of Healthcare Providers

**Vision:** Camden will be the first city in the country to bend the cost curve while improving quality.

**Mission:** To improve the quality, capacity, coordination and accessibility of the healthcare system for all residents of Camden.

- 50 staff, $4.8 million annual budget
- Mix of foundation, federal grant funding and hospital support
- Membership organization, 20 member board, incorporated non-profit

**Theory of Change:** Data, Clinical Redesign, Engagement
• 64 year-old African American male with COPD, diabetes, prostate cancer, laryngeal cancer and uncontrolled high-blood pressure.

• Dual Eligible. Lives with wife.

• 2 insulin injections daily in addition to 17 other daily medications.

• 6 months prior to our intervention: 3 admissions in a one month period

• Since intervention, patient has had only 1 admission
Patient-Centered Care Coordination

- Patient
- PCP
- Meals
- Transport
- Home PT/OT
- Home Nursing
- Durable Goods
- Sub-Acute Rehab/PT
- Cardiology
- Endocrine
- Pulmonology
- Urology
- Oncology
- Surgery
- Hospital #1
Patient Engagement
Alliance Chicago Program

Marshall Chin, MD, MPH, FACP
South Side of Chicago

**Challenges**
- Poverty
- Social challenges
- Food deserts
- Unsafe recreation
- Mistrust of healthcare
- Weakened hospital safety net

**Strengths**
- Historical, social, political, and cultural traditions
- Community resources and institutions
- Healthcare institutions
The Chronic Care Model

- Community Partnerships
- Quality Improvement
- Patient Activation
- Provider Training

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Productive Interactions

Community

Health Systems

Patient

Practice Team
Community Partnerships

- KLEO food pantry
- Health education
- Health screening
- Link to medical home
- Link to clinic classes
- Food prescriptions
Lessons Learned

- Health care / Community integration is the future – e.g. ACO
- Start small, focus on participants’ priorities, and build from there
- Align with others
  - Tremendous enthusiasm from all – “It’s the right thing”
- Integration is time-consuming and challenging, but payoffs are substantial
Diabetes Equity Project - Dallas

- **Goal:** To optimize primary care for “at-risk” diabetic patients (i.e. IOM’s Triple Aim)
- **Tactics:**
  - Embed Community Health Workers within PCMH
  - Train & Manage CHWs – Diabetes Health Promoters
  - Leverage Software for data capture/communication
  - Adapt Community Diabetes Education Program (CoDE™)
  - Connect to Community Health Network
Improvement of Disease Control

- 4+ Years – 1,200 Diabetic Patients
  - 89% Racial/Ethnic Minorities
  - HgbA1c "Good Control" – 49% of Population
    - Average at Initiation = 32%
  - HgbA1c "Poor Control" – 17% of Population
    - Average at Initiation = 38%

- Avg. HgbA1c after 24 mo. = 7.2%
  - Average at Initiation = 8.4%

*HgbA1c “Good Control” = <7%; HgbA1c “Poor Control” = >9%
Reduction in Downstream Costs
- Decreased ED & IP Utilization/Costs after program completion

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Increase in Patient Satisfaction
- >98% Top Box Satisfaction during program
Three Lessons Learned

• Professional Development of CHWs
  – Commitment to transforming the PCP Care Team
    • Connecting Patients & Medical Home

• Dedicated Care Coordination Software
  – Optimizing communication across the team
    • Capture behavioral, social and clinical data – Reporting

• Manage productivity, quality & satisfaction
  – Nurse management - centralized training, team-building and troubleshooting
Thank You!

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Examining Local Programs and Their Potential Impact in Era of Health Reform

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*Health Affairs*

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