INTEGRATE (Implementation of integrated care for Diabetes Mellitus)
Elica Health Centers

Team Members:
Scott Needle CMO
Lucia Albu Provider Champion
Susana Gutierrez MA
Case Management
Tim Le Pharmacy
Victoria Lewis
David Hughes
Ajay Saini
By Dec 2021 Elica Health Centers at Marysville clinic will improve the health and maintain 74% of diabetic patients with controlled HbA1c under 9%

By Dec 2021 Elica Health Centers at Marysville clinic will maintain the health of African American patients with diabetes by keeping the percentage of those with uncontrolled HbA1c >9% at below 33.3%
[Why It’s Not Possible Now]

- Increase in no-show rate because of pandemic
- Labs/HgA1c not being completed
- Workforce issues/staffing shortage
- Lack of patients' accessibility and capability to use internet
- Transportation issues
## Learnings that Will Inform Our Desired Future

### Bright Spots/Accomplishments

- Improved controlled HbA1c <9% results from 75% to 86% at Marysville clinic.
- Improved Team based care eg: involving case management and pharmacist
- Increased patient engagement
- Improved outreach efforts
- Improved team collaboration/communication

### Activities We will Keep Doing Based on Learnings

- Continue qtr f/u with controlled diabetic patients and monthly with uncontrolled diabetic patients
- Continue w/ patient engagement by involving case management team to use motivational interviewing techniques
- Continue to involve the outreach team for appt reminders
[What Else is Possible?]

- Remote monitoring for blood pressure
- Creating a registry for all diabetic patients
- Dashboards by site/provider
- Training MAs to perform foot exam prior patient seeing the provider if due
- Improve internal external referral process by getting more specialists to be part of Elica Health Centers
- Scale up the project by involving other providers from different EHC clinics
[Benefits of Achieving Desired Future]

- Decrease morbidity and improve quality of life among diabetic population
- Shrinking the disparities between populations
- Decrease referral cycle time leading to improved patient access and improved patient outcomes
[Challenges if We Don’t Move Forward with Solution]

- Increase morbidity among diabetic population
- Increase financial burden/total cost of care on organization
- Decrease in P4P (Value based payments)
- Patient-Provider trust and respect will decrease
- Deteriorating community relationship: health plans/IPAs
[What We Need from Our Leaders to Make it Happen]

- More support staff 2 (MAs):1 (provider) ratio
- Use population health management tool to manage data such as azara
- Set dedicated time for monthly clinical meetings
- Inspire/encourage other providers to get involved
Thank you for your time!

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