

Grant Outcome Report

Improving Diabetes Outcomes in Behavioral Health Care Recipients

The Problem

Gold Choice, a behavioral health Medicaid managed care program serving Erie County, was funded by the New York State Health Foundation (NYSHealth) to implement a program to enhance care and improve outcomes for patients with both diabetes and serious mental illness and/or substance use problems. Approximately 450 Gold Choice patients who receive care through 60 Erie County primary care sites are currently diagnosed with diabetes.

These individuals are especially vulnerable to diabetes-related complications, as their behavioral health conditions often affect their ability to adhere to medication and self-care regimens. The program employed two primary strategies: (1) the use of practice enhancement assistants to provide clinical information support to primary care practices serving Gold Choice patients with diabetes and (2) the use of telephonic nurse care managers to work specifically with this target population. Data gathered by the practice enhancement assistants through chart reviews were used to produce clinical reminders for primary care providers; provide nurse care managers with information to enhance their capacity to support the patient; provide regular feedback to participating providers on key diabetes process and outcome measures; and evaluate program impact.

This project was funded under NYSHealth's 2007 *Setting the Standard: Advancing Best Practices in Diabetes Management* request for proposals (RFP). The goal of Setting the Standard was to move New York State's primary care system to adopt and spread best practices in disease management and establish them as the universal standard of care for patients with diabetes. At the time, multiple diabetes management programs already existed throughout New York State, along with established collaboratives to maximize the impact of these programs. Thus, NYSHealth expected the grants made under the RFP to advance these programs and build systemwide capacity to support, sustain, and institutionalize these efforts. The Chronic Care Model (CCM)—a highly respected and accepted framework for approaching the improvements sought through this initiative—was a major reference point in the RFP.

KEY INFORMATION:

GRANTEE

Gold Choice, PCMP IIA

GRANT TITLE

Improving Diabetes Outcomes in Behavioral Health Care Recipients

DATES

January 1, 2008 – March 3, 2010

GRANT AMOUNT

\$317,863

FUNDING

2007 Setting the Standard: Advancing Best Practices in Diabetes Management Request for Proposals

Grant Activities and Outcomes

The goals of this two-year quality improvement project were to deploy evidence-based American Diabetes Association (ADA) guidelines to primary care provider and patient support staff to improve the management of diabetes among patients with mental illness and/or substance use conditions enrolled in Gold Choice. The key component of the initiative was the use of telephonic nurse case managers and practice enhancement assistants. Growing literature documents the telephone as a vehicle for nurse case management, follow-up, and patient education to improve glycemic control and other self-care measures among patients with diabetes. Practice enhancement assistants have also demonstrated considerable promise in facilitating the implementation of preventive service guidelines.

Gold Choice had a strong foundation in place for this project. Telephonic nurse case management is core to Gold Choice's mission and the hallmark of its case management approach. Gold Choice also has used practice enhancement assistants in the past for both research and clinical quality improvement projects. As a result, it had an existing infrastructure to embed this work and knowledge of how to best use these resources. Both the chair of family medicine and the medical director were intimately involved in the project and attended monthly team meetings to review cases and contribute to the project's evolution. Equally important, Gold Choice had established relationships with a network of more than 60 primary care providers in its area. Only one practice declined to fully participate; however, this practice did not serve a substantial percentage of current Gold Choice patients with diabetes.



Practice enhancement assistants conducted quarterly practice-based chart reviews to generate individual patient reviews for primary care providers and telephonic nurse case managers. In addition, they maintained a centralized database of core diabetes care elements, which was used to generate quarterly performance feedback reports on measures to promote practice improvement work. While Gold Choice intended to meet with all practices regularly to review their data, only 20% of the practices took advantage of this opportunity. Practices cited lack of time and resources as a barrier to participation.

While the cohort of patients for this intervention was 760 Gold Choice members, approximately one third were excluded from the intervention. These patients either could not be reached, lost their insurance, were miscoded as having diabetes, or had changed providers. Of the 539 patients in the telephonic nurse case managers' caseloads, only 37% had multiple interactions. The telephonic nurse case managers focused on each patient's most acute problems, rather than solely on their diabetes status.

After conducting a 12-month evaluation of the program, Gold Choice determined that there were no significant improvements in blood sugar levels, LDL cholesterol levels, or blood pressure control in patients, other than a slight decrease in the percentage of patients with poorly controlled blood sugar levels. It did note some improvement in rates of HDL cholesterol levels. Data examined after a 24-month period also corroborated the absence of significant improvements.

However, provider process measures showed a significant increase in aspirin prescriptions; a surge in the percentage of patients obtaining pneumococcal vaccines; and an increase in annual flu shots. These results suggest that the intervention had a positive impact on physician adherence to ADA-recommended guidelines.¹

As part of the *Setting the Standard* initiative, NYSHealth supported an outside evaluation of 10 of the 12 participating grantees. In addition to observing whether each grantee advanced against its proposed objectives, the evaluators also assessed how well each grantee adhered to the CCM principles. From the evaluators' perspective, Gold Choice had an interesting and aggressive approach to improving clinical outcomes for this population, but it was unable to realize improvements in diabetes control. One issue Gold Choice faced was the lack of physician buy-in to the feedback process. As success hinged on the grantee's capacity to ensure physician participation, the number of practices involved in the project (50) was probably too large to enlist at one time; a phased approach likely would have been more successful. As a result, the evaluators suggested that the Foundation should help sites assess their readiness to implement large-scale projects in the future.

Future

The Gold Choice team intends to continue the work of the telephonic nurse case managers using a patchwork of existing funding for special projects, and plans to expand their scope beyond patients with diabetes to include patients with other and multiple chronic conditions. The practice enhancement assistant component will not be continued in the absence of ongoing funding.

¹ Kahn, L.S.; Fox, C.H.; Carrington, J.; Desai, U.; Bartlett, D.P.; Lyle, H.; and Kowalski, M. (2009). Telephonic nurse case management for patients with diabetes and mental illnesses: a qualitative perspective. *Chronic Illness*, 5, 257-267.

BACKGROUND INFORMATION:

ABOUT THE GRANTEE

Gold Choice is a partially capitated Medicaid managed care program using the physician case management model to ensure patient access to primary care and specialty medical services. The University of Buffalo Department of Family Medicine established this program in 1996 in collaboration with the Erie County Departments of Social Services and Mental Health as a model to integrate the Medicaid special needs population (mentally ill and substance use) into managed care. One key feature of the Gold Choice program is that all enrollees must currently be in treatment with an assigned counselor within a behavioral health agency. The program currently has 5,000 enrollees referred by more than 30 mental health and/or substance use services agencies located in Erie County. The contract with the Erie County Department of Mental Health provides administrative support and specialized case management services to ensure that the population has access to specialized medical services, and that such services are coordinated with their mental disability services.

GRANTEE CONTACT

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