



August 18, 2005 - CCLC E-NEWSLETTER

Please share materials, questions, requests and/or advice with all Collaborative members by hitting “reply all” on your e-mail. Also, materials and information can be posted to the next CCLC E-Newsletter by e-mailing cclc@caph.org.

TOPICS DISCUSSED THIS WEEK:

- 1) August 26 Action Period Conference Call
- 2) Communicating with CCLC Staff
- 3) Important Dates for 2005 – UPDATED
- 4) Legislative Update
- 5) Recruiting Patients for Group Visit
- 6) Standing Orders for Diabetes Care from RICHMOND HEALTH CENTER
- 7) OCEN PARK HEALTH CENTER Reports on Registry Populations
- 8) KP Healthier Living Trainings
- 9) Upcoming Diabetes Conference in Santa Clara Geared Towards Patients
- 10) Suggestions for Team Presentations for Outcomes Congress
- 11) Multicultural Diabetes Resources Available from www.ethnomed.org
- 12) KP Wellness Library – Diabetes Resource Videos
- 13) Follow-up Resources from CCLC LSIII
- 14) New Resources on the SNI Website
- 15) Oakland Tribune Article Highlights Diabetes Care at Alameda County Medical Center

1) August 26 Action Period Conference Call

This Action Period Conference Call will take place at noon on August 26, 2005. Tom Bodenheimer, M.D., will lead a discussion of how to do planned visits in a public hospital system environment. CCLC teams all received a copy of the Improving Chronic Illness Care Planned Visit Video, which they should view to prepare for the call. Please see item three for a list of other Action Period Conference Call topics for the CCLC in 2005.

2) Communicating with CCLC Staff

- Non-urgent questions should be sent to CCLC@caph.org.
- Urgent questions regarding choosing your patient population and CDEMS should be directed to Mike Hindmarsh, CCLC Collaborative Coach, at hindmarsh.m@ghc.org.
- All other urgent questions should be directed to Angela Hovis, CCLC Improvement Advisor, at hovisfilms@gbroline.com.

- Wendy Jameson, CCLC Collaborative Director, can be reached by e-mail at wjameson@caph.org or by phone at 510.874.7105.

3) IMPORTANT DATES FOR THE CCLC IN 2005: Below is a list of updated dates and locations for the CCLC Collaborative for 2005.

- Action Period Conference Call on **Planned Visits**, Friday, August 26, 12 P.M. - 1 P.M.
- Monthly Reports Due, September 10, Please send to hovisfilms@gbronline.com and cclc@caph.org
- Action Period Conference Call on **Multicultural Approaches to Action Planning w/ Patients**, Friday, September 30, 12 P.M. - 1 P.M.
- Special Conference Call on **Depression and Diabetes** with Dr. Daniella Cortez Cavenagh and Dr. Susan Scheidt, who are doing exciting work with public hospital patients on depression and diabetes. September, 2005 (date to be determined).
- Monthly Reports Due, October 10, Please send to hovisfilms@gbronline.com and cclc@caph.org
- Action Period Conference Call on **Accessing Community Resources for Your Patients**, Friday, October 28, 12 P.M. - 1 P.M.
- Monthly Reports Due, November 10, Please send to hovisfilms@gbronline.com and cclc@caph.org
- Action Period Conference Call on **Expanding Roles of Your Care Team**, Friday, November 18, 12 P.M. - 1 P.M.
- Outcomes Congress, December 9, 9 A.M. - 2:30 P.M., Sonoma Mission Inn

4) Legislative Update

As you know, AB 1736 establishes a pilot program to provide Medi-Cal reimbursements to care team providers care under the Chronic Care Model:

The bill has passed the Assembly and the Senate Health and Appropriations Committees. It is awaiting passage on the Senate floor the week of September 6th. Once the final version has passed both houses, it will go to the Governor's desk for signature. He has 30 days to act on the bill for it to become law.

On September 16th, the federal Health Resources and Services Administration (HRSA) will be releasing a study that concludes the Chronic Care Model achieves both improved health outcomes and long-term cost savings. We are hopeful that the Governor will consider these findings and decide to support the legislation. When the study is released, we will distribute it to you.

We ask that you and your colleagues contact Governor Schwarzenegger to describe the effectiveness of the CCM in your public hospital clinic and to urge his support for the bill. We will be distributing further information and assistance about contacting the Governor in the coming weeks. In the meantime, if you have any questions, please call Erica Buehrens at 510-874-7117 or ebuehrens@caph.org.

5) Recruiting/Scheduling Patients for Group Visit

San Mateo has been conducting group visits. There have been successes and challenges. The success has been the good turnout. The medical assistants call the patients and write letters, which

encourages them to show up. The challenge is time management. Calling the patients is very time consuming. Normally they would have 2 group visits per month but due to time they are only conducting 1 visit a month. **In order to spread, San Mateo wants to know how to schedule patients more efficiently without taking so much time? Suggestions made on the last conference call include:**

- Mike recommended using patients who are in the group and very excited about it to call other patients.
- Richmond Health Center suggests developing relationships with the community and community based organizations like churches. This long-term building relationship can be a support system and offer space, logistical help and transportation for the patients.
- Richmond Health Center uses doctor's recommendations when patient numbers in the group visits are low.
- Arrowhead proposed using incentives for patients to come.
- Ocean Park provides meals at final meeting, gives measuring cups, spoons, and other freebies. Also repeated provider calls are made to get patients to come.
- Mike suggested contacting a food manufacturer of diabetic food to donate coupons that can be disbursed to patients.

If you have other suggestions, please email them to: cclc@caph.org.

6) **Standing Orders for Diabetes Care from RICHMOND HEALTH CENTER**

Potrero Hill indicated on the last conference call that that they are **having a difficult time getting nurses to use standing orders** because they are too busy. **Suggestions made include the following:**

- Ocean Park has health workers prep the charts instead of nurses.
- Pat Kearns gives patients at his private practice a copy of his notes from previous visits and they review it themselves. Allows patient to validate their charts and comment on them.
- Mike proposed doing a combination of the two; giving the patients a copy to review and having the health workers check it too.
- Another good idea is printing a monthly list of patients who have not had a particular test, or check-up such as mammograms so the doctor knows a head of time.

Kate Colwell offered to share Richmond Health Center's standing orders form to others as a model. Thank you, Kate! See attached. It can also be found on our website at: <http://www.safetynetinstitute.org/UpdatedSite/OtherChronicResources.htm>. Again if you have other suggestions for how to increase use of standing orders, please email them to: cclc@caph.org.

7) **OCEAN PARK HEALTH CENTER Reports on Registry Populations**

Lisa Johnson, M.D. from Ocean Park Health Center shared her thoughts about how to make decisions regarding who is in/out of registry population. Thank you to Lisa for writing a clear, succinct description and for sharing her experience with us.

“For our large registry in SF (report on 6600 pts who have passed through one of our primary care sites, not the smaller pilot CDEMS cohort), one of the inclusion criteria is "seen within 18 months" in the system.

This means that people time out of the registry eventually, but prior to that they will show up on a series of exception lists (*no encounter or HgA1c in more than 6 mo, no LDL in more than 12 mo., etc.*) if they are not keeping up with recommended care. So there are several opportunities for outreach.

Cohort definition forces the decision: be more inclusive (to find the highest risk people) vs. less inclusive (in order to present providers w/data on a cohort of patients whom they recognize and are more willing to feel responsible for the outcomes). In SF so far, we've tended towards PCP-based cohorts, less inclusive. We will need to also work up a system to look at the people who only touch the ER, jail, inpatient to specialty clinic, etc.”

8) KP Healthier Living Leader Training, October 2005

Kaiser is having one more Healthier Living Leader Training in 2005 for their medical centers and community partners. This training is for new workshop leaders who will be facilitating the 6-week Healthier Living workshop for people living with chronic health conditions in association with Kaiser Permanente or another qualified licensed organization in 2005 or 2006.

These workshops are generally led by peer educators or volunteers who are themselves living with chronic health conditions. If you are a program coordinator, please consider this when determining who should attend this training. There is no cost for the training; however, participants **MUST** commit to attending the entire training **AND** must plan to facilitate at least one six-session workshop through a licensed organization in the six months following the training (or at the next available opportunity as scheduled with a Healthier Living Site Coordinator.)

Training dates and location:

October 20, 21, 28, 29 (consecutive Thursdays and Fridays)

First day 8:30 a.m. - 4 p.m. All other days 9 a.m. - 4 p.m.

Kaiser Permanente Regional Offices, downtown Oakland

If you or others from your organization are interested in attending or you are a Healthier Living Site Coordinator wishing to send new workshop leaders, please fill out and send in the registration form at the attached link. <http://www.SignUp4.net/Public/ap.aspx?EID=BRIE42E>

9) Living Well with Diabetes Conference

The nonprofit agency, Taking Control of Your Diabetes, is hosting the conference “Living Well with Diabetes” on Saturday, September 24, 2005 at the Santa Clara Convention Center. The conference will feature leading experts in diabetes care, the latest information and technology, and a one-on-one health fair with diabetes specialists. The special guest speaker for the event is Urban Miyares, a blinded veteran with diabetes and motivational speaker. Early registration cost to attend this conference is \$35 per person, \$40 after September 16. For more information, visit their website at www.tcoyd.org or call 858.755.5683/800.998.2693.

10) Suggestions for Team Presentations for Outcomes Congress

Teams should begin thinking about their presentation for Outcomes Congress December 9. After the overall results for all teams combined are presented, each team will have an opportunity to present

their best results. However, since each team only will have 10 minutes to present (with additional time for questions from the audience), we would like to have teams focus on the area(s) in which they have made the greatest improvements. Ideally, each team's area of focus will have good results in one or more measures, and fall under one component of the Chronic Care Model. For example, Silver Avenue has done tremendous work in the Chronic Care Model component, Community Resources, which they will have a chance to share in our Team Call on Oct. 28. So they may want to focus their presentation on how they achieved such great results in getting patients to exercise (one of their measures), and how they have connected their patients with yoga classes, a local farmers market, etc.

Finally, teams should include the patient voice in their presentation. Last month, Angela Hovis emailed suggestions regarding an idea of bringing out the patient voice in your team presentations through stories, personal experiences, quotes, video, etc. We know that such “stories” have a strong impact on others – that the graphs are great, but the story is what usually sticks in our minds. It is also a great way to generate local media attention. On our July conference call, there was general agreement that this should be part of the team presentations.

Ideas suggested by Angela as well as others from the CCLC teams and faculty include:

- Video with patient(s) and possibly also staff interviews
- PowerPoint slide show with picture of patients with a quote from each
- Essay or poem from patient (and possibly also staff)
- Bring a patient to Outcomes Congress and they can tell us directly, or be interviewed re: how their care has changed
- A skit to demonstrate "before" and "after" redesign of care, informed by patient feedback
- A picture or drawing with a description or interpretation of what it says with regards to change in care
- Audiotaped interview patient sharing a testimonial with or without slide showing picture of patient(s)
- Have teams jot down quotes of patients when they say good things – have a collection of quotes to share.

This is a huge opportunity to showcase your great work to a large audience that will include public hospital system leaders, funders, possible media, and other health care stakeholders. Angela Hovis and CCLC staff look forward to working with you as you develop your presentations in the fall.

11) Multicultural Diabetes Resources Available from www.ethnomed.org

On the ethnomed.org website there are various resources on multicultural diabetes care. The following are some links to a few pages on their site. The first link has a host of resources about general diabetes care in various languages. The second link displays what foods a proper diabetic meal for a Cambodian plate should look like, also available for other cultures. The last discusses the process and practice of cross cultural diabetes education teaching Vietnamese and Ethiopian patients.

http://www.ethnomed.org/ethnomed/patient_ed/diabetes/diabetes_index.html

http://depts.washington.edu/ethnomed/diabetes/cambodianplatehtml_files/slide0001.htm

http://www.ethnomed.org/ethnomed/clin_topics/diabetes/amhar_viet_diabetes.html

12) KP Wellness Library: Diabetes Foot Care Resource Videos for Patients Available on Loan at No Cost to CAPH members

Caring for Your Feet...The Carville Approach: Lower Extremity Amputation Prevention (LEAP) Program: Patient Education.

Tape Number: C 1306: http://www.crewnoble.com/dbtw-wpd/exec/dbtwpub.dll?AC=GET_RECORD&XC=/dbtw-wpd/exec/dbtwpub.dll&BU=http%3A%2F%2Fwww.crewnoble.com%2Fkpwllness%2Fsearch.html&TN=KPMediaLibrary&SN=AUTO8445&SE=1694&RN=0&MR=20&TR=0&TX=1000&ES=0&CS=1&XP=&RF=WebCartBrief&EF=&DF=WebCartFull&RL=0&EL=0&DL=0&NP=255&ID=&MF=WPEngMsgBrowse.ini&MQ=&TI=0&DT=&ST=0&IR=854&NR=0&NB=0&SV=0&BG=&FG=&QS=&OEX=ISO-8859-1&OEH=ISO-8859-1

Diabetes Foot and Skin Care: In Step Tape Number: C 905: http://www.crewnoble.com/dbtw-wpd/exec/dbtwpub.dll?AC=GET_RECORD&XC=/dbtw-wpd/exec/dbtwpub.dll&BU=http%3A%2F%2Fwww.crewnoble.com%2Fkpwllness%2Fsearch.html&TN=KPMediaLibrary&SN=AUTO8193&SE=1693&RN=0&MR=20&TR=0&TX=1000&ES=0&CS=1&XP=&RF=WebCartBrief&EF=&DF=WebCartFull&RL=0&EL=0&DL=0&NP=255&ID=&MF=WPEngMsgBrowse.ini&MQ=&TI=0&DT=&ST=0&IR=863&NR=0&NB=0&SV=0&BG=&FG=&QS=&OEX=ISO-8859-1&OEH=ISO-8859-1

You and Your Feet...for the Person with Diabetes Tape Number: C 720: http://www.crewnoble.com/dbtw-wpd/exec/dbtwpub.dll?AC=GET_RECORD&XC=/dbtw-wpd/exec/dbtwpub.dll&BU=http%3A%2F%2Fwww.crewnoble.com%2Fkpwllness%2Fsearch.html&TN=KPMediaLibrary&SN=AUTO8556&SE=1695&RN=3&MR=20&TR=0&TX=1000&ES=0&CS=1&XP=&RF=WebCartBrief&EF=&DF=WebCartFull&RL=0&EL=0&DL=0&NP=255&ID=&MF=WPEngMsgBrowse.ini&MQ=&TI=0&DT=&ST=0&IR=989&NR=0&NB=0&SV=0&BG=&FG=&QS=&OEX=ISO-8859-1&OEH=ISO-8859-1

13) Follow-up Resources from CCLC LSIII

During Learning Session III on June 8, we identified a number of resources that people expressed interest in. Below are links to many of the resources that we discussed. In addition, all of these links have been posted on the SNI webpage at:

<http://www.safetynetinstitute.org/UpdatedSite/OtherChronicResources.htm>.

- Free English & Spanish Diabetic Foot Check Posters from Lumetra (Contractor to CMS): <http://www.lumetra.com/orderfree/results.asp?Scroll=2&Keyword=Patient%20Education&Category=2&searchstring=&CategoryName=Diabetes>
- Relationship of Depression and Diabetes Self-Care, Medication Adherence, & Preventive Care: <http://www.safetynetinstitute.org/UpdatedSite/Resources/ChronicCareResources/DepDiabetes.pdf>
- MacArthur Initiative on Depression and Primary Care Toolkit: <http://www.depression-primarycare.org/clinicians/toolkits/full/>

14) New Resources on the SNI Website

- Additional Self-Management, Group Visit and Protocol materials have been added to the website at <http://www.safetynetinstitute.org/UpdatedSite/OtherChronicResources.htm>.
- Additional Multilingual & Multicultural Health Education Resources have also been added to the website at <http://www.safetynetinstitute.org/UpdatedSite/OtherChronicResources.htm> (scroll to the bottom of the page).
- Past CCLC e-newsletters are posted at <http://www.safetynetinstitute.org/UpdatedSite/ArchivedNewsletters.htm>.

15) Oakland Tribune Article Highlights Diabetes Care at Highland Hospital

We are pleased to share the following article that appeared on July 25th in the Oakland Tribune. Congratulations to the Chronic Care teams at Alameda County Medical Center and all our collaborative teams for impressive work!

Classes put diabetics' lives in their hands

Highland Hospital aims to cut down on emergency room visits by pushing patients to make lifestyle changes

By Rebecca Vesely, STAFF WRITER

Four diabetes patients sat in a semicircle in a classroom at Highland Hospital in Oakland one recent morning, all looking down at the printed handout in front of them.

“What kind of complications can happen with your eyes?” asked Carlos Carvaja, a diabetes educator leading the group.

The four patients sat silently, thinking.

“You're more likely to have veins rupture,” offered Frank Wainaina, a 59-year-old newly diagnosed diabetic.

Carvaja nodded his head. The tiny capillaries in the eyes can burst if a patient's blood sugar is high — a common problem with diabetics. If the capillaries burst, then the retina can become detached, leading to blindness.

“The eyes are one of the most important organs,” Carvaja explained. “We must see an eye doctor to have our eyes checked.”

The four patients were participating in a program at Highland Hospital that is catching on at public hospitals around the Bay Area — teaching patients how to self-manage their diabetes. The aim is to reduce emergency room and other high-cost care by showing diabetics how to make lifestyle changes at home and stick to them.

Nine area clinics and hospitals are participating in a pilot project started last fall to adopt Kaiser's self-care curriculum and other Kaiser models that focus on coordinated specialty care. Among the participants are the San Mateo County Medical Center, four public clinics in San Francisco, the Richmond Health Center and the Eastmont Wellness Clinic in Oakland. Staff receive training from Kaiser experts, as well as Dr. Lyn Berry, who is director of Highland's diabetes clinic, and track patients' progress.

In May, Highland's 4-year-old diabetes clinic adopted a new curriculum for its group education classes that was developed by Kaiser Permanente in the 1990s. The classes, like the one Carvaja was leading, function sort of like group therapy — with goal-setting, interaction between patients and a focus on building self-awareness about diabetes.

Other area public hospitals and clinics are adopting such programs through a pilot project started last fall.

“It really stresses self-efficacy and self-reliance,” said Joan Thompson, a dietitian at Highland who leads the classes.

Wainaina, a San Leandro resident and native of Kenya, was diagnosed with Type 2 diabetes in March when he went to Highland's emergency department complaining of frequent urination, lack of sleep and dry mouth.

“I felt so negative about it,” he said of the diagnosis. “Now I feel more optimistic. I've learned it's something I need to live with, and I feel it's manageable.”

Wainaina was attending his last of four classes in the new series. Patients learn about blood sugar, diabetes medications, how to eat right and how to prevent their condition from getting worse, such as checking their feet for cuts and scrapes, which can become easily infected. At the end of the course, the patients “graduate” and schedule a follow up with an educator three months later to review what they've learned and make sure they are on track.

In the meantime, patients still receive care from their primary physician, as well as specialists such as podiatrists.

“Sixty percent of how well you do with the disease is up to the patient,” said Marisel Brown, program manager of Highland's diabetes clinic. “Diabetes is a bad-news disease. There's a lot of depression and a lot of denial.”

Diabetes occurs when the body doesn't produce or properly use insulin, a hormone needed to convert sugar and other foods into energy. Obesity and a sedentary culture are primary reasons why diabetes is on the rise. About 18 million



Martina Espinoza gets her eyes screened for deterioration at Highland Hospitals new eye diagnostic program. Diabetes is the leading cause of blindness today, which early screening can prevent. (Annie Tritt - STAFF)



Soledad Lopez, Renal Care Coordinator at Highland Hospital, works with diabetes patient, Martina Espinoza at the hospital's Diabetes Clinic. Lopez was named caregiver of the year. (Annie Tritt - STAFF)

Americans have diabetes and the cost of treatment is about \$132 billion a year. Type 2 diabetes, previously called adult-onset diabetes, accounts for between 90 and 95 percent of all diagnosed cases. Public hospitals like Highland, which is part of the Alameda County Medical Center, typically see the most advanced cases of diabetes because they treat the majority of poor and uninsured who don't have access to preventative medicine.

Highland's diabetes clinic, which operates every Wednesday, sees at least six new cases of diabetes every week — most diagnosed in an acute stage in the emergency department — and now has a total of about 275 patients. Some 80 percent are uninsured and the majority are men.

“We need to change the way we care for these millions of newly diagnosed diabetics,” said Berry, the clinic's director. “Self-care is where we need to go. Having doctors see patients in a standard acute care model isn't going to be enough.”

Wendy Jameson, director of the Safety Net Institute, a division of the California Association of Public Hospitals, who is coordinating the program, said such programs can cut costs for public institutions. The problem is how to pay for something that keeps people well.

Berry said her small staff, some borrowed from other departments, relies on foundation grants to keep up and running. Volunteers enter patient information, and the clinic's podiatrist is a student.

“We are not terrifically supported inside the medical center,” Berry said, noting that the diabetes clinic isn't even listed on a sign outside clinic doors. “I basically go begging.”

A state bill now being considered, AB 1736, would provide more funding for programs like the one at Highland. The bill, sponsored by Assemblyman Lloyd Levine (D-Van Nuys), would require the state to fund chronic disease programs in community clinics and public hospitals. Today, physicians are reimbursed for patient visits, but other staff such as patient educators, case managers, nurses and dietitians often are not.

“This bill acknowledges these providers who are already doing the work,” said Erica Buehrens, senior policy analyst at the California Association of Public Hospitals, which is backing the bill. The startup cost of the program would be about \$50,000, and future costs would depend on participation but “wouldn't be in the millions,” Buehrens said.

The bill has passed the Assembly and is headed for a full Senate vote, though Gov. Arnold Schwarzenegger may veto it because it has a price tag attached to it.

Still, a growing body of evidence indicates that teaching patients how to self-manage their diabetes or other chronic health conditions works.

Kaiser's program, which has been operating for a decade, regularly sees a 1 percent to 2 percent drop in patients' long-term glucose levels after participating in the four-session education course, a significant improvement, said Paulette Sharp, diabetes and multi fit program coordinator at Kaiser Oakland.

Diabetes self-management doesn't always reduce costs because the price of prescription drugs to treat diabetes is so high, Berry said. But at public hospitals, self-care can help keep down emergency room visits.

For Wainaina, self-care means achieving goals he set in the diabetes education class like walking regularly and adding fish, avocados and nuts to his diet.

Those healthier foods, he admitted, “aren't so bad once you get used to it.”

Contact Rebecca Vesely at rvesely@angnewspapers.com