

A System-Based, Scalable QI Initiative to Improve Care and Outcomes in Patients with T2D and Obesity

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Quality Improvement Initiative

There are 2 QI tracks within the project:

1

Digitally enabled QI support through a virtual platform for 2 federally qualified health center (FQHC) practices

2

Traditional, onsite QI support from an established QI Hub (on site) at 6 general internal medicine clinics within Boston Medical Center

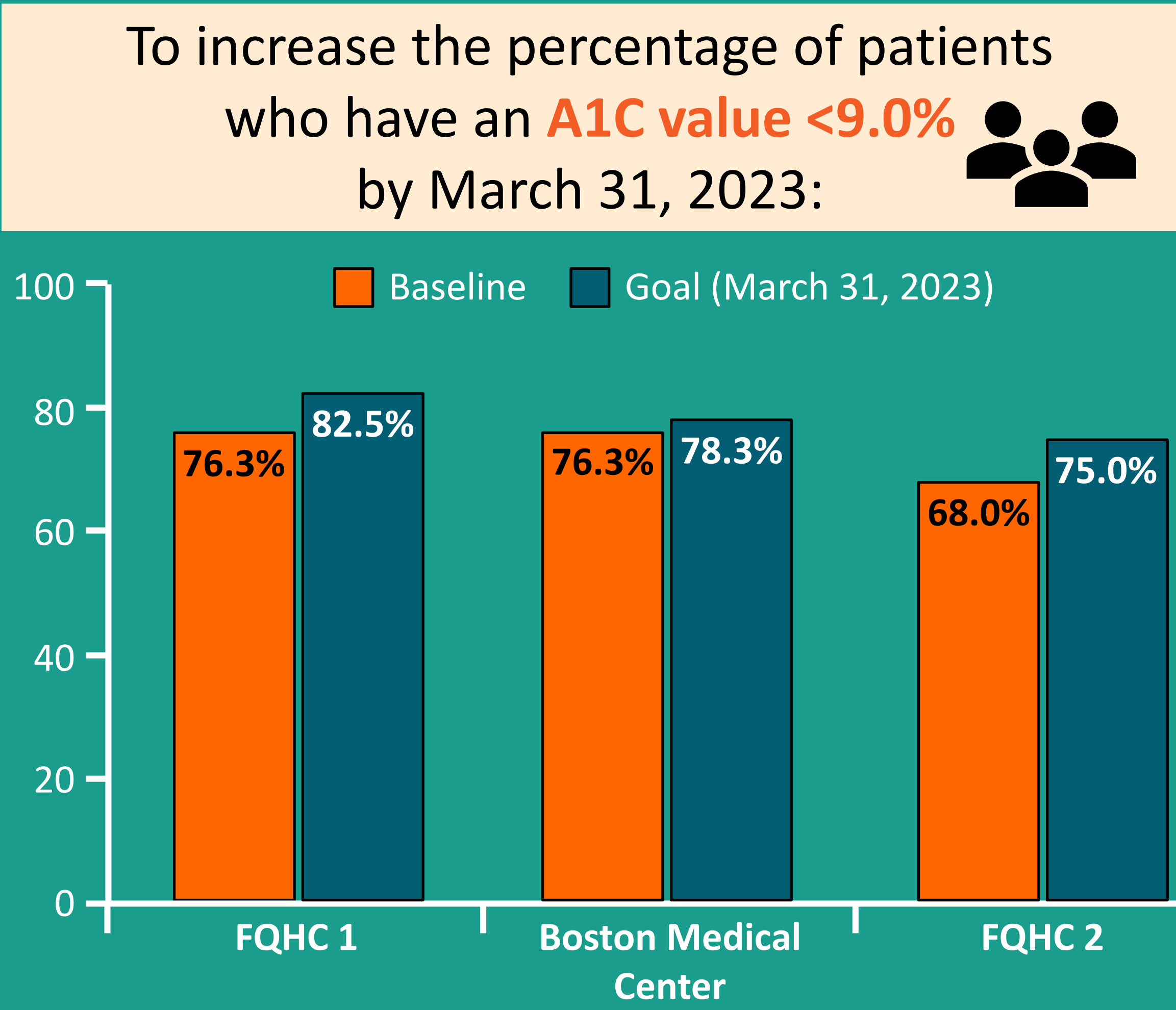
2 HRSA supported FQHCs:

- FQHC 1 serving 14,187 patients, 543 of whom (4%) have T2D
- FQHC 2 serving 5834 patients, 656 of whom (11%) have T2D

>120 Primary Care Providers

who provide care to 41,125 patients, 19% (7689) of whom have diabetes and 75% (5758) are overweight, obese, or morbidly obese

Specific Aims of the Participating Clinic Sites



Digitally Enabled QI Approach: FQHC 1 and FQHC 2

- Virtual Platform to Support QI**
- QI team members at each clinic are mentored by BU CME/QI Hub staff through the IHI Model for Improvement framework through a virtual platform
 - Monthly virtual team huddles to simulate in-person QI team meetings
 - Self-study modules on disease state education and QI improvement principles taught by faculty and staff of Boston Medical Center and QI Hub
 - Additional features of the virtual platform include repository for resources, including a QI tool kit, project management support, tracking member engagement

- Process Measure Examples**
- FQHC 1**
- Increase percentage of patients with a BMI ≥ 25 kg/m² with a change in weight
 - Increase number of patients referred to a dietitian/CDCES for prediabetes, T2D, and/or obesity
 - Increase number of patients referred to evidence-based weight or diet-related programming
 - Increase number of up-to-date A1c values via POC testing
- FQHC 2**
- Increase percentage of patients appropriately prescribed a GLP-1 RA

FQHC 1 Chance Concept Example



Key Need: To address lack of up-to-date A1C lab values and shared decision-making

Change Concept	Plan	Do	Study	Act
Point of Care A1C Testing (Systems Improvement Domain)	50% complete 			
	Clinic leadership is preparing for implementation of point of care A1c testing across both FQHC 1 clinical locations; internal clinical champions will pilot the program first before expanding	Q4 2022	Q4 2022-Q2 2023 	

Quote from HCP Team Member in FQHC 1 QI Huddle:
“There’s a tug of war within our health center around whether or not one needs to do point of care testing for A1C. And you can kind of see where people are, in their experience of clinical care, that folks who see labs as a piece of information that is not always [for] today but is sort of wrapped up in the patient care relationship over time, are really fine with a blood draw, and weight. And folks who are thinking more ‘let’s be present in the moment when a patient is in front of us, and do as much as we can right here, right now’ are really advocating more for that point of care testing.”

Traditional QI Approach: Boston Medical Center Clinics

Boston Medical Center Change Concept Example



Key Need in Boston Medical Center:
To improve nurse self-efficacy with diabetes injectable medication teaching



Process Measure Example
Increase the percentage of patients with T2D with a BMI ≥ 30 kg/m² AND A1C $\geq 9.0\%$ currently prescribed an SGLT2 inhibitor or GLP-1 RA

Change Concept	Plan	Do	Study	Act
Staff nurse professional development session on injectable medications (Knowledge Domain)	Worked with two clinical pharmacy specialists to plan hands-on educational session on injectables (GLP-1 RA and insulin)	Session carried out; Observed active engagement, as demonstrated through practice with insulin and GLP-1 RA pens and asking clinical pharmacists questions	Evaluation data pending Participation: 19 staff nurses and 2 pharmacy students in attendance	Based on positive reception by nurses of the session’s utility, adopt as a permanent professional development session ; working with nurse manager to ensure nurses can earn contact hours for their participation Plan refinement: Move demonstration supplies to med rooms to centralize location/access; pharmacist student completing inventory of supplies to determine what demonstration supplies may be needed to support patient education encounters

Discussion and Future Direction

By utilizing a digitally enabled, remote mentoring format, we can help to build capacity in FQHCs or other small practices that may not have the resources or expertise in quality improvement. This helps to not only address current local gaps and improve patient outcomes but also encourages health center staff to address other gaps in the future using the framework and learned skills.

