



DECEMBER 10, 2004 - CCLC E-Newsletter

TOPICS DISCUSSED:

- Answers to questions about CCLC measures & reporting
- Information on literary/health literacy resources
- Request for ideas regarding recruitment of patients for group activities

CCLC Materials are posted online at: <http://www.safetynetinstitute.org/UpdatedSite/CCLCMaterials.htm>.

QUESTIONS ABOUT CCLC MEASURES & REPORTING

QUESTION 1: For those measures relating to use of statins and aspirin, how does one define “currently” for that medication? Does it mean the patient filled a prescription for the drug in the last 3 or 6 months? (This is hard to track as the individual might have filled the prescription at an outside pharmacy). Or, does “current” mean that the doctor prescribed that medicine in the last 3, 6 or 12 months? (This does not necessarily indicate that the patient is currently USING the medication).

ANSWER 1: The HRSA Bureau's definition for statins and aspirin basically relies on a prescription being given and that is all. The concerns about filling v. and taking medication remain using this definition. However, currently this is the best measure we currently have without in-house prescription data. The key for teams is to follow-up with patients that have been prescribed these drugs to see if they are taking them. (Therein lies some potential for some PDSAs). The individual who asked this question has decided to address this issue by acting as though all data collection was from chart review and will follow something along the lines of “if RX given to cover this period it will be counted as a numerator hit. We know 50% of Rx are never filled and then compliance goes downhill after that, so it's reasonable to measure whether doctors are doing the right thing.”

QUESTION 2: How do patients with allergies to certain medications affect the denominator? Do we subtract these individuals from the denominator?

ANSWER 2: It was suggested that these patients not be subtracted from the denominator as long as one realizes that the goal cannot ever be at 100% as a result of the inclusion of these patients.

QUESTION 3: How does the data entry point of >12 yo <70 not on an ACE/ARB track with the data spec ">55 y.o. and on ACE/ARB?" (This question refers to the relationship between required measure 7a and optional measure 12.

ANSWER 3: There are 2 measures that involve ACE/ARB. The denominators for these two measures are different. For measure 7a, ACE/ARB has a denominator of all DM patients at least 55 yrs old. For measure 12, referring to microalbuminuria screening the denominator is patients between 12 and 70 who are not already on ACE/ARB.

LITERACY & HEALTH LITERACY RESOURCE

In response to a request for low literacy self-management tools, we wanted to make you aware of two possible resources about literacy and health literacy:

1) The AMA Foundation provides free health literacy toolkits to AMA Alliance chapters and state, county and specialty medical societies that make a formal commitment to launch health literacy educational programs of their own. There is an application that needs to be filled out to receive these materials which can be found at the following web link: <http://www.ama-assn.org/ama/pub/category/9913.html>. If you or your organization does not qualify to receive a free toolkit, they can be purchased for \$35 each. The toolkit includes: a manual for clinicians, a new video documentary, re-printable information, Continuing Medical Education credit, and additional resources for education and involvement. AND

2) The California Health Literacy Initiative also has numerous resources available on its website: <http://cahealthliteracy.org/>. One of its features is a Health Literacy Resource Center which includes: plain language health resources for literacy/ESL students, general health literacy information, multicultural/multilingual health information, California Health Literacy Resources and various Health Literacy clip-art/visual aids. This resource center can be linked to from the home page, but in case you are having trouble locating it, here is the exact link: <http://cahealthliteracy.org/healthliteracyresourcecenter.html>.

EFFECTIVE RECRUITMENT & ATTENDANCE STRATEGIES: PLEASE SHARE YOUR IDEAS!

Numerous teams have asked about effective methods for recruiting and assuring patient participation in group and class activities. Some suggested incentives have included offering food or ensuring that there is ample time for individuals to socialize with one another. However, given people's different systems funds for food and incentives are not always available. Some teams have gotten around this problem with the assistance of an employee fundraising group or by having their participants "pot-luck" the meeting. Any suggestions you might have regarding offering food or other incentives and/or other ideas on the successful recruitment of participants would be greatly appreciated and can be e-mailed to cclc@caph.org. For example, please share any partnerships with other organizations or companies that have donated funds or food for similar activities. These suggestions will be published in the next iteration of this list serve e-mail.

IMPORTANT DATES:

- Monthly Report Due – December 10, 2004 due to cclc@caph.org
- Monthly Report Due – January 10, 2004
- Action Period I Conference Call – January 14, 2005, 12 p.m. – 1 p.m.
- LSII – February 2, 2004, 1 Kaiser Plaza, 22nd Floor
- Monthly Report Due – February 10, 2005
- Monthly Report Due – March 10, 2005
- Monthly Report Due – April 10, 2005
- Monthly Report Due – May 10, 2005
- LSIII – June 8, 2005, 1 Kaiser Plaza, 22nd Floor
- Monthly Report Due – June 10, 2005

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