

# **Public Health PBRN**

## **Monthly Virtual Meeting**

### **January 17, 2013**

Research-in-Progress Presentation by Kentucky PBRN

**Community Outreach and Change for Diabetes Management (COACH 4 DM)**

**Rick Ingram, EdD, Dr PH, Angela Dearing, MD, MPH, Robin Pendley, DrPH, and Sarah Wilding, RN, MPA**

If you are dialed into the conference line on the telephone,  
please turn off your computer speakers.

Please mute your telephone until the Q&A. If your telephone does not have a mute button,  
press \*6 to mute and #6 to unmute

# Community Outreach and Change for Diabetes Management

## COACH 4 DM

### Kentucky Public Health Research Network (KPHReN) PH PBRN Virtual Monthly Call

Rick Ingram, EdD, DrPH

Angela Dearing MD, MPH

Robin Pendley, DrPH

Sarah Wilding, RN, MPA

1-17-13

# COACH 4 DM

## Overall Purpose:

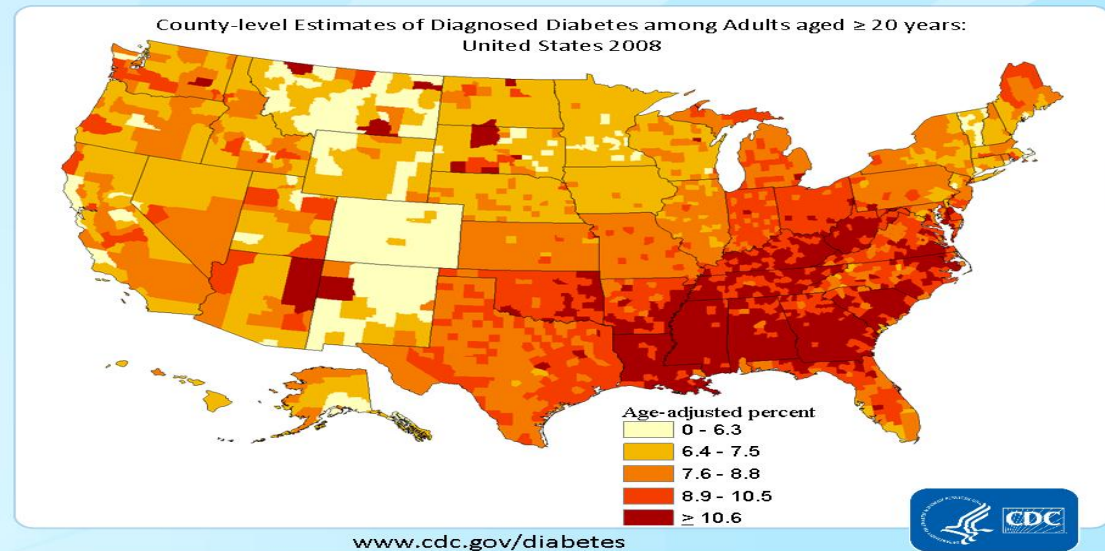
- Test whether evidence- based QI strategies lead to systems changes and process improvements within health departments

# COACH 4 DM Project Aim

- Evaluate the extent to which organizational QI strategies influence the adoption and implementation of evidence-based interventions identified in the Community Guide to Preventive Services
  - Sufficient evidence to recommend that Diabetes Self- Management Education (DSME) be provided to adult diabetics in community gathering places

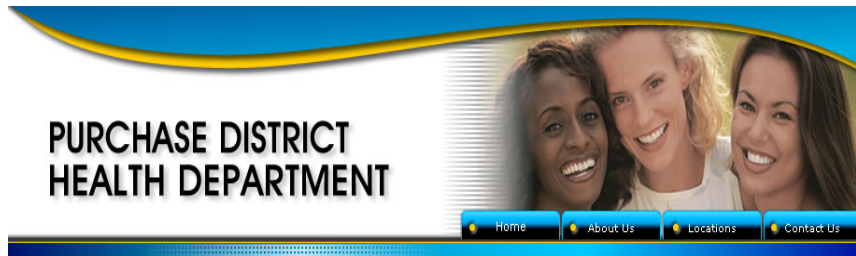
# Type II Diabetes in Kentucky

- 11% of KY adults have Diabetes!
  - 9<sup>th</sup> in the nation
- 6<sup>th</sup> leading cause of death in KY
- 40% of KY adults have pre-diabetes
- Estimated costs > \$3 billion



# Methods- Study Participants

- Six Local Health Depts.
- KY Diabetes Centers of Excellence
  - 4 district (6-10 counties)
  - 2 single county



**Barren River District  
HEALTH DEPARTMENT**

*We're working for your good health.*



**LINCOLN TRAIL DISTRICT  
HEALTH DEPARTMENT**

*Good health and a safe environment*

108 New Glendale Rd | P.O.Box 2609  
Elizabethtown, Kentucky 42701



# Study Participants

- QI Teams
  - 4-6 members
- QI Champions
  - Contact person
  - Coordinate meetings
  - Provide department pre/post data



# Methods- Study Protocol

## Change Facilitation

- Facilitate each team in design and implementation of a QI project to improve the delivery of existing DSME services
- Trained change facilitators
  - UK Center for Clinical and Translational Science
  - Prior training-
    - AHRQ Putting Prevention into Practice
    - IHI QI Collaborative
    - Embracing Quality in Local Public Health Michigan's QI Guidebook
  - Prior Experience
    - Primary Care PBRN(QI in local physician practices)



# Study Protocol

- Enrollment Visit
  - Consent
  - Project overview
- Three 1/2 day facilitation sessions
  - Monthly for approximately three months
  - Weekly communication with QI champions
- Individual project periods
  - 9 months
- Data collection and evaluation
  - Pre/ Post surveys

# Facilitation Sessions

## Session One

- Readiness for Change
- Assessment of current practice
- Overview of QI methods/ tools
  - Specific focus on **PDSA**
- Also introduce: RCA, fishbone diagrams, logic model, flow mapping, brainstorming
- Discuss QI project ideas



# Facilitation Sessions

## Sessions 2 and 3

- Facilitate PDSA
- Guide modifications to QI project plan
- Provide additional QI training as needed
  - Tailor training to QI teams needs

## Between sessions

- Weekly contact
  - Phone
  - Email

# Study Protocol

## QI Handbook

- Project information
- Embracing Quality in Local Public Health- Michigan's QI Guidebook
- Team strategies
- QI tools/ handouts
  - PDSA, RCA, fishbone diagrams, flow mapping, logic models etc.

## Collaborative Conference

- Included all study participants
- Tele- video
- After 2<sup>nd</sup> facilitations session
- Discussed early successes and challenges

# Logic Model

## Inputs

- DCOE staff (QI team)
- DSME providers (QI team)
- Change Facilitators
- Time
- Money
- Knowledge
- Community Partners

## Processes

- QI tools
- QI training
- Participation in facilitation sessions
- Collaborative conferences
- Social networking

## Outputs

- QI activities
- Readiness for change
- Cycles of PDSA
- Data collection
- Program satisfaction

## Outcomes

- Change in diabetes outreach: # enrolled in DCOE, # receiving DSME, # completing DSME, # referrals and referral sources, care coordination with PCP, communication with DCOEs, communication with community partners, advertising/ marketing
- Change in DSME delivery: method, location, content, timing, duration, frequency, Spanish availability
- Efficacy
- Adoption/ Implementation of QI activities
- Increased knowledge of QI methods
- Behavior change/ organizational climate change

Assumption-Improved outcomes not short term

External Factors-Previous QI experience, organizational climate

# Outcomes

- Assess effectiveness of systems- based QI methods
  - Process improvement
    - Adoption/ implementation of QI activities
  - Systems level change
    - Organizational climate
    - Behavior change
  - Knowledge of QI
  - Comfort level using QI
    - Utilization of pre- post surveys, post-session evaluations, direct observations

# Outcomes

- Assess impact on LHD outreach and capacity
  - # enrolled in DCOE
  - # participating in DSME
  - # completing DSME
  - # referrals and referral sources
  - Care Coordination efforts with PCP
  - Service delivery change
    - Method, location, content, timing, duration, frequency, language interpretation availability

# Evaluation

## Process Improvement Survey (Pre/post)

- **Each QI team member**
- Surveys focused on:
  - Knowledge of QI
    - General & specific tools
  - Comfort level using QI
    - General & specific tools
  - Adoption/Implementation of QI activities

## Outreach/ Capacity Survey (Pre/post)

- **QI Champion**
- Assess LHD/ DCOE outreach and capacity





# Survey1-Process Improvement

Knowledge of and comfort using QI

In General

Specific QI tools

LHD engagement in QI

# Results

## Survey 1

N=29

### Pre- Intervention

- How would you rate your knowledge of QI methods in general?
- How would you rate your knowledge of the following QI tools?
- How would you rate your comfort level using QI methods in general?
- How would you rate your comfort level using the following QI tools?

### Overall

- Reported **high** levels of knowledge and comfort of QI methods **in general**
- Reported **low** levels of knowledge and comfort with **specific** QI tools

# Pre- Intervention Survey

## Knowledge of and Comfort Using Specific QI Tools

Likert Scale 1-5

<u>1No Knowledge using</u>		<u>1No comfort</u>
• PDSA	41%	52%
• RCA	44%	58%
• Fishbone	51%	51%
• Logic model	35%	52%
• Flow maps	24%	31%

How would you rate your knowledge of the following QI tools?

## PDSA

### Pre- Intervention

- **41%** reported **no Knowledge** of PDSA
- **17%** reported **high knowledge** of PDSA

### Post- Intervention

- **9%** reported **no knowledge** of PDSA
- **78%** reported **high knowledge** of PDSA

How would you rate your knowledge of the following QI tools?

## RCA

### Pre- Intervention

- **44%** reported **no knowledge** of RCA
- **13%** reported **high knowledge** of RCA

### Post- Intervention

- **7%** reported **no knowledge** of RCA
- **54%** reported **high knowledge** of RCA

How would you rate your knowledge of the following QI tools?

## Fishbone diagrams

### Pre- Intervention

- **51%** reported **no Knowledge** of fishbone diagrams
- **7%** reported **high knowledge** of fishbone diagrams

### Post- Intervention

- **17%** reported **no knowledge** of fishbone diagrams
- **52%** reported **high knowledge** of fishbone diagrams

How would you rate your knowledge of the following QI tools?

## Logic Models

### Pre- Intervention

- **35%** reported **no Knowledge** of logic models
- **20%** reported **high knowledge** of logic models

### Post- Intervention

- **9%** reported **no knowledge** of logic models
- **45%** reported **high knowledge** of logic models

How would you rate your knowledge of the following QI tools?

## Flow Mapping

### Pre- Intervention

- **24%** reported **no Knowledge** of flow mapping
- **20%** reported **high knowledge** of flow mapping

### Post- Intervention

- **4%** reported **no knowledge** of flow mapping
- **65%** reported **high knowledge** of flow mapping



# Post Intervention

## Knowledge of QI

- *Since your participation in COACH 4 DM, do you feel that your knowledge of QI methods in general:*
- Strongly increased 30%
- Increased 61%
- Stayed the same 9%

## Comfort level using QI

- *Since your participation in COACH 4 DM, do you feel that your comfort level using QI methods in general:*
- Strongly increased 21%
- Increased 70%
- Stayed the same 9%

# Pre- Intervention

## LHD Engagement in QI

- How engaged is your health department in QI initiatives?
- 1- No engagement 0%
- 2- 11%
- 3- 24%
- 4- 38%
- 5-Heavily engaged 24%

## Perceived Effectiveness of QI in LHD Performance

- How effective do you feel QI is in improving the performance of your health department?
- 1- Not effective 3%
- 2- 10%
- 3- 17%
- 4- 49%
- 5-Heavily effective 21%

# Influence of COACH 4 DM

- *Since participating in COACH 4 DM, have any new QI initiatives been started?*
  - Yes **52%**
  - No 30%
  - Don't know 18%
- *If yes, do you feel this was influenced by participation in COACH 4 DM?*
  - Yes **66%**
  - No 8%
  - Don't know 0%

# Influence of COACH 4 DM

- *Are any new QI initiatives being contemplated in your HD?*
- Yes- 82%
  
- *Do you feel this was influenced by participation in COACH 4 DM?*
- Yes- 75%

# What was effective about COACH 4 DM?

- Most Effective
  - **QI Team**
  - Project facilitation
- Least effective
  - Handbook
  - Weekly contact with facilitator

# QI Projects

- Recognized problem: poor attendance at DSME classes
- Goal: Increase attendance by 15% in 8 counties
- QI methods/ tools:
  - Root Cause Analysis
  - Logic Model
  - PDSA Cycles
- Intervention:
  - Key informant interviews
    - Advertising
  - Improved data collection
  - Changes in class schedules

## Overall Impact

- Led to increased marketing efforts for multiple programs (not just DSME)
- Big picture- preparing staff and programs for accreditation
- Creating a QI culture
  
- What has happened since COACH 4 DM?
- Developed new class format
- Piloting a new provider referral process

# Survey 2

Outreach and Capacity

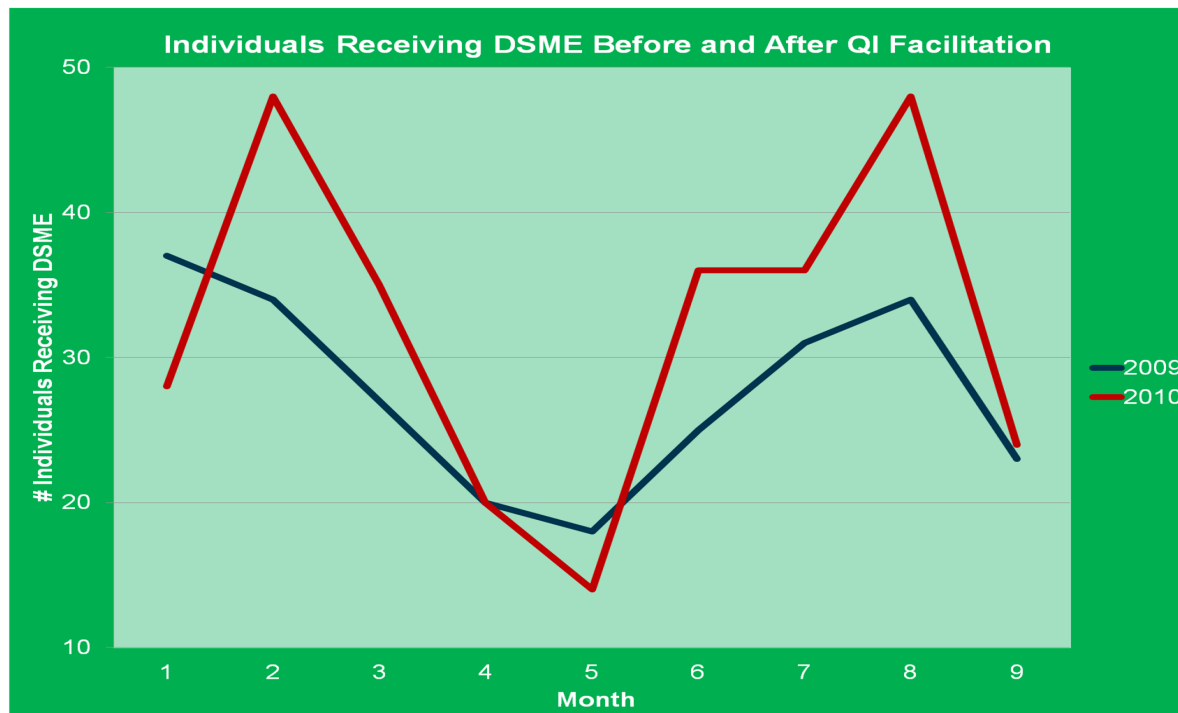
# Changes in DSME Outreach and Delivery

- Increase in mean # of persons attending DSME per month from 28-32
- Increase in the number of persons completing an entire course of DSME from 71-149
- 15% increase in number of healthcare providers who refer patients for DSME



# Changes in DSME Outreach and Delivery

- Average number of individuals receiving DSME before and after Change Facilitation



# Changes in DSME Outreach and Delivery

- 50% DCOEs changed location of DSME sessions
- 50% changed timing/ duration/ frequency of DSME sessions

# Summary

- Increase in knowledge and comfort level in general and with specific tools
  - PDSA
  - Fishbone diagramming
- Most sites are starting or contemplating a new QI initiative
  - Strong influence of COACH 4 DM

# Summary

- Improvements in service delivery and outreach
  - Expanded locations and times
  - Increased referrals and referral base
  - Increased numbers of people attending and completing DSME
- Effective aspects of COACH 4 DM
  - Development of QI team
    - Project facilitation
- QI in LHD is Achievable & Sustainable



Questions?

# Other Meeting Agenda Items

## PBRN Research Updates

- MPROVE study updates: [data acquisition](#) phase
- New PBRN affiliates coming on board
- NACCHO Profile

## PBRN Grantee Meeting and Keeneland Conference Updates

- Deadline for designation of PBRN representative is March 1

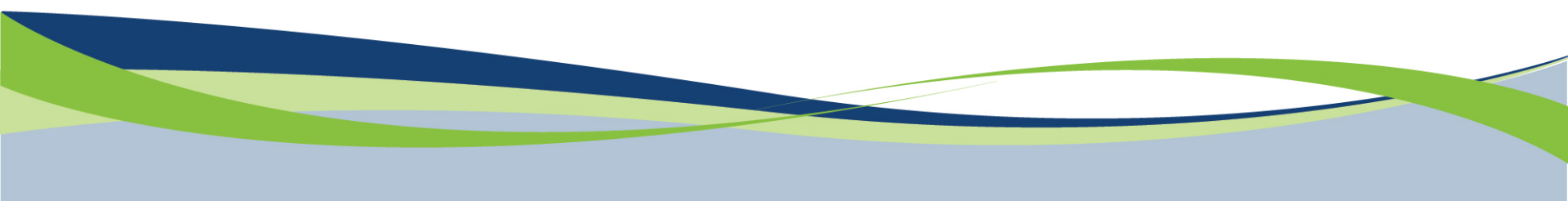
## Funding and Sustainability Updates

- AHRQ Intent to Publish CER and PCOR FOAs in Spring 2013
- RWJF Funding Opportunities
- PCORI Funding Opportunities
- NIH Funding Opportunities

## Dissemination Updates

- New article from OH PBRN in PHR
  - AcademyHealth 2013 ARM Interest Group: Abstract submission deadline February 13, 2013
  - AcademyHealth 2013 PHSR Interest Group: Article of the Year Nominations due March 1, 2013
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## 2013 Monthly Research in Progress Presentations Schedule

- February 21 North Carolina PBRN
  - March 21 Nebraska PBRN
  - April PBRN Grantee Meeting and Keeneland Conference
  - May 16 Connecticut PBRN
  - June 20 Wisconsin PBRN
  - July 18 Georgia PBRN
  - August 15 Ohio PBRN
  - September 19 New Jersey PBRN
  - October 17 Tennessee PBRN
  - November 21 Washington PBRN
  - December 19 Florida PBRN
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# Grants Administration Update: Budget Extension/Revisions

- **All requests for award extensions or budget revisions must be requested in writing to the PBRN National Coordinating Center-Formal Process**
- **Extension Request Questions**
  - What end date are you requesting?
  - What caused the change in the program/project?
  - What scope of work will occur during the extension period?
  - Is this new work or work originally planned under the grant?
  - What will be the new timeline, benchmarks and/or deliverables?
  - If approved, how will you keep us informed that the new timeline is being met?
- **Budget Revision Worksheet and Budget Narrative**
  - Reallocation of funds
  - Anticipate spending >10% in any budget category
- **When?**
  - Revisions: Before funds are spent
  - Extensions: At least 3 weeks before end of grant date



# Grants Administration Update: Budget Extension/Revisions

## Example of a simple Budget Revision Worksheet

Grantee: XYZ Association				
RWJF Grant Identification #: 67123				
Budget Period: March 1, 2011 through February 30, 2013				
Line Items	Approved Amount	Revision Request	Proposed Budget	Expenses Incurred (to date)
PERSONNEL	40,000	40,000	80,000	30,000
OTHER DIRECT COSTS (ODC)	20,000	0	20,000	10,000
PURCHASED SERVICES	40,000	(40,000)	0	0
TOTAL	100,000	0	100,000	40,000

### Corresponding Budget Narrative

#### Grant Budget Extension and No-cost Revision Request

Answers to Extension Request Question

Budget Revision Narrative

The XYZ Association is requesting to reallocate funds from the purchased services category to the personnel category to support personnel who will be conducting the work originally proposed for subcontract...

## Reminders: Upcoming Meetings and Events

- February 4-5, 2013: AcademyHealth [National Health Policy Conference](#), Washington DC
- March 3-6, 2013: [Environmental Health 2013: Science and Policy to Protect Future Generations](#), Boston, MA
- April 8-9, 2013: Public Health PBRN Program Annual Grantee Meeting, Lexington, KY
- April 9-11, 2013: [PHSSR Keeneland Conference](#), Lexington, KY
- June 25-26, 2013: [AcademyHealth Annual Research Meeting](#), and PHSSR Interest Group Meeting, Baltimore MD
- July 10-12, 2013: [NACCHO Annual Sharing Session](#), Dallas, TX

# Grant Reporting Reminders

- Send to [grantreports@rwjf.org](mailto:grantreports@rwjf.org) , copy to [PublicHealthPBRN@uky.edu](mailto:PublicHealthPBRN@uky.edu)
- RWJF guidelines for annual, final narrative reports & bibliography:  
[http://www.rwjf.org/files/publications/RWJF\\_GranteeReportingInstructions.pdf](http://www.rwjf.org/files/publications/RWJF_GranteeReportingInstructions.pdf)
- RWJF guidelines for financial reports:  
[http://www.rwjf.org/files/publications/RWJF\\_FinancialGuidelinesReporting.pdf](http://www.rwjf.org/files/publications/RWJF_FinancialGuidelinesReporting.pdf)
- RWJF guidelines for electronic submission standards for products and reports  
[http://www.rwjf.org/content/dam/files/rwjf-web-files/GranteeResources/RWJF\\_ElectronicSubmissions.pdf](http://www.rwjf.org/content/dam/files/rwjf-web-files/GranteeResources/RWJF_ElectronicSubmissions.pdf)

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