

Quality Improvement Report

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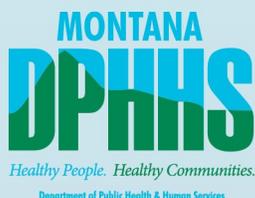
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The Public Health Approach to Quality Improvement in Health Systems

Over the past year, the Montana Diabetes Program has developed a quality improvement (QI) workplan and evaluation plan to guide our work. Our strategies, objectives, and performance measures for QI in health systems are in alignment with those of the Centers for Disease Control & Prevention and of the Montana Department of Public Health & Human Services.

Strategies

1. Promote QI processes and clinical innovations.
2. Promote team-based care in the clinical setting.
3. Promote self-monitoring of blood glucose and blood pressure and awareness of high levels among patients with diabetes (PWD).

Objectives

- ◆ Increase proportion of health care systems with EHRs appropriate for treating PWD.
- ◆ Increase proportion of health care systems reporting on National Quality Forum (NQF) measures 18 and 59.
- ◆ Promote self-monitoring of blood glucose and blood pressure among PWD.
- ◆ Increase medication adherence among PWD.
- ◆ Increase the proportion of health care systems with policies to encourage a multi-disciplinary approach to A1C control.

Long-term Performance Measures

- ◆ Decrease the proportion of PWD with an A1C >9%.
- ◆ Decrease the rates of preventable hospital admissions and emergency department visits related to diabetes.

The program is dedicated to working with primary care providers and diabetes educators to achieve the standards of care for PWD. Tracking the data for clinical and education indicators is one method for assessing how well the standards are being practiced. It is an ongoing process and partnership between public health and health care providers to apply this data for continuous QI.

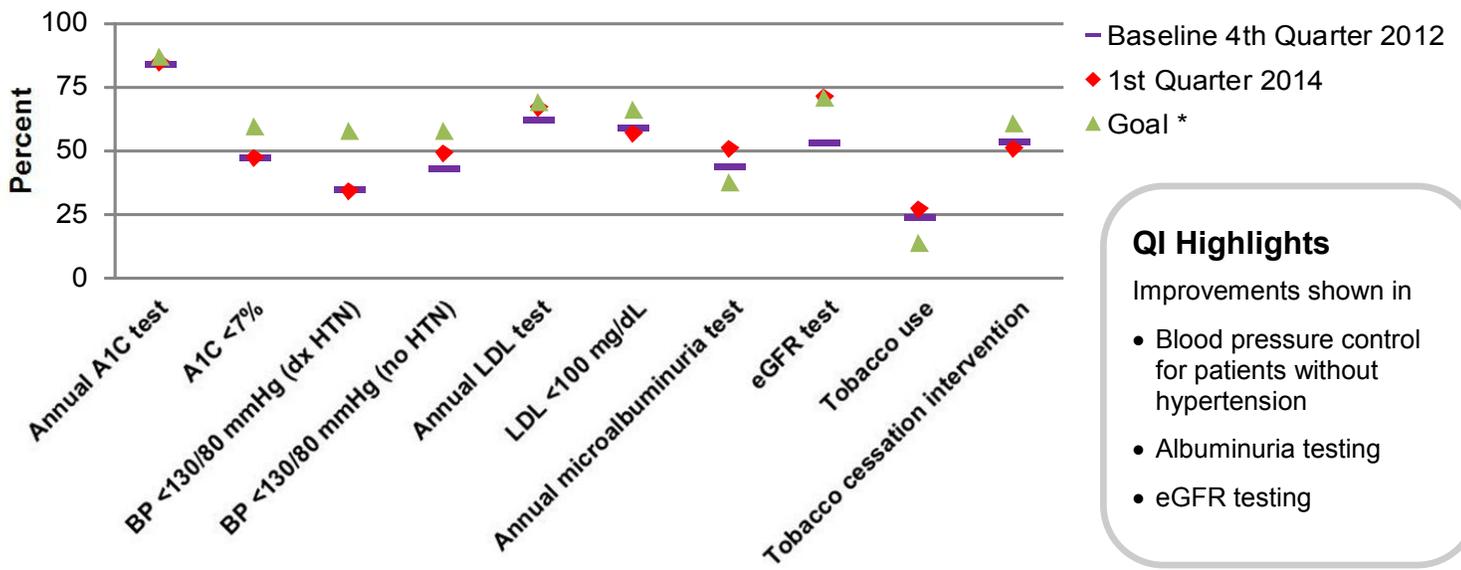
To provide feedback on trends and progress toward benchmarks, the program collects quarterly quantitative data from providers and health systems through DQCMS or EHR reports. Qualitative data is collected from providers during annual site visits. Providers are encouraged to use quarterly data summaries and annual visits to assess their practice in achieving the standards of care and identify areas to improve.

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Diabetes Care Indicators

Primary Care Practices and Diabetes Education Programs

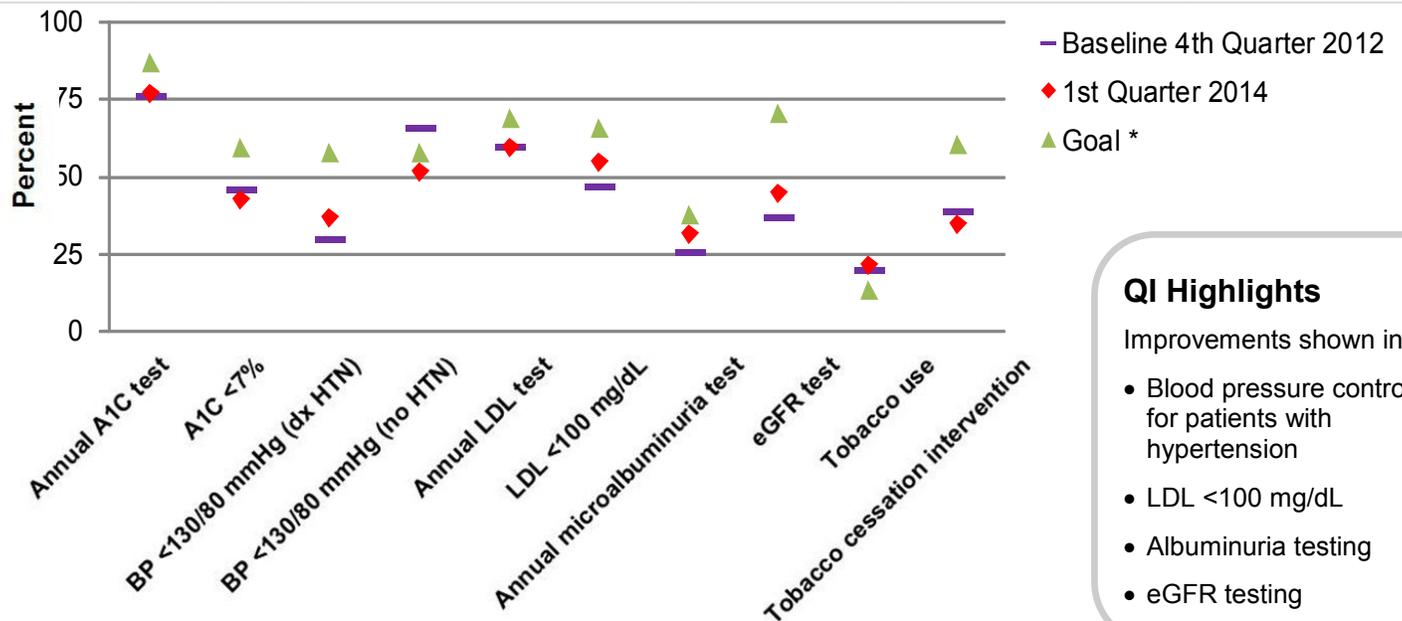
Figure 1. Diabetes care indicators from primary care practices in Montana participating in the DQCMS, 1st Quarter (Jan—Mar 2014). N = 24 clinics; 16,517 patients.



QI Highlights

- Improvements shown in
- Blood pressure control for patients without hypertension
 - Albuminuria testing
 - eGFR testing

Figure 2. Diabetes care indicators from diabetes self-management education and support programs in Montana participating in the DQCMS, 1st Quarter (Jan—Mar 2014). N=7 clinics; 2,653 patients.



QI Highlights

- Improvements shown in
- Blood pressure control for patients with hypertension
 - LDL <100 mg/dL
 - Albuminuria testing
 - eGFR testing

DQCMS = Diabetes Quality Care Monitoring System. Data presented here are for adult patients with diabetes seen within the last year.

* Montana's statewide quality improvement goals for diabetes were updated in 2013 based upon Healthy People 2020 targets or a 10% improvement from baseline.

Quality Improvement Plan

Continued from page 1

Additional data are analyzed from other public health and surveillance databases such as Medicaid claims and the Montana Hospital Discharge Data System. The Montana Diabetes Program uses these data to assess progress toward meeting performance measure targets at the state level.

Table 1. Select baseline data and targets for the 5-year QI plan, Montana, 2013-2018.

Performance Measure	Year 1 Baseline	Year 2 Target	Year 5 Target
Health systems reporting NQF 59			
Community Health Centers (N=17)	100%	100%	100%
Primary care practices (N=20)	70%	75%	90%
Health systems with policies for multi-disciplinary approach to A1C control (N=47)	51%	52%	55%
Community pharmacists that promote medication self-management for PWD (N=258)	47%	47%	52%
PWD in adherence to medication regimens (N=700)	52%	53%	58%
PWD with A1C >9%			
Clinical sites (N=12,451 PWD)	12%	11.3%	10.4%
Education programs (N=2,956 PWD)	8.5%	8.3%	8.0%
Age-adjusted hospital discharge rate for diabetes as any-listed diagnosis per 1,000 PWD	10.7	10.3	8.0

How can primary care practices and diabetes education programs work toward these targets? Listed here are several QI project ideas.

◆ **Reduce the proportion of patients with uncontrolled A1C levels.**

- Identify patients who have an A1C >9% through the DQCMS advanced search or the EHR.
- Set up appointments with these patients to review the medications currently prescribed. Evaluate medication adherence, possible dosage changes or the need for a different medication regimen.
- Schedule education (with a Certified Diabetes Educator, if possible) to review the disease process and self-management goals. Education should include healthy eating, being active, taking medications properly, monitoring health data, risk management to reduce complications, problem solving and healthy coping.
- DQCMS users can generate “ABC” letters to send to their patients, which show their most recent A1C, blood pressure, and LDL lab results along with suggested goals for these values. The letter also includes potential action steps that can be individualized for each patient’s needs.
- Implement a multidisciplinary approach to A1C control. This could include patient-centered medical home model, team based care, and group visits or shared medical appointments.

◆ **Promote medication adherence.**

- Determine whether the patient is taking the medications as prescribed.
- Administer a medication adherence tool such as the ASK-20 questionnaire from GlaxoSmithKline or the Adherence Estimator from Merck.
- Ask the patient about how and when they take their medications.
- Determine if there are barriers that may interfere with taking the medications.
- Involve community pharmacists to promote medication self-management by providing education and monitoring medication refills.

For more information on possible QI projects or assistance in implementing them, please contact Chris Jacoby, QI coordinator, at cjacoby@mt.gov or (406) 444-7324.

Report Highlights

- **The Public Health Approach to Quality Improvement in Health Systems**
- **Diabetes Care Indicators:**
 - **Primary Care Practices**
 - **Diabetes Education Programs**

Upcoming Events

Diabetes Advisory Coalition 20th Anniversary Celebration

July 11, 2014

Cogswell Building, Capitol Complex, Helena, MT

Montana Diabetes Educators Network Meeting and the QI Coordinators Meeting

October 23, 2014

Fairmont Hot Springs Resort, MT

17th Annual Montana Diabetes Professional Conference

October 23-24, 2014

Fairmont Hot Springs Resort, MT

<http://www.umt.edu/sell/cps/diabetesconference/>

*For more information on the above events,
contact Susan Day (406) 444-6677*

ADA's Camp Montana

July 20-25, 2014

Beartooth Mountain Christian Ranch, Fishtail, MT

www.diabetes.org/in-my-community

Taking Control of Your Diabetes (TCOYD)

September 6, 2014

Hilton Garden Inn, Missoula, MT

<https://tcoyd.org>

ADA's Tour de Cure Montana

September 13, 2014

Headwaters State Park, Three Forks, MT

<http://tour.diabetes.org>

Announcements

Medicaid Quality Grant Awarded

Congratulations to Bullhook Community Health Center (CHC) on being the recipient of the Medicaid Adult Quality Grant sub-award.

The Bullhook CHC will conduct a QI project based on the Plan-Do-Study-Act cycle to improve the quality of diabetes care and measure progress in testing and control for A1C and lipids and other quality measures.

Make sure to attend the QI Coordinators Meeting this October to hear their presentation on implementing this QI project!

DQCMS Updates Underway

We've been listening to you. We have several updates to improve the DQCMS. These include the ability to generate lists of patients with type 1 or type 2 diabetes, collect insulin pump information, and view updated target levels for blood pressure <140/80 mmHg, A1C >9%, and LDL <70 mg/dL that align with quality measures, such as NQF 18 and NQF 59.

Online Resources

www.diabetes.mt.gov

- State Plan 2009-2014
- Burden Report
- Archived Reports from 1998 to present
- Resources for clinicians, diabetes educators, and schools

DQCMS Information

www.risprojects.org/dqcms

- User Manual
- Helpful Hints
- Training Videos
- Help Sheets