Components of a great Diabetes Program

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1. Multi-Disciplinary Team

- May include RN, RD, MD, CHRs, MAs, PHN, FNP, LCSW/Behav Health, Dental, CDE, etc.
- Diabetes Coordinator (DMC) is lead
- Meets regularly
- Sets goals for the Diabetes Program

2. Community input

- What are your tribal communities doing in regards to health?
- Partnering with tribal programs
- Diabetes Advisory Committee

3. Self-Management Support

- Comprehensive diabetes education program
- Cover all topics: Nutrition, Exercise, Use of Medications, Prevention of complications, Psycho/social issues, Monitoring, Problem Solving
- Behavioral change

4. Diabetes care is evidence-based

- Refer to IHS Standards of Care
- American Diabetes Association Standards of Care
- IHS Best Practices
- Build on what has been done before

5. Patient-centered care

- Provide the best care and support you can
- Make your clinic one that clients want to come to
- Individualized care plans
- Contact new patients ASAP
- Ask what the patient wants

6. Case Management

- Chronic Disease Case Management
- Risk Assessment
- Tracking and follow-up
- Care plans
- Supporting behavioral change

7. CQI

- Continuous Quality Improvement
- Are we measuring what we are doing and are we trying to do it better?
- Frequent review (at least quarterly)
- Diabetes Audit and GPRA

8. Staff know diabetes

- Training
  - Certified Diabetes Educator
  - DDTP WebEx programs
  - Read Standards of Care, etc.
  - CAN-DO and CAO conferences
- Experience
  - Patient-centered care

9. Diabetes Prevention Program

- Diabetes can be prevented or delayed (DPP research)
- Is your community ready?
- Pre-Diabetes Register

10. Adequate physical space

- Not a closet!
- Space for classes, meeting, community wellness activities
- Space for educational materials

References for setting up a Diabetes Program:

- Division of Diabetes Treatment and Prevention (DDTP) webpage on IDERP
  - http://www.diabetes.ihs.gov/index.cfm?module=programsIDERP
- "National Standards for Diabetes Self-Management Education", p. S89, Diabetes Care Vol. 34, Supplement 1, January 2011
- You can download this article and others (including the 2011 Standards for Medical Care in Diabetes) by going to:
  - http://care.diabetesjournals.org

DM Audit & GPRA

Comparison and Use

Glenna Starritt, MS, RD

	DM Audit	GPRA
Started	1980's	2000/2002
Who	Active DM patients: "Active" status patients seen by (your) Primary Care Provider(s) (PCP) within the DM Audit Year for primary diabetes treatment and care (see DM Audit Instructions under "View Instructions" for detailed inclusion/exclusion criteria). www.dmaudit.com	1) GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) prior to the report period, *and* at least 2 visits in the past 3 years, *and* 2 DM-related visits ever.

What	DM Audit > 50 Measures	8 DM GPRA Measures (2 Not Tracked- N/A)
	Includes: •BMI •BP •Exams •Education •Immunizations •Medications •Labs (A1c, Lipids, UAs, Cr) •Depr & Tob Use Scrn	6 DM GPRA Measures Tracked: •Poor Glycemic Control •Ideal Glycemic Control • Controlled BP •LDL Assessed • Nephropathy Assessed •Retinopathy Exam • N/A-Diabetes Dx Ever & Doc'd A1c

When	Period of care: Jan1st - Dec 31st (calendar year)	Period of care: July 1st - June 30th ('GPRA year')
How	•Manual (chart review) OR electronic (RPMS extract) •Submission of data via Web Audit	•RPMS/CRS reports run by GPRA Coordinators (or Designee) for each Program
Why	Local: Assess care and health of patients with diabetes to identify strengths and needs for improvement National: Reporting to Congress and others	Local: same National: Required for performance measurement

You Should Know

- Do you have a GPRA (or QI) Team?
- Who is your GPRA Coordinator?
- Who runs the GPRA reports and how often is it generated?
- Do you use the GPRA data for quality improvement on a regular basis?
- What is the GPRA Dashboard?

It Takes a Team

GPRA Overview

Wendy Blocker, MSN

What is GPRA?

- Government Performance and Results Act of 1993
  - A Federal law
  - Requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions
- 22 Clinical Measures
  - 6 Diabetes
  - 3 Dental
  - 3 Immunizations
  - 10 Prevention

GPRA: 2010 California Results

2010 Final GPRA Dashboard DIABETES	California Area 2010-Final	California Area 2009-Final	National 2010-Final	National 2010 Target	2010 Final Results - California Area
Diabetes Dx Ever	11%	11%	12%	N/A	N/A
Documented A1c	83%	82%	82%	N/A	N/A
Poor Glycemic Control	15%	16%	18%	16%	MET
Ideal Glycemic Control	37%	37%	32%	33%	MET
Controlled BP <130/80	35%	35%	38%	40%	NOT MET
LDL Assessed	67%	70%	67%	69%	NOT MET
Nephropathy Assessed	48%	52%	55%	54%	NOT MET
Retinopathy Exam	47%	56% (53%)	53%	55%	NOT MET
DENTAL					
Dental Access	43%	42% (42%)	25%	27%	MET
Sealants	13,926	14,081	275,459	257,920	N/A
Topical Fluoride- Patients	9,750	8,925	145,181	136,978	N/A
IMMUNIZATIONS					
Influenza 65+	54%	62% (54%)	62%	60%	NOT MET
Pneumovax 65+	80%	81% (78%)	84%	83%	NOT MET
Childhood IZ[a]	72%	77% (77%)	79%	80%	NOT MET
PREVENTION					
Pap Screening	51%	56% (51%)	59%	60%	NOT MET
Mammography Screening	45%	50% (43%)	48%	47%	NOT MET
Colorectal Cancer Screening	32%	33% (30%)	37%	36%	NOT MET
Tobacco Cessation	25%	23% (22%)	25%	27%	NOT MET
Alcohol Screening (FAS Prevention)	43%	41% (41%)	55%	55%	NOT MET
DV/IPV Screening	48%	48% (48%)	53%	53%	NOT MET
Depression Screening	39%	40% (39%)	52%	53%	NOT MET
CVD-Comprehensive Assessment	43%	44% (44%)	35%	33%	MET
Prenatal HIV Screening	62%	62% (61%)	78%	77%	NOT MET
Childhood Weight Control[b]	24%	24%	25%	24%	MET

[a]Varicella immunization added to childhood immunization series as of FY 2010

[b]Long-term measure as of FY 2009

2009 results in parenthesis do not include refusals and are displayed for informational purposes only

NOTE: As of FY 2010, refusals are no longer included in National, Area, or Site results

Measures Met = 5

Measures Not Met = 15

GPRA 2011 Targets

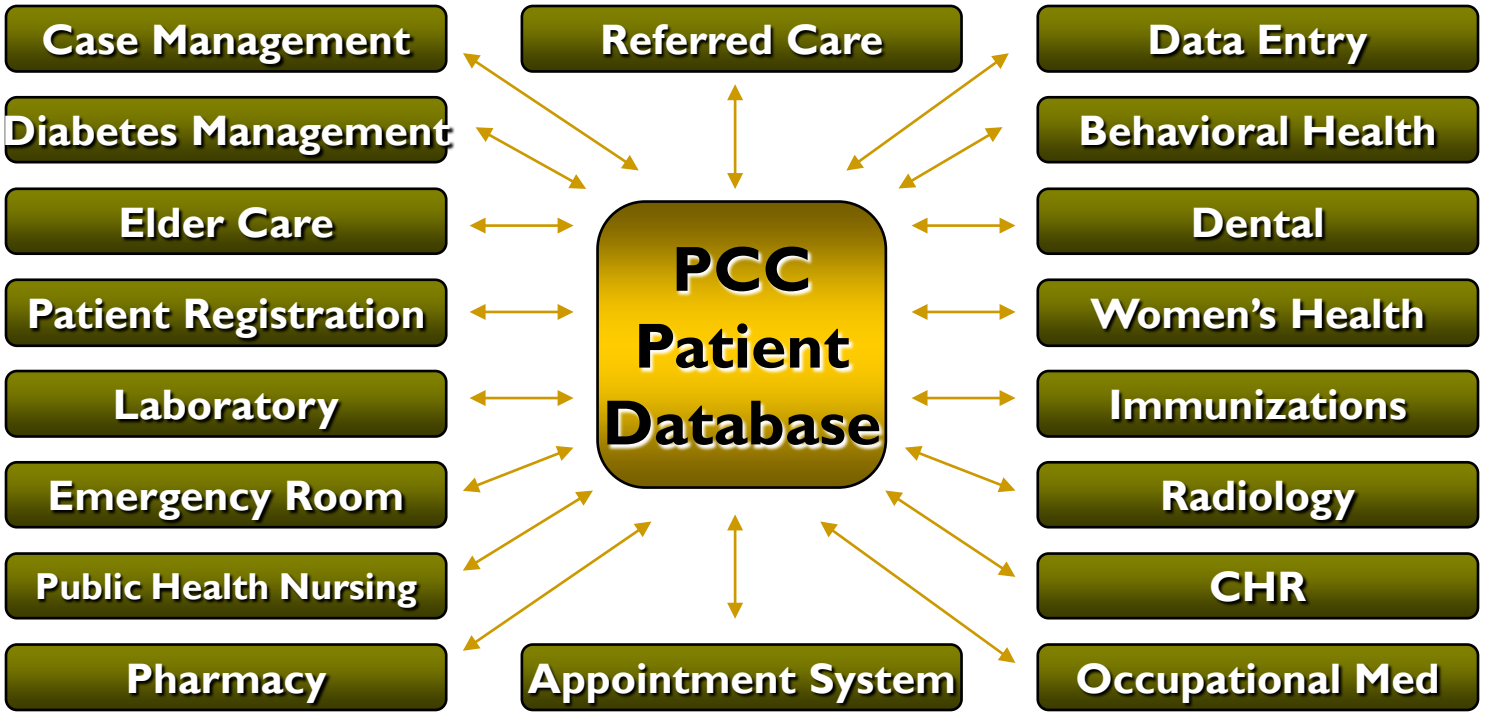
Measure	California 2010 Final	National 2011 Targets	Difference
Prenatal HIV Screening	62%	79.9%	17.9%
Depression Screening	39%	56.3%	17.3%
Alcohol Screening (FAS Prevention)	43%	56.1%	13.1%
Influenza 65+	54%	63.5%	9.5%
Pap Screening	51%	60.5%	9.5%
DV/IPV Screening	48%	57.3%	9.3%
Childhood IZ	72%	81.0%	9.0%
Nephropathy Assessed	48%	56.4%	8.4%
Colorectal Cancer Screening	32%	39.8%	7.8%
Retinopathy Exam	47%	54.4%	7.4%
Pneumovax 65+	80%	86.1%	6.1%
Mammography Screening	45%	50.9%	5.9%
Controlled BP <130/80	35%	39.0%	4.0%
LDL Assessed	67%	68.7%	1.7%
Tobacco Cessation	25%	25.7%	0.7%

Relationship Between GPRA & CRS

- The IHS Director has designated the Clinical Reporting System (CRS) as the national tool for reporting of all GPRA clinical measures
  - Federal (IHS) facilities are required to use CRS for GPRA reporting
  - Urban facilities are encouraged to use CRS for GPRA reporting
  - Tribal facilities are not required to use CRS but are encouraged to use it

Where does CRS get data?

- CRS Mines Its Data from RPMS
  - Resource and Patient Management System (RPMS)
    - IHS' Health Information Solution since 1984
    - Comprised of over 50 component applications



Where to find CRS Logic

- Clinical Reporting System Website:
  - CRS 11.0 National GPRA & PART Performance Measure List and Definitions Document*

    http://www.ihs.gov/cio/crs/documents GPRA%20PART%20Measures%20V1 .pdf

*New version of CRS. CRS 11.0 released January 11

- Running a Patient List
  - Instructions for running a patient lists are available
    - Ex. Running the patient list for LDL Assessed

California Area:
GPRA Measure of the Month Challenge

Month	Measure	Dates to Run Initial Report	Dates to Run Final Report
November ’10	Influenza 65+	November 3-5	December 8-10
December ’10	Depression Screening	December 1-3	January 5-7
January ’11	Colorectal Cancer Screening	January 3-5	February 7-9
February - March’11	Childhood IZ	February 1-3	April 4-6
April-May’11	Nephropathy Assessed	March 30-April 1	June 1-3
June-July ’11	Pap Screening	June 1-3	August 1-3

Investigating Reasons for Low Nephropathy Rates at a local Clinic

- Provider impressions:
  - Patients didn't come in
  - Data didn't get entered
- GPRA Coordinator Audit Findings
  - 28% in for acute problems – not diabetes.
  - Of patients with diabetes visits
    - 60% - no A/C ratio or GFR or both were ordered
    - 21% - records not updated by data entry

Investigating Reasons for Low Rates

- Don’t rely on assumptions
- Use tools in CRS or iCare
- Check taxonomies
- Audit patient records
- Map processes

TOOLS & RESOURCES

- CA Medical Provider's Conference/Annual Best Practices Conference
  - May 23-26th 2011
- Clinical Reporting System (CRS) Website –
  - www.ihs.gov/cio/crs
- IHS – California Area website
  - http://www.ihs.gov/FacilitiesServices/AreaOffices/California/Universal/PageMain.cfm?p=10
- Best Practices and CRS WebEx Trainings

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SDPI Future & Overview

Helen Maldonado, PA-C, CDE

How to tie in Best Practices and the Health of Your Population

DDTP Web Page

- The Division of Diabetes Treatment and Prevention is a very dynamic page with LOADS of information and learning opportunities
- http://www.ihs.gov/MedicalPrograms/Diabetes/
- Site demonstration

Quality Care Evidence

- GPRA measures are viewed by OMB/Congress for funding programs
- Future of SDPI is uncertain
- Accountability by ALL will help to support SDPI funding
- There are different measures: DM Audit, GPRA, Key Measures, Semi-Annual Report, Improvement Measures

Developing Your Program

- SDPI and DM Best Practices Key Measures/Are they measurable?
- SMART Objectives
- Timelines
- Measuring progress towards meeting objectives set in FY 2010?

Loving Your Data

- Do you have to become a statistician?
- How can you learn about data?
- Why should you care?
- Isn't that someone else's job?
- Who's going to notice?
- It's never been done like this before….

Understanding Your Data

- Requires a team
- Technical Assistance is available
- Data reflects the level of care being provided
- It's everyone's responsibility
- Your SDPI Grant measures are evaluated with each application and progress report

Health Professionals

- All health care professionals have 2 jobs
- Includes front line clinical and support staff

  - **JOB 1 is to provide care**
  - **JOB 2 is to improve care**

Future of SDPI FY 2012-13

NOTE: This project is in its final year [Fiscal Year (FY) 2011]. As required by the terms and conditions of the grant, the organization is required to submit a final progress report within 90 days after the grant ends. The grantee must also provide an inventory of all equipment and supplies, if applicable. Failure to submit these required reports, when due, may affect future funding or require the awarding agency to withhold support for other eligible projects or activities involving your organization. Please be advised that any future grant support provided under the Special Diabetes Program for Indians beyond FY2011 will undergo a competitive grant process. Detailed guidance will be provided to all eligible entities for planning purposes as soon as it becomes available.