The Audacity To Be Bold: Addressing Diabetes in the Homeless Population

Tuesday, October 23, 2018
1:00-2:00 pm Central
Poll Questions
• The Audacity To Be Bold

Presenters:
Karen McGlinn, CEO
Mary Ann Huntsman, PharmD, CQIO
Anna Tiongco, Quality Manager
We are servants who provide care and assistance to those in need and act as advocates for systemic change.

**OUR Mission**

**OUR Values**

- Dignity
- Service
- Excellence
- Justice

**FOUNDED ON Justice**

SOS was founded with the purpose to advocate for change in the structures and systems that unjustly affect the vulnerable.
SOS Health Center Sites:

NEWPORT BEACH
Medical Health Centers
SOS Children & Family Health Center
Dental Health Center
SOS Beauchamp Children & Family Dental Center
Behavioral Health
SOS Children & Family Health Center
SOS Center for Health & Innovation

COSTA MESA
Medical Health Center
SOS Community Health Center
SOS Harbor Health Center
Dental Health Center
SOS Community Health Center
Behavioral Health
SOS Community Health Center
SOS Harbor Health Center
Social Services
SOS Community Health Center
Center of Care for the Homeless
SOS Community Health Center
Pharmacy
SOS Community Health Center

SANTA ANA
Medical Health Centers
SOS – El Sol Wellness Center
Behavioral Health
SOS – El Sol Wellness Center
Pharmacy & Social Services
SOS – El Sol Wellness Center

LAKE FOREST
Medical Health Center
SOS & PEACE Center Health Clinic

Mission: We are servants who provide care and assistance to those in need and act as advocates for systemic change.
## 6 MONTHS AT SOS

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Count</th>
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<tbody>
<tr>
<td>We provided Bags of Groceries</td>
<td><strong>25,408</strong></td>
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<tr>
<td>We had Financial Aid Visits</td>
<td><strong>3,110</strong></td>
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<td>We cared for Medical Clinic Patients</td>
<td><strong>20,409</strong></td>
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<td>We cared for Dental Patients</td>
<td><strong>7,884</strong></td>
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<tr>
<td>We dispensed Prescriptions</td>
<td><strong>16,900</strong></td>
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<tr>
<td>We had Behavioral Health Visits</td>
<td><strong>2,360</strong></td>
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<tr>
<td>We provided services for Homeless Individuals</td>
<td><strong>1,442</strong></td>
</tr>
<tr>
<td>We had Case Management Appointments</td>
<td><strong>465</strong></td>
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Center of Care for the Homeless:

SOS stabilized care for 1,760 homeless clinic patients in 2017

https://www.youtube.com/watch?v=gsGmeQ5_Eio&feature=youtu.be
Operational Site Visit Summary
Operational Site Visit

➢ Evaluate our compliance with statutory and regulatory requirements of the Health Center Program
➢ Reviewed Governance, Clinical, Financial, and Management/Administration
➢ Performance Analysis – Focus on Diabetes Improvement
➢ Promising Practice
➢ Outcome: 100% Compliance to new compliance manual
Performance Analysis to Ensure Equity in our Diabetic Population
Uncontrolled Diabetes Universal vs. Homeless

**TOTAL POPULATION** | **HOMELESS**
---|---
Total patients ages 18-75 with Type I or Type II Diabetes | 1059 | 107
Patients with HbA1c < 8 % | 445 | 41
Patients with HbA1c >9% | 185 | 14
Patients with unknown HbA1c | 319 | 38
**TOTAL UNCONTROLLED DIABETICS** | **504 (48%)** | **52 (49%)**
Patients Diagnosed with Diabetes

Homeless Diabetic Population

Total patients ages 18-75 with Type I or Type II Diabetes

- 91% NONHOMELESS
- 9% HOMELESS

% of Uncontrolled Diabetic Patients

TOTAL UNCONTROLLED DIABETICS

- 91% NONHOMELESS
- 9% HOMELESS

* Uncontrolled Diabetes = A1C >9 or an unknown A1C
SOS Clinical Care Activities for Diabetic Patients

Primary Care Services for Diabetes Management

- In-house Dental
- Managed Care Diabetes Program
- Population Health
- CQI Committees
- Social Service
- Pharmacy Services
- Medication Therapy Management
Performance Analysis
Root Cause Analysis Session Preparation

- Medical Provider
- Nurse
- Dental Provider
- Homeless Specialist
- Behavioral Health Specialist
- Clinical Pharmacist/Certified Diabetic Educator
- Health Educator
- EHR Specialist
- Social Service Director
- Quality Manager
• LEAN Tools for Quality Improvement

➢ A3
➢ Root Cause Analysis
➢ Fishbone Diagram
➢ PDSA Cycles
➢ Run Charts
**Tools Used**

## A3 Approach

<table>
<thead>
<tr>
<th>A3 No. and Name</th>
<th>Team members (name &amp; role)</th>
<th>Stakeholders (name &amp; role)</th>
<th>Department</th>
<th>Organisation objective</th>
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<tr>
<td>Team Leader (name &amp; phone ext)</td>
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1. **Clarify the problem**
   - 
   - Problem statement:

2. **Breakdown the problem**

3. **Set the Target**
   - 1
   - 2

4. **Analyse the Root Cause**

5. **Develop Countermeasures**
   - Countermeasure
   - Impact on target
   - 1
   - 2

6. **Implement Countermeasure**

7. **Monitor Results & Process**

8. **Standardise & Share Success**
Background:

Diabetes is reported to be one of the most complex, chronic illness that requires continuous medical treatment along with multifactorial risk-reduction strategies beyond glycemic control (ADA, 2018). In 2017, the Center for Disease Control reports that about 30.3 million people have diabetes in the United States and 23.1 million or 76% of patients with diabetes are properly diagnosed. Unfortunately, about 7.2 million or 24% diabetics in the US remain undiagnosed. Common risk factors for diabetes include: smoking, obesity, sedentary lifestyle, high blood pressure, and high cholesterol level. For these reasons, CDC reports that diabetes is the seventh leading cause of death in United States in 2015.

In 2017, Share Our Selves provided services to a total of 15,549 patients. About 1,609 (10%) of those patients that are between the age of 18-75 are diagnosed with diabetes. Unfortunately, about 576 (36%) of those diabetic patients are uncontrolled or who have HbA1c of >9% or have unknown A1C. As part of SOS’ quality improvement program, the organization continues to provide evidence-based treatments to patients with diabetes as well as adherence to best practices.
• A3: Root Cause Analysis (Fishbone Diagram)
# PDSA Study

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<th>PLAN</th>
<th>DO</th>
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<td>Provider to complete diabetic patient’s care plan every follow-up visits</td>
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<td>Provider utilizes i2i recall list to identify patients with no A1c within the last 3 months</td>
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<td>Non-compliant diabetic patients are referred to MTM</td>
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<td>Health educator conducts nutrition and fitness classes for patient with HbA1c &gt;9% including group visits</td>
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<td>For diabetic patients with transportation issues, taxi voucher/ bus passes/ gas cards will be provided. Homeless Specialist to provide transportation as well if necessary</td>
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<td>Look into possible implementation of telemedicine</td>
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<td>Provide in-house A1C testing &amp; BMI machine</td>
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<td>Continue Implementation of Care Plan for Diabetic Patients</td>
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<td>Increase MTM Referrals</td>
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<td>Increase available in-house educational resources for diabetic patients</td>
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<td>Increase utilization of system or technology available</td>
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<td>Provide other resources for diabetic patients such as transportation</td>
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Performance Improvement Action Items

**In- house HbA1c testing on all sites**
- Informed staff of need for in-house A1c testing
- Establishing workflow
- Go Live in October 2018

**Utilize i2i to understand diabetic population**
- Gathered input from all sites
- Assessed daily huddles to incorporate i2i reports to identify quality care gaps
- Modify current state and optimize reporting
Lessons Learned:

- Prepare! Prepare! Prepare!
- Team-based Approach
- Use Process Improvement Tools (PDSA, Fishbone, etc.)
- Be receptive to suggestions/recommendations from subject matter experts
- Action! Action! Action!
Questions?

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