Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Great Plains
Quality Innovation Network

Provider Undercover: Living as a Chronic Disease Patient

Denise Kolba, MS,CNS,RN
Program Manager

Stephen Schroeder, MD, CMQ, CMD
Medical Director

Great Plains Quality Innovation Network

- The Great Plains QIN was formed with the following four entities (each a QIO in previous scopes) serving as subcontractors:

  - Kansas Foundation for Medical Care
  - CIMRO of Nebraska
  - Quality Health Associates of North Dakota
  - South Dakota Foundation for Medical Care

Make-Up of the Great Plains QIN

Four State with Strengths for Collaboration:

- Commonalities of Medicare consumers
- Provider characteristics
- Rural and frontier issues
- Similar corporate philosophies and general approaches

Triple AIM Approach to Clinical Quality

- Better Health
- Better Care
- Lower Cost

Network Principles:

- Enable innovation
- Foster learning organizations
- Eliminate disparities
- Strengthen infrastructure and data systems

CMS Quality Strategy Goals

1. Make care safer by reducing harm caused in the delivery of care

2. Strengthen person and family engagement as partners in their care

3. Promote effective communication and coordination of care

11th Scope of Work Task Areas

- Cardiovascular Health and Million Hearts®
- **Everyone with Diabetes Counts**
- Nursing Home Quality Improvement
- Care Coordination and Medication Safety
- Quality Reporting and Incentive Programs
- Quality Improvement Initiatives
- Adult Immunizations
- Transforming Clinical Practice Initiative
- Antibiotic Stewardship

Everyone with Diabetes Counts

- Expand the reach of effective diabetes education programs through the participation of more healthcare practitioners

- Aim to improve the quality of lives for all persons with diabetes by expanding opportunities for diabetes self-management education

Our Approach

- Assist physician practices in improving clinical outcomes of HbA1c, lipids, blood pressure and weight control

- Increase the number of Medicare beneficiaries participating in Diabetes Self-Management Education classes utilizing the Stanford Chronic Disease Program, Stanford Diabetes Self-Management Program or DEEP Model

Our Approach

- Work with DHHS stakeholders, organizations and academic institutions to increase the number of diabetes educators, certified diabetes educators (CDEs) and community health workers in communities

BETTER CHOICES
better health®
with DIABETES

- Stanford University Model
- Better Choices Better Health® and Better Choices Better Health with Diabetes®
- **21** communities across the state
- **455** participants completed workshops
- Increase self-confidence for managing diabetes
- Understanding the daily impact of chronic conditions

Better Choices Better Health

Provider/Clinician Engagement is key for referral to and sustainability of self-management programs in the community.

Workshop Specifics

- **Treatment is never altered** and participants are directed to follow physicians' orders and discuss concerns with their health care provider
- **Designed to complement** clinical treatment and disease-specific education
- **Assists in developing action plans** and provides group support to accomplish them

Provider as Participant

- Personal Experience
- Value as a Participant
- Value to Providers

Provider Partnership Opportunities

- Population Health-impact on overall health and condition management of diabetic patients
- Quality Payment Program
- Complement to Diabetes Education
- Feedback on impact – data sharing/testimonials
- Referral protocols

Benefits of Provider Partnership

- Workshop recruitment and retention
- Sustainability of BCBH program
- Better patient outcomes
- Improvement in overall health of communities in South Dakota

Questions?

This material was prepared the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11S0W-GPQIN-SD-B2-234/0717