Implementing Bi-directional Referrals: Lessons Learned From a National Diabetes Prevention Program Case Study

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Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Diabetes Translation, Program Implementation Branch

National Diabetes Prevention Program

Presentation Outline

- Introduction to *Scaling the National Diabetes Prevention Program in Underserved Areas* (DP17-1705 Cooperative Agreement)
  - Goals
  - Funded organizations
  - Evaluation approach
- Implementation of Case Study: Bi-directional Referrals
  - Purpose, Background, Methods
  - Approaches to implementing bi-directional referrals
  - Case study results

INTRODUCTION TO SCALING THE NATIONAL DIABETES PREVENTION PROGRAM IN UNDERSERVED AREAS

Scaling the National Diabetes Prevention Program in Underserved Areas (DP17-1705)

Purpose:

- Scale the National Diabetes Prevention Program (National DPP) to reach significant numbers of adults with prediabetes or at high risk for type 2 diabetes in underserved areas.
- Start new CDC-recognized organizations to deliver the National DPP lifestyle change program in areas of the country without any existing delivery infrastructure.
- Reach populations that have been under-enrolling in the National DPP lifestyle change program relative to their disease burden and risk factors.

Populations of Focus

- Men
- African American persons
- People with visual or physical disabilities
- Medicare beneficiaries
- Asian American persons
- Hispanic persons
- American Indian/Alaska Native persons
- Pacific Islander persons

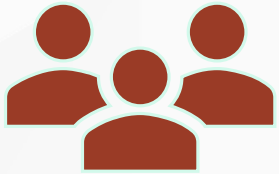
Organizations that Receive DP17-1705 Funding

- American Diabetes Association
- American Pharmacists Association Foundation
- Association of Asian Pacific Community Health Organizations
- Association of Diabetes Care & Education Specialists
- The Balm in Gilead, Inc.
- Black Women's Health Imperative
- Comagine Health
- National Alliance for Hispanic Health
- National Association of Chronic Disease Directors
- Trinity Health

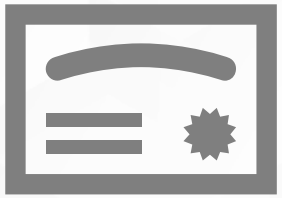
Strategies to Accomplish Goals of DP17-1705

Increase the Availability of CDC-Recognized Organizations in Underserved Areas

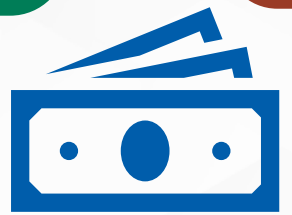
Increase Clinician Screening, Detection, and Referral of Adults with Prediabetes or at High Risk for Type 2 Diabetes to CDC-Recognized Organizations



Increase Awareness of Prediabetes and Enrollment in the Lifestyle Change Program



Increase Retention Rates for Participants in the Lifestyle Change Program



Increase Benefit Coverage for Participation in the Lifestyle Change Program

Evaluation Approach for DP17-1705

Qualitative Evaluation: Case Studies

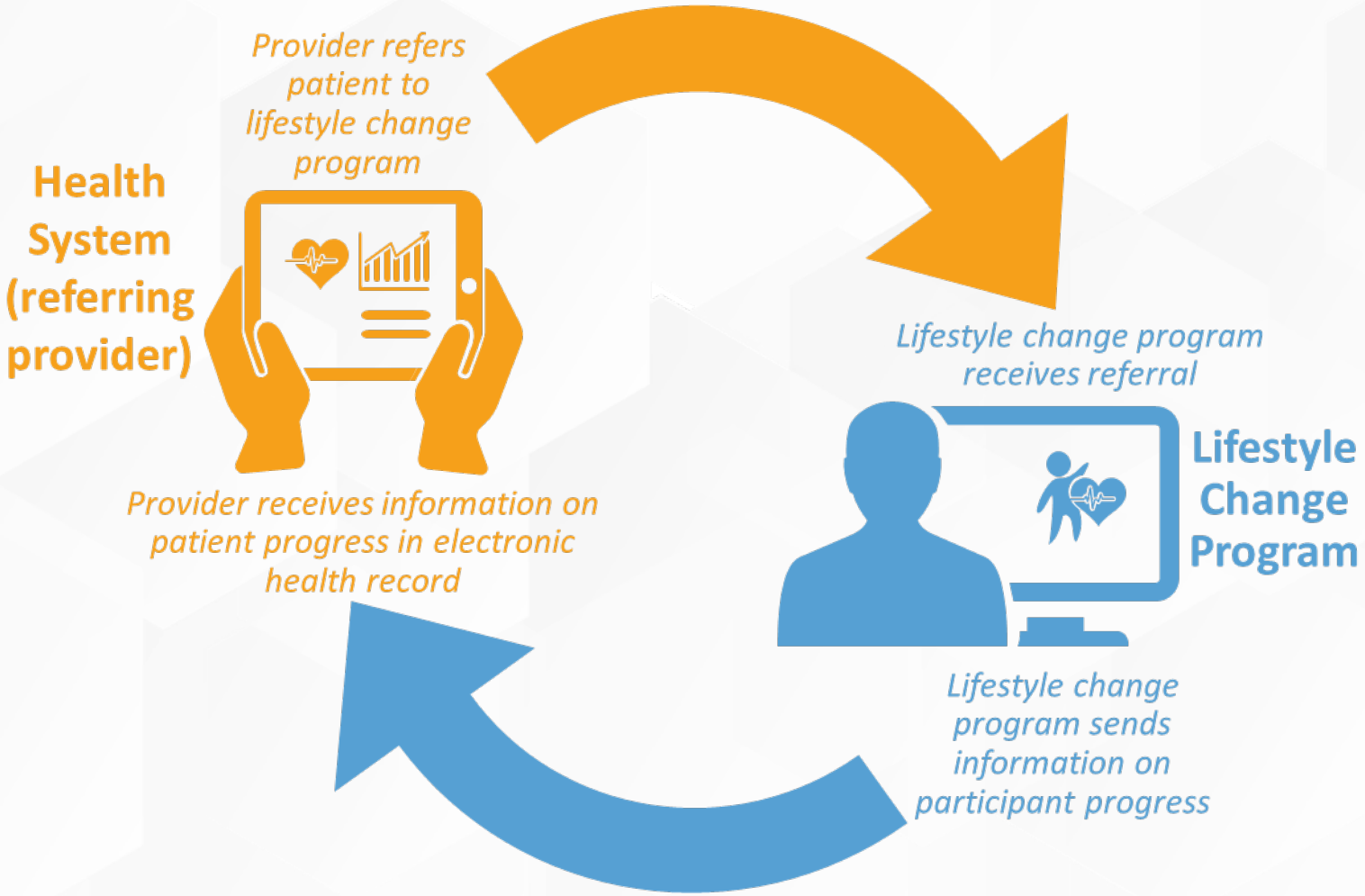
- **Purpose**: Evaluate promising strategies related to recruitment, enrollment, and retention of populations of focus in areas that are underserved.
- **Methods**:
  - At the recipient, CDC-recognized organization, and/or partner level: case studies involving key informant interviews and document review.
  - At the participant-level: case studies involving in-depth interviews with program participants.

IMPLEMENTATION OF CASE STUDY:

IMPLEMENTING BI-DIRECTIONAL REFERRALS AND RELATED QUALITY IMPROVEMENT STRATEGIES TO INCREASE REFERRALS, ENROLLMENT, AND RETENTION OF POPULATIONS OF FOCUS IN THE NATIONAL DPP LIFESTYLE CHANGE PROGRAM

Background, Purpose, and Methods

Background: What Is A Bi-directional Referral?



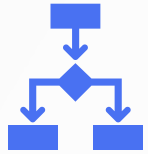
Background: Implementation of Bi-directional Referrals

Provider Education

Health care staff education or training, such as sharing updated referral guidelines. Provider education often includes activities related to obtaining support of the bi-directional referral workflow, education on prediabetes and the National DPP lifestyle change program, and information about the bi-directional referral workflow.

Patient Engagement

Ways to involve the patient in the decision to enroll in the program.



Process Changes

Changes involving some aspect of the individual referral process, such as introducing electronic referral systems, establishing bi-directional referrals, or developing new workflows.

Systems Changes

Changes involving movement of health care staff, expanding roles for existing staff, integrating non-traditional staff into the care team, or making changes to financial arrangements.

Background: Value of Quality Improvement When Implementing Bi-directional Referrals

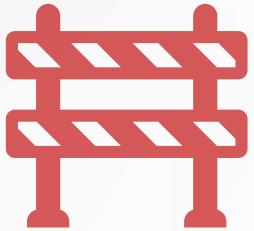
Quality Improvement (QI)

- Systematic, continuous actions that lead to measurable improvement in health care services and the health status of priority audiences.
- Involves data-driven strategies for identifying areas of improvement, systematic planning and making changes, and performance monitoring over time.
- Helps with establishing the systems and workflows to efficiently implement bi-directional referrals.

Purpose of Case Study 5

- Describe **successful approaches** and **related QI strategies** for implementing bi-directional referrals to increase enrollment and retention of populations of focus in the National DPP LCP.
- Assess the **perceived effectiveness of the approaches and strategies** used by identifying:

Facilitators



Barriers

Lessons Learned

Methods and Sample

Key informant interviews conducted at **three levels**:

1. **Recipient-level**: Comagine Health and Trinity Health
2. **Affiliate site-level**: Five sites (UT, OR, MI [two sites], NY)
3. **Participant-level**: OR (Comagine Health), MI ([two sites], Trinity Health), NY (Trinity Health)

Comagine Health's Approach to Implementing Bi-directional Referrals

Overall Approach: Quality Improvement Strategies

- Asset mapping
- Process/workflow mapping
- Plan-Do-Study-Act (PDSA) cycles
- Situation-Background-Assessment-Recommendation (SBAR) technique
- Care Process Model
- Academic detailing

Overall Approach: Systems Change

- Implemented processes to achieve reimbursement for the National DPP LCP from Medicare and Medicaid.

Overall Approach: Provider Education

- Obtained physician/administrator buy-in on the bi-directional referral process, programming of workflows, and content/frequency of patient progress reports.
- Educated providers through forums such as lunch-and-learns, Grand Rounds, and informal discussions on:
  - Prediabetes
  - Purpose of the National DPP LCP
  - Bi-directional referral process
  - How to refer a patient (workflow)
- Conducted regular, ongoing provider education using tools such as written workflows and pocket cards that describe the referral process to providers in an easy, succinct way.
- Identified health care champions who provided input on workflow development, secured buy-in from peers, and trained others on the referral workflow.

Overall Approach: Process Changes

- SBAR technique.
- Implemented bi-directional referrals through EHR, fax, and paper systems.
- Provided participant progress reports to providers.
- Implemented a 3-touch campaign for reaching out to patients.
- Created automated patient registries in the EHR to identify eligible patients.

Overall Approach: Patient Engagement

- Used personalized strategies (e.g., letter, phone call, postcard, discussion initiated by provider) to encourage participants to enroll in the National DPP LCP.

Trinity Health's Approach to Implementing Bi-directional Referrals

Overall Approach: Provider Education

- Created and met regularly with groups of provider leaders to obtain buy-in.
- Partnered with the American Medical Association to provide technical assistance in developing the bi-directional process and in obtaining buy-in from, and educating, providers.
- Educated providers through forums such as lunch and learns, Grand Rounds, and informal discussions on:
  - Prediabetes
  - Purpose of the National DPP LCP
  - Bi-directional referral process
  - How to refer a patient (workflow)
- Identified health care champions who provided input on workflow development, secured buy-in from peers, and trained others on the referral workflow.

Overall Approach: Process Change

- Implemented bi-directional referrals through EHR, fax, and paper systems.
- Transitioned to a single EHR for the entire health system.
- Provided participant progress reports to providers and physician letters pushed through the patient portal and mailed.
- Created automated patient registries in the EHR to identify eligible patients.
- Established agreements with community-based affiliate sites responsible for delivering the National DPP LCP to referred patients and sharing data about patients' participation and progress.
- Coordinated with EPIC in using Trinity Health's work as a foundational build to share with all users across the country.
- Screened for and coordinated social care needs for National DPP participants.

Overall Approach: Patient Engagement

- Educated patients about:
  - Prediabetes
  - National DPP LCP and why they were referred
  - Information to be shared with medical provider

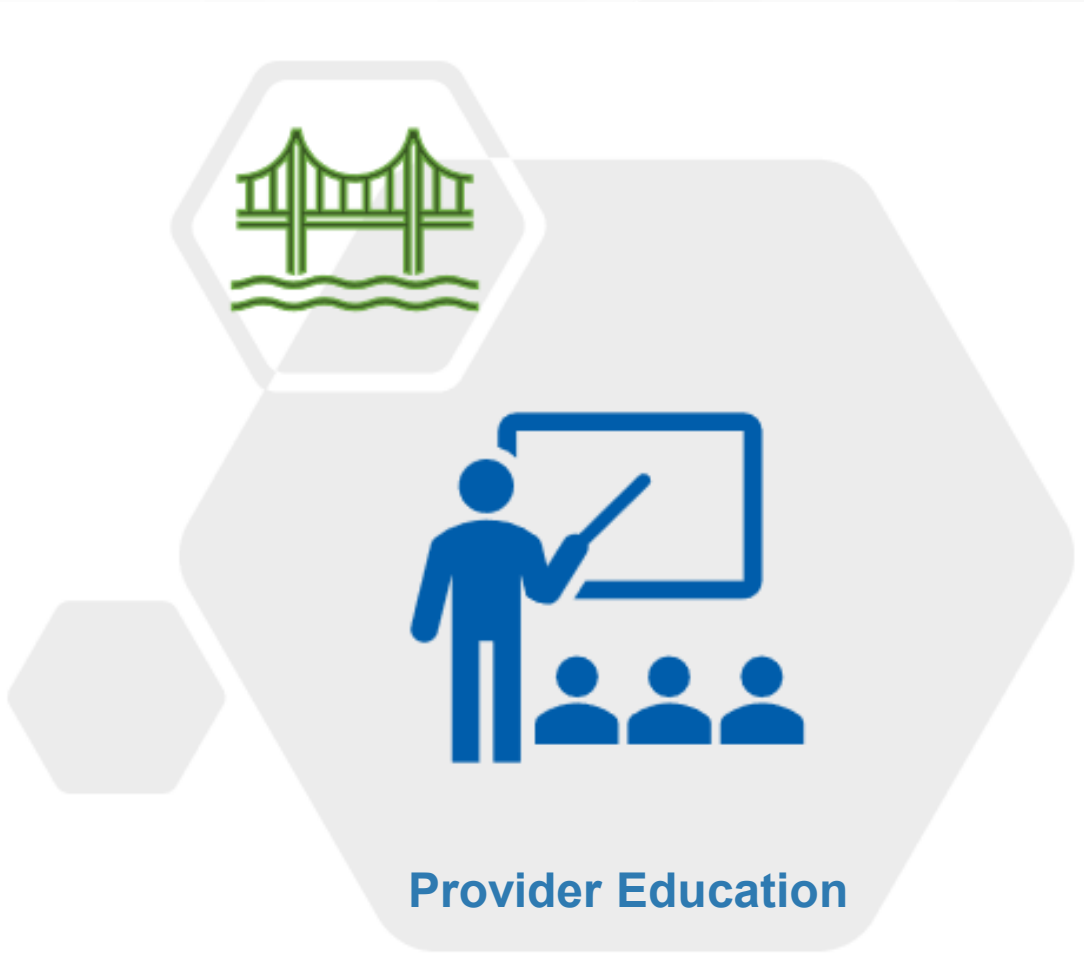
Overall Approach: Quality Improvement Strategies

- Obtaining buy-in
  - Partnered with physicians and EHR teams.
  - Listened to patient and physician communication preferences when creating workflows.
  - By acting as an extension of Trinity Health's clinical care team through EHR capabilities, made it easy for physicians to optimize patient health.
- Moving to EHR-based referral system
- Streamlining the referral process
- Using data to track progress and inform process improvement

Results

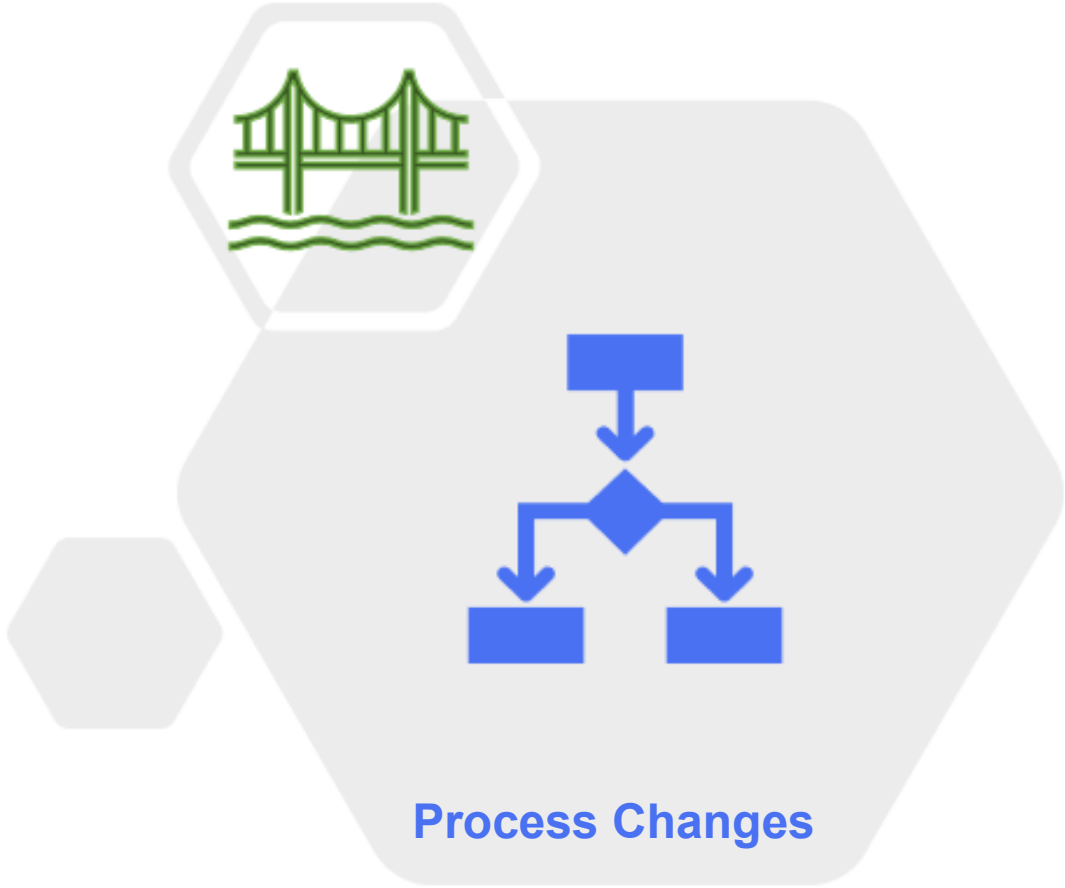
Key Facilitators: Provider Education

- Obtaining provider and administrator buy-in.
- Educating providers and administrators on all aspects of the work.
- Identifying and involving health care champions.
- Having staff with experience working with health care systems who can speak "provider language“.



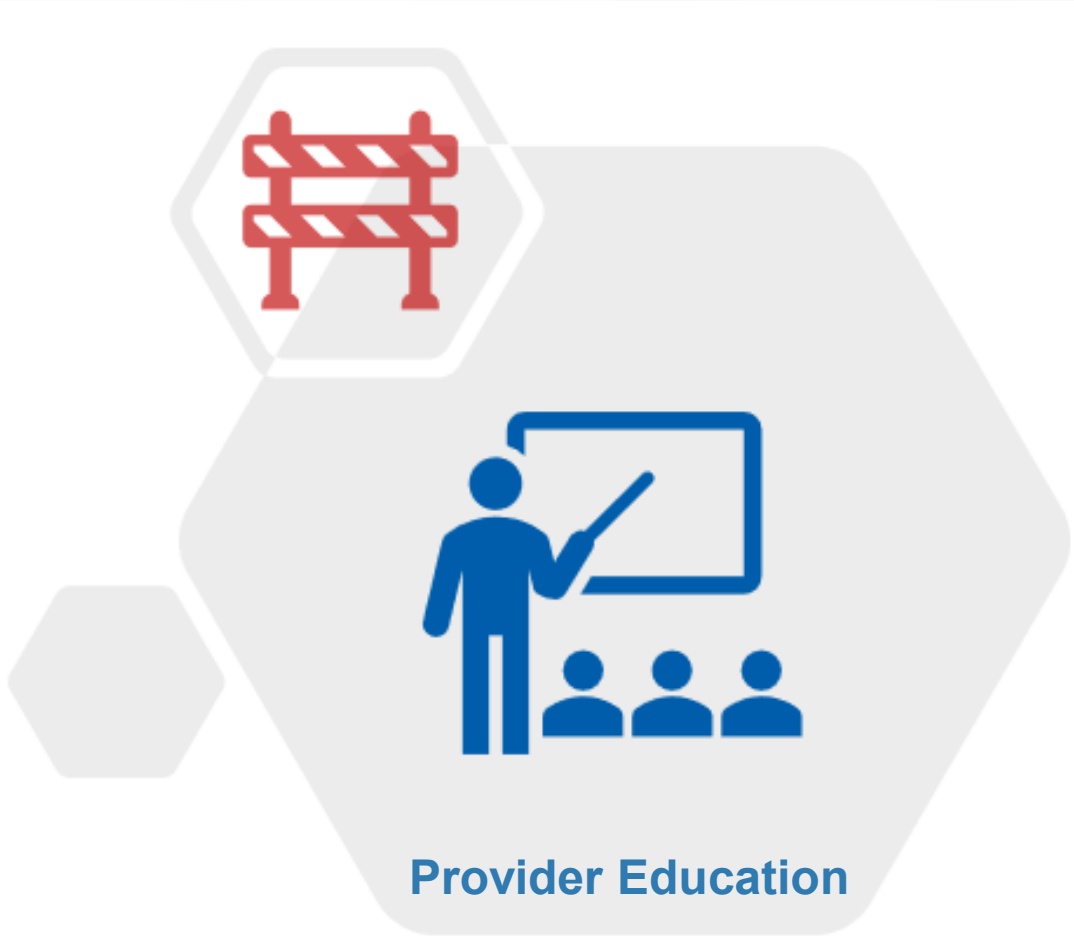
Key Facilitators: Process Changes

- Using a simple bi-directional referral process.
- Implementing the referral process through the EHR.
- Creating automated registries of patients who are eligible for the National DPP LCP.
- Tracking and using data to improve the process.



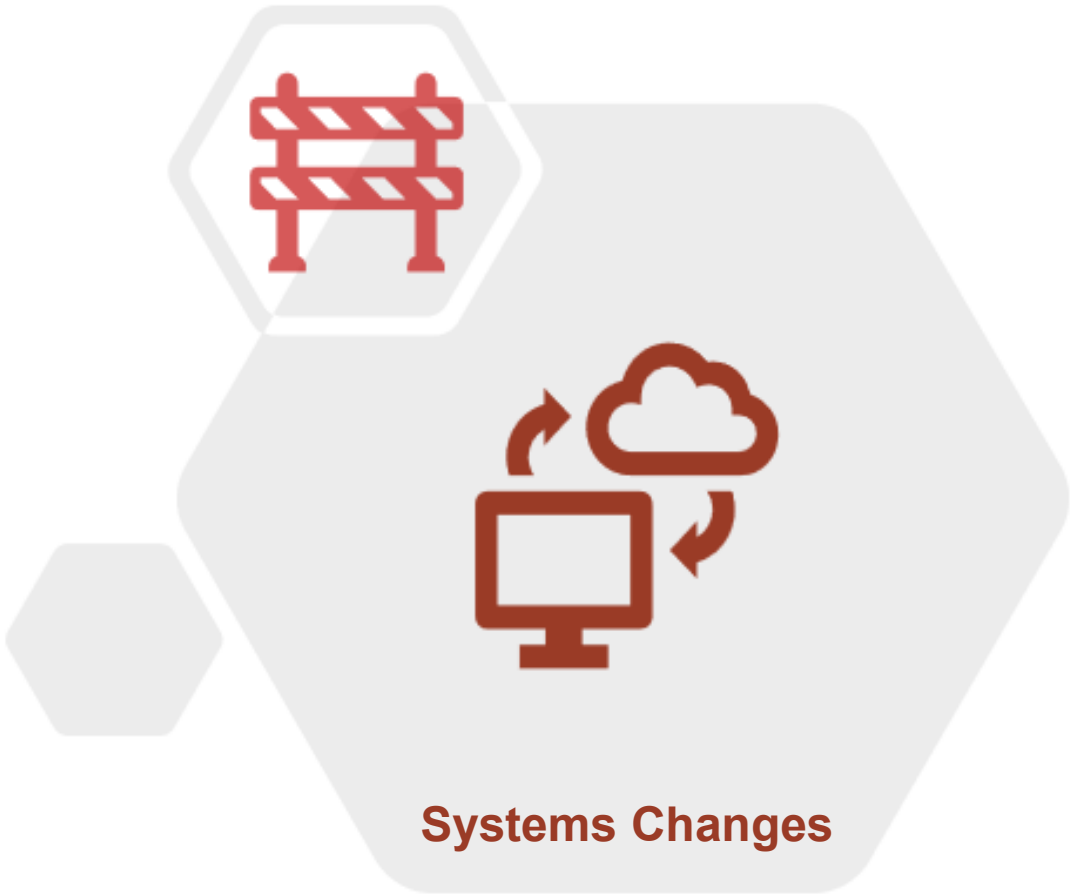
Key Barriers: Provider Education

- Lack of awareness by providers and administrators.
- Competing priorities of health care systems and providers.
- Maintaining engagement and participation of providers in making referrals.
- Not having a health care champion.



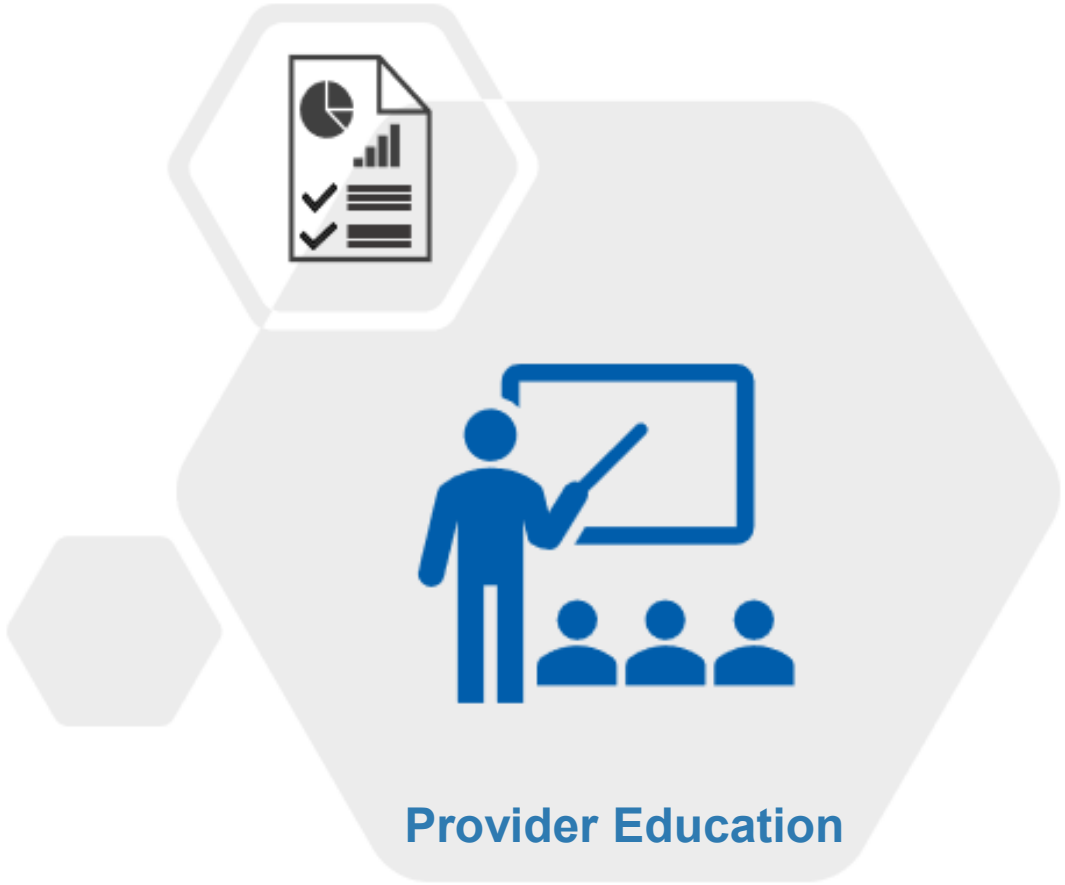
Key Barriers: Systems Changes

- Lack of payer coverage.
- Difficulties understanding payer coverage.
- Lack of incentives for providers to make referrals.



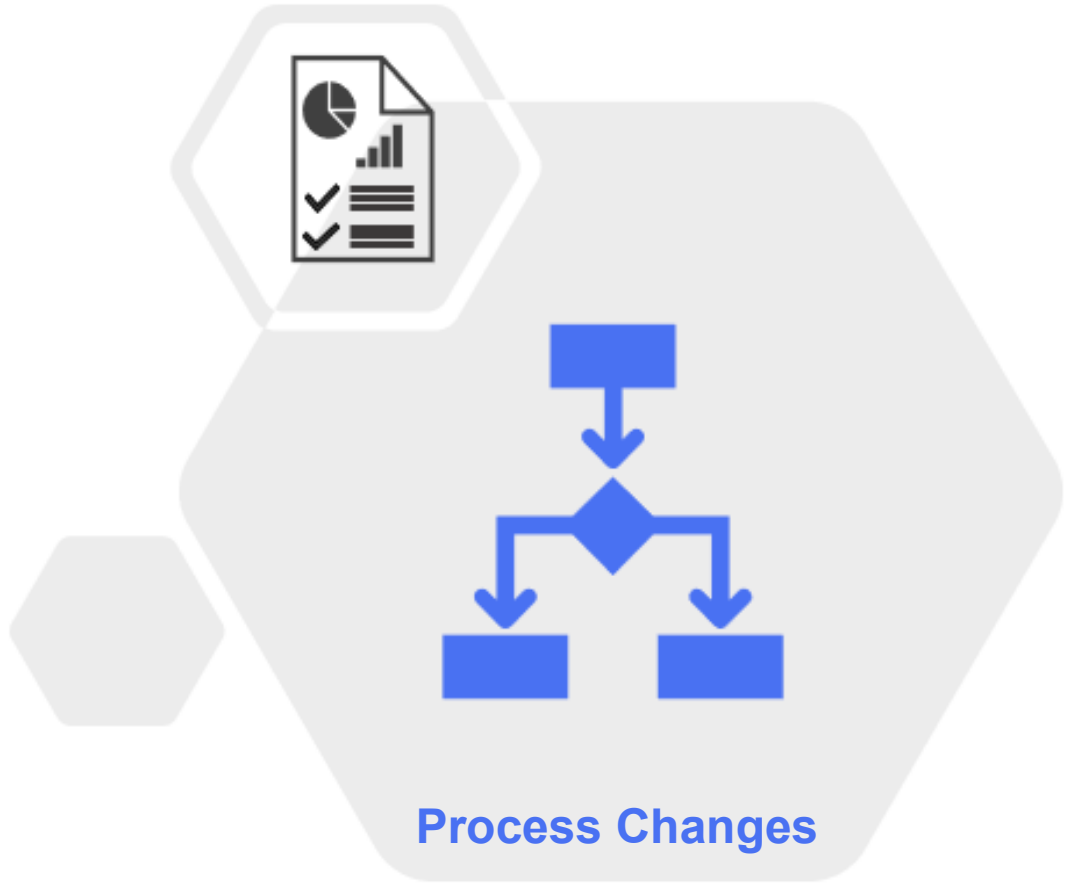
Key Takeaways and Lessons Learned: Provider Education

- Identify strong health care champions who have clinical knowledge about prediabetes and the National DPP LCP.
- Develop close relationship with health care champions.
- Be dedicated to obtaining provider buy-in
- Provide ongoing provider education.
- For gaining provider buy-in and conducting provider education, use program staff who can speak provider language.



Key Takeaways and Lessons Learned: Process Changes

- Let partners know that, in the absence of electronic referral systems, fax and other types of referral mechanisms are okay.
- Work with strong health care champions to help develop and improve the process.
- Keep the bi-directional referral process simple.
- Have clear written documentation about the referral criteria and process (rather than providing information verbally).
- Create automated patient registries.



Key Takeaways and Lessons Learned: Patient Engagement

- Commit to patient engagement.
- Ensure that the provider making the referral has a conversation with the patient about it and that they're skilled in what they say and how they say it.

Key Takeaways and Lessons Learned: Quality Improvement

- Start with asset mapping.
- Pilot or test strategies to see what works within the practice or organization.
- Collect and use data to inform development, implementation, and success of the bi-directional referral process.
- Be dedicated to consistent process improvement and open to change.

Questions and Discussions

For more information, please contact the National Diabetes Prevention Program Customer Service Center: www.nationaldppcsc.cdc.gov

For more information, contact CDC:
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348
www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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