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Kentucky Public Health Research Network (K-PHReN)

COACH 4 DM COMMUNITY OUTREACH & CHANGE FOR DIABETES MANAGEMENT

K-PHReN

- ◆ Kentucky Public Health Research Network
- ◆ 17 LHD members
 - ◆ 53/120 KY counties
- ◆ Kentucky Public Health Association
- ◆ Kentucky Department of Public Health
- ◆ University of Kentucky
 - ◆ College of Public Health
 - ◆ Center for Clinical & Translational Science

Type II Diabetes in Kentucky

- ◆ 10% of KY adults have diabetes
 - ◆ 9th in nation
- ◆ 6th leading cause of death in KY
- ◆ 40% of KY adults have pre- diabetes
- ◆ 2002 estimates of indirect and direct costs of DM
 - ◆ \$2.9 billion

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 adults with Type II DM in community gathering places**

KY Diabetes Centers of Excellence (DCOE)

- ◆ Six LHD (all K-PHReN members)
 - ◆ 2 single county LHDs
 - ◆ 4 district LHDs (6-10 counties)
- ◆ Adults with Type II Diabetes
- ◆ Goals
 - ◆ Diabetes Self Management Education (DSME)
 - ◆ Behavior change support

COACH 4 DM Goals

- ◆ **Overall purpose:** Test whether evidence- based strategies lead to systems changes and process improvements within health departments
- ◆ **Method:** Facilitate DCOE in design and implementation of a QI project to improve the delivery of existing DSME services
- ◆ **Utilize methods for systems change including:**
 - ◆ Assess readiness for systems level change
 - ◆ Assess current practice
 - ◆ Establish process for improved service delivery
 - ◆ Evaluation of new system for service delivery

Study Participants

- ◆ LHD designated as a DCOE (6)
- ◆ QI Champion
 - ◆ Contact person
 - ◆ Coordinate team meetings
 - ◆ Provide pre/ post intervention data
- ◆ QI Team
 - ◆ DCOE staff/ DSME educators
 - ◆ 4-6 members

Study Protocol: Change Facilitators

- ◆ UK Office of Research Engagement for Advancing Community Health (REACH)
- ◆ Previous training in QI facilitation
 - ◆ AHRQ Putting Prevention into Practice
 - ◆ IHI QI Collaborative
 - ◆ Embracing Quality in Local Public Health: Michigan's QI Guidebook
 - ◆ Applied qualitative methodology
 - ◆ Regulatory compliance in QI research
- ◆ Previous projects
 - ◆ Primary Care practice- DM management, cancer screening (through primary care PBRN)

Study Protocol

- ◆ Enrollment visit
 - ◆ Consent
 - ◆ Project Overview
- ◆ Three 1½ day facilitation sessions
 - ◆ Monthly
 - ◆ At each DCOE site
- ◆ Weekly communication with QI teams
- ◆ Individual project periods
 - ◆ 6-9 months
- ◆ Data collection & Evaluation

Study Protocol- Facilitation

- ◆ Session One
- ◆ Readiness for Change
 - ◆ (Modified) Assessment of Chronic Illness Care Version 3.5 (RWJF)
- ◆ Assessment of current practice
- ◆ Overview of QI methods/ tools
- ◆ Specific focus on PDSA
- ◆ Specific focus on evaluation
- ◆ Also introduce: RCA, Cause/ Effect diagram, Logic models, Flow mapping
- ◆ Brainstorming
- ◆ Tailor training to QI team needs/ preferences

Study Protocol- Facilitation

- ◆ Sessions 2 & 3
- ◆ Facilitate PDSA
- ◆ Guide modifications to QI project plan
- ◆ Provide additional QI training as needed
- ◆ Between sessions
- ◆ Weekly contact
 - ◆ Phone
 - ◆ Email

Collaborative Conference

- ◆ Include all study participants
- ◆ Discuss early successes and challenges
 - ◆ After 1st & 2nd facilitation session
- ◆ Tele-video

Logic Model

Outcomes

- ◆ 1. Assess effectiveness of systems- based QI methods
 - ◆ Process improvement
 - ◆ Adoption/ Implementation of QI activities
 - ◆ Systems level change
 - ◆ Organizational climate
 - ◆ Behavior change
 - ◆ Knowledge of and comfort with QI
 - ◆ Utilization of pre/post surveys, post- session evaluations, direct observation, interviews

Outcomes

- ◆ 2. Assess impact on DCOE capacity
 - ◆ # enrolled in DCOE
 - ◆ # receiving DSME
 - ◆ # completing DSME
 - ◆ # referrals and referral sources
 - ◆ Care Coordination efforts with PCP
 - ◆ Service delivery changes:
 - ◆ Method, location, content, timing, duration, frequency, language translation availability
 - ◆ DM rates
 - ◆ DM related factors rates (physical activity, diet)
 - ◆ Utilization of pre/post intervention capacity measures