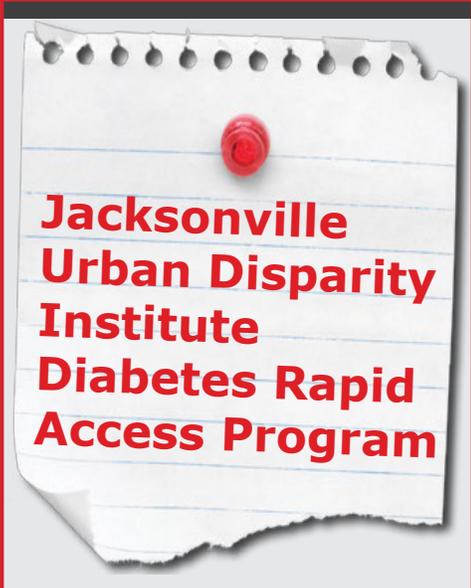


# Field Notes



## Jacksonville Urban Disparity Institute Diabetes Rapid Access Program

### Problem:

Identifying barrier-free, active chronic disease management has been a challenge for the residents of Jacksonville, Florida.

### Program:

The Diabetes Rapid Access Program (D-RAP) aims to remove barriers to care and provide patients with the tools needed to successfully manage diabetes and hypertension.

*For more information please contact*

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## Overview

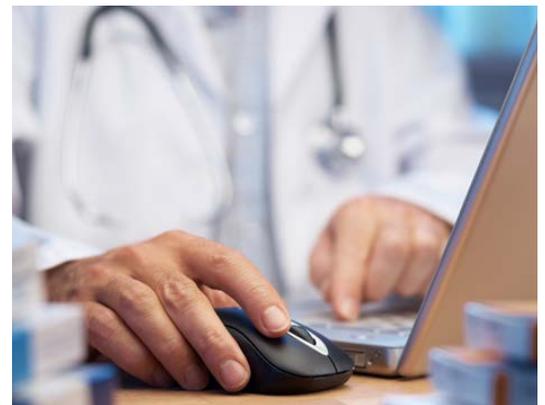
Founded in 2008, the Jacksonville Urban Disparity Institute (JUDI) is affiliated with the University of Florida Health Science Center and Shands Jacksonville Medical Center, a private, not-for-profit hospital. JUDI follows the chronic care model and has been recognized by the National Committee for Quality Assurance as a Level 3 Patient-Centered Medical Home.

JUDI supports nine clinics located throughout Jacksonville, Florida:

- Four traditional clinics that primarily treat insured patients.
- Two hybrid clinics that treat insured and uninsured patients.
- Three wellness clinics also known as designated provider clinics (primarily treating uninsured, Medicaid, and indigent patients, in addition to those seen at the traditional and hybrid clinics).
- One outside community program clinic that houses HIV and sickle cell disease programs.

The Diabetes Rapid Access Program (D-RAP), a diabetes self-management education program, was implemented in 2006 within the Shands Medical Center and was later adopted by the JUDI program. Accredited by the American Diabetes Association (ADA), D-RAP is tailored to fit the patient-centered medical home (PCMH) model and specifically focuses on the needs of patients with prediabetes or uncontrolled diabetes. The program includes an added focus on hypertension control for patients with diabetes and high blood pressure.

The American Association of Diabetes Educators (AADE) has recognized JUDI as a high-performing site for hypertension control. AADE works closely with ADA to serve as a resource for clinicians in the treatment of diabetes and associated conditions, including hypertension. Both organizations accredit diabetes self-management education programs throughout the United States.



Highlights of JUDI include the following:

- **Patient care coordination** — JUDI implements a whole person approach to care. A primary care physician takes responsibility for the patient by arranging additional care with other clinicians, community partners, the University of Florida, and Shands Jacksonville Medical Center. Electronic registries, including a PQRI Access database and Allscripts™ electronic health record (EHR) system, help these physicians facilitate the needed care.



# Field Notes (cont.)

**Monitoring and quality assurance** — Clinics use several tools to monitor and measure program and quality improvement quarterly, including the PQRI Access database, EHR system, and chart reviews for patients who have not achieved control. Clinics also implement evidence-based guidelines and use clinical decision support tools, with quality checks performed by a clinical pharmacist. Clinic staff and providers actively consider outcomes from monitoring and quality improvement efforts when initiating patient care plans.

**Enhanced access** — The three wellness clinics have extended hours, accept walk-in patients, and offer no-fee visits. Clinic locations were chosen with an aim to improve access to care for patients throughout Jacksonville. Partnerships with local pharmacists and pharmaceutical sales companies decrease barriers to medication access by providing free prescriptions for patients with hypertension and diabetes, as well as other comorbidities, as needed.

## Goals and Objectives

JUDI's overall goals are to remove barriers to care, decrease emergency room visits, and improve the overall health of patients. D-RAP has several expected outcomes, including decreased barriers to medication access, improved delivery of evidence-based care, increased diabetes self-management and hypertension control, and fewer patient hospitalizations and readmissions due to hypertension and diabetes. Additional outcome data will be available in 2015.

## Intended Participants

Most JUDI patients are African Americans (~65%); JUDI also serves a number of white (~28%) and Latino (~3%) residents. The patient population includes insured (~86%) and uninsured (~7%) individuals. The primary intended audience for D-RAP is patients with prediabetes and uncontrolled diabetes.

## Progress Toward Implementation

D-RAP began as a pilot program in 2006 and became a full program in 2011. Low rates of staff turnover and the close involvement of senior leadership and program staff have facilitated full implementation of D-RAP as intended. The program follows AADE guidelines, and JUDI modified the curriculum to fit the patient populations served at all of its clinics.

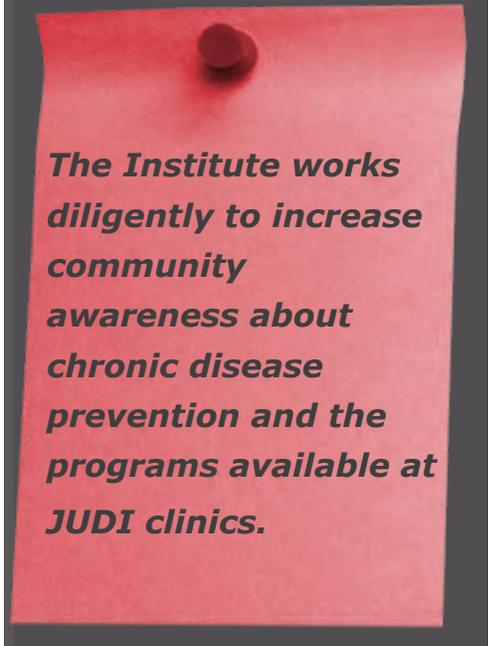
## Community Involvement

JUDI staff participate in several outreach initiatives, such as health fairs at local churches, beauty salons, schools, and other community-based organizations. The Institute works diligently to increase community awareness about chronic disease prevention and the programs available at JUDI clinics. Some individuals learn about D-RAP and become participants through word of mouth in the community.

## Reach and Impact

JUDI currently serves a diverse population of almost 18,000 patients annually. As of June 2012, JUDI's PQRI Access database included 6,977 patients with hypertension, 2,529 patients with diabetes, and 369 patients with prediabetes. Of these patients, approximately 2,100 participate in D-RAP.

Between June 2012 and January 2013, 35% of hypertensive patients participating in D-RAP showed controlled blood pressure measurements, with readings less than 140/90 mmHg.



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***JUDI's overall goals are to remove barriers to care, decrease emergency room visits, and improve the overall health of patients.***