

# AAFP PARTNER SUMMIT

## RECENT AAFP DIABETES CARE ACTIVITIES

| PROGRAMS AND PROJECTS   | DESCRIPTION   |
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| Health of the Public (HOPS)<br>AAFP <i>Office Champions Quality Improvement Model</i> (Available for support in diabetes)   | The AAFP <i>Office Champions Quality Improvement</i> model is a new web-based model, which takes practice teams through PDSA cycles step by step, and provides tools and resources specific for improving diabetes outcomes. The model offers a data collection tool, nationally-accepted performance measures, evidence-based intervention options, and a resource library. Currently activated for Immunizations, this new online tool is available for support in diabetes.  |
| Health of the Public (HOPS)<br>AAFP.org Diabetes Web Page   | The diabetes web page includes a variety of resources to help family physicians with prevention, screening, treatment, management, and counseling of their patients. The resources listed include clinical practice guidelines, clinical preventive service recommendations, continuing medical education (CME) courses, and journal articles.<br><a href="http://www.aafp.org/patient-care/public-health/diabetes.html">http://www.aafp.org/patient-care/public-health/diabetes.html</a> (website live on April 21)  |
| AAFP Foundation video and resources for patients and physicians, <i>Highlight on Diabetes</i> (Funded by Sanofi)  | A 2-minute video developed to promote the <i>Highlight on Diabetes</i> program and offerings during or before a chapter meeting. Resources that contain tips and information on diet and exercise for patients, a listing of online resources for patients and family members who want more information about diabetes in general, health and wellness, and self-monitoring of blood glucose, and a guide to online resources relevant for family physicians.   |
| Continuing Medical Education (CME) (ongoing live and enduring) (Funders included GlaxoSmithKline and Novo Nordisk Inc. along with AAFP-produced activities)               | Selected courses presented at Family Medicine Experience (FMX) have included: Type 2 Diabetes: Medication Management & Patient-Centered Lifestyle Modification (also presented at 10 Chapter Lecture Series); Diabetes Update 2016: What's New in an Old Disease; and Diabetes Complications Assessment, Recognition, Prevention and Treatment.<br>Selected Live National courses have included: Diabetes: Pre-gestational and Gestational; Diabetes Updates; and Diabetes – Next Steps. Selected self-study National courses have included: Diabetes Updates; and Diabetes Mellitus Screening and Management.<br>Selected live courses presented at Family Medicine Board Review Express have included: Diabetes Complications; and Diabetes Mellitus, Type 2.     |
| Division of Practice Advancement/Continuing Medical Education (CME)<br><i>@PointofCare Diabetes: A Focus on MACRA and Physician Practice Management</i> (Funded by Merck) | This MACRA educational initiative will be designed to streamline and provide concise and efficient tools and resources to support a learner's transition into the new CMS requirements, with a focus on implementation through case-based learning.<br>This activity, developed and implemented in collaboration with Projects in Knowledge, will be online on the AAFP website and @PointofCare. The @Point of Care Cognitive Decision Support platform is a mobile/web CME decision-making platform designed to simplify assessment, and improve clinician knowledge and competence by offering comprehensive customized educational content intended to support change in practice management and provide answers to clinicians' questions at the point of care. |
| HealthLandscape Geospatial Research Brief, <i>Where are 'bright spots' for appropriate Diabetes Preventive Care?</i>  | This research brief uses a geospatial analytic approach to identify regions that are appropriate diabetes preventive care "bright spots." This analysis can assist researchers and policy makers in identifying successful strategies for producing higher rates of preventive care. The brief can be found at<br><a href="http://www.healthlandscape.org/Bright_Spots_Appropriate_Diabetes_Preventive_Care.pdf">http://www.healthlandscape.org/Bright_Spots_Appropriate_Diabetes_Preventive_Care.pdf</a>   |

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| <p>HealthLandscape Population Health Mapper</p>  | <p>Place matters to personal and population health. The social determinants of health have begun to shape public health and policy interventions. Neighborhood socioeconomic and demographic characteristics play significant roles in influencing health outcomes. People coming from economically disadvantaged neighborhoods and minority groups are at higher risk for a number of health conditions, particularly chronic conditions such as diabetes. The continued realization that place matters has led to the emergence of the field of population health, which includes health determinants, health outcomes, and links between the two. The Centers for Disease Control and Prevention (CDC) created a resource guide of the most frequently recommended health outcomes and determinants, the Community Health Assessment for Population Health Improvement. The Population Health Mapper includes the majority of the Health Outcome and Health Determinant Metrics identified in the report at the county level. For more information, visit <a href="http://www.healthlandscape.org/populationhealth">http://www.healthlandscape.org/populationhealth</a></p>  |
| <p>National Research Network <i>Peers for Progress</i> (Funded by Bristol-Myers Squibb Foundation)</p> | <p><i>Peers for Progress</i> was a study performed by the American Academy of Family Physicians National Research Network (AAFP NRN) on diabetes management. The purpose of the study was to evaluate the impact of a peer support program on the health outcomes of patients already receiving well-organized, comprehensive diabetes care. The study aimed to evaluate the effectiveness, reach, and costs of a peer-led diabetes intervention in a population of insured, mixed racial, middle-class patients with poorly controlled diabetes. The study was carried out using a mixed-methods, nonrandomized design comparing outcomes between an intervention and control group of patients. The intervention involved the addition of a peer mentor program comprised of a small group and one-on-one mentoring. Data was collected from patients in 15 practices for health outcomes and self-management behaviors. Qualitative data was derived from survey questions and key informant interviews.</p> <p>While health indicators (weight loss, blood pressure, lipids) were improved in both the control and intervention groups after six months, hemoglobin A1C levels decreased at a slightly faster rate in the intervention group. This group also had improvements in self-management behaviors (e.g. blood sugar monitoring, adherence to medication, healthy eating and physical activity) compared to the control group. Interviewed participants also reported reduced feelings of social isolation and impacts on health behaviors of family members following the intervention. While the addition of peer mentoring to an already well-organized comprehensive diabetes program did not improve health outcomes, the results suggest the potential to affect change in participant families. Future practice-based research may provide insight into potential strategies for improving health outcomes for patients and their immediate communities. Additional information can be found here: <a href="http://www.aafp.org/patient-care/nrn/studies/all/peers.html">http://www.aafp.org/patient-care/nrn/studies/all/peers.html</a>.</p> |
| <p>Health of the Public (HOPS) <i>Cities for Life</i> (Funded by Sanofi US)</p>                        | <p><i>Cities for Life</i> demonstration project was developed and implemented in Birmingham, AL in 2011-2013. The main goal of the <i>Cities for Life (CfL)</i> project was to help community groups and primary care providers create an environment that facilitates and encourages healthy lifestyles and diabetes prevention and self-management.</p> <p><i>Cities for Life</i> has emphasized the role of the primary care physician in diabetes management and prevention. Thus, it has focused on identifying patients through their primary care physicians as well as in promoting broad understanding of the importance of regular primary care for chronic diseases like diabetes.</p> <p><i>Cities for Life</i> in Birmingham has been remarkably successful in engaging primary care physicians and their patients with diabetes and, with the critical contributions provided by patient navigators, connecting them with a large number of community resources to encourage diabetes management in the day-to-day, 24/7 contexts in which it must take place. Several of <i>Cities for Life</i> main achievements are significant improvements in patients' glycemic control and level of self-efficacy as well as uniformly high level of satisfaction with the program among all stakeholders.</p>   |

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|   | <p><i>Cities for Life</i> was able to increase diabetes awareness and improve perceptions around diabetes management through its community and public relations efforts and reach more than 38 million individuals through print, broadcast, radio and online outlets including coverage on <i>Atlantic Cities</i>, <i>The Birmingham Business Journal</i>, <i>The Birmingham Times</i>, AL.com, and local FOX, NBC and CBS television stations. Throughout the duration of the program, <i>Cities for Life</i> participated in 39 events and speaking engagements, distributed more than 15,000 pieces of collateral materials and reached a total of approximately 25,000 people.</p> <p>Overall, the project successfully reached all its stated goals and seemed for the short time it was in the community to be well appreciated by patients, navigators, participating practices and community members. The patient navigation model showed promise in linking primary care providers and community resources for promoting lifestyle changes for people living with or who are at risk for type 2 diabetes.</p> <p><i>Cities for Life</i> is made possible with support from Sanofi US. The AAFP NRN project team thanks all participants of this project and the City of Birmingham and its citizens. We would like to acknowledge the UAB-DFCM, UAB-HS and the YMCA of Greater Birmingham for providing essential expertise, staff and support.</p> |
| <p><i>American Family Physician (AFP)</i> and <i>Family Practice Management (FPM)</i> diabetes care content</p> | <p>Selected articles such as the <i>AFP</i> article, “Diabetes Mellitus: Screening and Diagnosis” can be found at <a href="http://www.aafp.org/afp/2016/0115/p103.html">http://www.aafp.org/afp/2016/0115/p103.html</a>; “ADA Updates Standards of Medical Care for Patients with Diabetes Mellitus” at <a href="http://www.aafp.org/afp/2017/0101/p40.html">http://www.aafp.org/afp/2017/0101/p40.html</a>; and “Individualizing Target Goals and Treatment in Patients with Type 2 Diabetes” can be found at <a href="http://www.aafp.org/afp/2015/0601/p788.html">http://www.aafp.org/afp/2015/0601/p788.html</a>.</p> <p><i>FPM</i> articles include “Coding &amp; Documentation” can be found at <a href="http://www.aafp.org/fpm/2017/0300/p36.html">http://www.aafp.org/fpm/2017/0300/p36.html</a> and “Using Motivational Interviewing to Promote Healthy Weight” can be found at <a href="http://www.aafp.org/fpm/2016/0900/p32.html">http://www.aafp.org/fpm/2016/0900/p32.html</a>.</p>  |