Chronic Disease Self-Management Workshop Referrals:

*Implementation, Evaluation, & Lessons Learned*

Prevention Research Center for Healthy Neighborhoods Seminar Series

April 11, 2018
Outline

- Background
- Initial plan for referral systems, lay leaders, and workshops
- What really happened
- Evaluation of process and workshop participant outcomes
- Lessons Learned
- Next steps
Background

- Despite the presence of renowned healthcare facilities, residents of Cleveland and surrounding inner-ring suburbs face high rates of chronic disease

- Supporting self-management – active participation by an individual in promoting their own health – is critical for prevention, risk-reduction, and management of chronic diseases

- However, resources for self-management education are limited, particularly in low income, high minority population neighborhoods
Background

- Stanford-developed model for chronic disease self-management (CDSMP/DSMP workshops) has been demonstrated nationally as effective
- But more needs to be known about improving access and uptake in under-resourced neighborhoods
- HIP-Cuyahoga partners developed a community-clinic linkage model to enhance access to and uptake of referrals to CDSMP/DSMP workshops in 7 target neighborhoods
Partners & Funding

- Collaborators:

- Support:
Project Overview

- 3-yr REACH Clinic to Community Linkages strategy (9/2014-9/2017)
  - 7 neighborhoods: S. Collinwood, St. Clair/Superior, Hough, Central, Union-Miles, Glenville, & the City of E. Cleveland
  - 9 safety-net clinics (representing MetroHealth, Cleveland Clinic, NEON, Care Alliance, & St. Vincent) serving above communities
  - GOAL: To increase resources for self-management of chronic disease by:
    - creating systems for referral from the neighborhood clinics to CDSMP/DSMP workshops
    - training lay leaders from the neighborhoods to lead the workshops
    - hosting workshops in both clinic and community settings in the neighborhoods
Initial Plan

REACH-facilitated Referral Sources

Targeted Clinics
- Clinical referrals

Advertisements
- Self-referrals
- Clinical referral

Resident Teams
- Self-referrals
- Recruit potential workshop leaders

Fairhill Partners
- Coordinates referral placements
- Trains workshop leaders

Self-management Workshops
- Scheduled and lead by trained lay leaders
- Attended by referred patients and residents
What Actually Happened – Brief Overview

- Referral systems:
  - Encountered many hurdles in establishing clinical referral system(s); systems varied by clinic; underutilized by staff/providers
  - Minimal referrals from passive advertising, eventually transitioned to active

- Lay leaders:
  - Community resident teams were engaged and became leaders, but majority of leader trainees were not neighborhood residents
  - Fairhill Partners staff/REACH team did majority of workshop scheduling work until the last year, but residents are now taking the reins

- Self-management workshops:
  - Multiple workshops needed to be rescheduled/cancelled due to low enrollment/high no show rates
  - Held DEEP workshops in addition to CDSMP/DSMP
  - Met target for number of workshops completed, and all neighborhoods of focus were exposed


What Actually Happened – Clinic Referrals

- Established BAA and created referral build in EHR
- Developed fax referral form, training presentation, signs for patient rooms, and referral process and guide for clinics
- Met with clinic staff and providers to introduce workshops and train on referral process
- Practice coach conducted observation at each site

I’m listening.
Tell me about a free program that can help me take charge of my health.

Made possible with funding from the Centers for Disease Control and Prevention
What Actually Happened – Clinic Referrals

Two methods employed:

- Method #1: Referrals by RNs and medical assistants

  - Discuss CDSMP with patient and give flyer if interested
  - Click “Referred to Fairhill Partners” on Hypertension Follow-Up Template
  - Complete fax referral/authorization form with patient signature and send to Fairhill Partners
  - Give copy of referral authorization form to patient

- Method #2: Outreach based on patient registry

  - Staff run diabetes list based on criteria
  - Patient contacted within past 3 months
    - No
      - Staff calls patients (Thurs/Fri) and describes DSMP
    - Yes
      - Do not call patient at this time
  - Pt. Interested?
    - Yes
      - Staff enters DSMP referral & provide Fairhill Partners phone number
      - Referral faxed to Fairhill Partners
    - No
      - Enter comment in alert section of EHR

1. Patients with HbA1C > 8% seen in practice within the past 12 months
2. Use EHR alert to assess if contacted within past 3 months
What Actually Happened – Clinic Referrals

<table>
<thead>
<tr>
<th>Safety-net Clinic</th>
<th>Referral Method</th>
<th>Referred (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health system A</td>
<td>Outreach based on registry</td>
<td>13*</td>
</tr>
<tr>
<td>Health system B</td>
<td>Outreach based on registry</td>
<td>30</td>
</tr>
<tr>
<td>Health system C**</td>
<td>Clinical referrals Outreach based on registry</td>
<td>52 879</td>
</tr>
<tr>
<td>Health system D</td>
<td>Flyer referral only***</td>
<td>310</td>
</tr>
<tr>
<td>Health system E</td>
<td>Outreach based on registry</td>
<td>355</td>
</tr>
</tbody>
</table>

*Represents number of patients interested in workshop, clinic did not share data on total number of patients contacted.

**Includes 5 clinics.

***All clinics used advertising flyers, but this clinic referred to workshops only using flyers.
What Actually Happened – Clinic Referrals

- Low number of referrals from staff and providers overall (significant prompting from REACH team needed)
- Hard to incorporate into existing workflow and change staff/provider patterns
- Referral documentation challenges at clinics made QI efforts, reporting, and reconciliation with Fairhill Partners challenging
- Patients referred but not interested or not available
What Actually Happened – Lay Leaders

- Lay leaders trained: 101, including 7 master trainers
- However, few trainees were actually residents of the target neighborhoods (all others were county residents willing to serve the neighborhoods)
- Residents that were trained helped promote workshops and are leading sustainability efforts
What Actually Happened – Workshops

- Target: Hold at least 9 workshops, with at least 1 in each neighborhood
- 43 clinic/community sites across the target neighborhoods were approached about holding a workshop
  - Focused on clinics initially, then other community settings became priority

<table>
<thead>
<tr>
<th>Sites approached by neighborhood</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Cleveland</td>
<td>11</td>
</tr>
<tr>
<td>Union Miles</td>
<td>9</td>
</tr>
<tr>
<td>S. Collinwood</td>
<td>5</td>
</tr>
<tr>
<td>St. Clair/Superior</td>
<td>5</td>
</tr>
<tr>
<td>Central</td>
<td>5</td>
</tr>
<tr>
<td>Glenville</td>
<td>4</td>
</tr>
<tr>
<td>Hough</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sites approached by type</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinics</td>
<td>9</td>
</tr>
<tr>
<td>Senior housing</td>
<td>8</td>
</tr>
<tr>
<td>Churches</td>
<td>8</td>
</tr>
<tr>
<td>Community resource organizations</td>
<td>6</td>
</tr>
<tr>
<td>Other housing</td>
<td>3</td>
</tr>
<tr>
<td>Libraries</td>
<td>2</td>
</tr>
<tr>
<td>Recreation centers</td>
<td>2</td>
</tr>
<tr>
<td>Schools</td>
<td>2</td>
</tr>
<tr>
<td>Other (meeting center, dry cleaners, bank)</td>
<td>3</td>
</tr>
</tbody>
</table>
What Actually Happened – Workshops

- 4 of 9 clinics & 7 of 34 other community sites hosted a (successful) workshop

<table>
<thead>
<tr>
<th>Workshop site status</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determined unsuitable location</td>
<td>8</td>
<td>18.6%</td>
</tr>
<tr>
<td>Not fully pursued (alternate/priority site emerged)</td>
<td>9</td>
<td>20.9%</td>
</tr>
<tr>
<td>No response/engagement/interest</td>
<td>11</td>
<td>25.6%</td>
</tr>
<tr>
<td>Held unsuccessful workshop (recruitment issues)</td>
<td>4</td>
<td>9.3%</td>
</tr>
<tr>
<td>Held successful workshop</td>
<td>11</td>
<td>25.6%</td>
</tr>
</tbody>
</table>

- 14 workshops total were completed (10 CDSMP/DSMP & 4 DEEP)

<table>
<thead>
<tr>
<th>Successful workshops by neighborhood</th>
<th>#</th>
<th>Site type(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>3</td>
<td>1 Clinic &amp; 2 Community sites</td>
</tr>
<tr>
<td>Hough</td>
<td>3</td>
<td>1 Clinic site</td>
</tr>
<tr>
<td>S. Collinwood</td>
<td>3</td>
<td>2 Community sites</td>
</tr>
<tr>
<td>East Cleveland</td>
<td>2</td>
<td>1 Clinic &amp; 1 Community site</td>
</tr>
<tr>
<td>Glenville</td>
<td>1</td>
<td>1 Clinic site</td>
</tr>
<tr>
<td>St. Clair/Superior</td>
<td>1</td>
<td>1 Community site</td>
</tr>
<tr>
<td>Union Miles</td>
<td>1</td>
<td>1 Community site</td>
</tr>
</tbody>
</table>
What Actually Happened – Workshops

- Workshops attempted were held late morning/early afternoon, day of week varied, and winter months were largely avoided
- Most successful workshops were held at sites with a “captive audience”
- Having a “champion” at the site helped, but did not guarantee success
- Resident involvement in site and participant recruitment helped, but did not guarantee success
- Adding DEEP workshops as option added flexibility
- 133 workshop attendees overall, 88 “graduates” (66%)
## Workshop Participant Self-Reported Outcomes

**CDSMP/DSMP workshop graduates with a pre and post survey (n=54)**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rating/score info</th>
<th>Pre workshop</th>
<th>Post workshop</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General health rating</strong></td>
<td>% Excellent, Very Good, or Good</td>
<td>51.5%</td>
<td>75.0%</td>
<td>+23.5</td>
</tr>
<tr>
<td><strong>Mean quality of life rating</strong></td>
<td>0-10 (very poor to excellent)</td>
<td>6.8</td>
<td>7.1</td>
<td>+0.3</td>
</tr>
<tr>
<td><strong>Mean pain rating</strong></td>
<td>0-10 (no pain to severe pain)</td>
<td>4.7</td>
<td>4.9</td>
<td>+0.2</td>
</tr>
<tr>
<td><strong>Mean sleep problems rating</strong></td>
<td>0-10 (no problem to very big problems)</td>
<td>4.5</td>
<td>3.3</td>
<td>-1.2</td>
</tr>
<tr>
<td><strong>Mean chronic disease mgmt. self-efficacy score</strong></td>
<td>6-item score, range 1-10, higher score=higher self-efficacy</td>
<td>6.8</td>
<td>7.2</td>
<td>+0.4</td>
</tr>
<tr>
<td><strong>Mean depression severity score</strong></td>
<td>8-item score, range 0-24, higher score=more distress</td>
<td>6.4</td>
<td>4.9</td>
<td>-1.5</td>
</tr>
</tbody>
</table>

*Note: Results are preliminary*
Lessons Learned

- Strategy takes a lot of time and effort to implement and sustain
- Establishing referral systems is a slow process with many hurdles (responsiveness, IT, legal), requires flexibility
- Must understand, navigate, and address legal aspects (BAA & HIPAA)
- Including multiple health systems, EHR types, and being safety-net likely made things harder
- For workshops, much effort needed to identify/secure sites and recruit participants, and timelines have to match
- Seek community resident support, when possible
- Over-enroll for workshops due to no shows and attrition
**Lessons Learned**

- Champion/lead is helpful - at clinics to drive use of referral system, and at workshop sites to assist with recruitment and organization
- Sites with “captive” populations more ideal for workshops
- Need data monitoring and cleaning for successful evaluation
- The “culture” of healthcare showed hesitancy to refer to self-management
  - Unclear if due to perceived competition, competing demands, or lack of interest by patients
- Persistence pays off
  - Largely achieved goals, with evidence that patients/residents benefited and want to sustain programming
Next Steps

- United Way 2-1-1 transition
- Increase internal clinic workshops
- Resident initiative
  - Increase cohort of trained residents
    - Community Health Ambassadors through HIP-Cuyahoga
    - Community Health Workers @ CSU
  - Residents host licensed community-based self-management workshops
    - Flexible times (afternoons, weekends, evenings)
    - Active recruitment (council meetings, local businesses, fresh produce drop-offs, street club groups)
    - Use REACH shared-use sites (churches, community resource centers, treatment centers, markets)
    - Neighborhood residents leading the workshops!
Acknowledgements

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Thank you!

Questions?
HIP-Cuyahoga’s mission is to inspire, influence, and advance policy, environmental, and lifestyle changes that foster health and wellness for everyone who lives, works, learns, and plays in Cuyahoga County.

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