

Diabetes Center Advisory Board Survey Responses

1. Please offer thoughts on how the Diabetes Center can collaborate, offer expertise and provide benefit to our local community.

-As staffing vacancies are filled, provide education sessions at our other health centers.

-higher visibility: sharing success stories/advertising. Consider more presence in our practices-for example group visits/education in physician practices.

-advertise with primary care offices, talk to providers about referrals, health fairs, offer education for school nurses at CME events

-Diabetes Prevention Programs

-continuing education programs for providers/other health care professionals. Collaborate to do programs with endo and inpatient diabetes team. Showcase our expertise

-News clips/reach out to local news station. Let the community know more about what's new in diabetes technology/tools/etc.

-You tube videos/sponsored by us? Stories? Education tidbits?

-FAQ resource on our intranet that anyone can access

-Provide educational chats at different forums/afterhours/collaborate on weight management presentations throughout our network

-Increase awareness through social media and network publications

-Lunch and learns, workshops, partnering with the colleges in the area, planning full conferences in conjunction with other organizations if necessary

-Target interest groups which would be receptive to our expertise. ADA/JDRF for example

-Offer diabetes education services at other locations to align with practice locations. Consider virtual diabetes education visits.

-Provide services at satellite locations in outlying areas.

2. Please comment on specific areas of need in our community:

a. Patient transitions from inpatient care to outpatient care

-Transition of care clinic for DM education is needed

-Easier process to schedule appointments as part of discharge planning

-Reduce duplication of assessments done in hospital/then again in outpatient before enrolling in classes (some persons have comprehensive assessment done twice).

-Referrals to diabetes education if hospitalized for hyperglycemia and SEEN WITHIN 48 hours; patients are motivated immediately post hospitalization. We should have one educator with a FLEXIBLE schedule to see these patients.

-Supporting outpatient practices with patient and provider education in order to ensure folks have adequate knowledge and tools for optimal DM management

-Database of patients

-There is a lack of understanding with the public and outpatient providers of the difference in goals in-patient vs out-patient. Glycemic goals and the approach to achieve the goals will be different between the 2 areas.

-Improve home support

-Planning session between inpatient educators and outpatient educators to look at transition.

-This is important to have follow up on new DM to be sure medication, training and MD follow up has occurred.

b. Development of community programming and support services

-Create rotating support classes for providers in the Network

-Support programs for young adults (issues relevant to this age group)

-Diabetes Prevention Programs

-More advertising of current support groups (i.e. local newspaper calendars)

-Group education marketed to assisted livings/adult communities(onsite education)

-Training program for paraprofessionals to assist with current and new programs

-Expand the area in which community programs are offered

-Develop a "Let's Get Healthy" community program

-Develop a general community training program re: s/s of DM similar to FAST for stroke

c. Outreach activities and educational offerings to our Hispanic population

-Partner with other organizations to provide community programs

-Hispanic meal planning tools

-Hire Spanish speaking educator

-Improve educational services for Spanish speaking Type 1 DM patients

-Develop a quarterly newsletter that provides education and seasonal recipes for ethnic dishes

-DM programs specific to any food culture are always beneficial

d. Outreach activities to the underserved in our community

-Free programs/events in downtown areas/churches/food banks/recreation center etc

-Some of our sites are in communities that are underserved and need support in managing their patients

-Train community workers/peer counselors/paraprofessionals to support community programs

-Include underserved populations in the planning of offerings. Programs need to be educational, but also culturally appropriate

-Integrate CDE into CCT team

-Partner with Street Medicine Team and parish nurses in the community

-DM screening and then provide “next steps” for this population knowing that access and medical/drug management have more challenges

3. Please offer thoughts on how our services can be more appealing or available to the large population of persons living with diabetes in our community.

-Build on DM2 initiative with Internal and Family Medicine divisions; based on feedback, create educational sessions to support specific needs

-Easier access. Help patients to get the orders from providers needed for insurance reasons.

-Evening/weekend hours

-Interactive classes-cooking/exercise

-More cost effective/onsite education

-Creating branch sites is a great way to expand the reach to the community

-Perhaps the cost for services needs to decrease which may increase more participation by individuals with diabetes. How can we provide these services at reduced or no cost to patients?

-Empower the community with knowledge and allow them to teach and engage others

-Improve accessibility/vary times and locations of services

-Make a presence at local community street fairs providing education and free blood glucose screenings

-Advertising

4. Please offer thoughts on how our services can better support physician practices (both PCP and Specialty) in our network.

-Create e-consult services to include CDEs

-Provide education to PCP offices on how to reinforce education received

-Provide training to clinical staff (in offices). This will often increase referrals/attendance

-Group sessions/CDEs in offices

-Meet with PCP providers to ask what their barriers are to referring, find out how you can help. Assess if they really understand what DSMES can do to help them, not just the patients.

-Foster relationships with providers and staff of practices within the network, direct phone numbers to contact you.

-Coordinate educational sessions for providers on DM management

-Access to medicine and supplies are always a concern. What can be done? Programs/donations to help?

-Be a resource to educate the educators.

-Encourage PCP educator champions to email diabetes program providers with questions re: education, etc.

-Address billing for virtual visits

-Empower CDEs to make their own assessment and make recommendations to providers based on their clinical assessment when appropriate.

-Provide physician CEUs on topics from the RDs

Thank you for your time! We will share results with the group in a timely manner!

**Diabetes Center Advisory Board Survey
Summary of Results
From: Quality Coordinator for Diabetes Center**

Please see document **Diabetes Center Advisory Board Survey** for a summary of members comments to questions asked in the survey. If comments from members were similar I did not repeat a specific comment. Below is an overall summary of how we would like to respond to the various comments, and what we would like to focus on in the upcoming year. Please also see our **2019 CQI plan** highlighting one education point (physical activity) and one quality improvement point (capturing data) which we will submit to the American Association of Diabetes Educator as part of our annual report, however all information provided below will be part of our overall plan for our next fiscal year.

1. Please offer thoughts on how Diabetes Center can collaborate, offer expertise, and provide benefit to our local community.

Many advisory board members highlighted the need to provide diabetes education sessions at various health centers/practices in the network. This is something we will be looking at closely in the upcoming year. We were involved in Type 2 DM initiative in which we will be going into the practices to support DM education and care in the practice setting as well as highlight our services and how we can be of assistance to the practices. We are in the active process of creating a branch site at the Community Health and Wellness Center; this is targeted for fall. In addition, branch sites are being explored for 3 other areas. Several members mentioned the need to further advertise our services in the local media and on social media; we will contact Media services to further increase our visibility. Virtual education visits are also being considered; this is being explored as an option however there are some billing concerns which need to be worked through.

2. Please comment on specific areas of need in our community
 - a. Patient transitions from inpatient to outpatient care.

Many advisory board members agreed that this is an area of focus for us. We will plan on working closely with the inpatient diabetes team to ensure smooth and timely transition of patients from the inpatient to outpatient setting.

- b. Development of community programming and support services

We will continue to offer its Type 2 DM, Insulin Pump, and Children's Type 1 support group, as well as expanding support groups to include Type 1 adolescents and adults. We will also participate in community programs as staffing permits.

- c. Outreach activities and educational offerings to our Hispanic population.

The branch site Community Health and Wellness Center will greatly assist Spanish speaking patients with diabetes in our community. This site does include a Spanish speaking CDE.

- d. Outreach activities to the underserved in our community

We will research opportunities to participate in outreach activities in our community. This past year we assisted the **Active Life** senior center with developing a Prediabetes program in their center to be coordinated and delivered by the College Dietetics Internship Program. In addition, many members expressed working with the street medicine team, parish nurses, churches, recreation centers, etc. to reach the underserved in our community. Exploring ways to assist with medication needs is also important for this population.

3. Please offer thoughts on how our services can be more appealing or available to the large population of persons living with diabetes in our community.

Advisory board members suggested continuing to build relationships with our practices and ensuring easier access to care as being the focus of improving our services in our community. In addition, ensuring our providers are aware of what the diabetes center does and how we complement diabetes education provided in the practice settings.

4. Please offer thoughts on how our services can better support physician practices (both PCP and Specialty) in our network.

Advisory board members stressed continued education to support our PCP practices through education programs, e-consult services, and increased CDE presence in the practices.