CENTRAL DISTRICT HEALTH DEPARTMENT

CENTRAL HEALTH Collaborative
Ada, Boise, Elmore & Valley Counties

Statewide Healthcare Innovation Plan
Improved health, improved healthcare, and lower cost for all Idahoans

Meeting Agenda
Tuesday, July 5, 2016
1:00pm-2:30pm
La Quinta Inn and Suites – Boise Towne Square
7965 Emerald St. Boise, ID. 83704
Call In Option: 1-855-291-0679

Next Meeting: Tuesday, September 6, 2016

Mission: To organize healthcare stakeholders by providing a structured forum for sharing valuable knowledge, finding common solutions, and identifying resources to improve health outcomes, improve quality and patient experience of care, and to lower costs of care in the region.

Agenda Item	Outcome	Process	Person
Diabetes Needs and Gaps Survey Results 1:00-1:30	Identify focus areas and clinic priorities	Review aggregate results	Gina Pannell
Regional Care Coordination Network 1:30-1:50	Identify benefits and barriers of RCCN	Discussion	All
CHC Website 1:50-2:00	Identify CHC needs/uses	Discussion	Gina Pannell
September CHC Meeting-invitation to Cohort 1 SHIP Clinic staff 2:00-2:25	Identify topics/format of event	Discussion	All
Wrap-Up 2:25-2:30	Identify CHC member assignments/tasks	Action Item Review	Gina Pannell

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CENTRAL HEALTH Collaborative
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Medical-Health Neighborhood | Diabetes

Cohort 1

Needs and Gaps Survey Results

CENTRAL DISTRICT HEALTH DEPARTMENT

REGIONAL DIABETES AND HYPERTENSION COALITION

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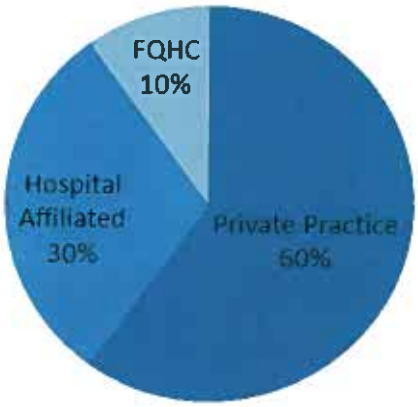
Q1 Clinic Info

Answered: 10 Skipped: 0

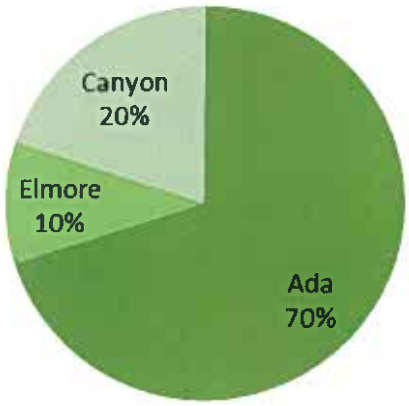
Answer Choices	Responses	
Name	100.00%	10
County*	100.00%	10

*Feedback was received from Canyon County and included in the aggregate survey results.

Clinic Type



County



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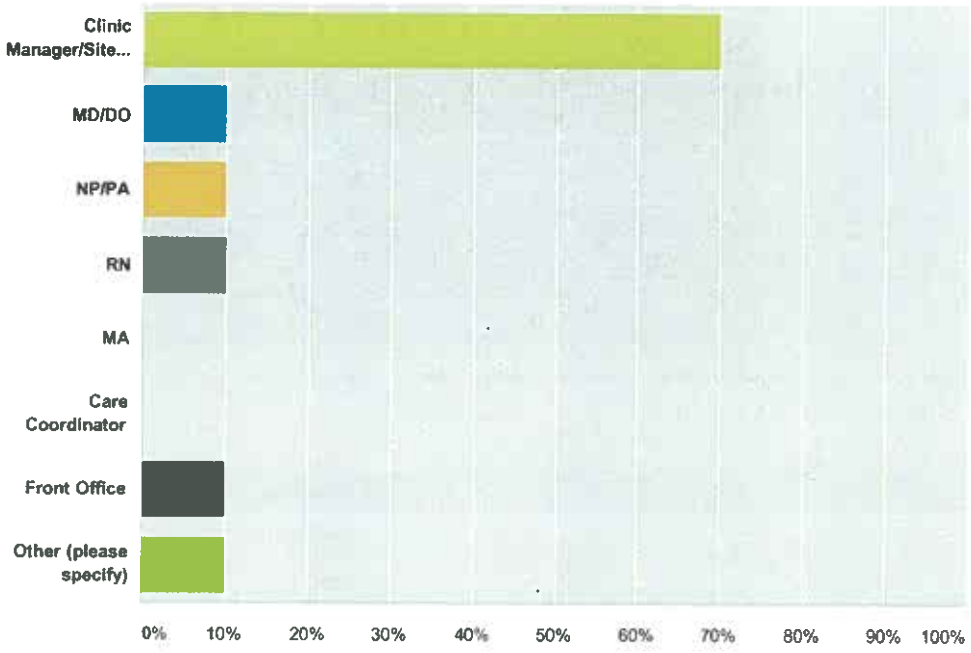
Q2 What is the title/role of individual(s) completing the survey? (Check all that apply)

Answered: 10 Skipped: 0



Answer Choices	Responses	
Clinic Manager/Site Manager	70.00%	7
MD/DO	10.00%	1
NP/PA	10.00%	1
RN	10.00%	1
MA	0.00%	0
Care Coordinator	0.00%	0
Front Office	10.00%	1
Other (please specify)	10.00%	1

#	Other (please specify)
1	LPN

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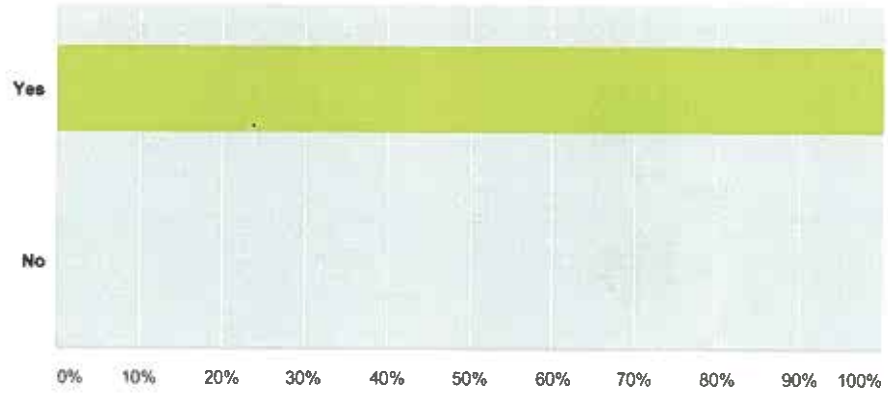
Q3 Does your clinic staff have access to the latest evidence-based information for diabetes care?

Answered: 10 Skipped: 0



Answer Choices	Responses	
Yes	100.00%	10
No	0.00%	0
Total		10

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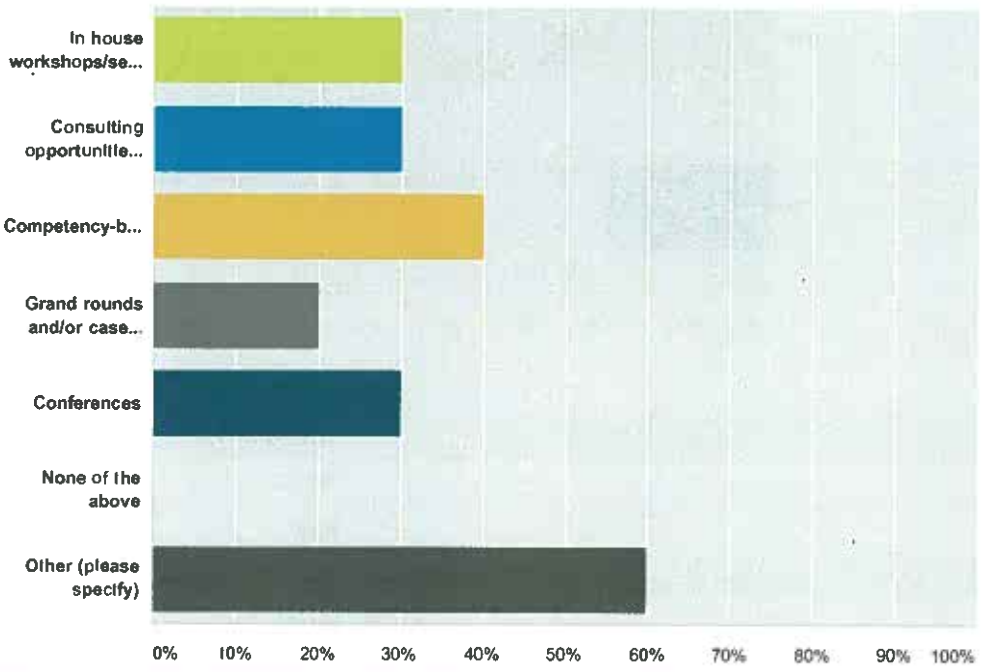
Q4 What existing method(s) does your clinic or parent organization/hospital system use to keep staff informed about current diabetes care management and education practices?

Answered: 10 Skipped: 0



Answer Choices	Responses	
In house workshops/seminars	30.00%	3
Consulting opportunities with experts	30.00%	3
Competency-based learning modules	40.00%	4
Grand rounds and/or case reviews	20.00%	2
Conferences	30.00%	3
None of the above	0.00%	0
Other (please specify)	60.00%	6

#	Other (please specify)
1	Specific standardized work flows
2	Patient education materials (i.e. brochures)
3	We have a clinical pharmacist and certified diabetes educator embedded in our clinic.
4	We have Diabetic recall lists that look for critical information like A1Cs and other labd, foot and eye exams and microalbumin urines
5	Staff Meetings
6	When updates occur, our population health director sends the clinics updated educational sheets

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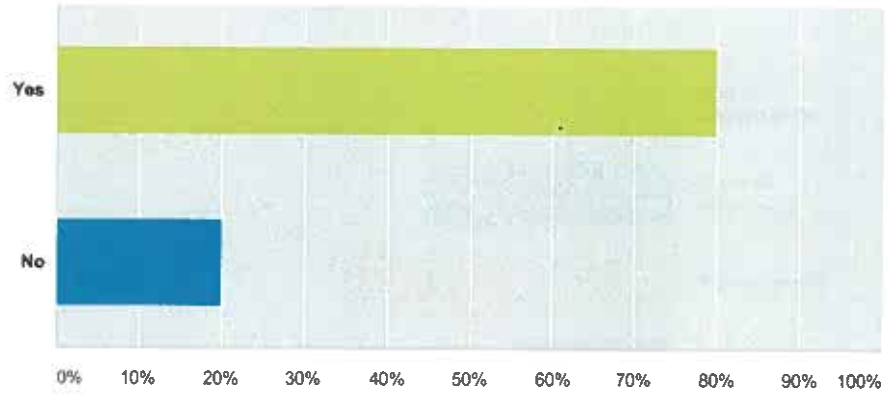
Q5 Is there a staff person, other than the provider, who has been identified to coordinate care for patients with diabetes?

Answered: 10 Skipped: 0



Answer Choices	Responses	
Yes	80.00%	8
No	20.00%	2
Total		10

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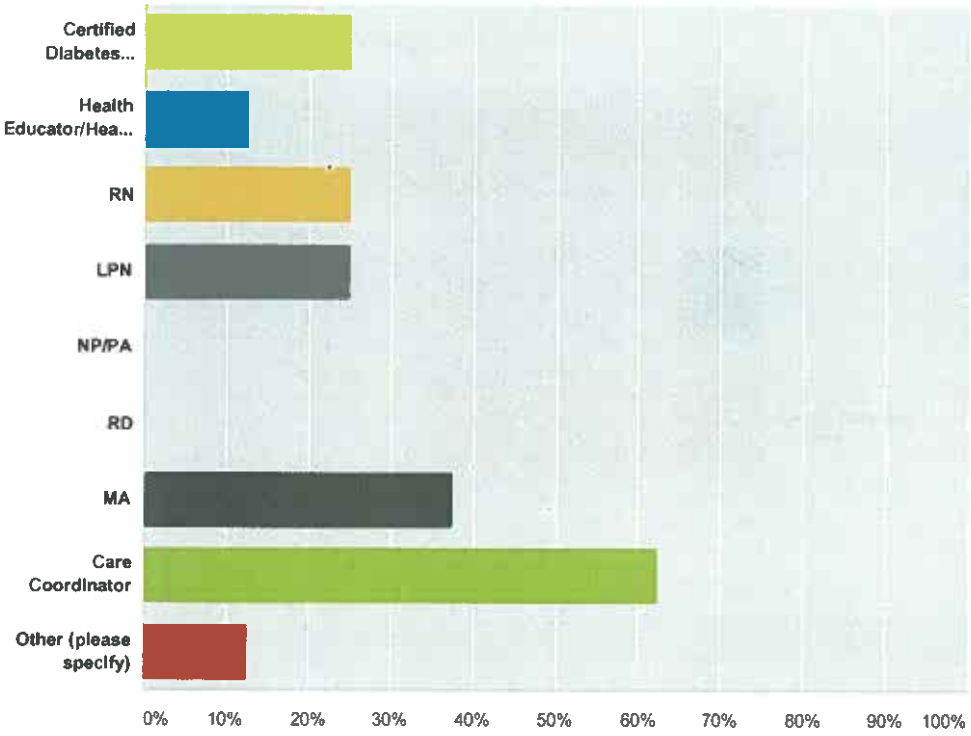
Q6 If you answered yes to #5, what is their title/role? (Check all that apply)

Answered: 8 Skipped: 2



Answer Choices	Responses	
Certified Diabetes Educator (CDE)	25.00%	2
Health Educator/Health Coach	12.50%	1
RN	25.00%	2
LPN	25.00%	2
NP/PA	0.00%	0
RD	0.00%	0
MA	37.50%	3
Care Coordinator	62.50%	5
Other (please specify)	12.50%	1

#	Other (please specify)
1	Population Health Specialist

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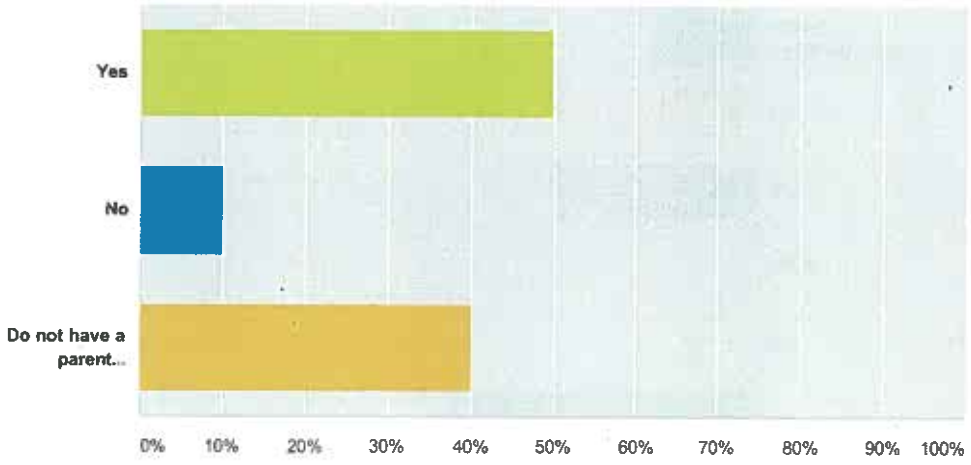
Q7 Are you aware of other staff members that provide diabetes care management and/or diabetes education services within your parent organization/hospital system?

Answered: 10 Skipped: 0



Answer Choices	Responses	
Yes	50.00%	5
No	10.00%	1
Do not have a parent organization/hospital system	40.00%	4
Total		10

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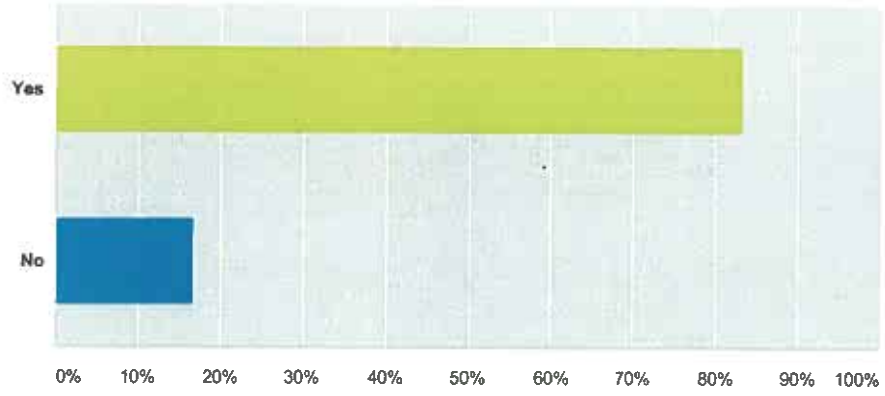
Q8 If you answered yes to #7, does your clinic refer to these resources or services?

Answered: 6 Skipped: 4



Answer Choices	Responses	
Yes	83.33%	5
No	16.67%	1
Total		6

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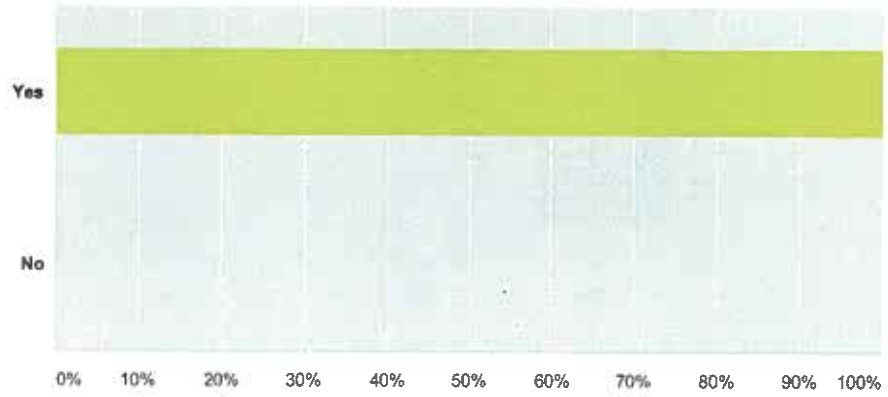
Q9 Do you currently provide up-to-date, health literate, patient-friendly education materials for diabetes self-management support?

Answered: 10 Skipped: 0



Answer Choices	Responses	
Yes	100.00%	10
No	0.00%	0
Total		10

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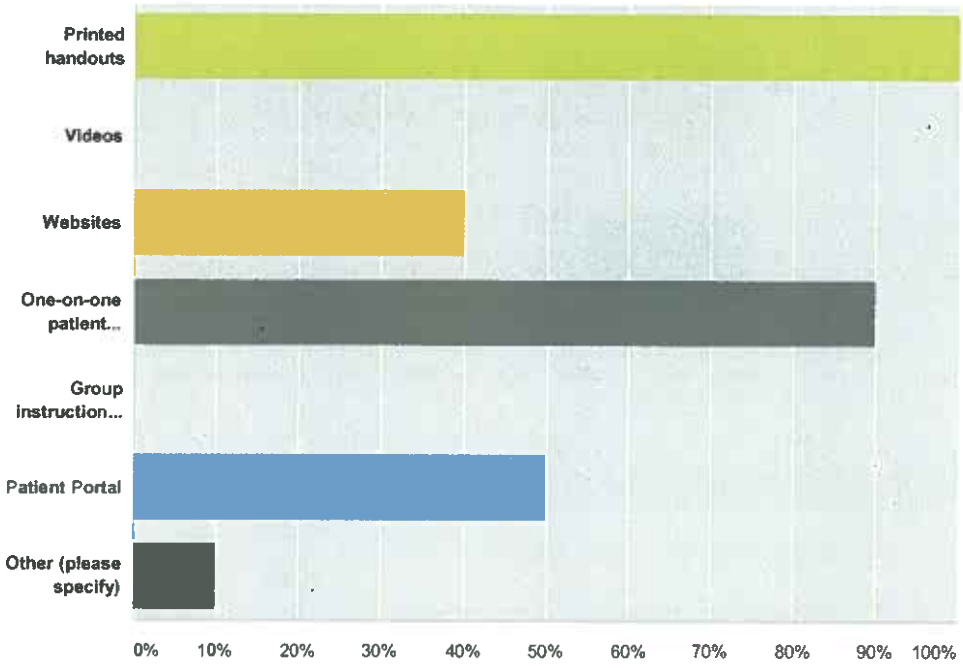
Q10 What methods does your clinic staff use to provide diabetes education? (Check all that apply)

Answered: 10 Skipped: 0



Answer Choices	Responses	
Printed handouts	100.00%	10
Videos	0.00%	0
Websites	40.00%	4
One-on-one patient instruction	90.00%	9
Group instruction (classes, group visits. etc.)	0.00%	0
Patient Portal	50.00%	5
Other (pleese specify)	10.00%	1

#	Other (please specify)
1	Sometimes we will refer pation to a diabetes education center

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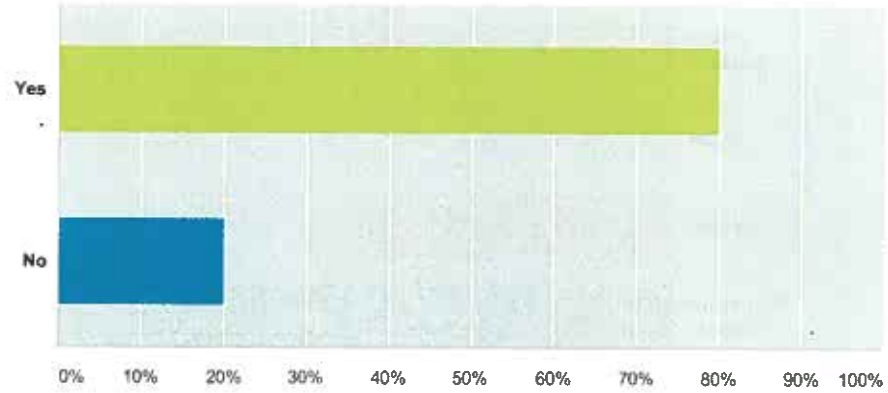
Q11 Do you know what diabetes education/self-management programs currently exist in the community?

Answered: 10 Skipped: 0



Answer Choices	Responses	
Yes	80.00%	8
No	20.00%	2
Total		10

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Q12 Where does your clinic refer/link patients for diabetes education, programs, and resources in your community?

Answered: 9 Skipped: 1

#	Responses	
1	Humjphrey's Diabetic Center, St. Al's Diabetic Education	
2	PharmD and Diabetic Center	
3	St. Luke's Humphreys Diabetes Center	
4	general Humphries dlabetic Center	
5	Julie Foote	
6	Humphreys Diabetes Center, St Als Diabetes Education	
7	Humphreys Diabetes Center	
8	Humphreys Diabetic Clinic	
9	Only the SAMG Diabetic educator or PHRNs	

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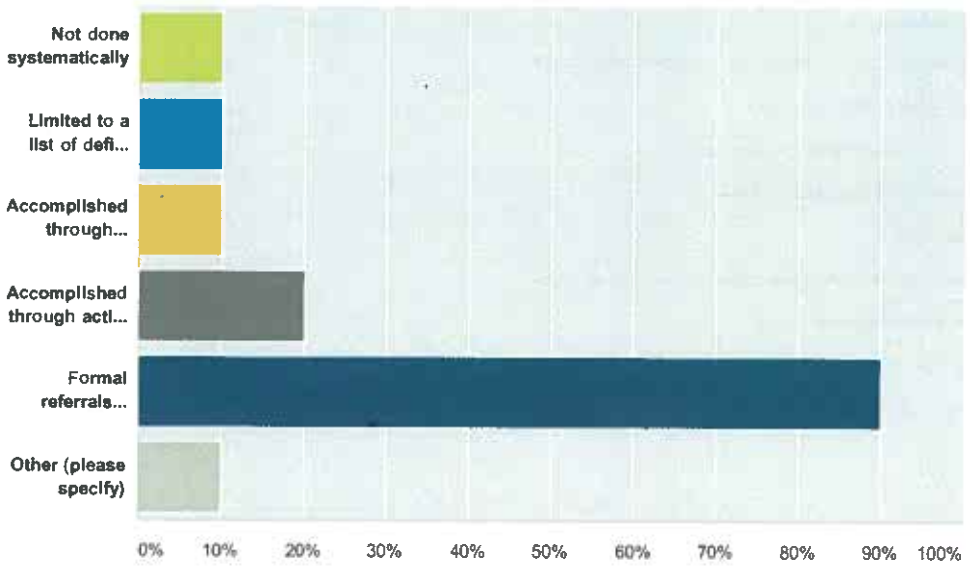
Q13 How are you referring/linking patients to diabetes education, programs, and other resources in your community? (Check all that apply)

Answered: 10 Skipped: 0



Answer Choices	Responses	
Not done systematically	10.00%	1
Limited to a list of defined community resources in an accessible format (Excel, Word, etc.)	10.00%	1
Accomplished through designated staff person/resource responsible for ensuring providers and patients make maximum use of resources	10.00%	1
Accomplished through active coordination between health system, community agencies and patients	20.00%	2
Formal referrals through EHR	90.00%	9
Other (please specify)	10.00%	1

#	Other (please specify)
1	We also ask for our care coordinators assistance

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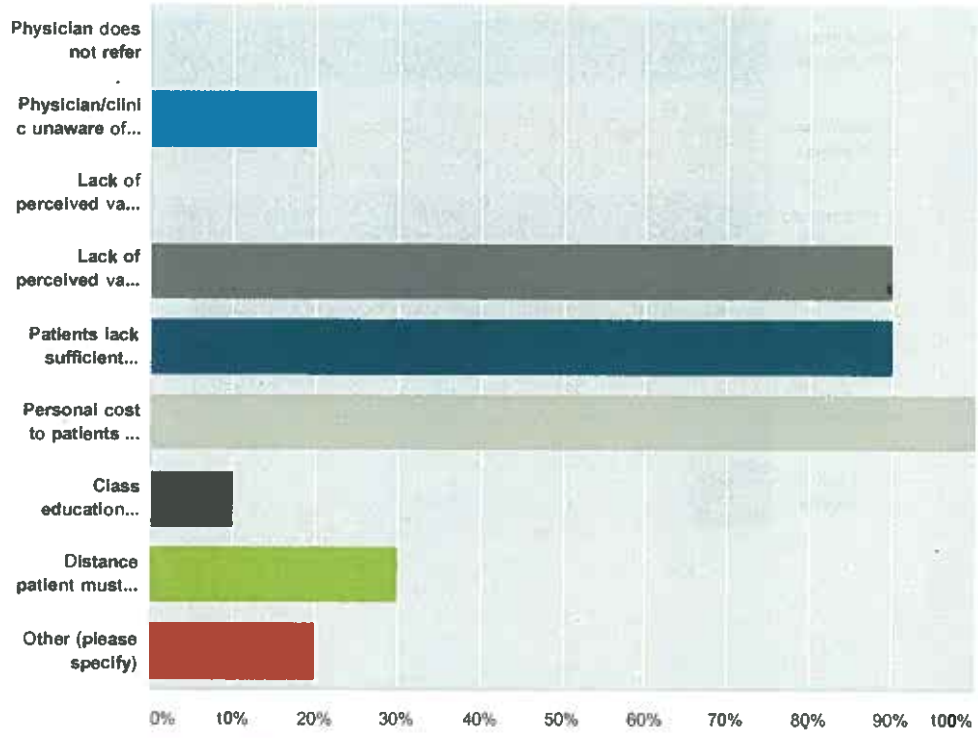
Q14 What barriers do you encounter when referring/linking to diabetes education, programs, or other resources in your community? (Check all that apply)

Answered: 10 Skipped: 0



Answer Choices	Responses	
Physician does not refer	0.00%	0
Physician/clinic unaware of local and available resources	20.00%	2
Lack of perceived value of diabetes education by the provider	0.00%	0
Lack of perceived value of diabetes education by patients	90.00%	9
Patients lack sufficient insurance coverage for diabetes education	90.00%	9
Personal cost to patients for receiving diabetes education in the community	100.00%	10
Class education schedule not convenient for the patient	10.00%	1
Distance patient must travel to receive diabetes education	30.00%	3
Other (please specify)	20.00%	2

#	Other (please specify)
1	Language barriers, transportation
2	CDE do not share their forms, information to others w/in the clinics.

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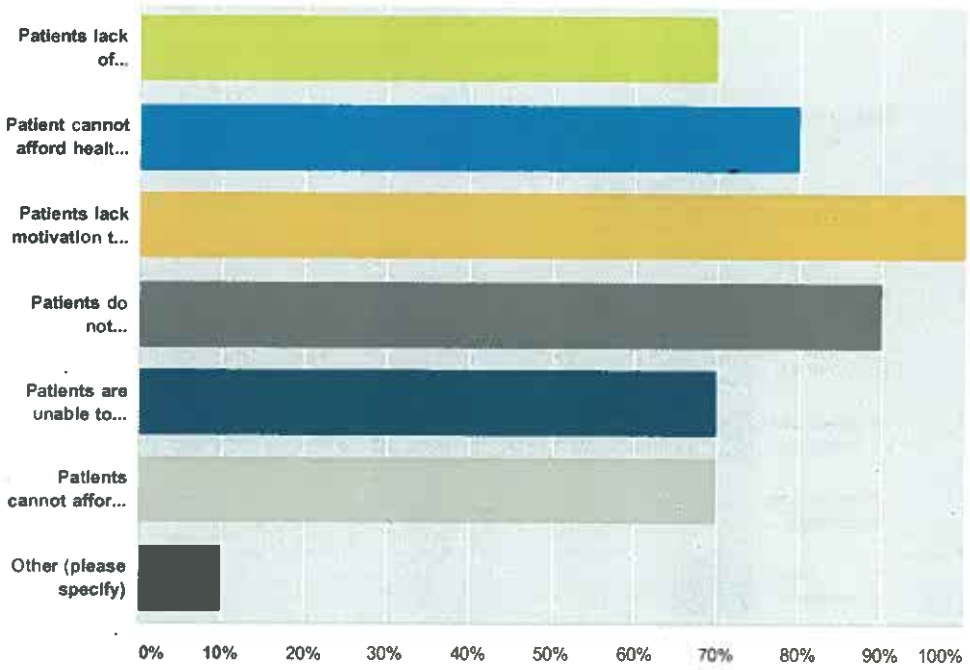
Q15 What barriers exist related to patient engagement? (Check all that apply)

Answered: 10 Skipped: 0



Answer Choices	Responses	
Patients lack of understanding/comprehension about diabetes	70.00%	7
Patient cannot afford healthy foods	80.00%	8
Patients lack motivation to change their behavior	100.00%	10
Patients do not follow-through with referrals	90.00%	9
Patients are unable to identify physical activity options that they find enjoyable	70.00%	7
Patients cannot afford medical costs associated with treatment (medical equipment, specialists visits, etc.)	70.00%	7
Other (please specify)	10.00%	1
Total Respondents: 10		

#	Other (please specify)	Date
1	Language barriers, transportation barriers, cultural beliefs	6/23/2016 11:45 AM

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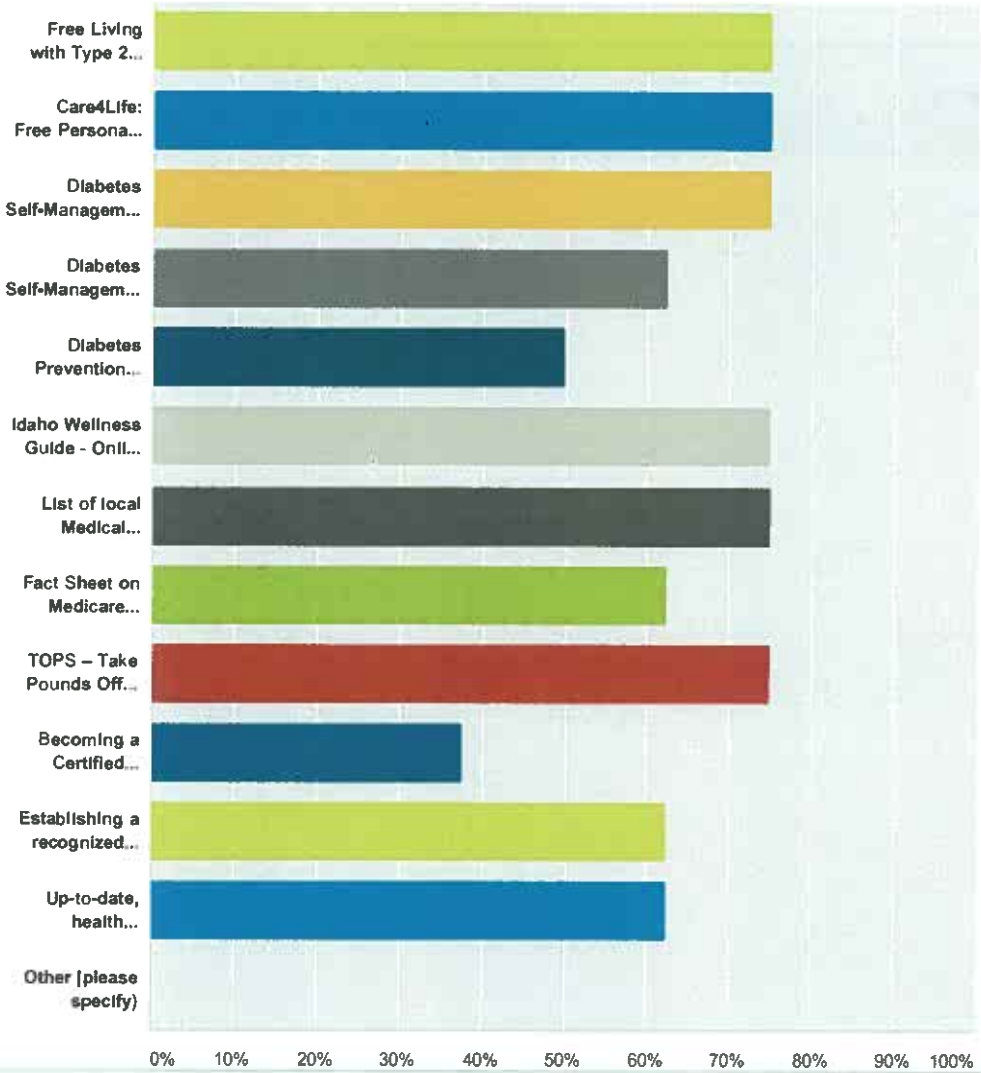
Q16 Would you like more information on the following programs and resources? (Check all that apply)

Answered: 8 Skipped: 2



Answer Choices	Responses
Free Living with Type 2 Diabetes Program: 12 month subscription program that provides information packets, recipes, e-letters, and Diabetes Forecast magazines for improving patients abilily to self-manage (American Diabetes Association)	75.00% 6
Care4Life: Free Personal support program via text, web and phone apps – offered in English and Spanish (American Diabetes Association)	75.00% 6
Diabetes Self-Management Programs offered by St. Luke's (Boise, Meridian, McCall, and Mountain Home)	75.00% 6
Diabetes Self-Management Programs offered by St. Al's (Boise and Meridian)	62.50% 5
Diabetes Prevention Program at the YMCA's Healthy Living Center (Boise)	50.00% 4
Idaho Wellness Guide - Online local resource guide for chronic disease management	75.00% 6

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List of locat Medical Nutrition Therapy/Registered Dietitian's with tisted speciatties and types of insurances accepted	**75.00%**	6
Fact Sheet on Medicare Medicat Nutrition benefit requirements and Diabetes Self-Management Training/Education requirements	**62.50%**	5
TOPS – Take Pounds Off Sensibly - an evidenced-based weight management program (Boise. Meridian, Mountain Home, Cascade)	**75.00%**	6
Becoming a Certified Diabetes Educator	**37.50%**	3
Establishing a recognized Diabetes Setf-Management Education Program	**62.50%**	5
Up-to-date, health literate, patient-friendly educational materiats for self-management support	**62.50%**	5
Other (please specify)	**0.00%**	0
Total **Respondents: 8**		

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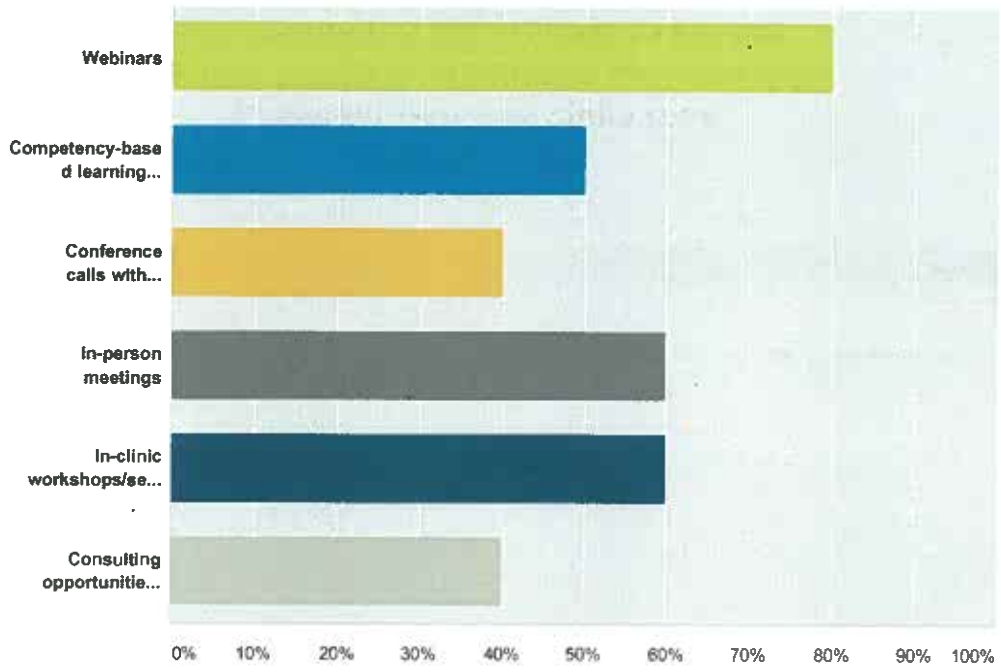
Q17 What is the preferred method of delivery for local learning opportunities? (i.e. resource sharing, case studies, best-practices, networking, education, etc.) (Check all that apply)

Answered: 10 Skipped: 0



Answer Choices	Responses	
Webinars	80.00%	8
Competency-based learning modules (online)	50.00%	5
Conference calls with colleagues	40.00%	4
In-person meetings	60.00%	6
In-clinic workshops/seminars	60.00%	6
Consulting opportunities with experts	40.00%	4
Total Respondents: 10		

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Q18 Who is the best person to contact for coordinating these learning opportunities?

Answered: 10 Skipped: 0

Information removed for confidentiality

Q19 Is there anything else that you would like the Central Health Collaborative to know to help strengthen diabetes care for your clinic and your patients?

Answered: 2 Skipped: 8

#	Responses	Date
1	No	
2	This would be great to learn more about the community resources!!	

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