Diabetes Quality Improvement

Making it work for your mobile and agricultural worker populations

Candace Kugel, FNP, CNM, MS

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MIGRANT CLINICIANS NETWORK
MCN

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JILLIAN HOPEWELL – jhopewell@migrantclinician.org

Conflict of Interest Disclosure

We have no real or perceived vested interests that relate to this presentation, nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers and/or other corporations whose products or services are related to pertinent therapeutic areas.

AGENDA

- ✓ Introduction
- ✓ Objectives
- ✓ HRSA Diabetes Quality Improvement Initiative and National UDS Data
- ✓ COVID's Impact on Diabetes Care
- ✓ Diabetes Care & MSAWs
- ✓ Improvement Methodology
- ✓ Resources

OBJECTIVES

At the conclusion of this activity, participants will be able to:

- Describe the HRSA UDS measures related to diabetes and national benchmarks.
- Describe the impact of the COVID-19 pandemic on the provision of diabetes care.
- Describe relevant approaches to diabetes care for mobile populations and agricultural workers.
- Describe resources available for diabetes performance improvement.

You are not alone!

Resources will be highlighted throughout this presentation…

Know your National Training and Technical Assistance Partners (NTTAPs)
https://www.healthcenterinfo.org/

HRSA's Diabetes Quality Improvement Initiative 2018-20

https://bphc.hrsa.gov/qualityimprovement/clinicalquality/diabetes.html

2017 Data Comparison

HRSA-Funded Health Centers Versus National Averages

Higher Prevalence

vs.

1 in 7 health center patients has a diagnosis of diabetes (Uniform Data System (UDS)).

The national average is 1 in 10 people have diabetes (National Committee for Quality Assurance (NCQA)).

Better Outcomes

vs.

67% of health center patients had controlled diabetes (A1C < 9%) (UDS).

59% is the national average of patients with controlled diabetes (A1C < 9%) (NCQA).

https://bphc.hrsa.gov/technical-assistance/clinical-quality-improvement/diabetes-health-centers

Also…

High Cost: 2.3 X cost of non-diabetic patients

Complex condition

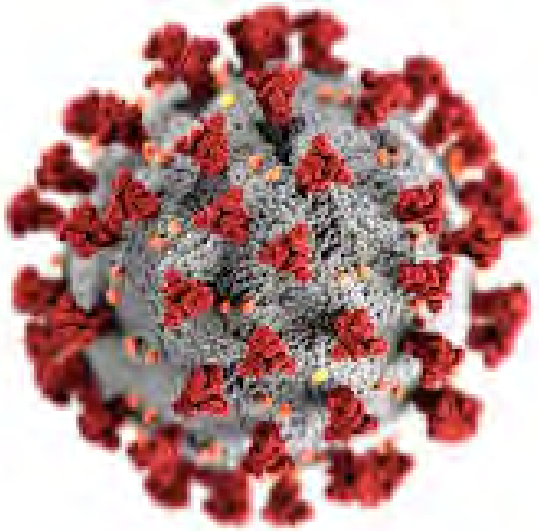
Overall Goals of the Initiative

Improve diabetes treatment and management

Increase diabetes prevention efforts

Reduce health disparities

And then COVID-19 happened…

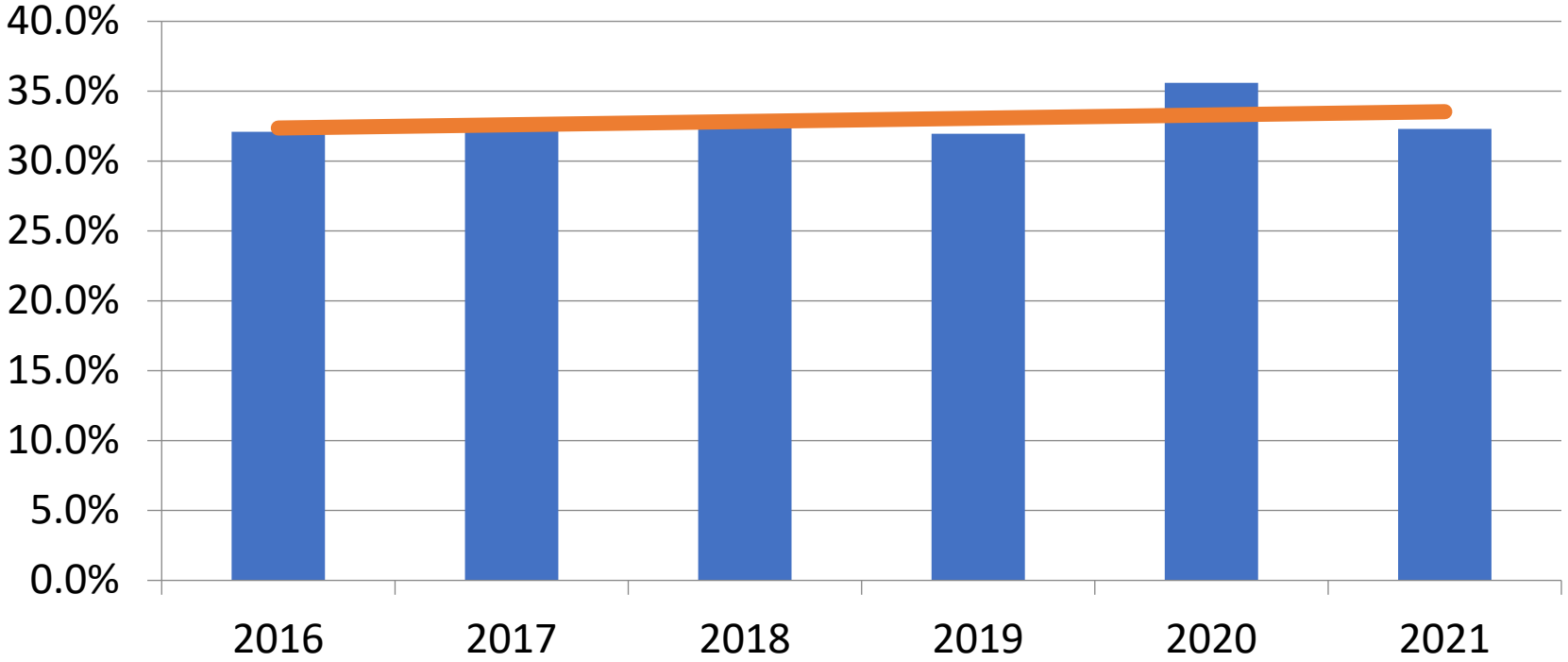


- The virtual OSV (VOSV) was designed
- Diabetes Performance Analysis is no longer part of the OSV

Current HRSA Expectations Related to Diabetes

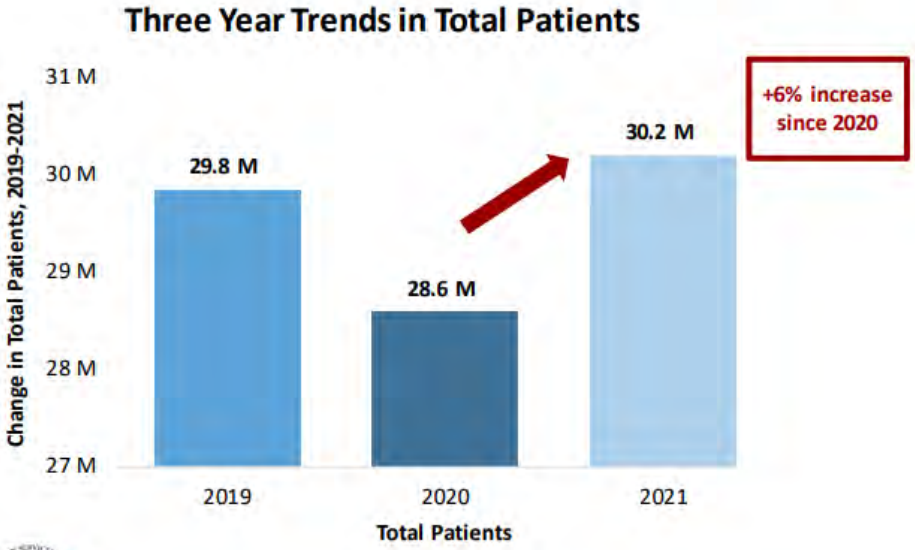
- Operational Site Visit (OSV) no longer includes the performance analysis review of each health center's diabetes performance.
- Select health centers receiving TA related to DM
- Community Health Quality Recognition Awards https://bphc.hrsa.gov/initiatives/advancing-health-center-excellence/community-health-quality-recognition-chqr-overview
- UDS reporting on DM control https://data.hrsa.gov/tools/data-reporting/program-data/

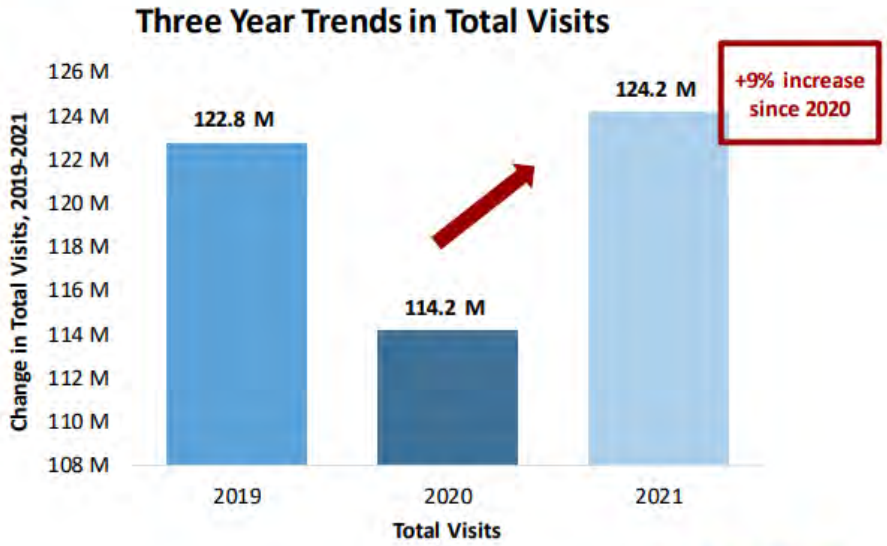
Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period



Health Center Program Recovery

Health centers are rebounding from the effects of COVID-19, with the total number of health center patients and visits returning to pre-pandemic levels.



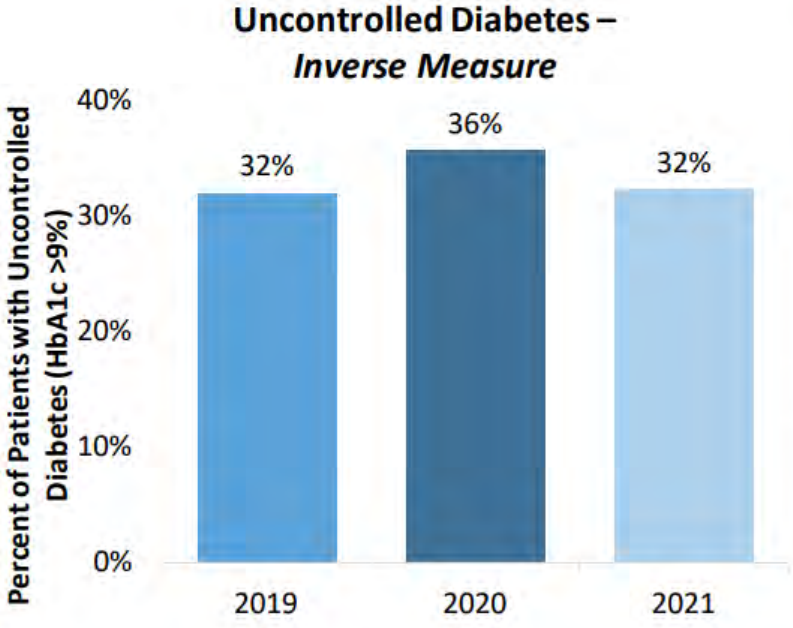


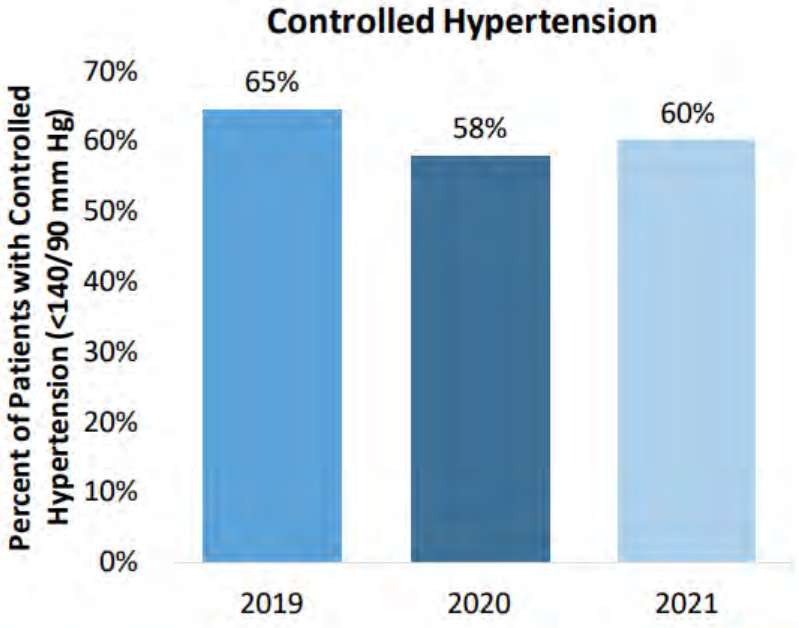
Source: Uniform Data System, 2019-2021 – Table 3B, Table 5

HRSA Health Center Program

Strengthening Chronic Condition Management

Chronic condition clinical outcomes began to rebound to pre-pandemic levels.



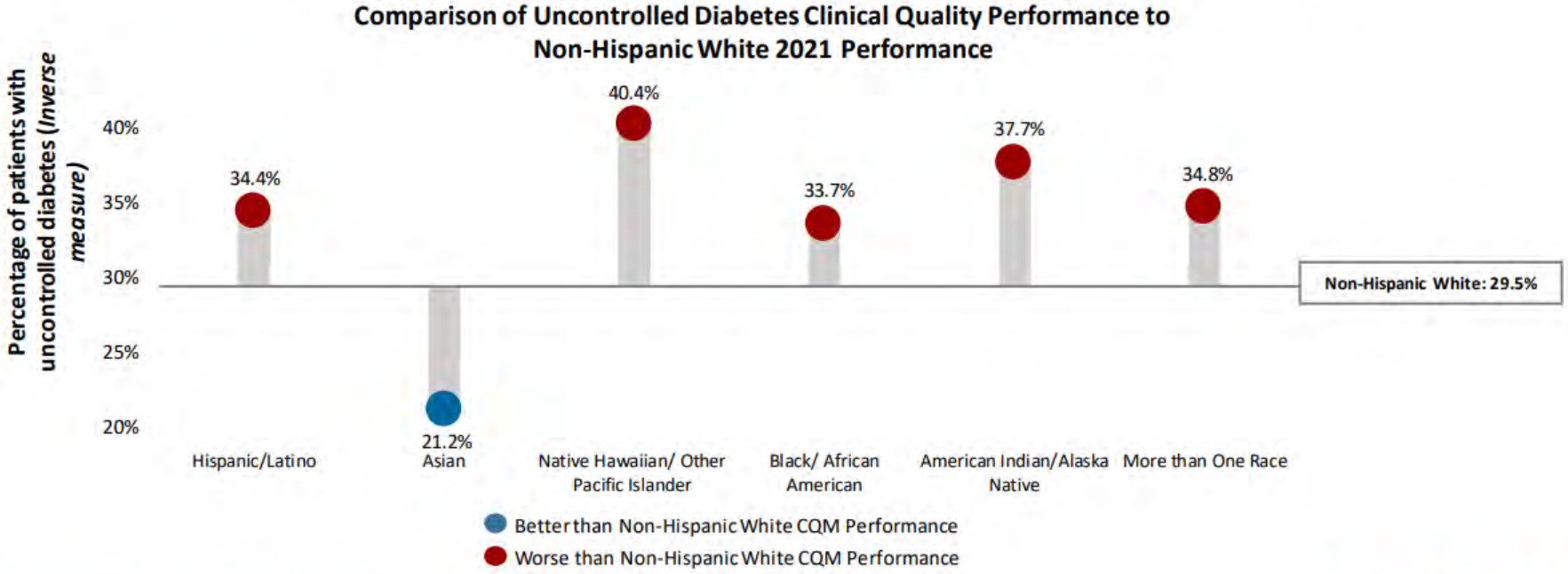


Source: Uniform Data System, 2019-2021 - Table 7

HRSA Health Center Program

Racial and Ethnic Inequities in Uncontrolled Diabetes

Despite improvements in uncontrolled diabetes in 2021, inequities between racial/ethnic groups exist.



Source: Uniform Data System, 2021 – Table 7
Data labels display the CQM average for a given race/ethnic group.

HRSA Health Center Program

Quality of Care Indicators

Percentage of patients aged 3 - 17 who had a visit during the current year and who had Body Mass Index (BMI) documentation, counseling for nutrition, and counseling for physical activity during the measurement year.

Percentage of patients aged 18 years or older who had their Body Mass Index (BMI) calculated at the last visit or within the previous 12 months to that visit and, when the BMI is outside of normal, a follow-up plan is documented during the visit or during the previous 12 months of that visit.

Note: Normal parameters: Age 18 years and older BMI greater than or equal to 18.5 and less than 25 kg/m2

Diabetes and COVID-19

Diabetes didn’t go away….

- Impact of COVID-19 on diabetes
- Chronic care management changes
  - ✓ Decreased face-to-face visits
  - ✓ Telehealth
  - ✓ Testing, medication, self-care challenges
- Reviving our improvement efforts

Impact of COVID-19 on Diabetes

- People with COVID 40% more likely to develop diabetes in the following year
- People with diabetes more likely to be hospitalized with COVID
- People with diabetes more likely to develop long COVID
- Etc!

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Photo courtesy of Campesinos sin fronteras

The Connections Between COVID and Diabetes

People who had COVID are 40% More Likely to Develop Diabetes, According to New Study, and People with Diabetes Are Also More Likely to Develop Severe COVID and Long COVID

By Laszlo Madaras, MD, MPH, Chief Medical Officer, Migrant Clinicians Network

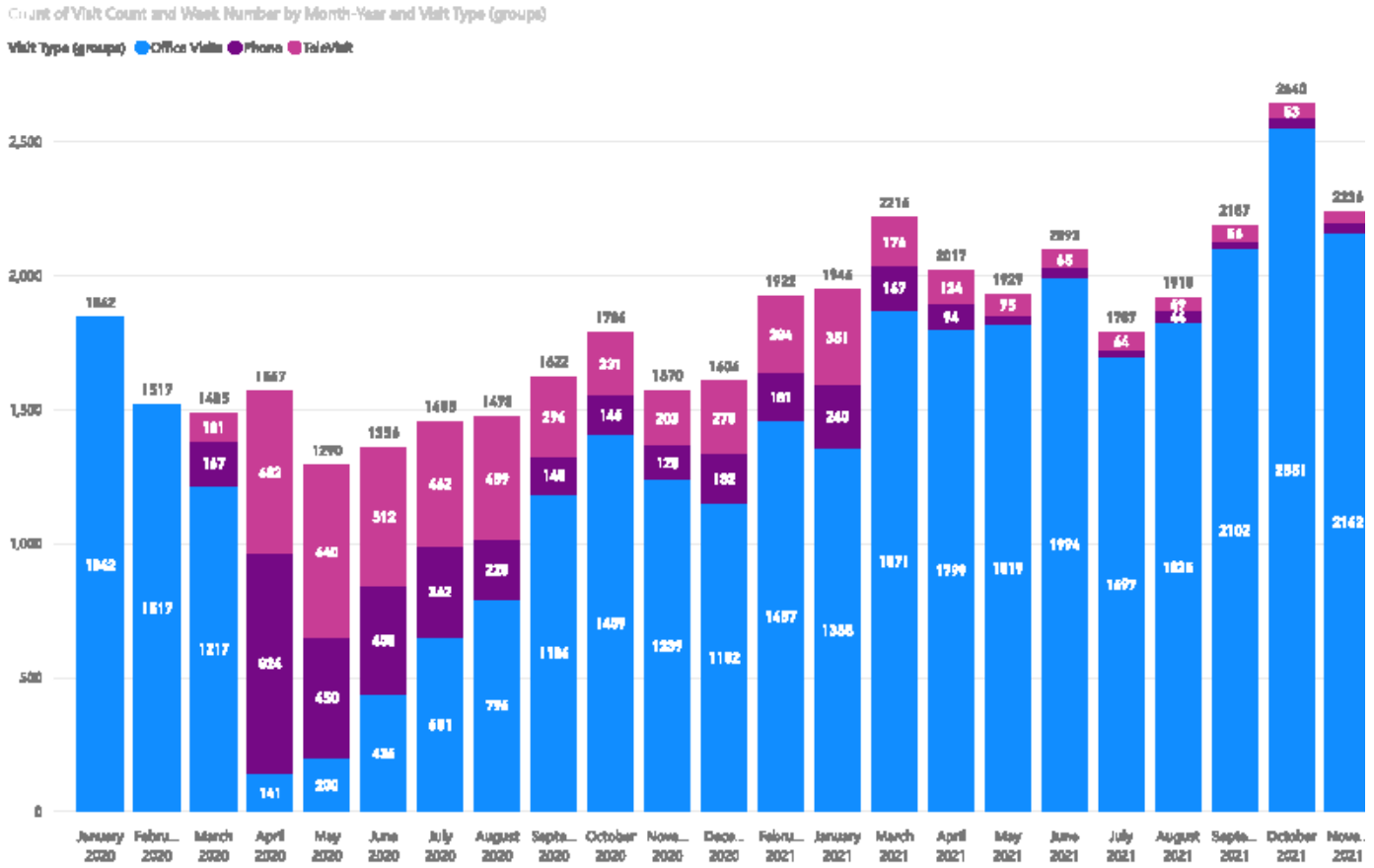
the last two and a half years, as usands of COVID patients cycled gh the rural hospital where I ylvania, I have noticed a con- d. When I see young, seemingly ts with no comorbidities, who VID, I check their A1C – ten found it to be very high. had uncontrolled diabetes ed. Over a dozen ription; most of those Such anecdotes tell us connection understand the mechanisms driving these connections, data confirm that those with diabetes have a greater risk of severe acute COVID as well as long COVID. Additionally, and startlingly, those who had acute COVID have a higher likelihood of a new type 2 diabetes diagnosis in the months following infection.

From COVID to Diabetes: One study in *The Lancet Diabetes & Endocrinology* found that of the 180,000 people seen through the Veterans Administration's health care system, people who had COVID were about 40% COVID severity. The authors used the same database review process earlier in the year to uncover the increased risk of heart disease after COVID.[2] Diabetes could be defined as an aspect of long COVID, but without a uniform definition of long COVID, it's hard to make that distinction concretely. Some people who develop diabetes after acute COVID have no other long COVID symptoms, but that doesn't mean they do not have long COVID. The inflammatory processes that go on in the aftermath of an acute infection might be precipitating diabetes in some

Adaptations During COVID

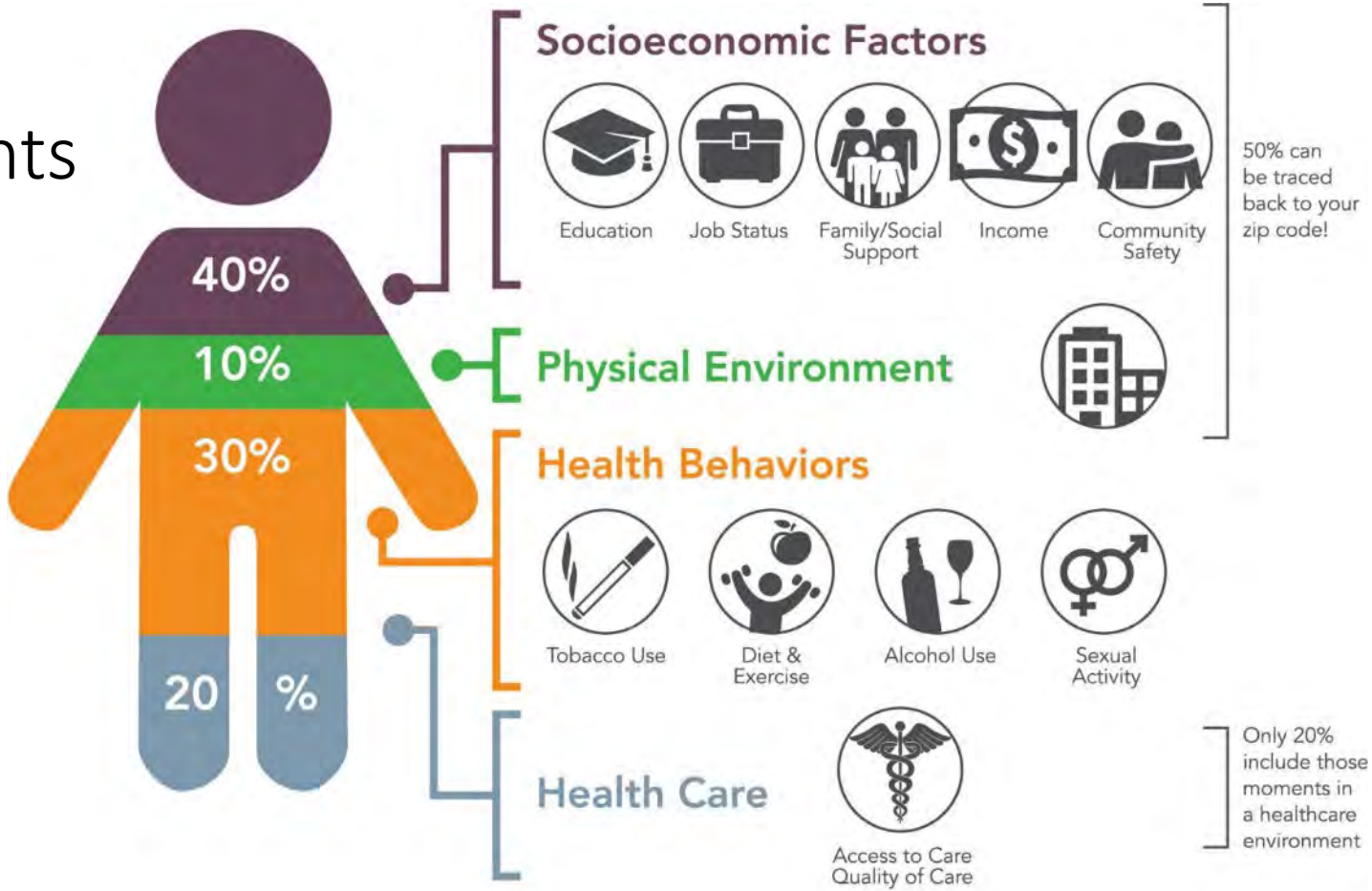
- Self-management training
- Telehealth appts
- Remote monitoring (ecri.org)
- CHWs
- Combinations or all of the above
- Other ideas?

One health center's experience…



Diabetes Performance Improvement and MSAWs

Social Determinants of Health

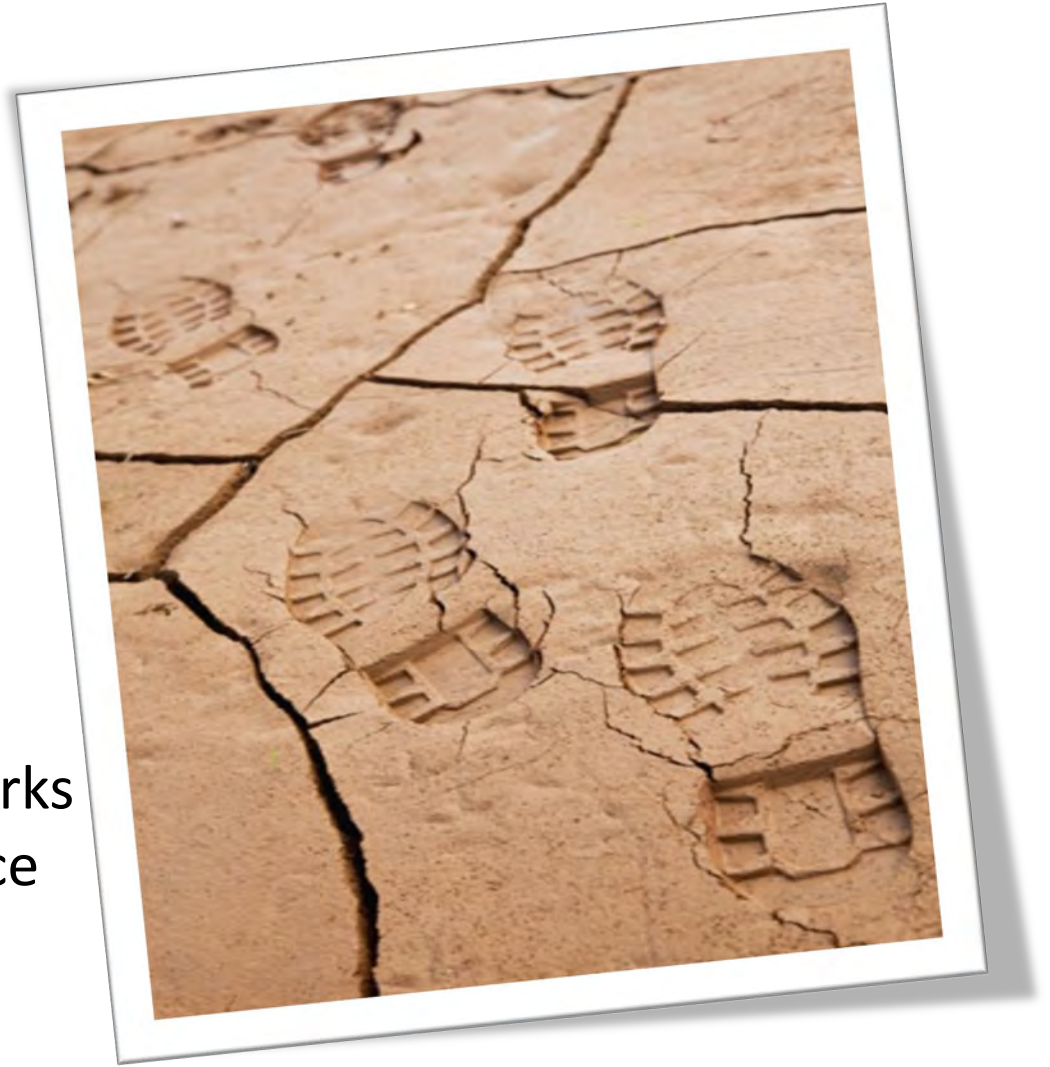


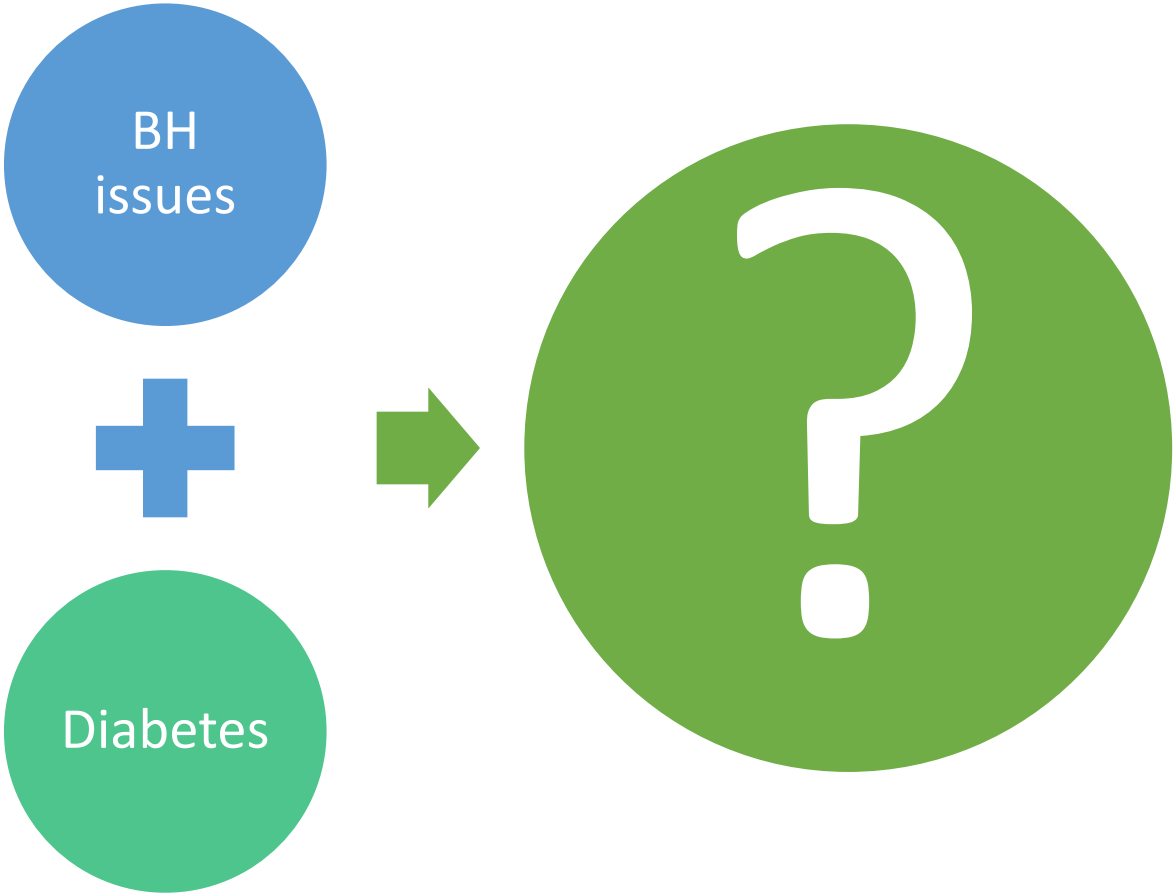
www.nachc.org/prapare

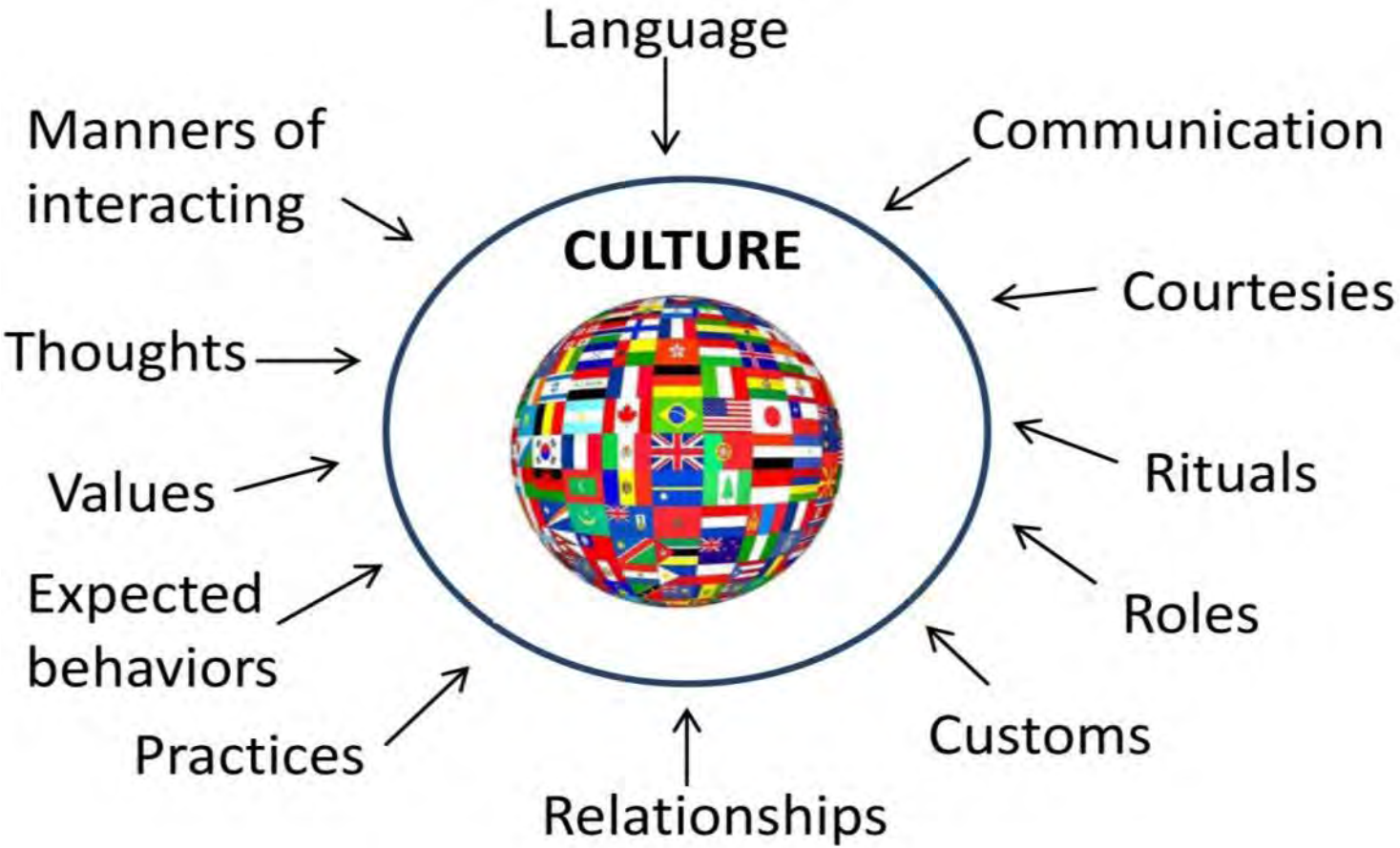
Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Migration…

- Loss of family and social network
- Threats of violence from fellow travelers, locals and law enforcement
- Isolation from social networks as well as from social service and healthcare providers




BH
issues
Diabetes
?



Source: National Center for Cultural Competence, 2011

CHWs and Diabetes

Other Solutions?

- Staff trainings
- Screening tools—PRAPARE, TIC, Depression
- Patient education
- Systems changes—service integration, mobile care, employer collaboration

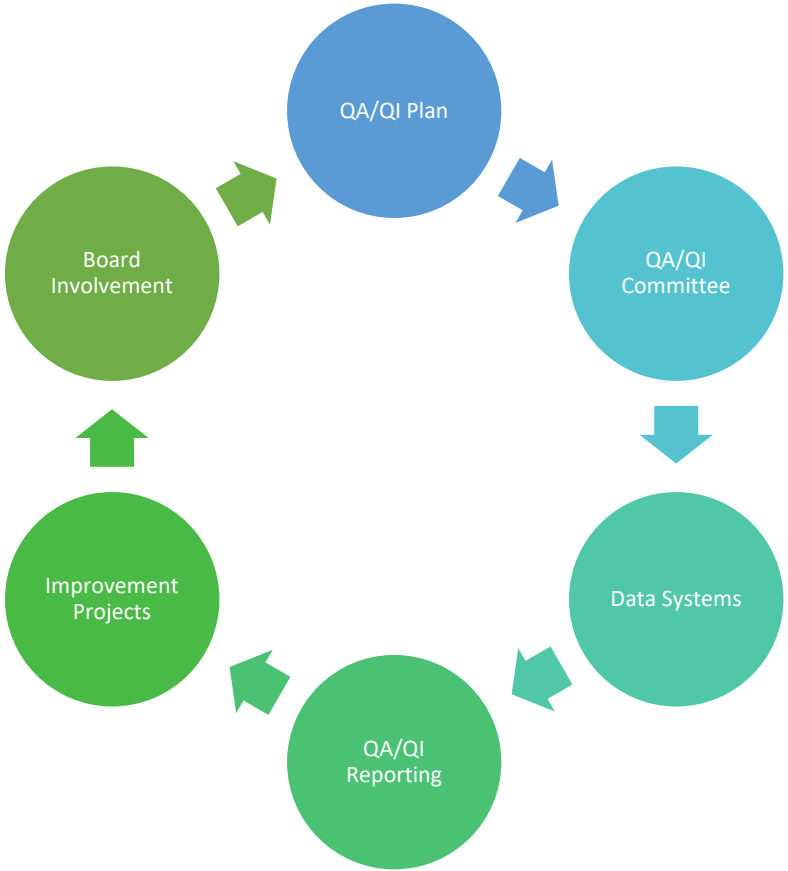
Performance Improvement Basics

"Systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups"

http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

- Root cause analysis
  - SWOT analysis
  - Fishbone
  - 5 Whys
- PDSA

Elements of the QA/QI Program



QA/QI and Special Populations

Including special populations in your QA/QI program:

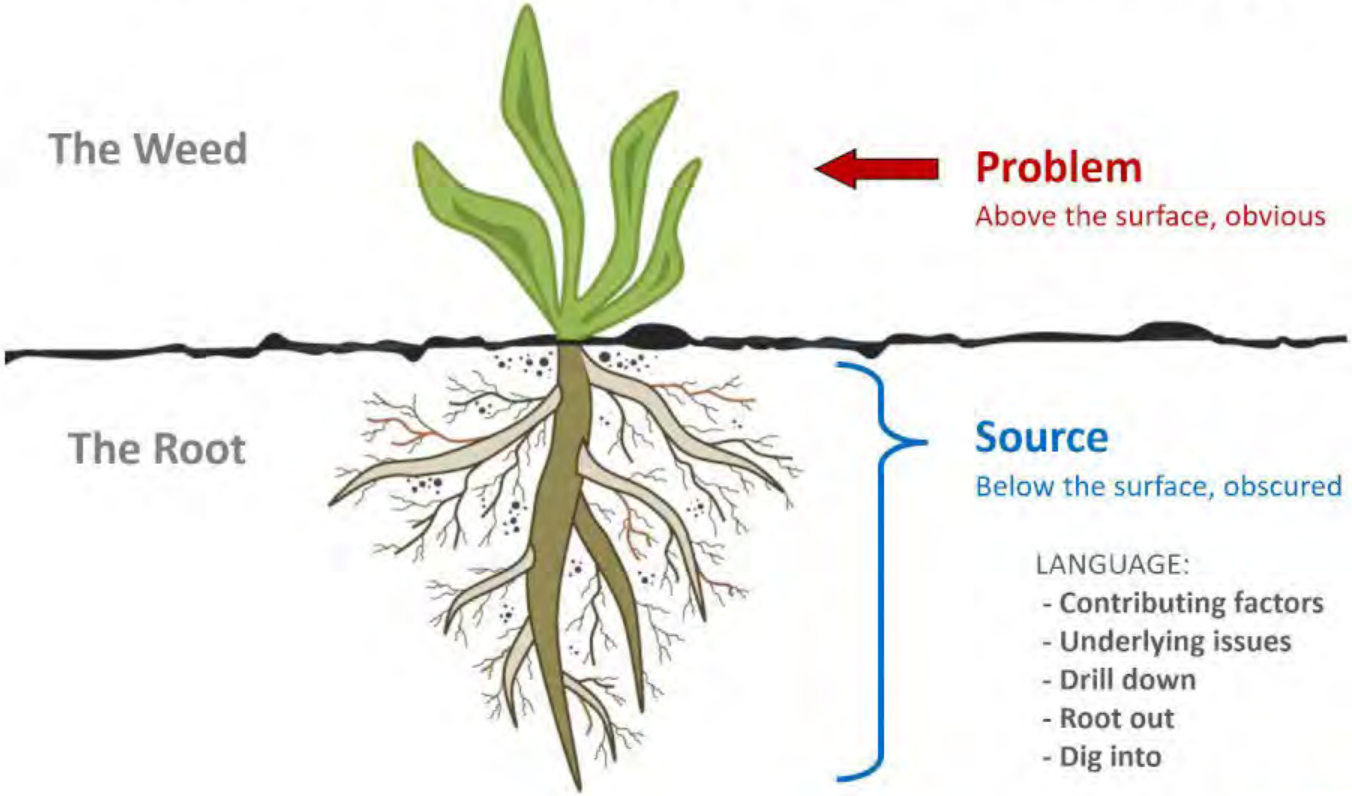
- Include relevant staff on committee(s)
- Integrate special populations patients through
  - ✓ Committee/Board representation
  - ✓ Patient satisfaction surveys, suggestions
  - ✓ Focus groups
  - ✓ Interviews

May need to consider a separate performance improvement process and goals for your MSAW population:

- Stratify and compare your data (please!)
- Culturally and linguistically appropriate care
- Role of CHWs and outreach
- Continuity of care for mobile patients

Root Cause Analysis - The Concept

The Weed



The Root

Problem

Above the surface, obvious

Source

Below the surface, obscured

LANGUAGE:

- Contributing factors
- Underlying issues
- Drill down
- Root out
- Dig into

Strengths

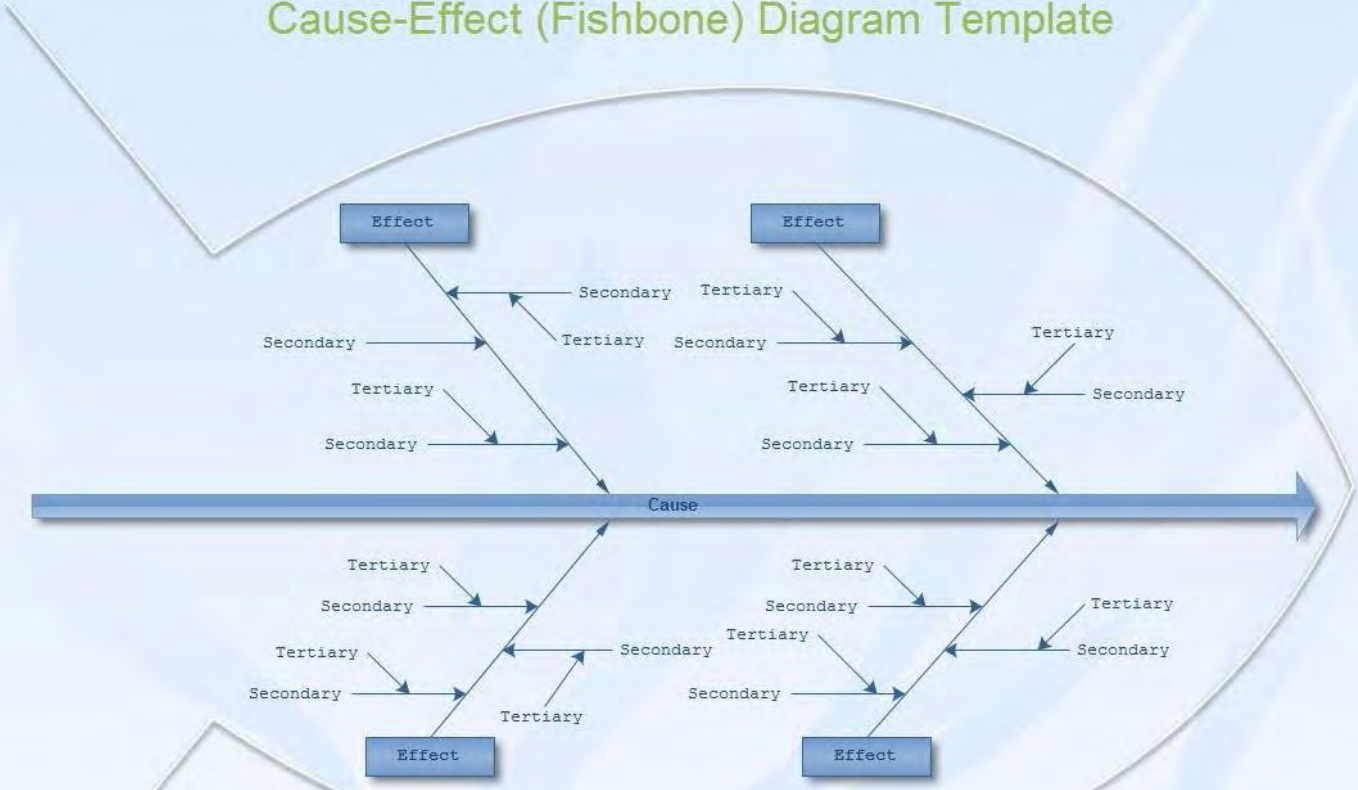
Weaknesses

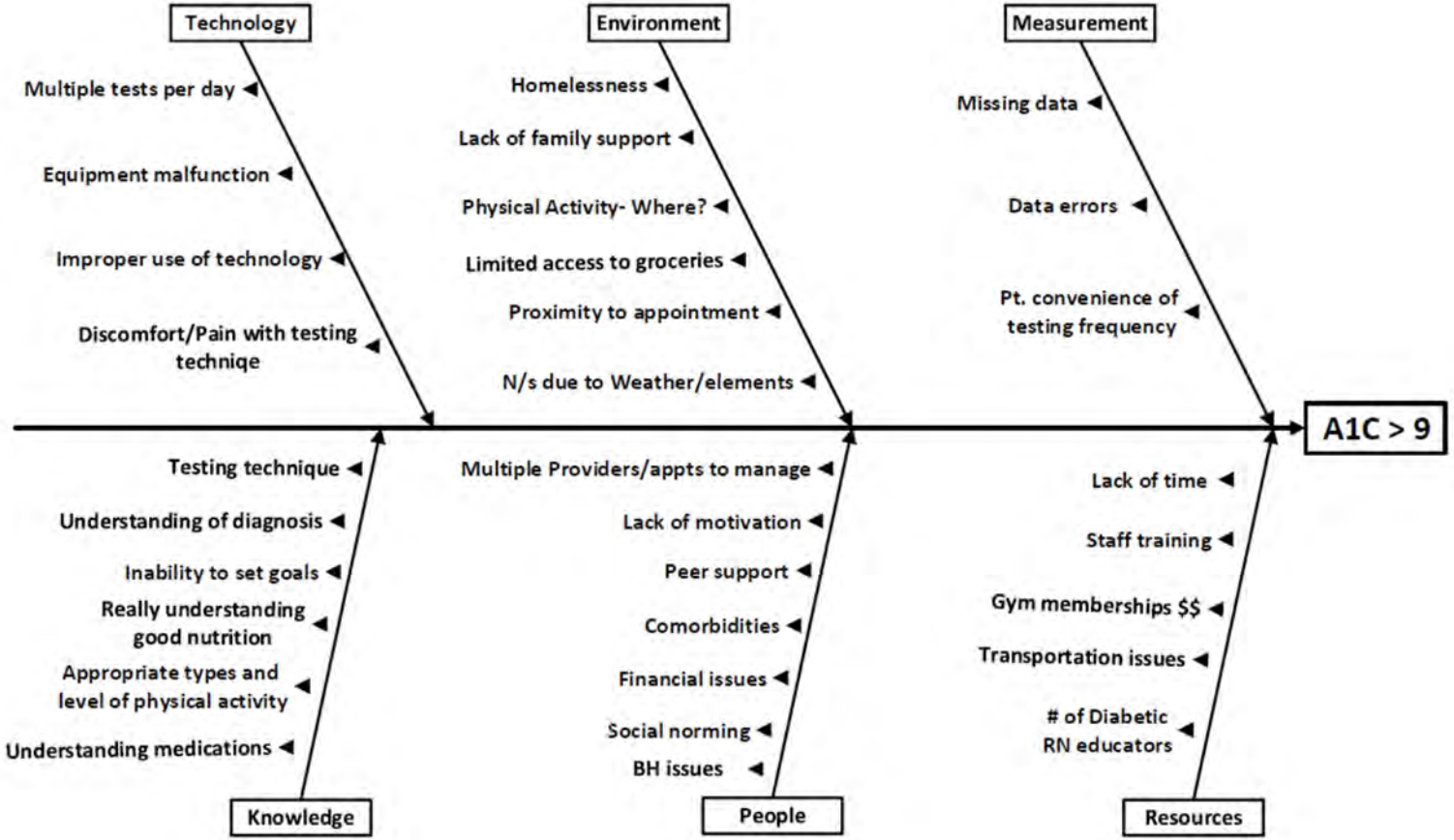
SWOT Analysis

Opportunities

Threats

Cause-Effect (Fishbone) Diagram Template

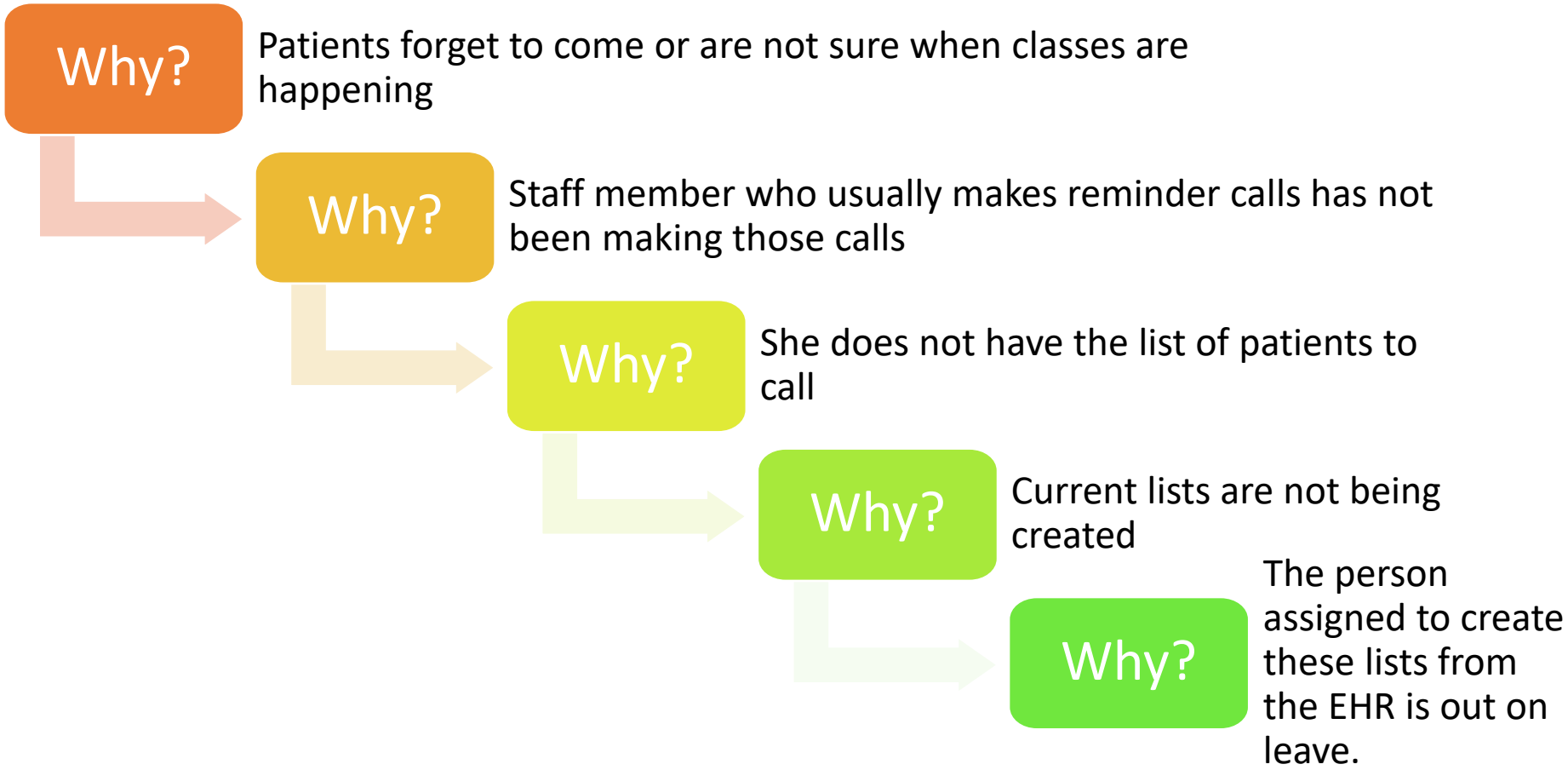




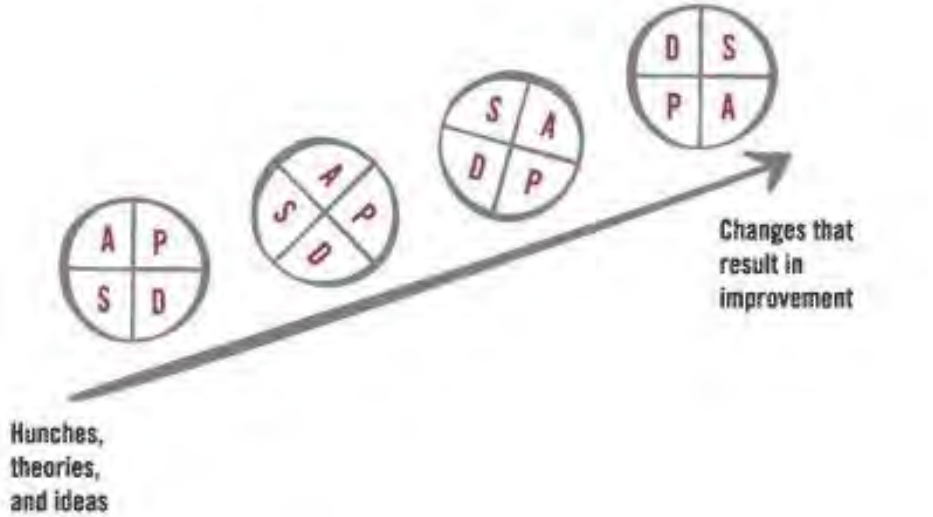
Source: Holyoke Health Center

The Five Whys

Problem: Recently, patients have stopped coming to diabetes group visits



Plan-Do-Study-Act



Source: http://www.hrsa.gov/quality/toolbox

PDSA Documentation

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done
		.	

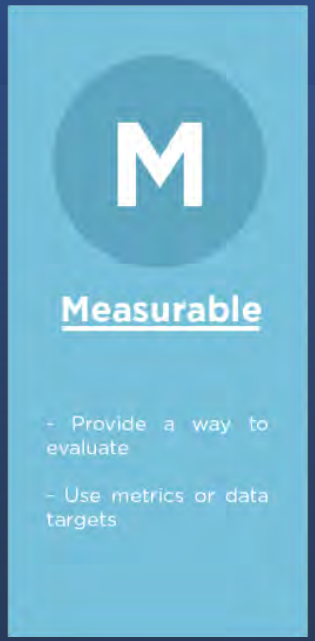
Predict what will happen when the test is carried out	Measures to determine if prediction succeeds

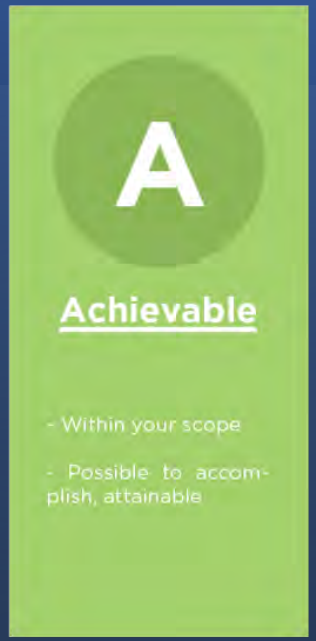
Do **Describe what actually happened when you ran the test**

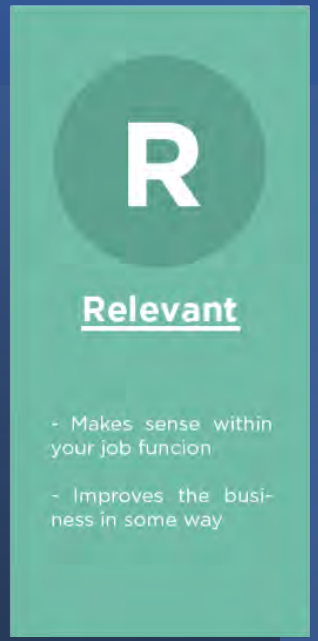
Study **Describe the measured results and how they compared to the predictions**

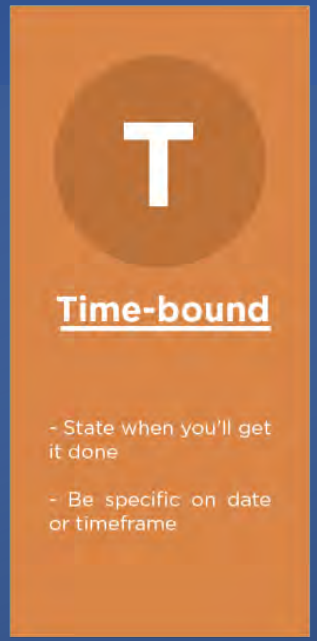
Act **Describe what modifications to the plan will be made for the next cycle from what you learned**


S
Specific
- State what you'll do
- Use action words


M
Measurable
- Provide a way to evaluate
- Use metrics or data targets


A
Achievable
- Within your scope
- Possible to accomplish, attainable


R
Relevant
- Makes sense within your job funcion
- Improves the business in some way


T
Time-bound
- State when you'll get it done
- Be specific on date or timeframe

Data Needs

- Create a MSAW diabetes registry
- Accurate identification of MSAWs!
- Clearly define your metrics and goals
- Establish baselines before starting improvement efforts
- Documentation training for staff
- Reporting capabilities
- Documentation of efforts and results—PDSAs, minutes, etc.

HITEQ Center / Friday, December 31, 2021 / Categories: Health IT Enabled QI, Improving Performance, Validating Data Accuracy, Health IT & QI Workforce, UDS Resources

Diabetes Health Center Data Validation Tool

Diabetes Control (HbA1C < 9%) Data Validation for UDS Reporting

Download the Excel Tool at the bottom of this page.

hiteqcenter.org

Open it and click Enable at the top, it is a macro-enabled Excel file.

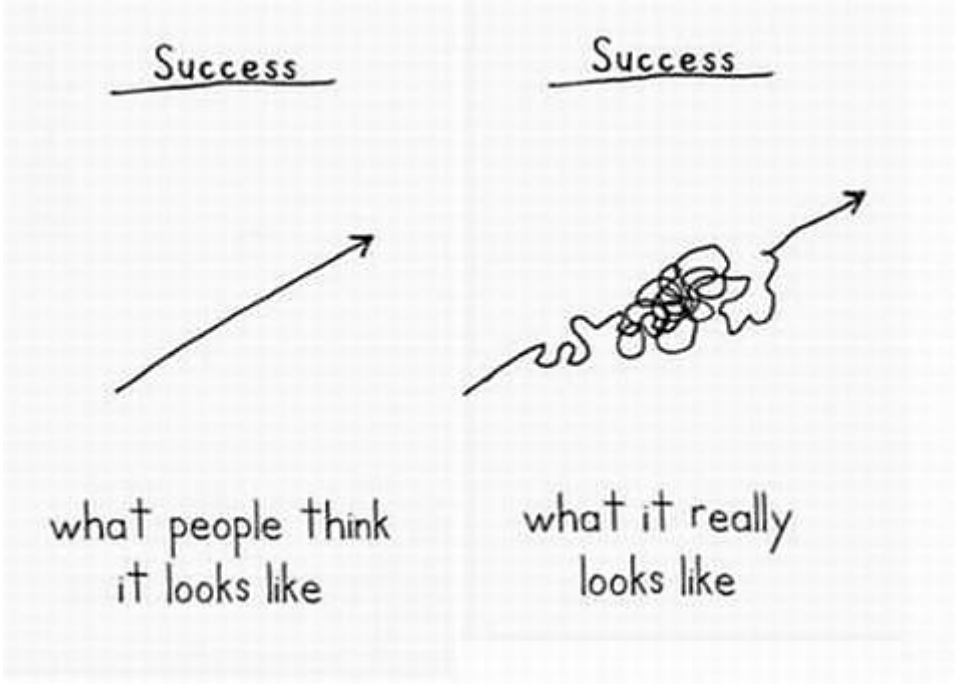
Diabetes Control (HbA1C <9%) Data Validation

- This data validation tool is specifically for the following 2021 UDS Clinical Quality Measure: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0 percent), CMS122v9. This measure is reported on Table 7, Columns 3a-3f. Review the measure beginning on Page 121 of the 2021 UDS Manual. Note that the measure reported on the UDS measures Uncontrolled Diabetes, but this tool uses CONTROLLED diabetes.

Before you jump into data validation, it may be helpful to review your recent Diabetes Control (HbA1C <9%) UDS data and reporting. Access your health center's HITEQ UDS Clinical Dashboards to see recent trends. Watch this quick video if you are new to the health center clinical quality measure dashboards, and email HITEQinfo@jsi.com with your grant number if you need your login information.

Getting Started with this Data Validation Tool for Diabetes Control (HbA1C <9%)

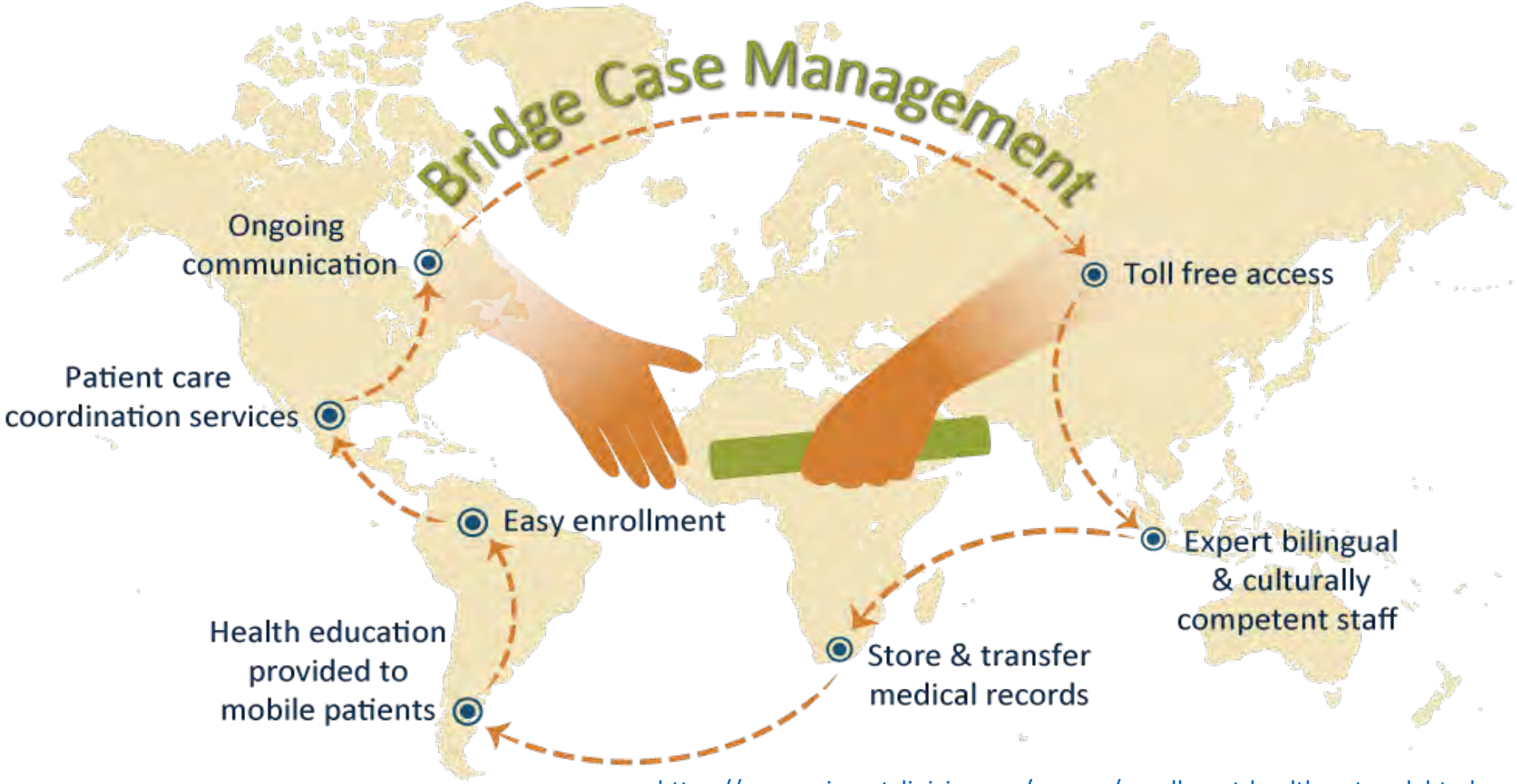
The Path to Success



MCN Diabetes Resources

- Mi Tesoro comic book—Spanish & English
- Health Network
- Using the Project ECHO Model to Effectively Provide Diabetes Education and Resources to CHWs Working Within Migrant and Immigrant Communities--2022
- Etc!

https://www.migrantclinician.org/explore-issues-migrant-health/diabetes.html



https://www.migrantclinician.org/engage/enrollment-health-network.html

Available online at https://www.migrantclinician.org/es/resource/comic-mi-salud-es-mi-tesoro-una-guia-para-vivir-bien-con-diabetes.html

Other Diabetes Resources

- ✓HRSA Diabetes Quality Improvement Initiative webpage https://bphc.hrsa.gov/technical-assistance/clinical-quality-improvement/diabetes-health-centers
- ✓Diabetes self-management tools https://www.cdc.gov/diabetes/dsmes-toolkit
- ✓National Training and Technical Assistance Partners (NTTAPs) https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/natlagreement.html
- ✓https://www.healthcenterinfo.org/results/?Combined=diabetes

Other Diabetes Resources, cont'd.

- ✓ Diabetes in Special and Vulnerable Populations: Compendium of Resources
  www.chcdiabetes.org/resources
- ✓ CDC National Diabetes Prevention Program
  https://www.cdc.gov/diabetes/prevention/index.html
- ✓ NACHC Diabetes Change Package
  http://www.nachc.org/wp-content/uploads/2019/08/Diabetes-Change-Package_FINAL_08.13.2019.pdf
- ✓ Etc!

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EVALUATION:

Thank you!

Questions?

Candace Kugel, CRNP, CNM, RN
Clinical Specialist
Migrant Clinicians Network
ckugel@migrantclinician.org

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