

Louisiana Office of Public Health
Diabetes Prevention and Control Program
Performance Improvement Plan

The Process

In order to develop a comprehensive Performance Improvement Plan (PIP) for the Louisiana Diabetes Prevention and Control Program and its statewide partners a neutral contractor facilitated the Louisiana State Diabetes Public Health System Performance Assessment over a six-month period (February - July 2004). The assessment process included an orientation meeting, four team assessment sessions, and a wrap-up meeting.

On October 12, 2004, a Performance Improvement Plan meeting was held. Twenty stakeholders participated. The PIP process included 1) a brief overview of the assessment and its results; 2) recommendations for improvement based on the results of the assessment were presented; 3) an explanation of the PIP process was given using Attachment C of the State Diabetes Public Health System Performance Improvement Plan Guidance. The DPCP staff explained how to use the PIP Toolkit- Job Aid: Developing a Performance Improvement Plan- Checklist- to develop PIP objectives; 4) the participants were split up into the 4 assessment teams (small groups) to identify and prioritize strategies to address problems, identify key partners- establish roles, responsibilities, and timelines, identify resources needed, and continuous learning and improvement; 5) the group was reconvened to share the strategies that the small group developed and to prioritize strategies (specify long- and short- term); 6) DPCP drafted PIP based on the information gathered at the PIP meeting; 7) draft PIP was sent to all stakeholders for additional comments before submission to the CDC;8) conference call to discuss PIP;9) partners submitted final revisions for PIP for submission with grant.

Lessons learned through the PIP process included 1) we should have had more time to develop PIP; 2) more partners should have been involved in the development of the PIP.

Recommendations from the SDPHS Assessment

1. Improve dissemination of diabetes-related data to consumers and other system partners. EPHS #1
2. Improve the time between data collection, analysis, and reporting to enhance the capacity of the system to respond to diabetes-related threats and risks. EPHS #2
3. Collect, diagnose, and investigate incidence data. EPHS #2
4. Need more coordination and cooperation among partners statewide involved in diabetes-related health communication, health education, and health promotion initiatives. EPHS#3:
5. Restructure the Louisiana Diabetes Advisory Council. EPHS#4
6. Share resources and practice collaborative decision-making and accountability to address diabetes-related health problems. EPHS#4

7. Formulize communications (e.g. technical assistance initiatives, electronic list serves tailored to specific target groups) to ensure statewide access to and awareness of critical information and to build consensus. EPHS#4
8. Formalize and coordinate policy development activities. EPHS#5
9. Cultivate a legislative champion to assist in advancing diabetes-related policy issues. EPHS#5
10. Develop a formal review process to exam existing and proposed diabetes-related laws and regulations. EPHS #6:
11. Develop formal programs to identify and address barriers to care system-wide. EPHS#7
12. Coordinate existing complementary existing health care programs to optimize access for Louisiana residents with or at risk for diabetes. EPHS#7
13. Develop, implement, and regularly review a formal diabetes workforce development plan. EPHS #8:
14. Pursue diabetes workforce assessment statewide in order to target diabetes workforce development programs. EPHS #8:
15. Develop a formal statewide quality improvement process to identify strengths and weaknesses of diabetes-related health services in the state. EPHS #9:
16. Develop and implement a formal diabetes research agenda. EPHS #10

PIP Objectives that are the direct responsibility of the LDPCP:

Objective for EPHS #5: By March 2005, identify a legislative champion on the Health and Welfare Committee of the Louisiana Legislature so the Council can be proactive.

Activities:

1. Obtain list of legislators
2. Look at their voting records
3. Identify a diabetes spokesperson in the legislature.
4. Council will meet to review and discuss upcoming bills
5. Council will draft and suggest own bills

Objective for EPHS #4: By March 2005, restructure the Louisiana Diabetes Advisory Council.

Activities:

1. Convene the newly created Louisiana Diabetes Initiatives Council.
2. Combine the Diabetes Advisory Council and Initiatives Council.

Objective for EPHS #3: By March 2006, develop a website for the Louisiana Diabetes Advisory/Initiatives Council.

Activities:

1. Research state health department protocol for developing a new website.
2. Work with the agency Webmaster to develop a design for the website.
3. Form a Council subcommittee to help with the design, content, and to provide updated information of the website (i.e. reports, toll-free number, list serve, speakers bureau, press releases, links)

4. Contract with a Webmaster to provide maintenance if personnel is not available in-house.

Objective for EPHS # 10: By March 2006, develop and implement a formal diabetes research agenda.

Activities:

1. Convene the newly created Louisiana Diabetes Initiatives Council.
2. Combine the Diabetes Advisory Council and Initiatives Council.
3. Form a subcommittee to develop a research agenda.

Objective for EPHS #5: By October 2006, coordinate and formalize policy development activities.

Activities:

1. Provide technical assistance and support on policy development around the state to communities.
2. Seek out data from insurers and others to help with policy development.

Objective for EPHS #1: By October 2006, set up a data clearinghouse at various sites (i.e. OPH Regional Offices, federally qualified community health centers, websites, and churches).

Activities:

1. Send out letter to inform resource tool participants about available data, resources, and if they have additional data.
2. Send out press release when new data becomes available.
3. Do focus groups with consumers and other to find out what kind are the data needs.
4. Send out newsletters.
5. Expand the reach of data.
6. Hire clearinghouse manager.

PIP Objectives that are the indirect responsibility of the LDPCP:

Objective for EPHS #5: By March 2005, establish a committee to report to the legislature on issues related to standards of care and new diabetes related bills.

Activities:

Objective for EPHS #5: By March 2006, establish statewide standards of care by forming a subcommittee to adopt recommended standards of care guidelines.

Activities:

1. Convene a subcommittee of the Council to research established standards of care guidelines (i.e. American Diabetes Association)
2. Based on the recommendations of the subcommittee work with the Louisiana Association of Health Plans and the Louisiana Hospital Association to advocate for the adoption of the standards statewide.

Objective for EPHS #7: By March 2006, coordinate existing complimentary healthcare programs to optimize access for Louisiana residents with or at risk for diabetes.

Activities:

1. Convene a subcommittee of the Diabetes Advisory/Initiatives Council.
2. The subcommittee will review existing services, identify overlaps, and coordinate efforts.

Objective for EPHS #5: By October 2006, coordinate and formalize policy development activities.

Activities:

1. Provide technical assistance and support on policy development around the state to communities.

Objective for EPHS #5: By March 2007, develop a policy establishing payment for diabetes services that are not already covered

Activities:

1. Convene a subcommittee of the Council to research.
2. Research what services are covered.
3. Develop a policy for services that are not covered.
4. Prioritize which services to focus on.

PIP Objectives that there is no responsibility:

Objective for EPHS #2: By October 2006, set up a statewide diabetes registry.

Responsible partners: Legislature, Health Plans, Department of Insurance, Hospital Association, Louisiana Healthcare Review

Activities:

1. Explore the possibility of making diabetes a reportable disease (HIPAA?)
2. Establish a subcommittee.
3. Gather information from other states (processes, barriers, lessons learned)
4. Implement new data collection methods (i.e. electronic template populated with agreed-upon questions/fields that could be easily captured with a PDA/PC Tablet/Laptop PC and imported to a database).
5. Collect insurance claims and other payor data.

Objective for EPHS #5: By March 2007, develop a formal review process to examine existing and proposed diabetes related laws and regulations.

Activities:

1. State Regulatory Boards (Physician, Nursing, Pharmacy, and Certified Diabetes Educators)- Regulate and enforce statewide standards of care guidelines
2. Department of Health and Hospitals- Educate providers on Medicaid and Medicare billing regulations
3. Department of Education- Ensure that school systems comply with established coordinated school health policies as it related to diabetes screening, treatment, and nutrition.

Objective for EPHS #8: By March 2007, pursue diabetes workforce assessment statewide in order to target diabetes workforce.

Objective for EPHS #9: By October 2007, develop a formal quality improvement process to identify strengths and weaknesses of diabetes-related health services in the state.

Objective for EPHS #7: By March 2008, develop formal programs to identify and address barriers to care system-wide.

Activities:

1. Consult with the national, state, and local offices of the American Diabetes Association.
2. The American Diabetes Association will work with diabetes education programs statewide to help them meet established ADA guidelines for certification.
3. Establish a curriculum for diabetes education in all nursing, medical, and other health profession schools. (University Boards, Medical Associations, Board of Regents, Medical Residency Training Programs)

Objective for EPHS #8: By March 2008, develop, implement, and regularly review a formal diabetes workforce development plan.

Activities:

1. Require state level certification and education programs for members of the health system.