

## **Problem Statement and Underlying Causes**

In Riverside, nearly one out of five people live in poverty, and one out of thirteen have diabetes, both of which are higher than the state averages of one out of six and one out of fourteen, respective. (City-Data). Diabetes continues to be an increasing cause of death in Riverside, (CDC, 2014) and poverty can limit the quality of care diabetics receive, including barriers to education and exercise.

## **Project Description**

A subset of Riverside Family Physicians' Diabetic Population was identified using our EMR system, then encouraged to enroll in exercise and/or nutrition classes funded by a grant. Classes initially focused on closely managed and directed care by a provider. After several months, a shift in strategy was recommended and the Stanford Diabetes Self-Management was then utilized. Outcomes were measured utilizing EMR data and patient learning outcome surveys.

## **Goal and Objectives**

**Goal:** To study and better understand cost-effective interventions leading to improved outcomes for a subgroup of RFP diabetics from May 2014 to May 2015.

**Output-oriented Objective:** Utilizing information from health plans, to construct a cohort of RFP's "underserved" low income diabetic population.

**Outcome-oriented Objective:** An initial cohort of 227 members was selected and put into a patient registry.

**Output-oriented Objective:** To monitor and evaluate clinical data utilizing EMR data from May 2014 to May 2015 for 100% of the cohort.

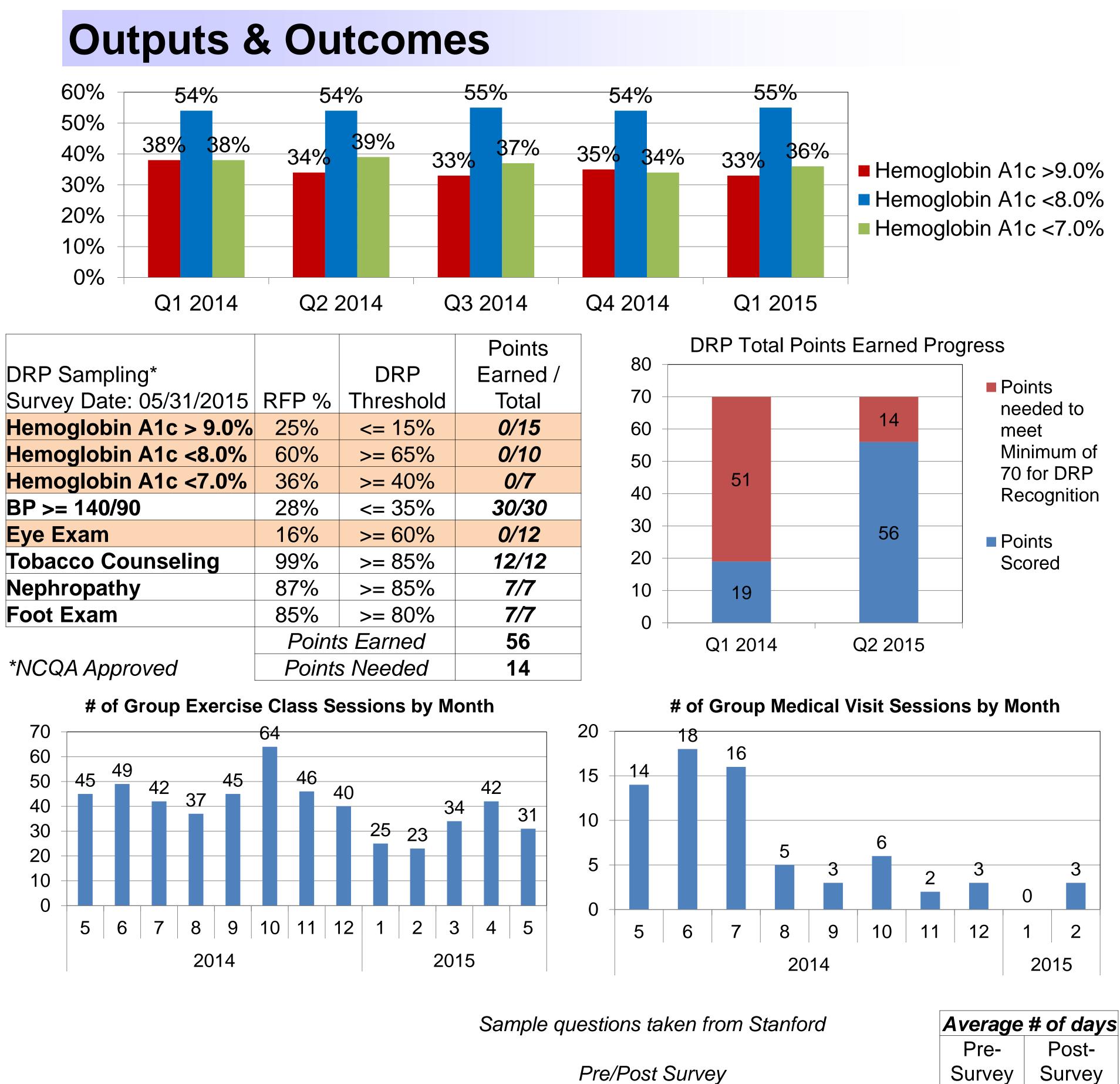
**Outcome-oriented Objective:** NCQA DRP 2015 metrics were chosen to measure progress of the cohort.

**Output-oriented Objective:** To identify exercise and nutrition classes that would help change participants behavior.

**Outcome-oriented Objective:** Analyzing the number of participants in exercise and nutrition classes, as well as the total costs involved.

# **California Health Improvement Project (CHIP) Diabetes Care Program**

### Tarek Mahdi, MD, CMD, FAAFP Riverside Family Physicians, Riverside



Grant Amount
\$31,900
227
18 months
\$ 7.02
\$9.17

Sample questions taken nom Stamord		# UI Uays
	Pre-	Post-
Pre/Post Survey	Survey	Survey
In the last week, how many days did you eat five or more servings of fruits or vegetables?	1.8	5.3
In the last week, how many days did you exercise for at least 30 minutes?	2.5	3.9
In the last week, how many days did you test your blood sugar?	° 3.6	5.4
In the last week, how many days did you take your diabetes medication as ordered by your doctor?	3.7	4.7
In the last week, how many days did you check your feet?	2.0	3.9

### **Outcomes Achieved**

- Improved Diabetic wellness (as measured through Stanford model, NCQA DRP).
- Increased collaboration between patients, practice, health plans and specialists.
- Diabetes care became a central focus for the practice.
- Stanford Diabetic Model is potential way of measuring diabetic wellness by assessing their knowledge and correlating it to their lab results.
- Acquired a full time Statistician.
- Renewed grant funding for further two years.
- RFP spent an average of \$7.02 PMPM to enroll in the program, but had budgeted approximately \$9.17 PMPM. With better enrollment, future costs PMPM will decrease
- Embarking on the task of population management in a group practice.
- Multiple staff developing self-sustaining model for diabetic programs in the future.

### **Excerpts from Participants' Letters**

- relaxation techniques."
- days exercise a week."
- make me go to sleep."
- regain control of my blood sugar."

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## **About My Organization**

Riverside Family Physicians is dedicated to providing personalized, exceptional patient-centered primary health care and health awareness services promoting access, treatment, education and prevention to help people achieve and maintain health lives and restore wellness to maximum levels. RFP is committed to creating a learning environment for all staff. RFP is a leading health care provider and employer recognized for quality customer service, clinical excellence, comprehensive care, and responsiveness to community needs. RFP manages a very diverse group of patients. By payor type, RFP sees Medi-Cal, Medi-Cal managed care, Medicare, PPO/FFS, and traditional HMO managed care patients.

# **Contact Me**

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• *"We have learned so much about managing diabetes – from nutrition to* 

"Learning the [appropriate] combination of protein, carbohydrates and fat has been very helpful. The stress management portion is also useful. I learned a lot doing action plans, with my monitoring as well as adding a minimum three

*"I learned how many grams to eat with each meal. I learned what the numbers"* are suppose[d] to be on the glucometer before and after you eat. I learned some of the causes of what will make your [blood] sugars go up. I learned that you need to get a foot checkup yearly. I learned breathing exercises that

"Over the last six weeks I have been reminded of the actions that I have to take to control my diabetes that I had seemed to lose contact with. I have learned that I must watch my food intake and reduce the servings size to

### Learned

dentification and utilization of community es may be a way of encouraging member ent and retention.

ing self-management and placing the burden of sibility upon the participant is a more coste way of sustaining a diabetes program.

ifficult to enroll and retain patients throughout gram's duration.

ngagement resulted in achieving higher levels vation, involvement, higher self-esteem among staff, and greater confidence.



To learn more about CHCF go to: http://futurehealth.ucsf.edu/