Grant Outcomes Report

Development and Leadership of New York State Diabetes Campaign

KEY INFORMATION:

GRANTEE
Institute for Family Health

GRANT TITLE
Development and Leadership of New York State Diabetes Campaign

DATES
Phase 1: 2008-2009
Phase 2: 2009-2010

GRANT AMOUNT
Phase 1: $593,371
Phase 2: $868,825

FUNDING
Diabetes Campaign—Solicited

The Problem:

Diabetes prevalence in New York State has doubled since 1994 and is expected to grow; 1.8 million New Yorkers suffer from diabetes and 4.2 million others have prediabetes. Annual disease-related costs for the State are estimated to be $12.9 billion.[1] The epidemic affects individuals' health and takes a toll on health care institutions, health plans, and the State's budget.

To address this crisis, the New York State Health Foundation (NYSHealth) invested in a $35 million diabetes campaign with the goal of reversing the epidemic. The New York State Diabetes Campaign started in 2008 and focuses on improving clinical care and patient outcomes; mobilizing communities to prevent diabetes and support diabetes self-management; and promoting policies that sustain comprehensive and effective care for people with diabetes.

The Foundation enlisted the support of the Institute for Family Health (IFH) to help develop this statewide initiative by promoting changes in the community, the health care system, and in patient behavior.

Grant Activities & Outcomes:

IFH was funded through two grant phases to do this work. The first phase of work included developing the infrastructure for the Campaign, hiring clinical and quality improvement staff who could provide technical assistance to providers across the State, and a communications team who would energize

[1] New York State Department of Health, "The State of Diabetes in New York State: A Surveillance Report," New York State Department of Health website, http://www.health.ny.gov/statistics/diseases/conditions/diabetes/docs/1997-2004_surveillance_report.pdf, accessed May 2012; Full Accounting of Diabetes and Pre-Diabetes in the U.S. population in 1988-1994 and 2005-2006. Cowie, C. et al. Diabetes Care, 2008 Feb; 32(2): 287-294; *The Estimated Prevalence and Cost of Diabetes in New York*, American Diabetes Association: http://www.diabetesarchive.net/advocacy-and-legalresources/cost-of-diabetes-results.jsp?state=New+York&district=0&DistName=New+York+%28Entire+State%29, accessed May 2012.

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providers and community organizations to focus attention on the diabetes epidemic. The second phase of work included activities to support and encourage widespread improvement of clinical care, community mobilization, and public policies that could create incentives and support initiatives to improve both clinical care and prevention programs.

Phase 1

During the first phase of the project, IFH and NYSHealth established the New York State Diabetes Campaign. IFH staff members worked closely with NYSHealth leadership to design the structure and framework for the Campaign. During the first year, NYSHealth worked with IFH to develop the positions, recruit candidates, create a website, and design a grantmaking strategy to support clinical centers of excellence for implementing best practices for diabetes care. During these early stages, NYSHealth, together with IFH, consulted with national leaders who have expertise in managing chronic illness and improving the quality of health care, including Donald Berwick, Matthew Myers, Ed Wagner, and Francois DeBrantes. These experts helped the Foundation understand how to leverage its resources to scale up best practices across the State.

To build Campaign momentum in its first year, IFH and NYSHealth convened meetings to explore potential partnerships with key diabetes stakeholders in New York: the American Diabetes Association, New York Chapter; the New York Diabetes Coalition; the New York State Department of Health's Diabetes Prevention and Control Program; the New York Academy of Medicine; the Institute for Leadership; the New York State Academy of Family Physicians (the Academy); the New York Chapter of the American College of Physicians (NYACP); the Community Health Care Association of New York State (CHCANYS); and the Hospital Association of New York State (HANYS). NYSHealth ultimately awarded grants to the Academy, NYACP, CHCANYS, and HANYS to engage primary care practitioners to improve the quality of care they deliver.[2] These organizations were specifically tasked with recruiting physicians and providing them with technical assistance to help them achieve recognition as providers of excellence in diabetes care[3] from the National Committee for Quality Assurance (NCQA) or Bridges to Excellence (BTE).

[2] Information on these grants are available at: http://nyshealthfoundation.org/our-grantees/grantee-profile/new-york-state-academy-of-family-physicians; http://nyshealthfoundation.org/our-grantees/grantee-profile/new-york-chapter-of-the-american-college-of-physicians; http://nyshealthfoundation.org/our-grantees/grantee-profile/community-health-care-association-of-new-york-state; and http://nyshealthfoundation.org/our-grantees/grantee-profile/healthcare-educational-and-research-fund

[3] Recognition is achieved by evaluating 10 evidence-based measures that reflect excellence in diabetes care, including the control of blood sugar (HbA1C), blood pressure, and cholesterol levels, along with timely screenings for kidney disease and eye exams. Patients who achieve controlled levels of these measures have a reduced risk of complications associated with diabetes, such as heart disease, stroke, kidney disease, and blindness. Achieving good outcomes across these health indicators can also reduce the financial cost of treating these diabetes-related complications.

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IFH and NYSHealth also contracted with the Institute for Leadership to develop the faith-based component of the Campaign, which was the Foundation's first attempt to mobilize community leaders about the diabetes epidemic. This component of the Campaign educates faith-based leaders about the diabetes epidemic, helps them identify members of their organizations who have diabetes but do not know it, and trains them to implement self-management programs to help members who are at risk of developing diabetes or have been diagnosed with diabetes.[4]

Finally, during phase 1, IFH established a partnership with the New York Diabetes Coalition to launch and promote the Campaign throughout their statewide partnerships. The Coalition comprises more than 70 members, including physicians, health plans, associations, and government agencies.

Phase II

During the next phase of the Campaign, IFH began to build up the infrastructure of the Diabetes Campaign, and once its staff was in place, started its key operations: developing and disseminating communication materials; informing and organizing the clinical improvement efforts of its partner organizations; and engaging in discussions with payers about changing the way care for patients with diabetes is reimbursed. The Campaign launched a website, developed a communications plan, and created marketing materials. Through a grant to Better World Advertising, IFH launched social marketing campaigns for the clinical and faith-based components of the Campaign.[5]

The Campaign staff gathered existing resources to help physicians optimize the effectiveness of primary care visits for patients with diabetes. The New York State Diabetes Campaign clinical staff, together with the New York Diabetes Coalition, also developed new resources and tools to help providers manage the care of their patients with diabetes. For example, a Clinical Care Pocket Guide was developed for doctors summarizing the American Diabetes Association standards of care; monofilaments with tips based on nationally recognized standards for foot exams were packaged for providers; and poster size medication adherence reminders were created for physician practices. Collectively, these resources were distributed as a clinical toolkit to primary care providers committed to improving the care for their patients with diabetes.

IFH established the Diabetes Clinical Improvement Network (the Network) with the clinical partners of the Campaign (HANYS, CHCANYS, NYACP, and the Academy). The goal of the Network was to design and initiate the clinical activities of the Campaign, including objectives and strategies for engaging

[4] Information on this grant is available at: http://nyshealthfoundation.org/our-grantees/grantee-profile/institute-for-leadership-inc

[5] Information on this grant is available at: http://nyshealthfoundation.org/our-grantees/grantee-profile/better-world-advertising

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leadership, recruiting providers and practices, and improving care across the State. The Network defined staffing roles, expectations for participation, and considerations for meeting the Campaign grant deliverables, including: (1) developing a standardized approach for implementing a physician practice improvement process for achieving NCQA recognition; (2) creating an approach for technical assistance activities; and (3) defining recruitment criteria to help the organizations screen prospective practices and assess readiness for participation. The Network represents the first time these four associations collaborated on improving diabetes care across New York State. IFH also developed a partnership with the National Diabetes Education Project to support patient education messaging efforts. The partnership gave the Campaign access to free toolkits to disseminate to both non-clinicians and clinicians who work with patients with diabetes.

Finally, through a grant to the New York Diabetes Coalition, IFH designed and implemented a survey tool to understand current provider practices in diabetes care and the resources needed to improve them.[6]

A major activity of the Campaign's Diabetes Policy Center was its effort to help align incentive payments for diabetes care among public and private payers to encourage physicians and practices to offer quality, evidence-based care. To this end, NYSHealth awarded a grant to Bridges to Excellence (BTE) to provide technical expertise to health plans, with the goal of getting 10 of the major payers in the State to pay financial incentives to providers who offer quality care to patients with diabetes.[7] Leveraging existing State and regional collaborative efforts, BTE worked with the Foundation to get payers to institutionalize incentive payments for a core set of physician performance measures for diabetes care. In addition to creating the financial resources necessary to drive and sustain improvements in care among primary care practices, this strategy created a consistent set of measures to motivate physicians to improve care for patients with diabetes.

[6] Information on this grant is available at: http://nyshealthfoundation.org/resources-and-reports/resource/primary-care-practice-and-regional-stakeholders-assessment-project

[7] Information on this grant is available at: http://nyshealthfoundation.org/our-grantees/grantee-profile/bridges-to-excellence1

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Another aspect of the Campaign's policy activities was to understand how community health workers could help improve care for people with diabetes. NYSHealth awarded a grant to the Center for Health Workforce Studies, which resulted in a policy brief describing the supply and demand for certified diabetes educators (CDEs), effective models of diabetes education, and policy recommendations to increase access to services.[8] Data from the report was used to support legislation that expands reimbursement from CDEs only to include American Diabetes Association-recognized or American Association of Diabetes Educators-accredited diabetes centers. IFH also provided feedback to the consensus process for developing a standard definition for community health workers.

IFH built upon its work to mobilize communities during the second phase of the project. The Campaign collaborated with the New York State Department of Health's Diabetes Prevention and Control Program on its community-based initiatives, including its YMCA Diabetes Prevention Program, and other built environment efforts.[9] IFH staff members participated in the development of the protocol and referral process for the Diabetes Prevention Program. IFH also began planning a worksite wellness program initiative focused on diabetes prevention and management.[10] Finally, the Campaign's community mobilization efforts included exploring opportunities for collaboration with existing and forthcoming programs with the Rochester Housing Authority, the New York City Housing Authority, and the National Center for Health in Public Housing.

The ultimate vision of the leadership at NYSHealth was to establish a Campaign similar in scope and structure to the Campaign for Tobacco-Free Kids.[11] Once the infrastructure was built, the Campaign would spin off as its own entity and continue to grow in scope and funding support. As part of that vision, the Foundation hoped to engage other State and national funders to further support this effort, and expand the program and policy capacity of the New York State Diabetes Campaign. However, the ambitious process of establishing and developing the Campaign consumed NYSHealth's and IFH's resources; as a result, not enough effort was placed on building up external support for the Campaign. During this start-up phase, NYSHealth's Board of Directors expected that this statewide initiative, one of the largest Foundation investments at the time, would be branded as a Foundation program. After the second year, the Foundation's and IFH's leadership agreed that the best option for maximizing the scope and resources of the Campaign was to bring it in-house and use its financial resources to invest in organizations that could carry out the goals of the Campaign, as opposed to maintaining a grant to administer the Campaign.

[8] Information on this grant is available at: http://nyshealthfoundation.org/resources-and-reports/resource/improving-access-diabetes-self-management-education-services

[9] Information on this grant is available at: http://nyshealthfoundation.org/our-grantees/grantee-profile/ymca-of-new-york-state-inc

[10] Information on this grant is available at: http://nyshealthfoundation.org/our-grantees/grantee-profile/northeast-business-group-on-health

[11] Information on this program is available at: http://www.tobaccofreekids.org/

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The Future:

The New York State Diabetes Campaign continues to pursue its three goals of improving diabetes clinical care, mobilizing communities to establish programs that will help prevent and self-manage diabetes, and advancing payment policies that will support diabetes prevention and management. The clinical arm of the Campaign continues to push for providers to demonstrate improvements in diabetes care by achieving recognition through NCQA or BTE. In 2010, the Foundation released a request for proposals, *Meeting the Mark: Achieving Excellence in Diabetes Care*, to allow clinicians to receive funding to underwrite the cost of undergoing the recognition process.[12]

The Foundation continues to support diabetes prevention efforts in the community. The Foundation supported the replication of the National Diabetes Prevention Program through YMCAs in 10 regions of the State. Through this grant, the YMCA was able to secure third-party reimbursement from local health insurers for the program. The Foundation's staff continues to work with the New York State Department of Health's Diabetes Prevention and Control Program to make the case for reimbursement of the Diabetes Prevention Program via Medicaid. The Foundation also made a grant to the Northeast Business Group on Health to design and test a pilot workplace wellness program for people with diabetes and other chronic conditions in small and medium size places of employment. The Foundation continues to support and evaluate the Institute for Leadership's efforts to establish faith-based efforts to improve diabetes awareness and self-management.

IFH serves as an advisor on the clinical component of the Campaign, helping evaluate proposals from clinicians interested in becoming recognized by NCQA or BTE. It continues to work on improving diabetes care at all of its sites, and has received additional private funding to promote interventions aimed at reducing racial disparities in diabetes outcomes.

[12] Information about this RFP is available at:
http://nyshealthfoundation.org/grant-seekers/rfps/meeting-the-mark-achieving-excellence-in-diabetes-care

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BACKGROUND INFORMATION:

ABOUT THE GRANTEE

The Institute for Family Health operates 17 full-time community health centers and eight part-time clinics for people who are homeless across the State, providing 400,000 visits per year to 85,000 patients. The Institute also trains health professionals through three residency training programs in family medicine. The Institute was one of the first freestanding community health centers to implement an electronic health record (EHR), but more importantly, has used it to improve quality of care by incorporating clinical decision supports and tracking 42 patient care indicators.

In New York City, the Institute's patient population is 75% black or Hispanic, with 15% uninsured, 40% who are receiving Medicaid, and 80% who are below 200% of the Federal poverty level. At its Mid-Hudson sites, 12% of the institution's patient population is black or Hispanic, 7% are uninsured, 33% receive Medicaid, and 23% receive Medicare. In addition, of the Institute's patients with diabetes in New York City, 50% are black, 38% are Hispanic, and 12% are white. The Institute is part of the National Diabetes Collaborative of the Centers for Disease Control and Prevention (CDC), and has been named a National Center of Excellence in the Elimination of Disparities for its work leading Bronx Health REACH, a CDC-funded initiative involving 70 community-based organizations to eliminate disparities in diabetes and cardiovascular disease.

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