



## South Dakota Diabetes State Plan Project Charter: Strategy C.5. and C.6. Workgroups 2018

### Purpose

The purpose of the 2018 Workgroup is to collaboratively work together on strategies C.5. and C.6. of the Diabetes State Plan, as well as Category A.1. Strategy of the CDC funded grant, *Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke*.

#### Diabetes State Plan Strategies:

- C.5. Partner with healthcare professionals to increase the incidence of recommended preventive services for patients with diabetes.
- C.6. Support healthcare organizations who wish to become recognized/accredited to deliver the DSME/T program.

#### CDC Grant Strategy:

- A.1. Improve access to and participation in ADA-recognized/AADE-accredited DSMES programs in underserved areas.

#### Project Charter Workgroups:

The work completed for the project charter will be divided into two (2) workgroups that will primarily work separately, but also may work together. The two workgroups will focus on:

- **Provider Referrals/Electronic Medical Records** – Working to increase provider referrals to DSME/T sites and working to establish, review, improve, and/or edit Electronic Medical Records to increase patient participation in DSME/T
- **New DSME/T Sites – Technical Assistance**- Working to network prospective and/or needed DSME/T sites with each other in order to share information and assistance regarding establishing a formal DSME/T site, suitable for reimbursement.

#### I. Workgroup Membership (Provider Referrals/Electronic Medical Records)

The Workgroup shall be comprised of subject matter experts and policy makers from private health care, tribal health, public health, non-profits, and other key stakeholders. Individuals invited to participate on the Summer 2018 Workgroup include, but are not limited to:

Name	Organization	E-mail Address

#### Workgroup Membership (New DSME/T Sites – Technical Assistance)

The Workgroup shall be comprised of subject matter experts and policy makers from private health care, tribal health, public health, non-profits, and other key stakeholders. Individuals invited to participate on the Summer 2018 Workgroup include, but are not limited to:

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**I. Workgroup Structure and Operations**

The South Dakota Diabetes Coalition (SDDC) leadership and coordinators will provide support for the workgroup. All workgroup meetings will be facilitated by teleconference on a monthly or bi-monthly schedule (depending on work completed and needs of the group). An agenda and preparatory materials shall be sent to the workgroup members two - five days prior to the meeting.

**II. Workgroup Activities and Responsibilities**

The following activities will be completed by the Workgroup. These activities are set forth as a guide with the understanding that the Workgroup may diverge from this guide.

**Provider Referrals and Electronic Medical Records**

Activity	Deadline or Timeframe	Completed
Review current process for provider referral to DSME/T for patient with diabetes within healthcare systems and at other participating hospitals and clinics. <ul style="list-style-type: none"> <li>Develop a workflow report for each healthcare system and other participating hospitals and clinics.</li> </ul>	July 1, 2018	
Identify at least 10 provider champions for DSME/T referrals. Interview providers to identify best-practices and referral processes used. <ul style="list-style-type: none"> <li>Develop a detailed report based on findings</li> </ul>	July 10, 2018	
Establish baseline measures for diabetes referrals and create evaluation design to measure impact of workgroup efforts.	July 15, 2018	
Identify barriers in EMR/EHR processes that prevent/hinder DSME/T referrals by providers. If needed, establish individual EMR/EHR teams for each type of EMR/EHR used (Medica, Epic, Aetna, etc. and/or each healthcare system – Avera, Sanford, Regional)	July 15, 2018	
Work with IT staff, DSME/T sites, provider champion, etc. to adapt EMR/EHR programming best practices/available edits to increase DSME/T referrals. If needed, work individually with each system and other participating hospitals/clinics to develop a standardized process throughout by: <ul style="list-style-type: none"> <li>Working with EMR/EHR developers to review processes for referrals and “turn on” DSME/T referrals.</li> <li>Educating providers, nursing staff, etc. regarding new processes in place to refer patients.</li> <li>Working with DSME/T staff and educators to review updated DSME/T processes.</li> </ul>	September 1, 2018	



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Work with appropriate departments (marketing, provider relations, etc.) at network hospitals and participating hospitals/clinics to incorporate promotional materials, emails, etc. regarding DSME/T referrals. <ul style="list-style-type: none"> <li>Incorporate provider referral infographic previously created</li> </ul>	September 1, 2018	
Work with provider champions to further educate other providers regarding DSME/T referrals and success stories. <ul style="list-style-type: none"> <li>Create a promotional marketing piece from provider champions within each healthcare system.</li> </ul>	September 15, 2018	
Re-evaluate DSME/T referral processes through EMR/EHR to ensure all aspects of the referral process are working.	September 30, 2018	

The Workgroup is expected to deliver the following:

Deliverables	Deadline or Timeframe
Identified core group of individuals at network hospitals (Avera, Sanford, Regional) as well as additional independent hospitals and clinics, to work collaboratively and individually (as a system) to manage and increase provider referrals via Electronic Medical Records.	Ongoing
Workflow process reports for each healthcare system, as well as participating independent hospitals and clinics.	July 10, 2018
Physician Champion report with detailed interview responses	August 15, 2018
Established marketing and promotional campaigns with healthcare systems and other hospitals and clinics to promote referrals	September 1, 2018
Ensure all Electronic Medical Record software is working at full capacity for each healthcare system and other hospitals and clinics	September 15, 2018

#### New DSME/T Sites – Technical Assistance

Activity	Deadline or Timeframe	Completed
Identify areas/communities of need for new DSME/T programs in South Dakota. <ul style="list-style-type: none"> <li>Network with appropriate individuals in each community to establish a workgroup of representatives from hospitals/clinics in areas/communities of need</li> </ul>	July 1, 2018	
Review current processes for patients with diabetes to be referred to DSME/T in locations without DSME/T programs.	July 10, 2018	
Identify a provider and/or community champion for each location in need of a DSME/T site.	July 20, 2018	



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Work with ADA and AADE to identify 3 or 4 new DSME/T sites in similar communities from across the country that compare to proposed future sites in South Dakota. Interview project leads.	August 1, 2018	
Review ADA and AADE recognition programs pros/cons, application process, timeline, etc. <ul style="list-style-type: none"> <li>Review overview of ADA and AADE recognition, along with representative from each to present on recognition benefits and logistics</li> <li>Work with current DSME/T sites to identify an estimated budget for a future DSME/T site based on expenses vs. reimbursement</li> </ul>	August 1, 2018	
Work with each area/community in need of a site to develop a proposal to management regarding application for a DSME/T site. <ul style="list-style-type: none"> <li>Utilize community and/or provider champion, as well as workgroup members to share proposal with appropriate individuals regarding the need for an established program.</li> </ul>	September 1, 2018	
For sites that receive approval to be a recognized site, pair future DSME/T site with seasoned DSME/T site for guidance and mentorship for both the future program and future CDEs.	September 1, 2018	
•	September 15, 2018	
	September 30, 2018	

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Identified core group of individuals at network hospitals (Avera, Sanford, Regional) as well as additional independent hospitals and clinics, to work collaboratively and individually (as a system) to manage and increase provider referrals via Electronic Medical Records.	Ongoing
Drive time map of current and prospective DSME/T sites in South Dakota to calculate the need for additional sites.	August 1, 2018
Proposal for each prospective DSME/T site to propose program to management and administration	September 1, 2018
Established CDE networking monthly teleconference for prospective CDEs and seasoned CDEs.	September 15, 2018

The following Strategies from Goal C of the Diabetes State Plan and Strategy A of the CDC grant will be addressed by the conclusion of the Workgroups on or before September 30, 2018:

**Diabetes State Plan Strategies:**



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**CDC Grant Strategy:**

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