Together 2 Goal®

AMGA Foundation
National Diabetes Campaign

Monthly Campaign Webinar
February 18, 2021

Today's Webinar

- Together 2 Goal® Updates
  - Webinar Reminders
  - AMGA 2021 Annual Conference
  - Virtual Diabetes Specialty Clinic (VDiSC)
- Together 2 Goal® Group Success Stories
  - Kristine Mendez of Scripps Health
- Q&A
  - Use Q&A or chat feature

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Webinar Reminders

- Webinar will be recorded today and available the week of February 22
  - www.Together2Goal.org

- Participants are encouraged to ask questions using the "Chat" and "Q&A" functions on the right side of your screen

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AMGA 2021
Annual Conference

AMGA — Advancing High Performance Health

VIRTUAL EVENT
April 20-22, 2021
amga.org/AC21

▶ SHARED LEARNING

Real-world case studies and insights from AMGA members, including Intermountain Medical Group, Palo Alto Medical Foundation/Sutter Health, Lehigh Valley Physician Group, and many others

▶ ENGAGING TOPICS

Three days, three topics that address today's most critical issues:

- Innovations in Health Care
- Patient Care and Experience
- Organizational Resiliency

▶ INSPRING KEYNOTES

Hear from:

- Futurist Dr. Peter Diamandis
- Google Health's Dr. David Feinberg
- Viral sensation ZDoggMD
- Cityblock's Dr. Toyin Ajayi, and more

Virtual Diabetes Specialty Clinic (VDiSC)

Year-long study that will assess the feasibility and efficacy of establishing a virtual diabetes clinic

Will focus on the introduction and ongoing use of CGM technology

Will provide patient education and support as well as CGM materials

Learn more at http://www.jaeb.org/vdisc

What to expect:
- A CGM and other supplies to be provided by the study
- Virtual visits – CGM training and support from the comfort of home
- Care coordination – communication between the virtual clinic team and your health care provider

You may be eligible to participate if you:
- Are at least 18 years old
- Have type 1 or type 2 diabetes
- Use insulin daily (at least 3 daily injections or an insulin pump)
- Have not used a CGM in the last year
- Use an Android or iOS smartphone and have access to a computer with internet

A one-year Virtual Diabetes Specialty Clinic study exploring how telemedicine can help adults with diabetes

Adding continuous glucose monitoring (CGM) to your diabetes care plan may help to improve your blood glucose. A CGM measures your blood sugar. As part of this study, you will work with a virtual clinic team without a visit to the doctor's office.

If you are interested in learning more, please visit www.jaeb.org/vdisc

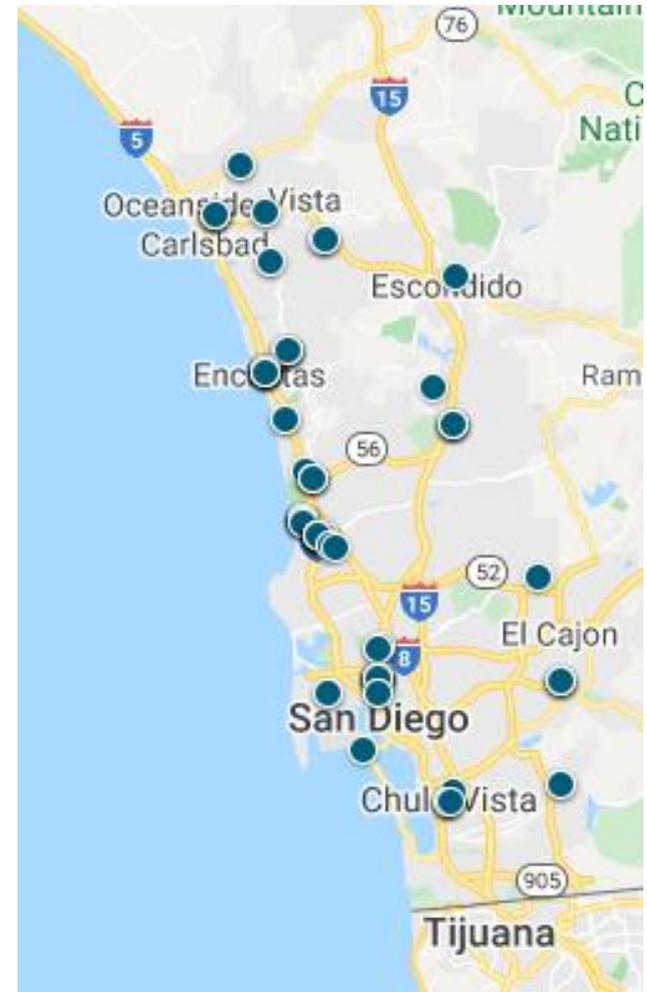# Today's Featured Presenters

Kristine Mendez

Senior Director, Population Health Clinical Operations at Scripps Health

AMGA Together 2 Goal

Success Stories

Scripps Health

February 18, 2021

Scripps Health - San Diego County, CA

- 5 Hospitals

- Scripps Medical Foundation
  - 2 Medical Groups
    - Scripps Coastal Medical Center
    - Scripps Clinic
  - 200+ Primary Care Physicians
  - 800+ Specialists
  - 23 Medical Office Locations

- Imaging Services

- Laboratory Services

T2G Campaign Planks

CAMPAIGN PLANKS

Empower Patients
- Build an Accountable Diabetes Team
- Integrate Emotional & Behavioral Support
- Refer to Diabetes Self-Management Education and Support Programs

Improve Care Delivery
- Conducting Practice-Based Screening
- Adopt Treatment Algorithm
- Measure HbA1c Every 3-6 Months
- Assess and Address Risk of Cardiovascular Disease
- Contact Patients Not at Goal & with Therapy Change within 30 Days

Leverage Information Technology
- Use a Patient Registry
- Embed Point-of-Care Tools
- Publish Transparent Internal Reports

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T2G Campaign Planks

CAMPAIGN PLANKS

Empower Patients
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Leverage Information Technology
- Use a Patient Registry
- Embed Point-of-Care Tools
- Publish Transparent Internal Reports

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Leveraging Technology Journey

2017

-Implemented Epic EMR

-Diabetes Registry

-Performance Feedback Reports

2018

-Diabetes Health Maintenance

-Best Practice Advisory "BPA" 2nd Blood Pressure

2019

-Diabetes "Sidebar" Summary

-Best Practice Advisory "BPA" Diabetes Gaps

- Care Gap Outreach Report

2020

-High Risk Diabetes outreach during COVID

2021

- Remote Patient Monitoring

-POC Retinal Cameras

- Bulk Ordering

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Governance

- Primary Care Preventive Workgroup
  - Healthy Planet (aka Information Services)
  - Quality
  - Medical Group Physicians
  - Operations Leaders

- "Model Practice" Workgroup
  - Rapid cycle care team(s) that experiment with new workflows to develop standard work and spread

- Alignment to our Quality sub-committee of the board for strategic and operational priorities

Utilizing Technology in the Improvement Cycle
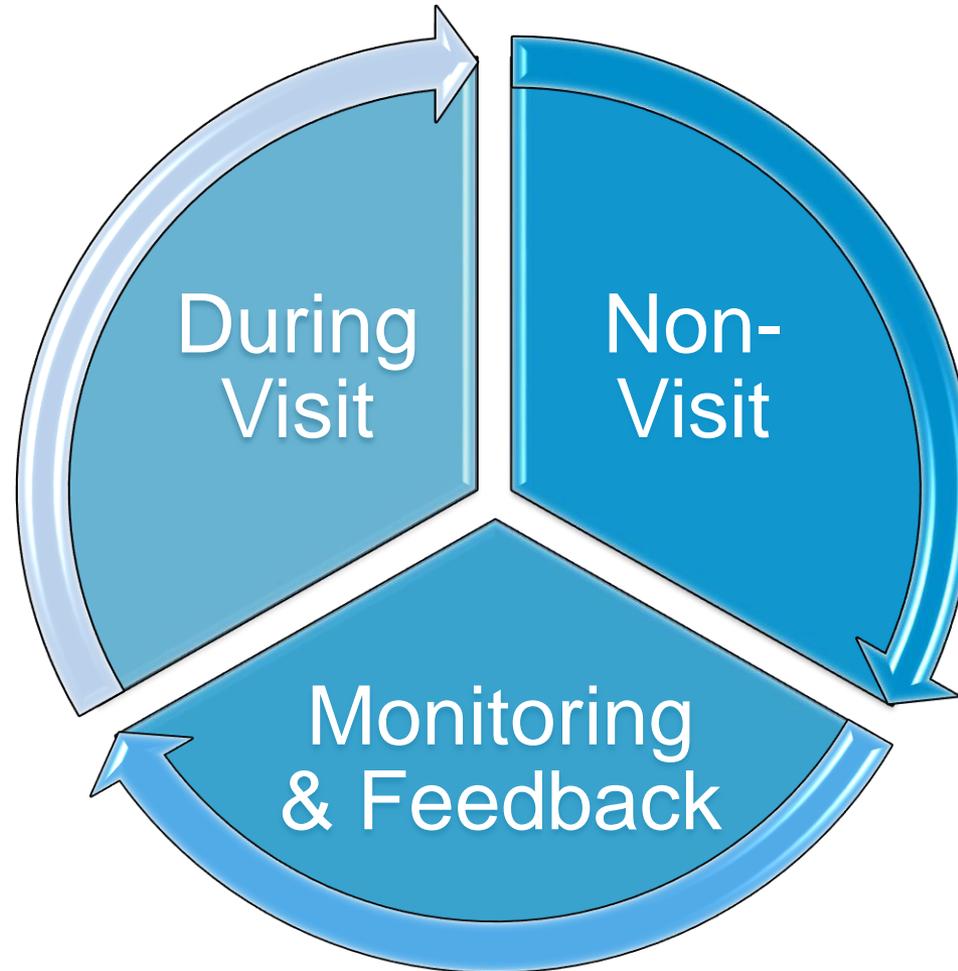
During the Visit – Health Maintenance

Criteria: Patients on the Diabetes Mellitus Registry will have the following topics automatically loaded into Health Maintenance (HM).

📅	9/20/2018	Diabetes Foot Exam	1 year(s)
📅	9/20/2018	Diabetes Hemoglobin A1C	1 year(s)
📅	9/20/2018	Diabetes Eye Exam	1 year(s)
📅	9/20/2018	Diabetes Urine Microalbumin	1 year(s)
📅	9/20/2018	Diabetes LDL	1 year(s)

Health Maintenance Criteria: Patients on the Diabetes Mellitus Registry will have the following topics automatically loaded into Health Maintenance (HM).

1. Patient >=18
2. Is on Registry (SMF Diabetes Registry)
3. Patient has NO active diagnosis of Gestational Diabetes
4. Criteria for excluding patients from foot exam, eye exam, A1C, LDL, and Microalbumin modifiers. Example: Diagnosis of Amputation or Not a Candidate for Microalbumin modifier

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During the Visit – Best Practice Advisories

This patient's blood pressure is greater than or equal to 140 (systolic) or greater than or equal to 90 (diastolic). Click on the hyperlink below to document 2nd blood pressure. Reminder: Take 2nd BP after waiting as long as possible, preferably several minutes per standard rooming process.

Vitals ↰

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During the Visit – Best Practice Advisories

⚠ This patient's blood pressure is greater than or equal to 140 (systolic) or greater than or equal to 90 (diastolic). Click on the hyperlink below to document 2nd blood pressure. Reminder: Take 2nd BP after waiting as long as possible, preferably several minutes per standard rooming process.

Vitals ↰

1. Eye exam advisory will fire to notify a provider that patient is diabetic and needs their yearly eye exam.
2. Eye exam hyperlink takes providers to the quality tab to fill out the eye exam form
3. Once Eye Exam Form is completed, advisory will go away and HM topic will update

✓ Patient has diabetes and no record of eye exam:

Eye Exam ↰

Eye Exam   ↑ ↓

Diabetic Eye Exam

Eye Exam Date:	🗋	
Performing Provider Name or Location:		
Is Eye Exam documentation available:	🗋	Yes No

| ◄◄ Restore | ✓ Close   F9 | | ↑ Previous F7 | ↓ Next F8 |

| 9/10/2018 | Diabetes Eye Exam | 1 year(s) | 9/10/2017 |

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This patient's blood pressure is greater than or equal to 140 (systolic) or greater than or equal to 90 (diastolic). Click on the hyperlink below to document 2nd blood pressure. Reminder: Take 2nd BP after waiting as long as possible, preferably several minutes per standard rooming process.

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✓ Patient has diabetes and no record of eye exam:

Eye Exam

Eye Exam

Diabetic Eye Exam

Eye Exam Date:	
Performing Provider Name or Location:	
Is Eye Exam documentation available:	Yes No

1. Foot exam advisory will fire to notify a MA that patient is diabetic and needs to prep the patient for a foot exam.

Patient has diabetes and no foot exam in the past year. Please prep the patient by asking them to:
✓ 1. Remove shoes
2. Remove socks

Acknowledge Reason

Prep Complete | Patient Declines

✓ Apply Selected

During the Visit – Best Practice Advisories

⚠ This patient's blood pressure is greater than or equal to 140 (systolic) or greater than or equal to 90 (diastolic). Click on the hyperlink below to document 2nd blood pressure. Reminder: Take 2nd BP after waiting as long as possible, preferably several minutes per standard rooming process.

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Eye Exam Date:	📄	📅
Performing Provider Name or Location:		
Is Eye Exam documentation available:	📄	Yes No

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✓ Patient has diabetes and no foot exam in the past year. Please prep the patient by asking them to:
1. **Remove shoes**
2. **Remove socks**

Acknowledge Reason

| Prep Complete | Patient Declines |

✓ Apply Selected

1. Urine Microalbumin Alert will show up if patient is diabetic and has not had Microalbumin within 12 months
2. Urine Microalbumin topic will be EXCLUDED for the following: ESRD, CKD IV & V and if patient is on ARBs & ACE Inhibitors or on Hemodialysis
3. Urine Microalbumin Health Maintenance will identify patient with a gap
4. Once Order is resulted, HM will update and alert will go away

✓ Patient has Diabetes and no record of Urine Microalbumin

Last MICROALBUR: Not on file

| Open SmartSet | Do Not Open | Urine Microalbumin preview |

Enter/Edit Results ↰

Acknowledge Reason

| Patient Refused | Medical Reasons |

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Screenshots are proprietary to Epic

During the Visit – Best Practice Advisories

This patient's blood pressure is greater than or equal to 140 (systolic) or greater than or equal to 90 (diastolic). Click on the hyperlink below to document 2nd blood pressure. Reminder: Take 2nd BP after waiting as long as possible, preferably several minutes per standard rooming process.

Vitals ↰

1. Eye exam advisory will fire to notify a provider that patient is diabetic and needs their yearly eye
2. Eye exam hyperlink takes providers to the quality tab to fill out the eye exam form
3. Once Eye Exam Form is completed, advisory will go away and HM topic will update

✓ Patient has diabetes and no record of eye exam:

Eye Exam ↰

Eye Exam

Diabetic Eye Exam

Eye Exam Date:		
Performing Provider Name or Location:		
Is Eye Exam documentation available:	Yes	No

1. A1C Alert will show up if patient is diabetic and has not had A1C within:
   - 3 months if A1C greater than or equal to 8
   - 6 months if A1C is between 6-8
   - 12 months if less than or equal to 6
2. A1C Health Maintenance will identify patient with a gap
3. Once Order is resulted, HM will update and alert will go away

📅 7/18/2018   Diabetes Hemoglobin A1C   6 month(s)

✓ Patient had Diabetes and no record fo HBA1C:

Last HGBA1C: Not on file

| Open SmartSet | Do Not Open | Hemoglobin A1C preview |

Acknowledge Reason
| Low Risk | Patient Refused |

1. Foot exam advisory will fire to notify a MA that patient is diabetic and needs to prep the patient

Patient has diabetes and no foot exam in the past year. Please prep the patient by asking them to:
✓ 1. Remove shoes
   2. Remove socks

Acknowledge Reason
| Prep Complete | Patient Declines |

| ✓ Apply Selected |

1. Urine Microalbumin Alert will show up if patient is diabetic and has not had Microalbumin within12 months
2. Urine Microalbumin topic will be EXCLUDED for the following: ESRD, CKD IV & V and if patient is on ARBs & ACE Inhibitors or on Hemodialysis
3. Urine Microalbumin Health Maintenance will identify patient with a gap
4. Once Order is resulted, HM will update and alert will go away

✓ Patient has Diabetes and no record of Urine Microalbumin

Last MICROALBUR: Not on file

| Open SmartSet | Do Not Open | Urine Microalbumin preview |

Enter/Edit Results ↰

Acknowledge Reason
| Patient Refused | Medical Reasons |

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During the Visit – Best Practice Advisories

This patient's blood pressure is greater than or equal to 140 (systolic) or greater than or equal to 90 (diastolic). Click on the hyperlink below to document 2nd blood pressure. Reminder: Take 2nd BP after waiting as long as possible, preferably several minutes per standard rooming process.

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3. Once Eye Exam Form is completed, advisory will go away and HM topic will update

✔ Patient has diabetes and no record of eye exam:

Eye Exam ↰

Eye Exam

Diabetic Eye Exam

Eye Exam Date:	
Performing Provider Name or Location:	
Is Eye Exam documentation available:	Yes No

1. A1C Alert will show up if patient is diabetic and has not had A1C within:
   - 3 months if A1C greater than or equal to 8
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2. A1C Health Maintenance will identify patient with a gap
3. Once Order is resulted, HM will update and alert will go away

📅 7/18/2018   Diabetes Hemoglobin A1C   6 month(s)

✔ Patient had Diabetes and no record fo HBA1C:

Last HGBA1C: Not on file

Open SmartSet	Do Not Open	Hemoglobin A1C preview

Acknowledge Reason

Low Risk	Patient Refused

1. Foot exam advisory will fire to notify a MA that patient is diabetic and needs to prep the patient

Patient has diabetes and no foot exam in the past year. Please prep the patient by asking them to:
✔ 1. Remove shoes
2. Remove socks

Acknowledge Reason

Prep Complete	Patient Declines

✔ Apply Selected

1. LDL Alert will show up if patient is diabetic, 40+, and has not had LDL within:
   - 6 months if LDL greater than or equal to 100
   - 12 months if less than 100
2. LDL Health Maintenance will identify patient with a gap
3. Once Order is resulted, HM will update and alert will go away

✔ Patient has diabetes and no record of an LDL in past year

Last LDLCALC=155 Collected on 2/19/2018
Last LDLDIRECT=160 Collected on 2/19/2018

Open SmartSet	Do Not Open	LDL preview

Acknowledge Reason

Low Risk	Patient Refused

✔ Apply Selected

1. Urine Microalbumin Alert will show up if patient is diabetic and has not had Microalbumin within12 months
2. Urine Microalbumin topic will be EXCLUDED for the following: ESRD, CKD IV & V and if patient is on ARBs & ACE Inhibitors or on Hemodialysis
3. Urine Microalbumin Health Maintenance will identify patient with a gap
4. Once Order is resulted, HM will update and alert will go away

✔ Patient has Diabetes and no record of Urine Microalbumin

Last MICROALBUR: Not on file

Open SmartSet	Do Not Open	Urine Microalbumin preview

Enter/Edit Results ↰

Acknowledge Reason

Patient Refused	Medical Reasons

Screenshots are proprietary to Epic

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During the Visit: Lessons Learned

- Explain the why and impact to patient and provider

- Experiment on small group, refine, then spread
  - Takt time is important!

- Ensure right place and right time (aka appropriate visits)

Non-Visit Work – Gap Closure Outreach

- "Whole patient" approach, not just diabetes

- Support staff run report in EMR

- Sort by Highest Gap

- Conduct outreach via phone or portal

- Track outreach with status (complete, left message, declined, etc)

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Non-Visit Work: Lessons Learned

- Standard work must be followed for process to be effective

- Carve out time for assigned staff to complete their work

- Focusing on patients with highest gap score can create unintended slip in performance at the individual metric level

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Monitoring & Feedback Reports

Metric Level

Adult Diabetes

Last Refresh: 02:16:52 PM

	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan	MTD
Optimal Diabetes Control	57.39 %	55.97 %	55.14 %	52.45 %	54.98 %	55.29 %	54.66 %	54.77 %	53.08 %	53.34 %	53.84 %	51.90 %	52.16 %
Diabetic Retinal Screening 2019	27.34 %	28.10 %	27.43 %	27.05 %	27.40 %	27.14 %	27.38 %	28.06 %	29.40 %	33.22 %	35.64 %	36.21 %	36.55 %
DM Blood Pressure Control	86.48 %	86.69 %	85.51 %	82.34 %	85.51 %	85.28 %	84.14 %	83.96 %	81.60 %	81.17 %	81.15 %	79.65 %	79.79 %
DM Hemoglobin A1c Testing	95.02 %	94.69 %	94.13 %	93.09 %	92.77 %	92.51 %	91.83 %	91.60 %	91.06 %	91.66 %	91.81 %	91.26 %	91.72 %
DM Hemoglobin A1c Control	78.86 %	77.77 %	78.21 %	78.93 %	79.03 %	79.23 %	79.50 %	79.61 %	78.57 %	78.94 %	78.75 %	78.33 %	78.23 %
DM LDL Testing	89.78 %	89.45 %	88.27 %	86.18 %	85.42 %	85.48 %	85.06 %	85.34 %	85.37 %	86.43 %	86.42 %	85.23 %	85.42 %
DM LDL Control	64.24 %	63.96 %	63.08 %	61.96 %	61.58 %	61.60 %	61.74 %	61.87 %	61.73 %	62.98 %	62.83 %	61.69 %	61.80 %
DM Medical Attention for Nephropathy	94.64 %	94.63 %	94.36 %	93.71 %	93.76 %	93.84 %	93.27 %	93.58 %	93.25 %	93.55 %	93.64 %	93.53 %	93.66 %
DM LDL <100 Or On A Statin	85.49 %	85.56 %	85.65 %	85.44 %	85.36 %	85.39 %	85.01 %	85.36 %	84.67 %	84.97 %	85.22 %	84.95 %	85.03 %

Monitoring & Feedback Reports

Metric Level

Site Level

Screenshots are proprietary to Epic

Monitoring & Feedback Reports

Metric Level

Site Level

Provider Level

Screenshots are proprietary to Epic

Monitoring & Feedback Gap to Goal Outreach

Encinitas Diabetes Bundle

Escondido Diabetes Bundle

Hillcrest Diabetes Bundle
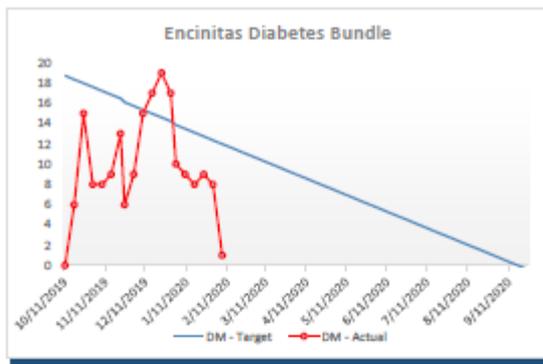
Target (Blue Line) - Data point illustrates what max gap should be that week to still achieve goal by Year End
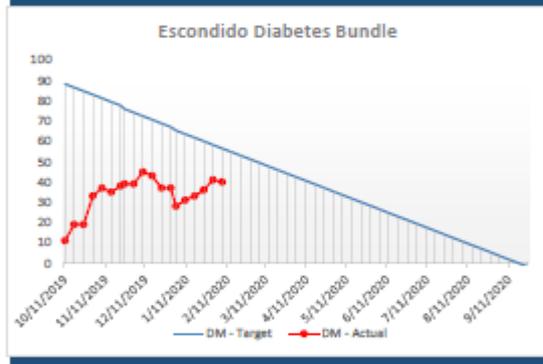
Actual (Red Line) - Actual number of gaps remaining to achieve target at the close of the week. If actual gap is 0 then target has already been achieved. Green Star will indicate this.

Encinitas Diabetes Bundle
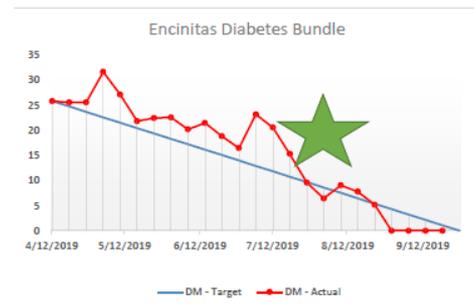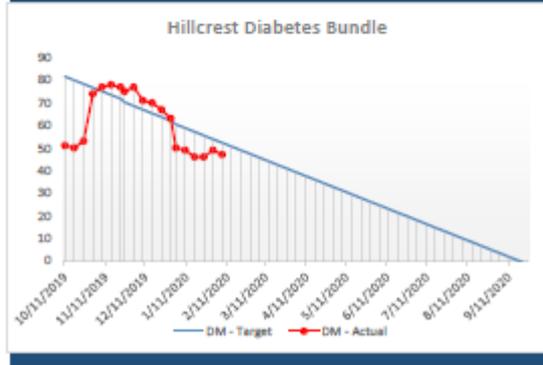
Monitoring & Feedback: Lessons Learned

- Transitioning from a push model to a pull model takes time.

- Continuous improvement to monitoring and feedback reports – what worked last year may not be effective this year

- Target setting can be an art form.
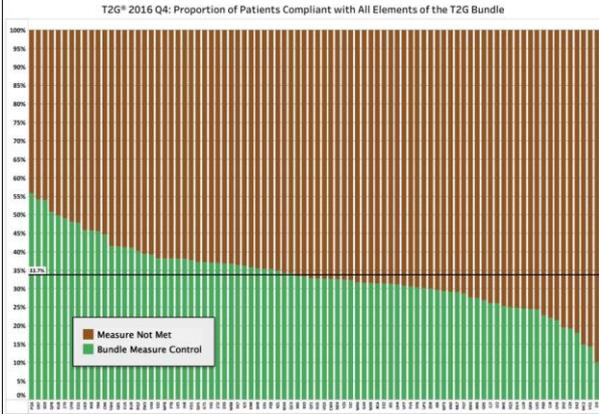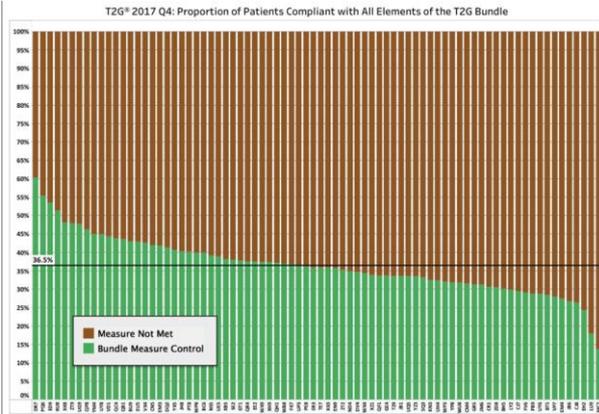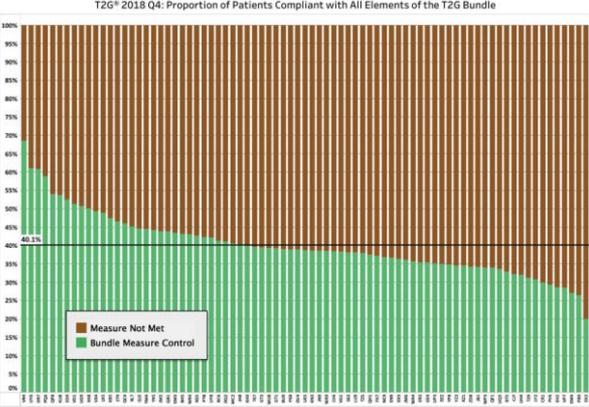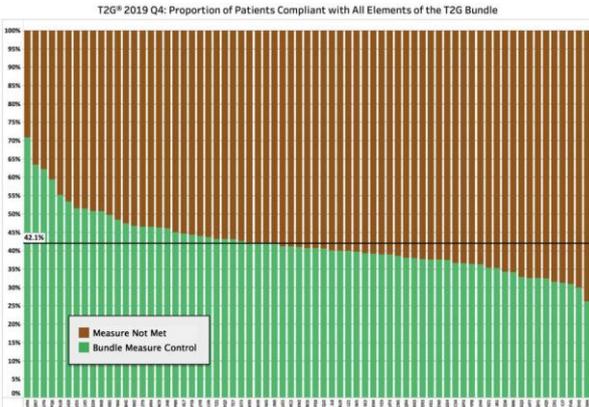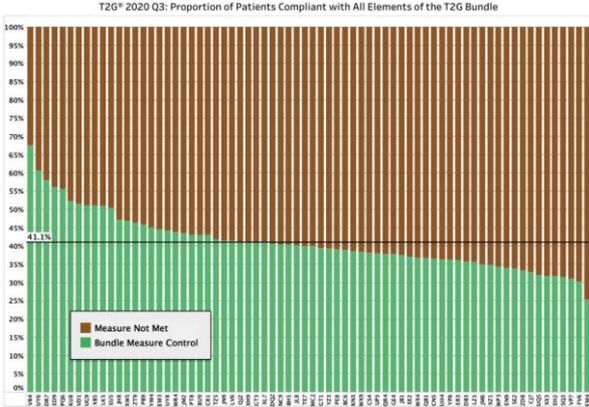
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T2G Bundle Performance 2016 – Q3 2020

2016

2017

2018

2019
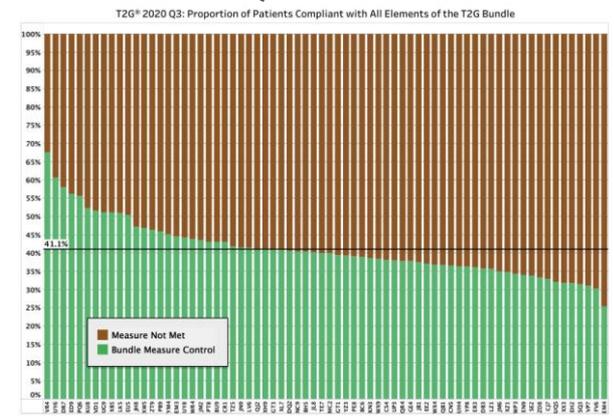

Q3 2020

Scripps

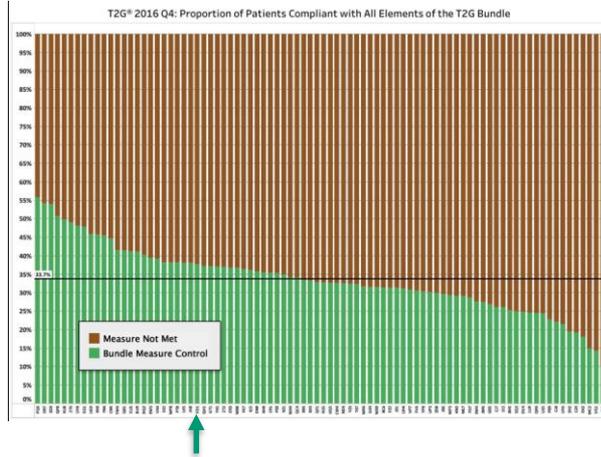# T2G Bundle Performance 2016 – Q3 2020

2016

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2019

Q3 2020

T2G Bundle Performance 2016 – Q3 2020

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2018

2019

Q3 2020

T2G Bundle Performance 2016 – Q3 2020

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2019

Q3 2020

Scripps

T2G Bundle Performance 2016 – Q3 2020
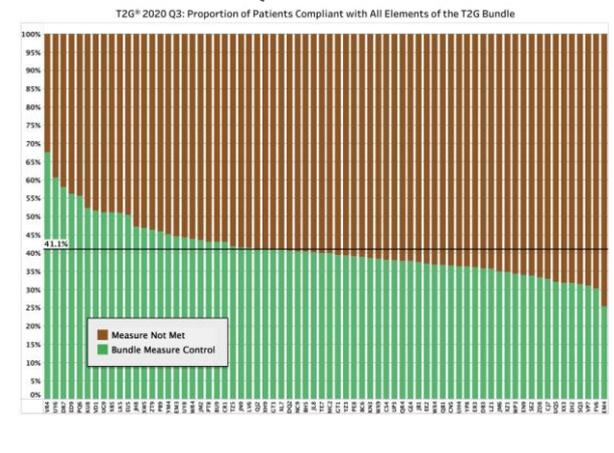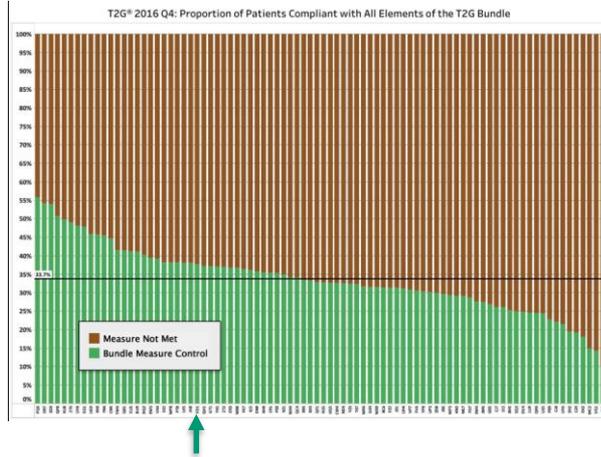
T2G Bundle Performance 2016 – Q3 2020

2016

T2G® 2016 Q4: Proportion of Patients Compliant with All Elements of the T2G Bundle

2017

T2G® 2017 Q4: Proportion of Patients Compliant with All Elements of the T2G Bundle

2018

T2G® 2018 Q4: Proportion of Patients Compliant with All Elements of the T2G Bundle

2019

T2G® 2019 Q4: Proportion of Patients Compliant with All Elements of the T2G Bundle

Q3 2020

T2G® 2020 Q3: Proportion of Patients Compliant with All Elements of the T2G Bundle

Scripps
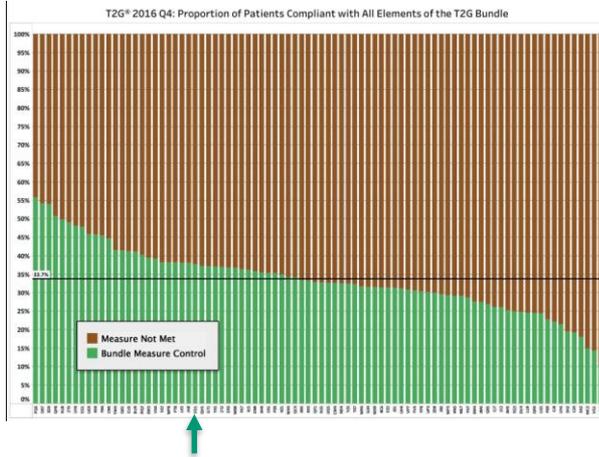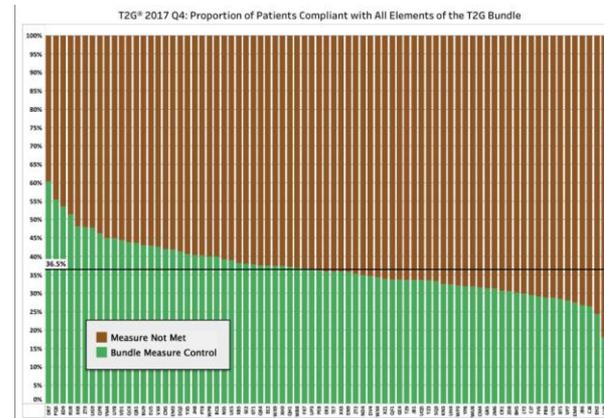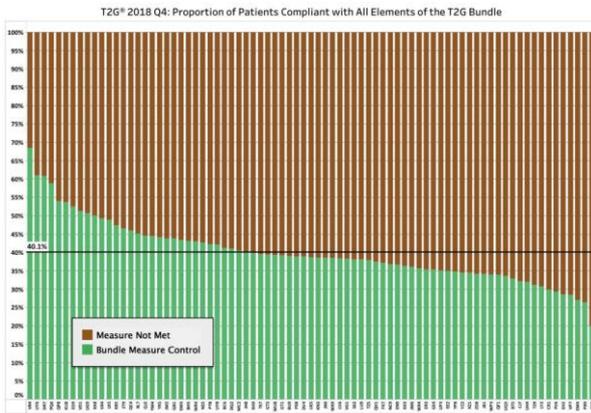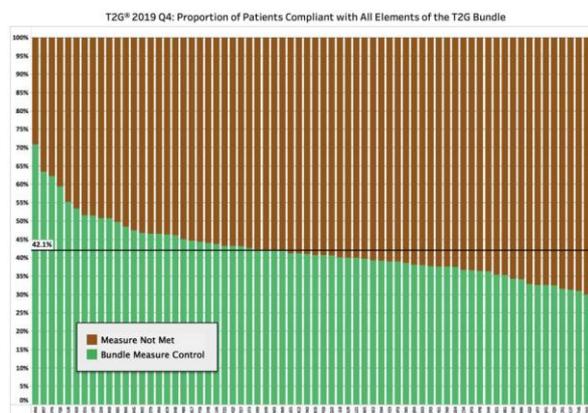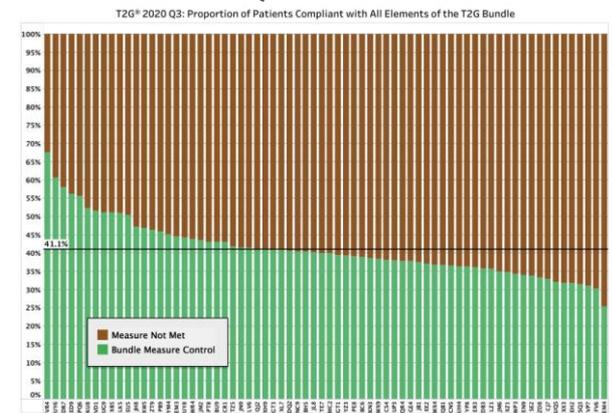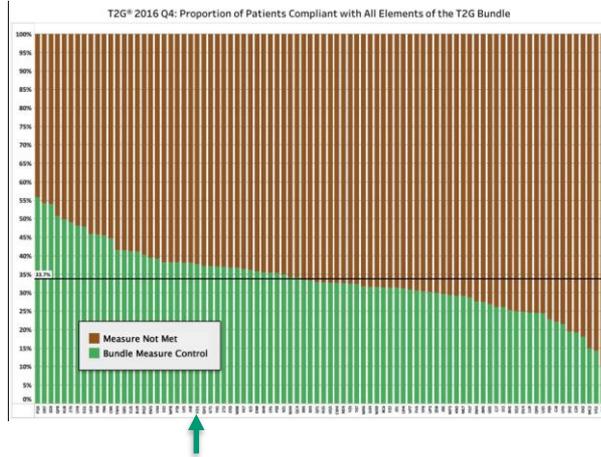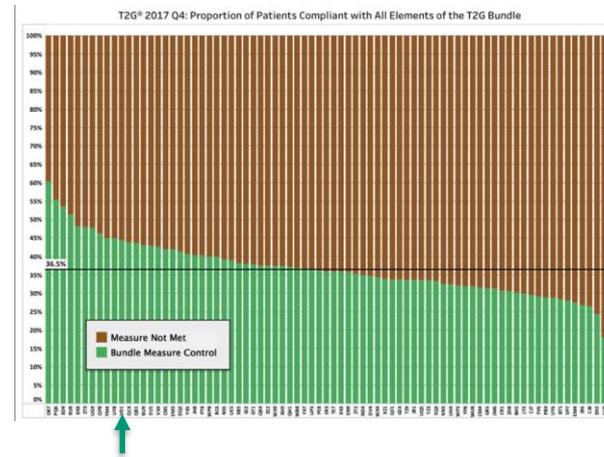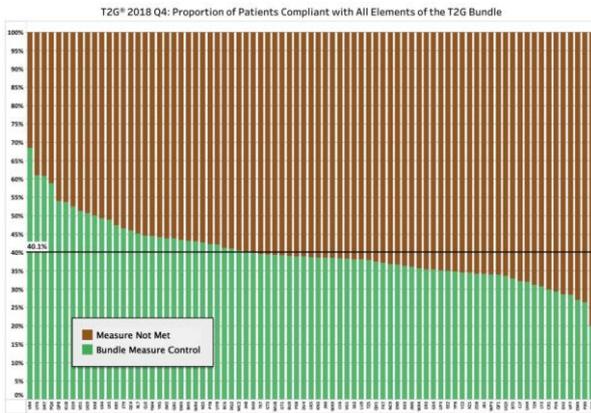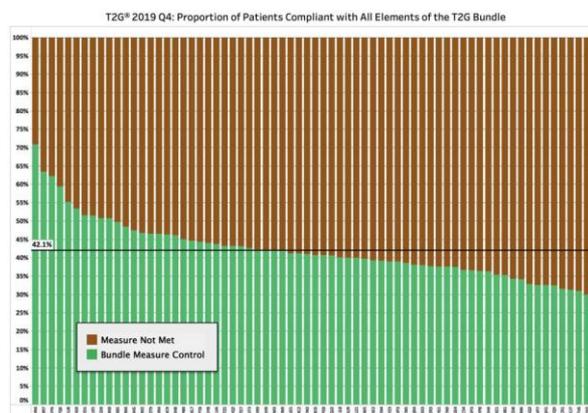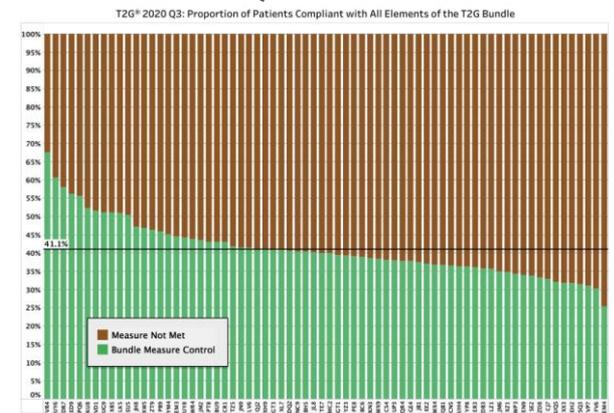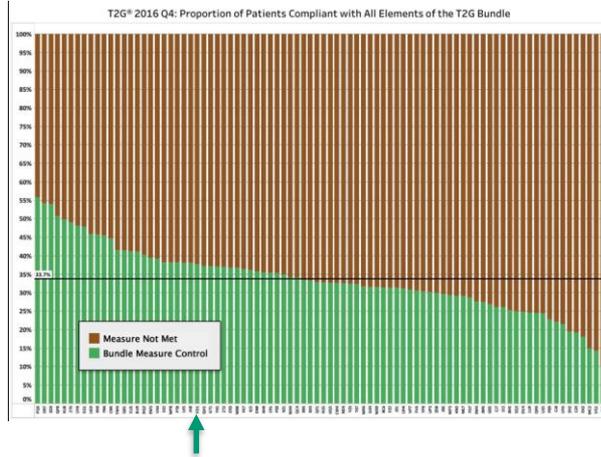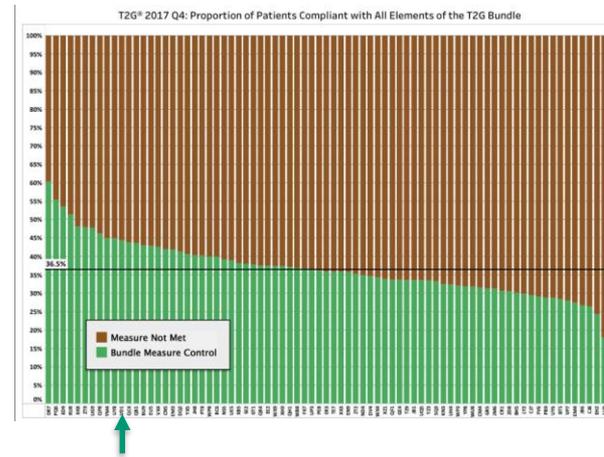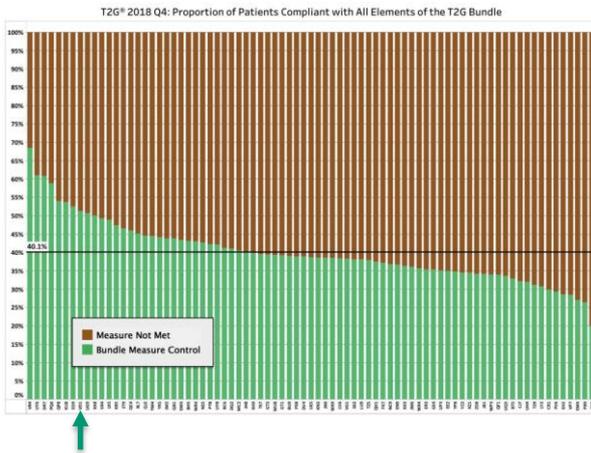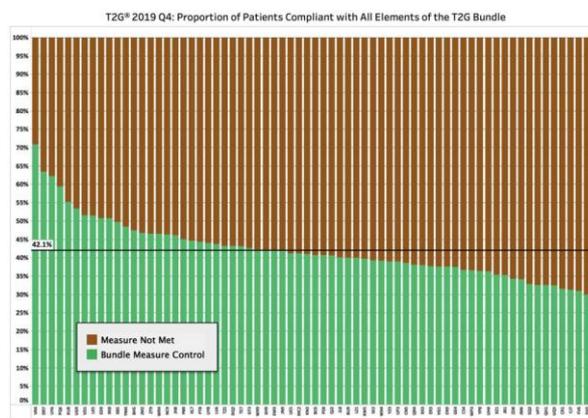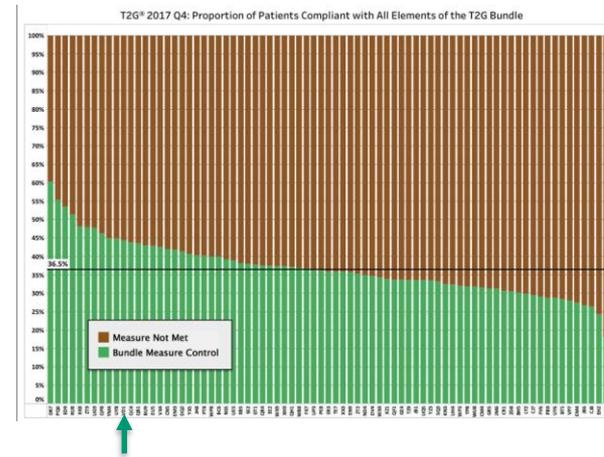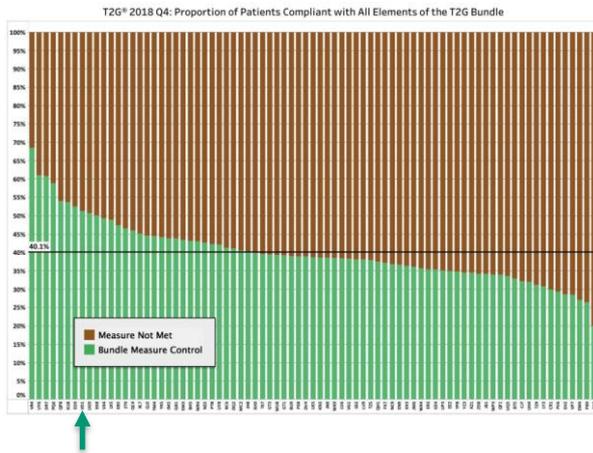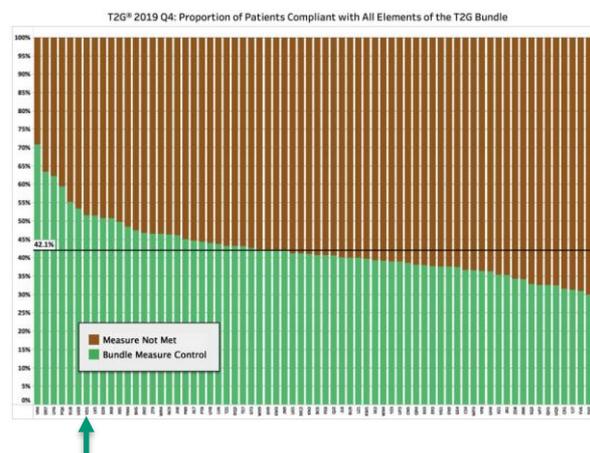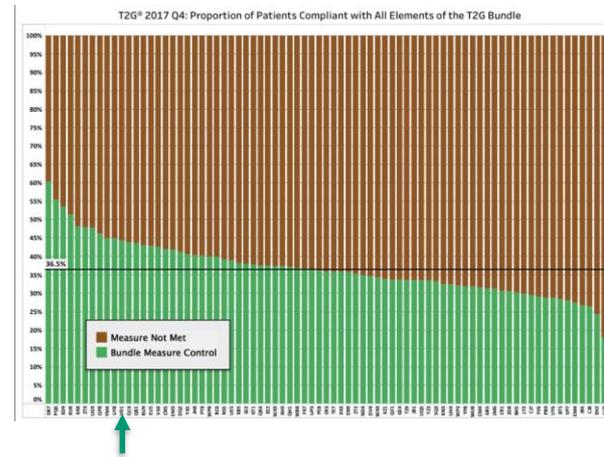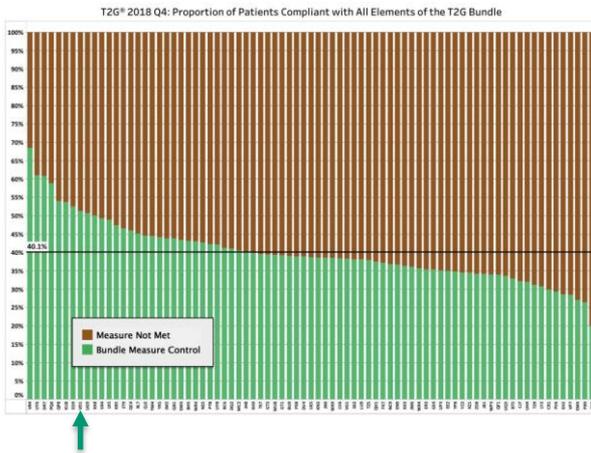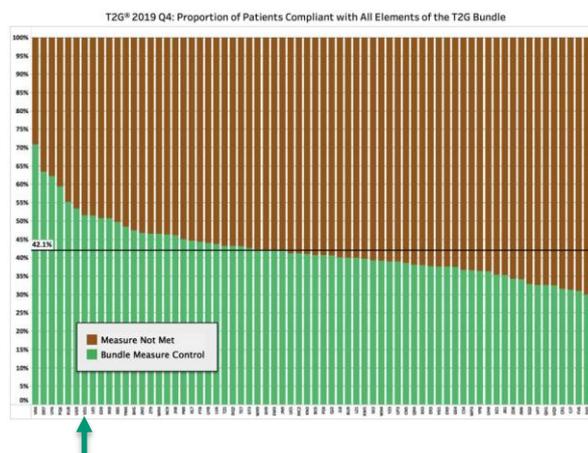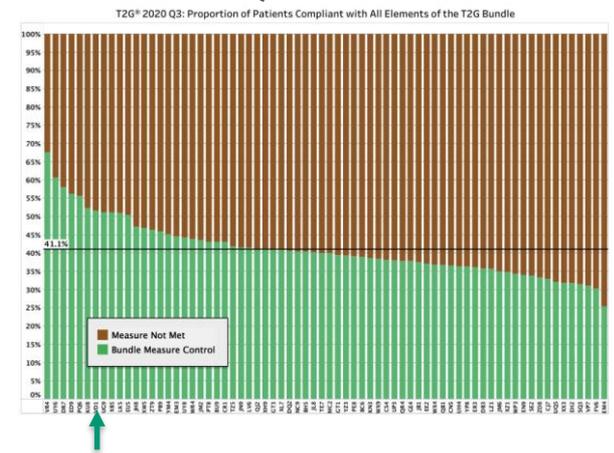
Questions?

Final T2G webinar!

- **Date/Time**: March 18, 2021 from 2-3 pm Eastern

- **Topic**: Celebrating the T2G Campaign
  - Featuring:
    - Campaign highlights
    - 2021 T2G award winners announcement
    - Sneak peak of next AMGA national health campaign

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Questions