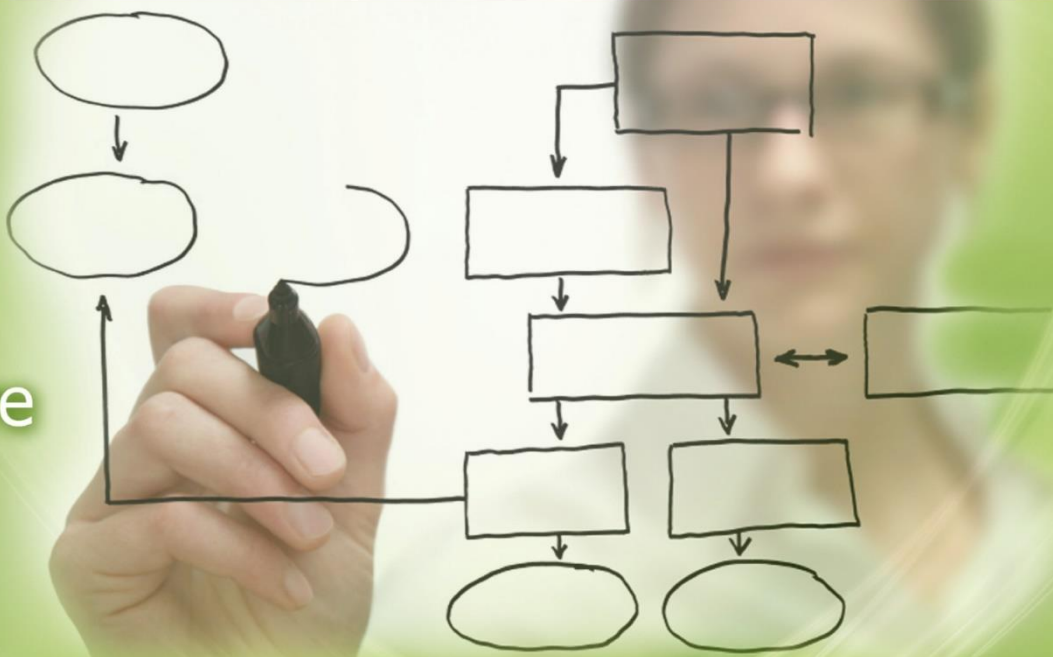


Leading the Way  
to Better Healthcare



# VHQC QIN-QIO for Maryland and Virginia

August 4, 2015

# Agenda

1. VHQC Overview
2. Overview of Quality Improvement Initiatives
3. Everyone with Diabetes Counts (EDC) Initiative
4. Alignment with the Living Well Program
5. Funding Opportunity

# VHQC Overview

1. Private, nonprofit healthcare consulting firm
2. Served as QIO for Virginia since 1984
3. Health IT Regional Extension Center

# QIN-QIO Aims

## Better Health

- Improving cardiac health & reducing cardiac disparities
- Reducing disparities in diabetes care
- Coordinating prevention through HIT
- Adult Immunization

## Better Care

- Reducing healthcare-associated infections
- Reducing healthcare-acquired conditions
- Coordinating care to reduce readmits & adverse drug events

## Lower Costs

- Quality improvement through physician value-based modifier
- Local QIO projects

# Our End Goal

Support a continuously evolving network of dedicated and committed experts in quality improvement, working together in partnership with multiple entities, patients and families to improve health care, support the creation of healthy people in healthy communities and lower costs through improvement.

*“To change a nation...”*

# Everyone with Diabetes Counts

1. Assist providers in reporting on and monitoring outcomes for patients with diabetes.
  - HbA1c
  - Lipids
  - Eye exams
  - Blood Pressure
  - Lower extremity amputations
2. Increase the number of beneficiaries with self-management diabetes training.

# EDC Alignment with Maryland's Living Well Program

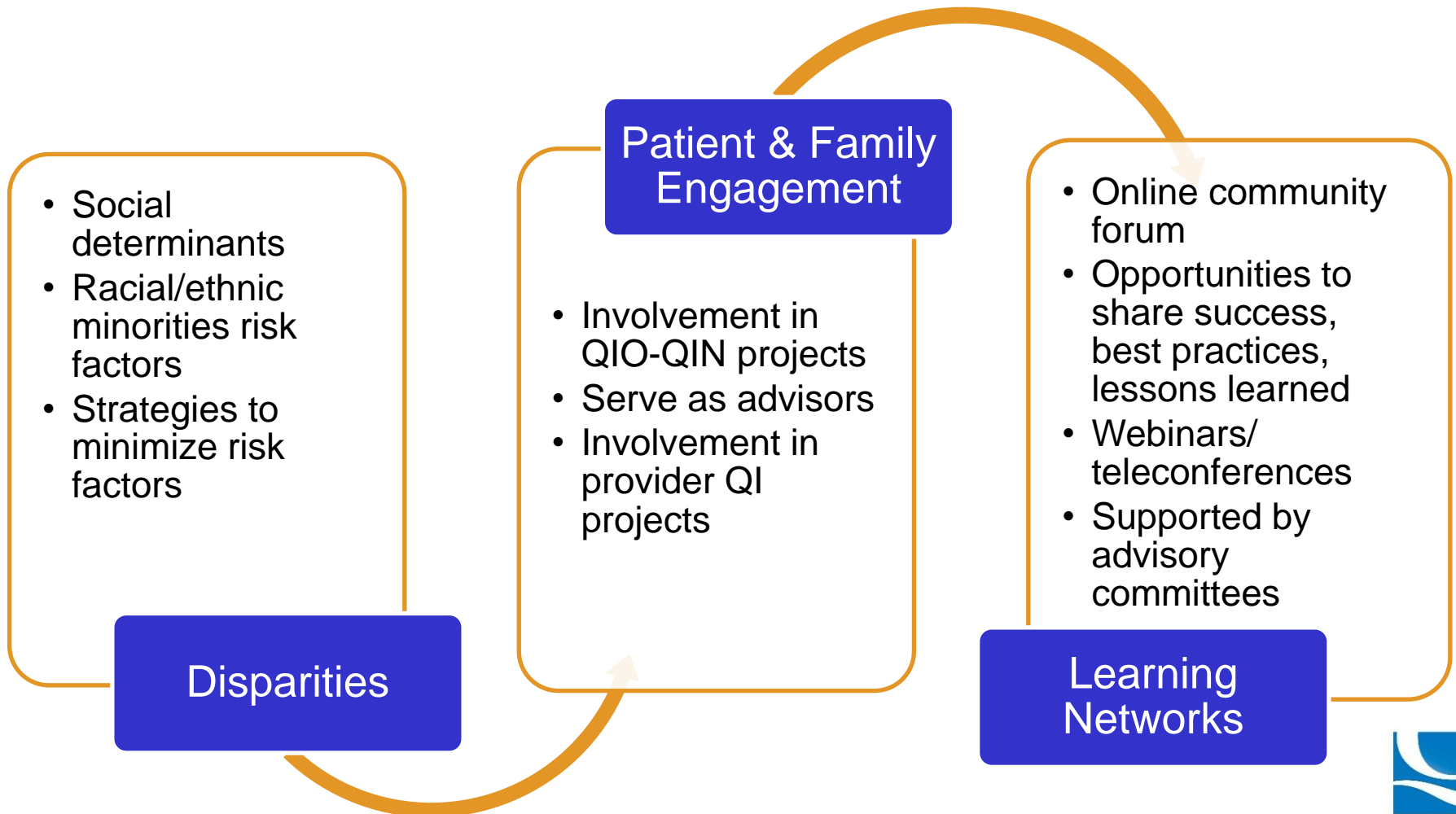
1. Utilizes Stanford self-management program
2. Evidence based, self-management workshop
  - Free six-week course
3. Partnership to increase provider referral to and beneficiary knowledge of Program
4. Data support
  - Pre/post class diabetes knowledge
  - Clinical data pre/post class

# EDC: Participants

1. Healthcare workers
  - Providers/practitioners
  - Certified Diabetes Educators
  - Community Health Workers
2. Organizations with focus on diabetes population
  - Faith-based organizations
  - Senior centers
  - Community health centers
  - Public health departments
3. Academic and teaching institutions



# Foundational Elements



# Partnership with the Center for Excellence

1. Diabetes Self-Management Program (DSMP) workshops
2. Limited number of Chronic Disease Self-Management Program (CDSMP) workshops
3. Target/qualified population
  - Medicare beneficiaries
    - Medicare Advantage Plans and dual eligibles
  - Pre-diabetic or diabetic
  - Rural setting or minorities in urban settings

# Partnership with the Center for Excellence

1. Patient activation surveys
  - DSMP - \$75
  - CDSMP - \$50
    - Registration/demographic form
    - Pre/post workshop survey
2. Medical release form - \$5

# Additional VHQC Support

1. Reminder calls to registered participants
2. Outreach materials promoting workshops
  - Physicians
  - Community
  - Pharmacies
3. Submission of medical release form to physician

# Questions and Answers



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Quality Innovation Network

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