

Grant Outcomes Report

Improving Diabetes Care Among New York's Family Physicians

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, 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. Although they are well positioned to work with patients to manage their diabetes over time, many family physicians, especially those in small practices, need support to adopt these best practices and transition to a model of care that improves patient health outcomes. This transition will ensure that people with diabetes receive the right care, at the right time, and in the right setting to achieve the best health outcomes.

To advance the New York State Diabetes Campaign's clinical goals among family practitioners, NYSHealth made a grant to the New York State Academy of Family Physicians (the Academy). With Foundation funding, the Academy provided information and technical expertise needed to improve the care and outcomes of its member physicians' patients with diabetes, and ultimately achieve

KEY INFORMATION:

GRANTEE

Research & Education Foundation of New York State Academy of Family Physicians (dba New York State Academy of Family Physicians)

GRANT TITLE

Improving Diabetes Care Among New York's Family Physicians

DATES

Phase 1: 2008-2009

Phase 2: 2010-2011

GRANT AMOUNT

Phase 1: \$120,925

Phase 2: \$64,357

FUNDING

Diabetes Campaign-Solicited

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.

recognition under the National Committee for Quality Assurance's (NCQA) Diabetes Physician Recognition Program (DPRP). This program recognizes physicians who use evidence-based measures and provide excellent care to patients with diabetes. The program covers 10 measures of diabetes control, including: Hemoglobin A1c; blood pressure; LDL cholesterol; eye examinations; nephropathy assessment; foot exams; and smoking status and cessation advice or treatment.

Grant Activities & Outcomes:

The Academy began by training its staff to provide technical advice to its member physicians who wanted to pursue NCQA recognition. To that end, the Academy conducted outreach and informational initiatives to advise members about an opportunity for limited financial and technical assistance in pursuing NCQA recognition. During the first part of its campaign, however, the Academy realized that many of its member physicians had substantial and diverse barriers to pursuing NCQA recognition. First, physicians did not understand the value in achieving NCQA recognition—the costs associated with the time, money, and energy required to participate in a recognition effort was a barrier for many member physicians, especially those in solo and small group practices. There were also few tangible rewards since the health plans with which the physicians were affiliated did not support incentives for better outcomes. Another barrier was the shortage of personnel within the practice who could help pull the data required for the recognition process. Perhaps the most important barrier for physicians was too many other competing commitments. Others cited involvement in patient-centered medical home initiatives, for which there are financial incentives. The Academy consistently found a greater degree of interest and support in pursuing the medical home model, rather than achieving practice enhancement for one disease state.

Another issue the Academy found in the first year was that physicians who demonstrated interest in pursuing NCQA recognition believed they were already delivering excellent care. Although they felt that they met NCQA standards for diabetes, they had not previously pursued recognition and felt that recognition would confirm, rather than enhance, the level of care they were providing. The Academy was able to persuade these providers to pursue NCQA recognition because: **a)** providers wanted recognition they felt they deserved; **b)** the Academy project could pay for their fees; and **c)** they hoped that NCQA recognition would ultimately lead to enhanced reimbursement. On the other hand, physicians who were not sure whether their care for patients with diabetes was up to NCQA standards were unlikely to show any interest in pursuing recognition. Therefore, the physicians who probably could have benefited the most from this process did not, and those patients with diabetes whom they served presumably did not experience improved care.

The Academy reacted first by altering its approach of offering help from IPRO consultants², who were available to assist with data collection and completion of the application where practices did not have available staff and the physician was too busy to take on additional responsibilities. Still, this enhanced approach was not welcomed by the target audience. In the second year of its campaign, however, the Academy switched strategies from providing technical assistance to its membership to educating its membership about diabetes care for their patients. The Academy offered diabetes-related programs and materials at statewide and regional meetings and four webinars on practice improvement topics. Its recruitment activities focused on encouraging its membership to apply for the NYSHealth program, *Meeting the Mark*, which provides funding to practices to cover fees and costs related to NCQA recognition. By the end of its second grant period, the Academy had helped encourage six physicians to receive NCQA recognition. The final total for Academy physicians who received NCQA recognition through the Campaign was 13 physicians.

The Academy joined the New York State Diabetes Campaign anticipating that its physician members would hear about the Campaign's efforts from other member organizations, those organizations' communities, and because of the exciting changes that would result from the Campaign. Ultimately, the Academy believed the Campaign lacked in official communication and message materials, and did not provide adequate information about community and policy initiatives. The Academy wanted to wait for the Campaign's marketing materials to proactively recruit its members, which were developed a year into the launch of the Campaign. Meanwhile, other grantee members of the Campaign began recruiting physicians well before these materials were available.



² For more information about IPRO, visit this website: www.ipro.org

Finally, the Academy had hoped that the Campaign could engage payers to highlight the value of practice enhancement initiatives, such as NCQA diabetes recognition. The Campaign was able to engage some payers in such discussions, hoping to encourage 10 to begin offering such payment incentives. Ultimately, only five payers began to do so. The Foundation realized it would not reach its goal because of the dramatic changes in the health care landscape that put the focus on advancing broader payment reform to support the management and good outcomes of people with chronic conditions, including diabetes. The Academy's physician members were skeptical as to whether their efforts were worthwhile given the lack of reimbursement for such activities.

The Future:

The Academy continues to post its diabetes care improvement webinars on its website.

BACKGROUND INFORMATION:

ABOUT THE GRANTEE

Founded in 1948, the New York State Academy of Family Physicians (the Academy) represents 2,198 active family physicians throughout New York State. The Academy provides education, advocacy, and information for family physicians; promotes family practice among medical students; and works to enhance and improve the quality and stature of family medicine. The Academy has developed programs for the clinical and leadership development of residents and family physicians. The Academy produces educational conferences for family physicians each winter and fall to update members on current developments in health care and clinical practice.

GRANTEE CONTACT

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