

Grant Outcomes Report

Improving Clinical Care for People with Diabetes in New York State

The Problem:

Diabetes prevalence in New York State has doubled since 1994 and is expected to grow; 1.8 million New Yorkers suffer from diabetes and 4.2 million others have prediabetes. Annual disease-related costs for the State are estimated to be \$12.9 billion.¹ The epidemic affects individuals' health and takes a toll on health care institutions, health plans, and the State's budget.

To address this crisis, the New York State Health Foundation (NYSHealth) invested in a \$35 million diabetes campaign with the goal of reversing the epidemic. The New York State Diabetes Campaign started in 2008 and focuses on improving clinical care and patient outcomes; mobilizing communities to prevent diabetes and support diabetes self-management; and promoting policies that sustain comprehensive and effective care for people with diabetes.

As most community health centers are dealing with an increase in the number of patients with one or more complex chronic diseases, they must rely on additional support in order to adopt best practices. These best practices will ensure that people with diabetes receive the right care, at the right time, and in the right setting to achieve the best health outcomes.

To advance the New York State Health Foundation Diabetes Campaign's clinical goals among community health centers, NYSHealth made a grant to the Community Health Care Association of New York State (CHCANYS). Under this grant, CHCANYS provided technical assistance to its

KEY INFORMATION:

GRANTEE

Community Health Care Association of New York State

GRANT TITLE

Improving Diabetes Clinical Care at New York's Community Health Centers

DATES

Phase 1: 2008
Phase 2: 2009
Phase 3: 2010
Phase 4: 2011

GRANT AMOUNT

Phase 1: \$251,295
Phase 2: \$164,948
Phase 3: \$217,258
Phase 4: \$201,467

FUNDING

Diabetes Campaign-Solicited

¹ New York State Department of Health, "The State of Diabetes in New York State: A Surveillance Report," New York State Department of Health website, http://www.health.ny.gov/statistics/diseases/conditions/diabetes/docs/1997-2004_surveillance_report.pdf, accessed May 2012; Full Accounting of Diabetes and Pre-Diabetes in the U.S. population in 1988-1994 and 2005-2006. Cowie, C. et al. Diabetes Care, 2008 Feb; 32(2): 287-294; *The Estimated Prevalence and Cost of Diabetes in New York*, American Diabetes Association, <http://www.diabetesarchive.net/advocacy-and-legalresources/cost-of-diabetes-results.jsp?state=New+York&district=0&DistName=New+York+%28Entire+State%29>, accessed May 2012.

members to help them achieve excellence in diabetes care as demonstrated by attaining recognition under the National Committee for Quality Assurance's (NCQA) Diabetes Physician Recognition Program (DPRP). This program recognizes providers who use evidence-based measures to provide the best care possible to their patients with diabetes. There are 10 clinical measures that providers must document in order to become a recognized provider: Hemoglobin A1c; blood pressure; LDL cholesterol; annual eye examinations; nephropathy assessment; foot exams; and smoking status and cessation advice or treatment.

Grant Activities & Outcomes:

From the start, CHCANYS' goal has been to advance the goals of the Campaign among its constituency, in addition to making tangible improvements in the way community health centers deliver care for patients who have diabetes.

Since 2008, CHCANYS has accomplished the following activities:

Assessed New York State's community health centers' capacity to manage diabetes.

CHCANYS developed a survey with input from Dr. Neil Calman, former Director of the New York State Health Foundation Diabetes Campaign, to assess aspects of community health centers' clinical care related to diabetes management. Eighteen (36.7%) out of 49 community health centers responded to the survey and 15 (88.2%) expressed interest in achieving NCQA diabetes recognition. The survey showed that:

- A number of community health centers had good infrastructure in place to support diabetes management—70% had a dedicated quality improvement staff and 78% had self-management support staff and/or services.
- Community health centers found that self-management interventions are effective, especially when using certified diabetes educators as members of the primary care team to support self-management goals.

Quality improvement interventions were viewed as highly valuable, but competing demands on staff made it difficult for them to focus on one chronic disease.

The information obtained from the initial survey helped CHCANYS identify an initial set of community health centers that had a high probability of successfully improving their clinical practices. CHCANYS selected these sites to test and refine intervention models that could be spread throughout its

membership in subsequent years. The survey also highlighted specific opportunities and needs to increase the capacity of its member community health centers to support diabetes improvement work.

Supported the work of the broader New York State Diabetes Campaign. In addition, CHCANYS participated in all the general Campaign activities, working with the other clinical partners of the Campaign to launch initiatives aimed at improving diabetes care and outcomes among primary care providers and practices. A longer discussion of these activities and clinical partners is available in the NYSHealth grant outcome report, “Faith Fights Diabetes: Engaging New York State’s Faith-Based Organizations in Combating the Diabetes Epidemic,” which describes the activities of the Institute for Leadership’s Diabetes Campaign.²

Created the Diabetes Advisory Group. To address recruitment challenges, CHCANYS created a diabetes advisory group. Eight health center professionals participated in this group and represented important leadership from community health centers statewide. The advisory group expressed that recruitment is low because submission for NCQA or BTE diabetes recognition requires a lot of work, with no incentive. The group suggested that CHCANYS link achieving recognition to the patient-centered medical home (PCMH) submission. Shortly after implementing this strategy, there was a noticeable increase in interest in the diabetes recognition program and using it as a vehicle to submit for PCMH. Despite this increase in interest, competing priorities emerged over time between devoting resources to: **1)** submission for PCMH recognition (which can bring a considerable amount of revenue to the health center); and **2)** diabetes recognition (which does not currently have a financial incentive for health centers). This became a challenge for CHCANYS’ recruitment efforts.

Provided resources to clinical staff and leadership on best practices in diabetes care and management in health centers. CHCANYS has led several educational opportunities for providers at every level in health centers to help spread best practices across an entire health practice. This work included hosting three regional symposiums and learning session webinars.



² Information on this grant is available at: <http://nyshealthfoundation.org/our-grantees/grantee-profile/institute-for-leadership-inc>

Recruited and provided technical assistance to community health centers interested in pursuing the BTE or NCQA diabetes recognition program. CHCANYS supported community health centers in this process by providing technical assistance by phone and through site visits. The result of the site visits varied depending on the capacity and readiness of the health center. CHCANYS often acted as an additional arm of the health center, where technical assistance included conducting chart reviews, data entry, and guidance on quality improvement efforts in order to address deficiencies in the system.

From 2008 to 2012, CHCANYS' efforts have resulted in 253 providers achieving excellence in diabetes care as demonstrated by attaining recognition from the NCQA.

The Future:

By the close of the grant, CHCANYS had launched the Center for Primary Care Informatics (CPCI), a data warehouse with extensive reporting capabilities and a wraparound program of technical assistance to support clinical quality improvement, health center planning, advocacy, and fund development for its members statewide. The data warehouse is interfaced to draw clinical, operational, and financial data nightly from health center EHRs and serves as a comprehensive repository for aggregated primary care data. By the fall of 2013, 22 federally qualified health centers (FQHCs) were actively using the CPCI, working with an initial data set drawn from health center EHRs. CHCANYS continues to connect three to four new health centers each quarter, and the ultimate goal is to connect all New York State FQHCs to the CPCI by 2014. Discussions are underway with the State and other payers to facilitate access to external data. CHCANYS continues to use the data housed in the warehouse as a foundation for future quality improvement initiatives.

BACKGROUND INFORMATION:

ABOUT THE GRANTEE

The Community Health Care Association of New York State (CHCANYS) is the statewide association of Federally Qualified Health Centers, which provide primary care for more than 1.4 million New Yorkers. Of the population served by these health centers, 28% are uninsured and more than 85% are from low-income communities. CHCANYS works to support more than 60 community health centers in more than 600 locations across 27 counties in the State. Its mission is to ensure that all New Yorkers have access to high-quality, community-based primary care.

GRANTEE CONTACT

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