

## DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT RESEARCH STUDY & QUALITY IMPROVEMENT OPPORTUNITY

*Using Practice Facilitation and Operationalizing Referral Information Technology (UP FOR IT) to Increase DSMES Utilization*

---

### WHAT IS THIS OPPORTUNITY?

Researchers at the University of Kentucky are inviting healthcare organizations within the state of Kentucky to take part in a learning collaborative focused on improving referrals to diabetes self-management education and support (DSMES) services. The learning collaborative is a 9-month process by which healthcare organizations come together to learn from one another and from experts in the field then undertake small tests of change to reach self-identified objectives within their own organization. The goals of this collaborative are to increase patients referrals to DSMES services by improving processes to identify patients who are eligible for DSMES, simplify the referral mechanism, increase knowledge of DSMES among providers, and increase confidence and skills in referring eligible patients to DSMES. The Up for IT DSMES Collaborative will begin the pre-work phase in April, 2023 and will extend through March, 2024 with a Post-Collaborative data collection period through September, 2024.

---

### WHY PARTICIPATE IN THIS OPPORTUNITY?

The burden of diabetes is disproportionately high in Kentucky. Diabetes prevalence in Kentucky is nearly 25% higher than the national average (13.3% in KY vs. 10.8% in US), and diabetes-related mortality is the 4th highest in the nation. Within Kentucky, rural areas face an even higher burden of diabetes and its related complications, and in Appalachia, the prevalence of diabetes exceeds 20% of the adult population.

DSMES is an evidence-based program that teaches people living with diabetes how to effectively manage their disease. Patients participating in DSMES programs have better outcomes: glycemic control, increased medication adherence, and reduced diabetes-related complications. Providers and organizations participating in DSMES benefit from reduced utilization: lower healthcare costs, increase medication adherence, and decreased spending on inpatient care. DSMES is included in the American Diabetes Association's *Standards of Medical Care in Diabetes* current clinical practice guidelines. Despite this evidence, DSMES is strikingly underutilized, with fewer than 10% of eligible patients receiving this helpful service due to patient-, clinician-, and health system-level barriers that include low clinician awareness and lack of integrated referral processes between clinics and community-based DSMES programs.

In Partnership with The National Institute for Health (NIH), the DSMES "UP FOR IT" Learning Collaborative is seeking to test innovative and pragmatic approaches to facilitate greater use of DSMES through the implementation of health information technology, including automated patient identification and bi-directional secure messaging between clinicians and DSMES providers (CareAlign or Other DSM platforms), and using practice facilitation to address referral barriers and increase clinician awareness and motivation. The University of Kentucky and the UK Healthcare Department of Family Medicine have partnered with KDPH (statewide DSMES provider), Kentucky Regional Extension Center (KY-REC, practice facilitation partner), and Kentucky Health Information Exchange (health information technology (HIT) partner) in this effort.

# DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT RESEARCH STUDY & QUALITY IMPROVEMENT OPPORTUNITY

*Using Practice Facilitation and Operationalizing Referral Information Technology (UP FOR IT) to Increase DSMES Utilization*

The University of Kentucky, through the DSMES “UP FOR IT” Collaborative, will provide practice payments to offset costs associated with participation in terms of time, administrative support, data collection/reporting, provider/staff training up to \$12,000 for practice participation in the learning collaborative. The “UP FOR IT” Leadership team will provide evidence-based information on the subject matter, advisory support in the application of that subject matter, and methods for process improvement, both during and between Learning Sessions, and gather data on Collaborative Progress and report to the National Institute of Health (NIH).

Kentucky REC will conduct monthly technical assistance in the form of advisory meetings with quality improvement teams; provide assistance in the performance of data validation and collaborative pre-work and learning session assignments, provide education and expertise in implementation of electronic bi-directional referrals for DSMES within both Collaborative Participant and Study Control Locations, and partner in the development of quality improvement processes for Collaborative Participants.

---

## PARTICIPATING HEALTHCARE ORGANIZATION EXPECTATIONS

Organizations will be prepared to provide their staff with the time, flexibility, support, and resources to accomplish the goals of the collaborative. More specifically, these organizations will:

1. Agree to ensure Collaborative Participant members participate in collaborative activities over the period of April 2023-September 2024.
  - Each learning collaborative member is expected to actively participate in learning collaborative sessions (LS1, LS2, LS3), monthly Technical Assistance (TA) calls and educational webinars.
2. Assemble a multi-disciplinary internal healthcare improvement team to participate in learning collaborative activities and in the clinical improvement interventions.
3. Provide a physician and/or senior leader to sponsor and actively support the team; and champion the spread of improvements within their facility.
4. Ensure Collaborative Participant and Study Control clinics within the organization submit required monthly data elements via Microsoft Teams and use data to measure progress.
  - Required Data Elements:
    - i. Monthly data for Core & Monitored Measures i.e. *NQF 59, DSMES Referral Rates, DSMES Completion Rates* (Collaborative and Control Study Participants)
    - ii. Baseline data or Core & Monitored Measures including Patient Demographic information to prepare for data validation and pre-work activities. (Collaborative and Control Study Participants)
    - iii. PDSA tracking, and progress self-assessments (Collaborative Participants ONLY)

---

## APPLICATION, RECRUITMENT & SELECTION PROCESS

Two healthcare organizations will be selected to participate in this Collaborative. Selection will be based, in part, on the capacity and ability of the organization to rapidly address quality improvement around DSMES referrals, and accessibility and availability of DSMES resources. Applications will be supplied by the “UP FOR IT” Leadership Team to interested healthcare organizations and are **due by 12pm EDT on Friday March 17<sup>th</sup>, 2023**. Applications will be submitted electronically to the collaborative director and reviewed by the Leadership Team. Notification of selection will be announced no later than March, 24, 2023. To request an application or request assistance in completing, please contact Jessica Elliott: [jeelli2@uky.edu](mailto:jeelli2@uky.edu).

*Expectations will be formalized in a contract between the UK/KYREC & the specific health care system. Participating health care systems will be provided technical assistance by members of the partnership team as needs and challenges in implementing the evidence-based interventions are identified throughout the process.*