Innovative strategies for reducing the burden of diabetes and cardiovascular disease: Lessons learned from the Crescent City Beacon Community (CCBC) Initiative

Heather Farb, MPH, Alexandra Priebe, PhD (c), MPH, MA

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OVERVIEW

The Crescent City Beacon Community (CCBC) was one of 17 communities funded by the Office of the National Coordinator for Health Information Technology's (ONC) Beacon Community Cooperative Agreement Program from March 2010 through September 2013. CCBC focused on reducing the burden of diabetes and cardiovascular disease in the Greater New Orleans area by engaging community health centers (CHC) in clinical transformation using a patient-centered medical home model. CCBC partnered with the Primary Care Delivery Corporation (PCDC) to establish a learning community and assign a coach to each community health center. Centers participated in five learning sessions: Risk Stratification of Patients, Population-Based Disease Registries, Care Manager and Care Team Protocols, Clinical Decision Support, and Sustainability and Spread. This program highlighted the important roles that local communities and public health institutes have in working towards the national priority of adoption of health information technology and information exchange to improve delivery of care, coordination of care, and population health management.

METHODS

A mixed methods approach was used to assess the outcomes of the clinical transformation process on clinical services in the community health centers.

- 37 provider interviews
- 19 patient interviews
- Review of program data

This mixed methods evaluation offers valuable insight for public health institutes and public health systems partnerships attempting clinical transformation. Using a thematic analysis, six key domains were identified: Buy-in, change team composition, protected time, sequencing and support, meaningful use, and sustainability.

FINDINGS

⇒ **Effective clinical transformation requires buy-in at all levels.**
Many participating CHCs identified buy-in as a key challenge. Those centers that did not have full buy-in of their leadership and staff did not perform as well during CCBC or did not sustain the interventions as successfully once the program ended.

The support from administration was vital. Having administration believe in what we were doing, trust that it was going to have value, and giving us the opportunity to then demonstrate the value was crucial. (Medical Director)

Our biggest obstacle is getting everybody else on board and educated at the level they need to be at to understand how we want it to move forward and how it can move forward while still taking on our new projects. (Operations Manager)

⇒ **Effective clinical transformation requires a change team that encompasses management and frontline staff, clinical and non-clinical members.**
Centers that had a diverse mix of invested participants on the change team ensured that CCBC interventions could actually be put into practice.

We [tried] to have a diverse group of people to hammer out some of these things, including people from the IT department, medical assistants, physicians, office managers, middle level people, so we could know… what is everyone capable of doing? Who is the best person [to do that]? (Medical Director)

⇒ **Effective clinical transformation requires that change teams are afforded protected time to engage the process.**
Nearly every CHC struggled to find protected time to focus on planning and implementation. In order to sustain the work completed under CCBC, some centers have continued utilizing their protected time.

A lot of the challenge was not having the time to meet with staff to really go into the deep dive education on these changes, to make sure it got into the work flow properly. (Quality Improvement Manager)

FINDINGS

⇒ **Effective clinical transformation requires a sequencing of interventions and support in implementing them.**
Foundations of care management and quality improvement infrastructure needed to be in place to support the implementation of disease registries, risk stratification and clinical decision making. Change teams participated in a learning collaborative and worked regularly with a PCDC practice coach to implement the interventions.

It's definitely been a good learning experience- just really having [a practice coach] to challenge the way you think and help to see how you can affect the care of the patients outside of what [practices] you [normally] use. (Operations Manager)

⇒ **Effective clinical transformation requires meaningful use of data to drive continuous quality improvement.**
Most CHC struggled to record chronic care management within their EMR and did not initially trust their data. In order to sustain intervention and QI activities, some CHC included CCBC quality indicators into staff performance reviews.

It's just been a learning thing about trying to get providers to be more numbers-driven and more responsive to these interventions, or buying into it. I think it's been really helpful to help us start that change in focus to outcome-based practice. Saying 'Look, this is what's happening with your numbers - You've got to do something different.' (Medical Director)

⇒ **Effective clinical transformation requires building in sustainability.**
Centers that took steps to fully integrate their CCBC work into their structure and workflow were better able to sustain the interventions and workflow changes.

What I think we have figured out is that we have had to prioritize some changes that we think are more important than some of the others, and focus on getting those institutionalized. Because once it's just the way it's done, nobody thinks about it... You just have to do it. (Medical Director)