

# DPPI Interventions Focus Area Challenges Worth Facing Panel Discussion

CDC DDT Conference

May 2, 2007

Atlanta, GA

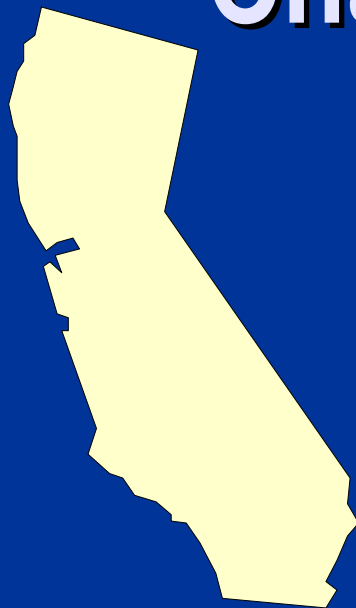


# California

## DPPI Interventions Focus Area

### Challenges Worth Facing

# Panel Discussion



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# Interventions and Target Populations

Intervention	Diabetes prevention program developed as a collaborative endeavor between a healthcare organization and a worksite
Target Population	Adults with prediabetes
Key Activities	<ul style="list-style-type: none"><li>➤ Screening adults for diabetes risk</li><li>➤ Referring high-risk persons for diagnostic testing (OGTT or FBG)</li><li>➤ Enrolling persons diagnosed with prediabetes into the diabetes prevention intervention</li><li>➤ Monitoring process measures and patient outcomes to evaluate program effectiveness</li></ul>

# Identifying Our Challenge or Opportunity

- Referring high-risk patients for diagnostic testing (OGTT or FBG) and obtaining the results of the test
  - This challenge became apparent early in the implementation stages, as we were getting very few lab results back
    - Patients had trouble obtaining a quick appointment
    - Some providers felt an OGTT was not necessary
    - Some participants with a FBG in the prediabetes range were reported as “normal” by the provider and had no instructions for follow-up
  - It was at this point that we decided to include all high-risk persons (per paper risk test) into the intervention rather than only those diagnosed with prediabetes

# Overcoming the Challenge/ Harnessing the Opportunity

- Reminding patients about the need to obtain tests
- Sending a letter to providers explaining patients' participation in the DPPI and recommended tests to diagnose prediabetes/diabetes
- In selecting partners for Phase 3 we made a definitive effort to seek out a partner that would help provide a solution to this problem
- The need for discussion about other potential partners (e.g., health plans, insurers) necessary to implement diabetes prevention became apparent

# Avoiding this Challenge in the Future

- In order to avoid this potential problem in Phase 3 we have decided to partner with a worksite that has an onsite physician in their occupational health department
- Onsite physicians will order lab tests for high-risk persons, collect data, and report results back to a coordinator from Sutter Diabetes Care Center
- Other situations may require a direct partnership with an insurer, health plan, or provider group to ensure prompt diagnostic testing and feedback to the point organization

# Contact Information

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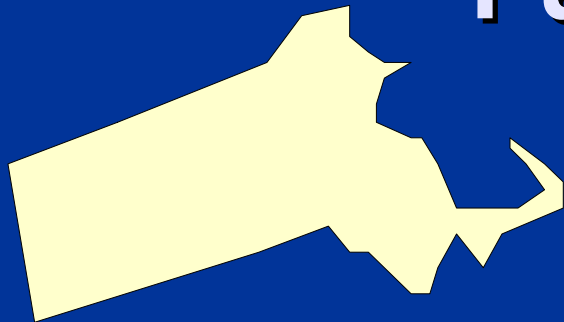
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# Massachusetts DPPI Interventions Focus Area Challenges Worth Facing Panel Discussion



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# Interventions and Target Populations

Intervention	Target Population
Worksite-based diabetes primary prevention intervention	Lightolier employees in Fall River, MA

# Identifying Our Challenge or Opportunity

- Diagnosing prediabetes has been a major challenge of this worksite-based pilot project
  - We recognized that establishing a system to communicate with employees' primary care providers (PCPs) would be a challenge during project planning and developed a mechanism for communication
  - We planned to:
    - Identify employees at risk for diabetes/prediabetes
    - Communicate findings to local health care providers
    - Request follow-up evaluation for prediabetes/diabetes and feedback on lab results

# Overcoming the Challenge/ Harnessing the Opportunity

- We have recognized the need for earlier engagement of local health care providers to both educate about prediabetes and aid in designing a mechanism for communication
- We are exploring establishing partnerships with health plans to build on existing communication networks

# Avoiding this Challenge in the Future

- Ensure that the opportunity to obtain venous fasting lab tests exists at the worksite setting
- Obtaining a provider order for labs would cover the costs for the test and would facilitate employees' ability to receive recommended screening tests

# Contact Information

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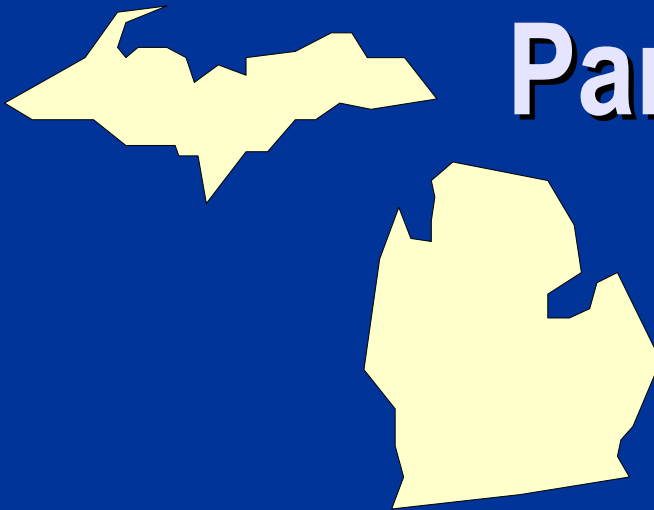
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# Michigan DPPI Interventions Focus Area Challenges Worth Facing Panel Discussion



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# Interventions and Target Populations

Interventions	Target Populations
Screen for prediabetes in local public health program	WISEWOMAN program
Promote diabetes prevention best practices in primary care	Munson Healthcare (64 primary care practices/ 240 physicians)

# Identifying Our Challenge or Opportunity

- Preparing the WISEWOMAN clinic for fasting glucose screening
- Developing a strategy to promote and distribute diabetes prevention best practices in primary care practices

# Overcoming the Challenge/ Harnessing the Opportunity

- Revised the WISEWOMAN clinic flow
  - Glucose screening algorithm
  - Appointment scheduling
  - Lifestyle counseling/intervention
  - Provider communication
- Formed a provider steering committee
  - Identified a champion
  - Asked for feedback
  - Support from director of medical affairs
  - Developed a provider tool-kit

# Avoiding this Challenge in the Future

- Use Michigan's "WISEWOMAN Prediabetes Screening Plan"
- Additional \$.86/person for FPG screening in WISEWOMAN
- Increase diabetes prevention awareness in community and health care prior to screening
- Find community lifestyle resources
- Find resources for cases of diabetes detected
- Use Michigan's "Provider Tool-kit"

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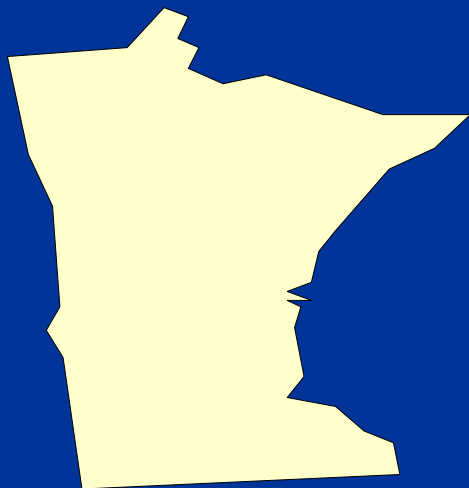
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# Minnesota DPPI Interventions Focus Area Challenges Worth Facing Panel Discussion



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# Interventions and Target Populations

Interventions	Target Populations
<p>Improve how health systems and health care providers address prediabetes with patients</p>	<ul style="list-style-type: none"> <li>➤ Minnesota Diabetes Steering Committee</li> <li>➤ Institute of Clinical Systems Improvement (ICSI) and their members (90% of physicians in MN)</li> </ul>
<p>Increase awareness of prediabetes and actions to take to prevent diabetes by consumers and health care providers</p>	<ul style="list-style-type: none"> <li>➤ Focus on families of people who have type 2 diabetes and individuals using the ADA's Risk Criteria</li> <li>➤ Provide consistent messages statewide</li> </ul>
<p>Conduct an intervention that helps patients with prediabetes make lifestyle changes</p>	<ul style="list-style-type: none"> <li>➤ Steps to Healthier Minnesota programs in Minneapolis, St. Paul, Rochester, and Wilmar</li> </ul>

# Identifying Our Challenge or Opportunity

- The Minnesota Diabetes Steering Committee (MDSC) has been our guide for selecting our intervention initiative
- MDSC members debated whether to target consumers or health care systems and policies - both approaches had supporters, but no clear direction
  - May 2006 - MDSC set up an Action Group to decide
    - Action Group had many good ideas, but no clear direction except to include a target message to families of people who have type 2 diabetes
  - September 2006 - MDSC decided to address both increasing public awareness and changing health care systems and policies
  - November 2006 - ICSI partnership was established; this has been significant in moving ahead with policy issues

# Overcoming the Challenge

- Set up two MDSC Action Groups to provide direction
  - Health Systems and Policy Change Action Group
    - Working with ICSI to conduct research to understand barriers at the provider-patient level and change ICSI Health Care Guidelines
  - Prevention Awareness Action Group
    - Developing a communications and social marketing plan
    - Using results of ICSI research to develop messages and target audience for this plan
    - Used DPPI tools to build consensus and direction (e.g., logic model, charter, and communications plan)

# Harnessing the Opportunity

- Timing and partnerships are critical
  - When we contacted ICSI, they had just set a goal to address how health systems approach prevention of chronic diseases - now they are a key partner
  - Steps to a Healthier Minnesota was actively working on diabetes initiatives and requested technical support that led to opportunities
    - ECHO Public TV show in 6 languages
    - Plans to develop Diabetes Primary Prevention (DPP) interventions to link clinics with the community
  - MDSC suggested a focus on families of people with type 2 diabetes
    - Diabetes Program and Genomics Program were both developing Family History of Diabetes message
    - This was tested with ADA Expo and now will be expanded

# Overcoming the Challenge/ Harnessing the Opportunity

- If we had provided specific recommendations to the MDSC to endorse, we might have moved ahead faster, but without active involvement of our partners or as great of a potential impact
- Now we have a strong partnership with ICSI and MDSC members who are committed to primary prevention of diabetes

# Avoiding this Challenge in the Future

- Allow ample time for Steering Committees to develop consensus
- Identify key partners and work directly with them to develop a successful intervention or pilot
- Provide Steering Committees with these specific pilot projects or plans to endorse or modify

# Contact Information

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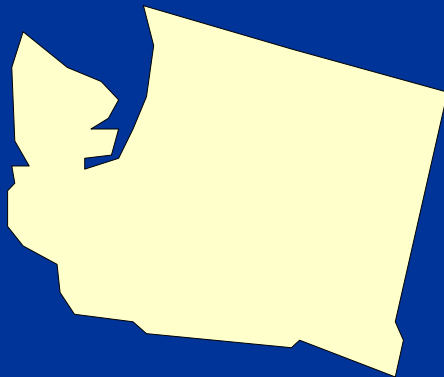
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# Washington State DPPI Interventions Focus Area Challenges Worth Facing Panel Discussion



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# Interventions and Target Populations

Interventions	Target Populations
Garfield County Diabetes Prevention Initiative	Public Employees
Seattle REACH Coalition	Communities of Color in King County

# Washington State Geography



# Identifying Our Challenge or Opportunity

- Low response to the request for proposal (RFP)
  - One response was received within the timeframe
  - Two other entities indicated interest but did not respond by the deadline
  - This limited our choices in selecting a partner
  - Concern about how replicable the small rural project will be

# Overcoming the Challenge/ Harnessing the Opportunity

- Contracting is always challenging
- The proposal we received was good
- Subsequently pursued a contract with one of the other organizations that expressed interest (REACH)
- We are devoting the staff time/ expertise necessary to make the project successful

# Avoiding this Challenge in the Future

- Write a broad RFP that more entities can respond to (we were very narrowly focused)
- Plan for enough time for interested parties to apply and execute plans (we had a narrow time frame)
- Create and utilize a communications plan to alert potential partners to upcoming opportunities (we lacked the time to do so)

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