M-CEITA | Michigan Center for Effective IT Adoption

Screen, Test and Refer (STR) Survey Results

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ALTARUM

Agenda

- Reason for conducting the survey
- Survey creation
- Survey dissemination
- Results
- Barriers
- Recommendations
- Next steps
- Questions

Why Conduct this Survey?

- **The survey spurred from strategies in the Michigan Diabetes Prevention Action Plan under the "Health Systems Policy" strategic area of focus:**
  - Objective #1, Strategy #1
    - **Investigate the current use of prediabetes registries to systematically identify people with prediabetes that may be eligible for referral to the DPP**
  - Objective #2, Strategy #1
    - **Assess current health system practices for flagging lab panels to signal prediabetes**

Survey Creation

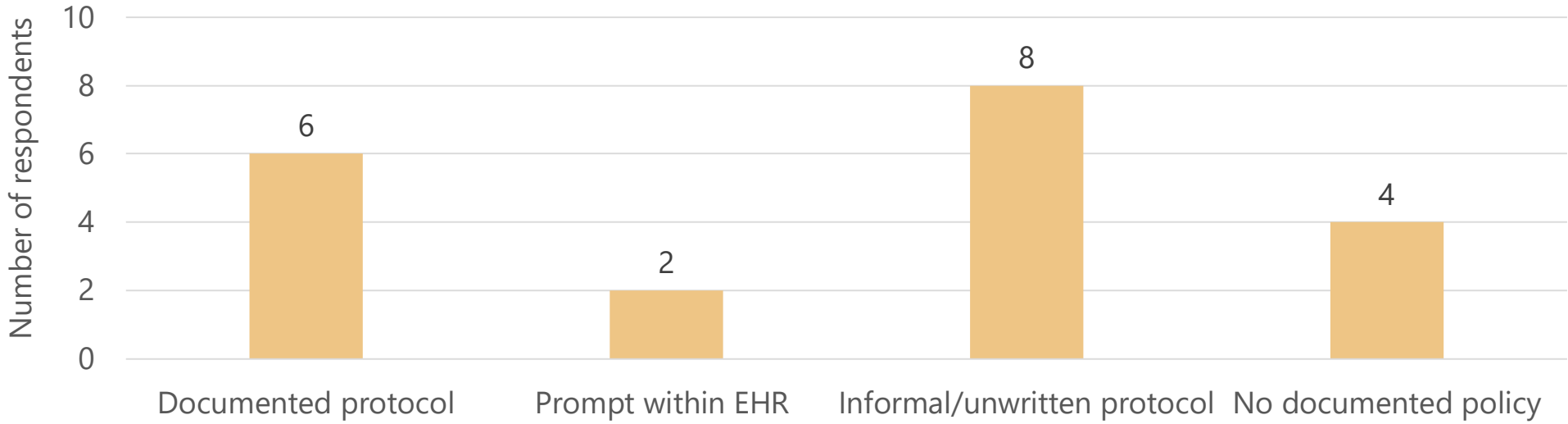
- **The STR Action Plan Workgroup was formed and decided that an electronic survey would be the best way to collect data**
- **Core survey development team was formed to draft questions and frame survey logic**
  - MIHIA (Michigan Health Improvement Alliance)
  - MPRO
  - M-CEITA (Michigan Center for Effective IT Adoption)
  - MDHHS (Michigan Department of Health and Human Services)
- **The survey was a way to gather information to better understand current practices and systems in place within health care settings to screen, test and refer patients with prediabetes to evidence based programs, such as the Diabetes Prevention Program (DPP)**
- **First time in Michigan that an assessment such as this was conducted**

Survey Dissemination

- **Piloted within 1422 project community (10 of 10 responses)**
- **M-CEITA (22 responses)**
  - Sent 2/5/18 to 3,556 email addresses – Opens 548 (15.4%) – Clicks 13 (0.4%)
  - Sent 2/21/18 to 3,540 email addresses – Opens 381 (10.8%) – Clicks 15 (0.4%)
  - Sent 2/28/18 to 3,529 email addresses – Opens 354 (10%) – Clicks 8 (0.2%)
  - Sent 3/12/18 to 3,511 email addresses – Opens 321 (9.1%) – Clicks 5 (0.1%)
  - **National averages for health care surveys**
    - **Opens = 24%**
    - **Clicks = 5%**
- **MPRO**
  - Sent to 85 Medical Practices with (1) response
- **MSMS**
  - Sent to 12 Physician Organizations with (0) responses
- **Total number of surveys completed = 33**

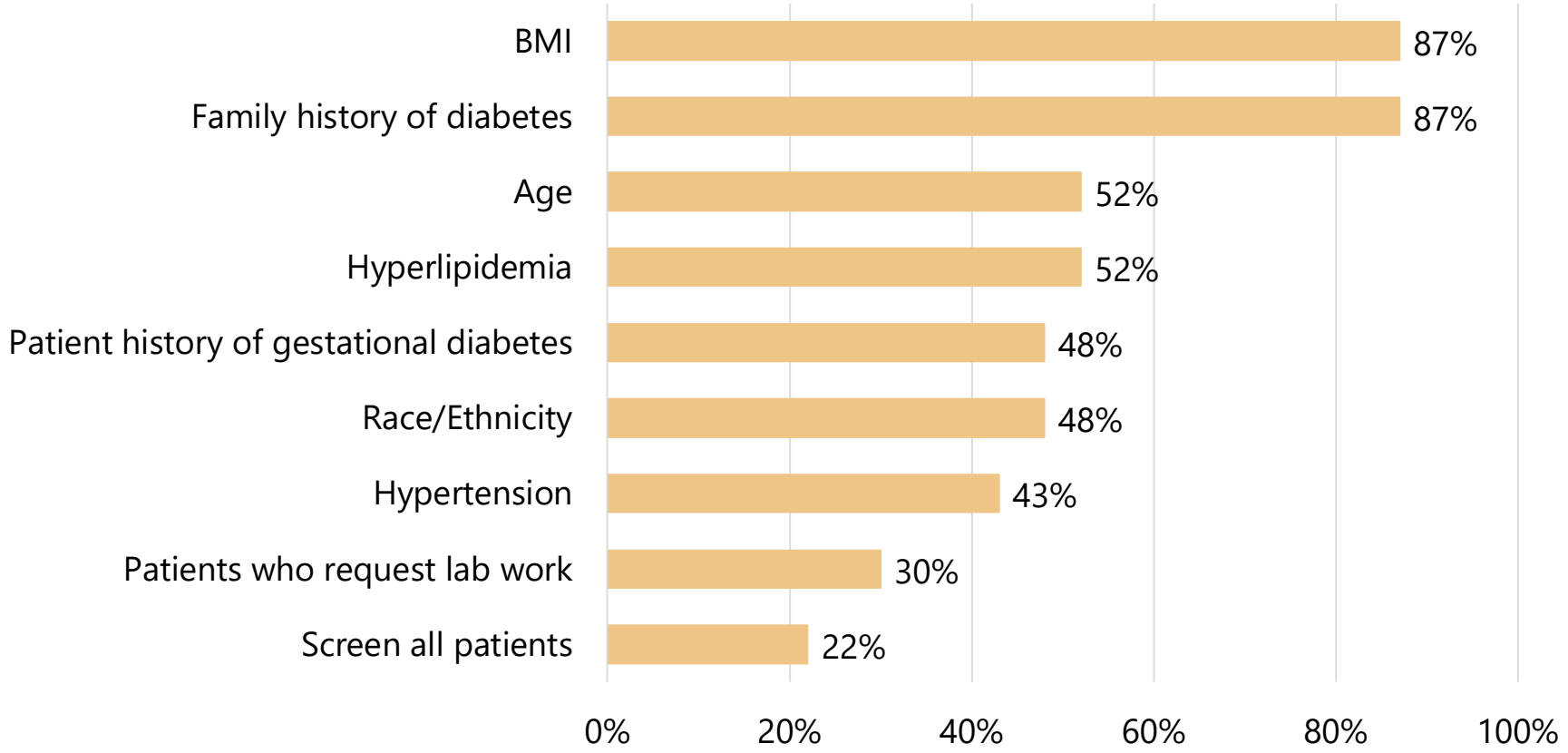
Survey Results – Screen

- **70% (n=23) reported staff in their organization routinely screen patients for prediabetes**
  - 50% (n=5) of health care organizations that do not screen their patients for prediabetes were independent physician practices
  - Most commonly (n=9, 39%) organizations reviewed patient medical history to screen for prediabetes
  - 30% (n=7) reported utilizing the ADA's Prediabetes Risk Test to screen patients
- **52% (n=12) reported their screening process was either an informal/unwritten protocol or there was no documented policy to screen patients for prediabetes**



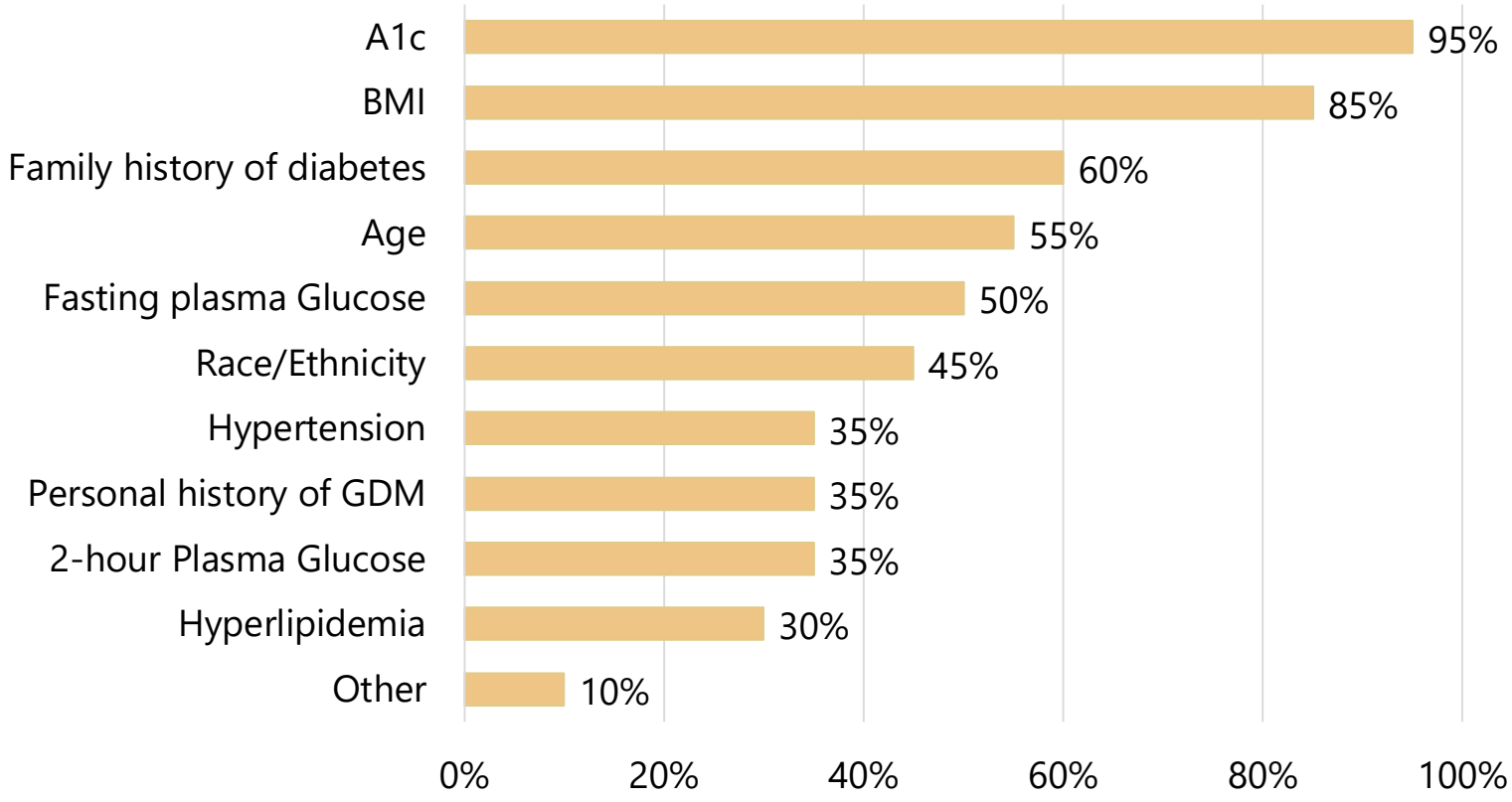
Survey Results – Screen (continued)

- **To warrant prediabetes screening for their patients, the majority of respondents (n=23) focused on four patient indicators: BMI, family history of diabetes, age, and hyperlipidemia.**



Survey Results – Test

- **Of the 23 orgs that reported screening for prediabetes, 20 (87%) respondents reported identifying prediabetes through the use of their EHRs**
- **Respondents (n=21) utilized the following indicators to identify patients with prediabetes:**

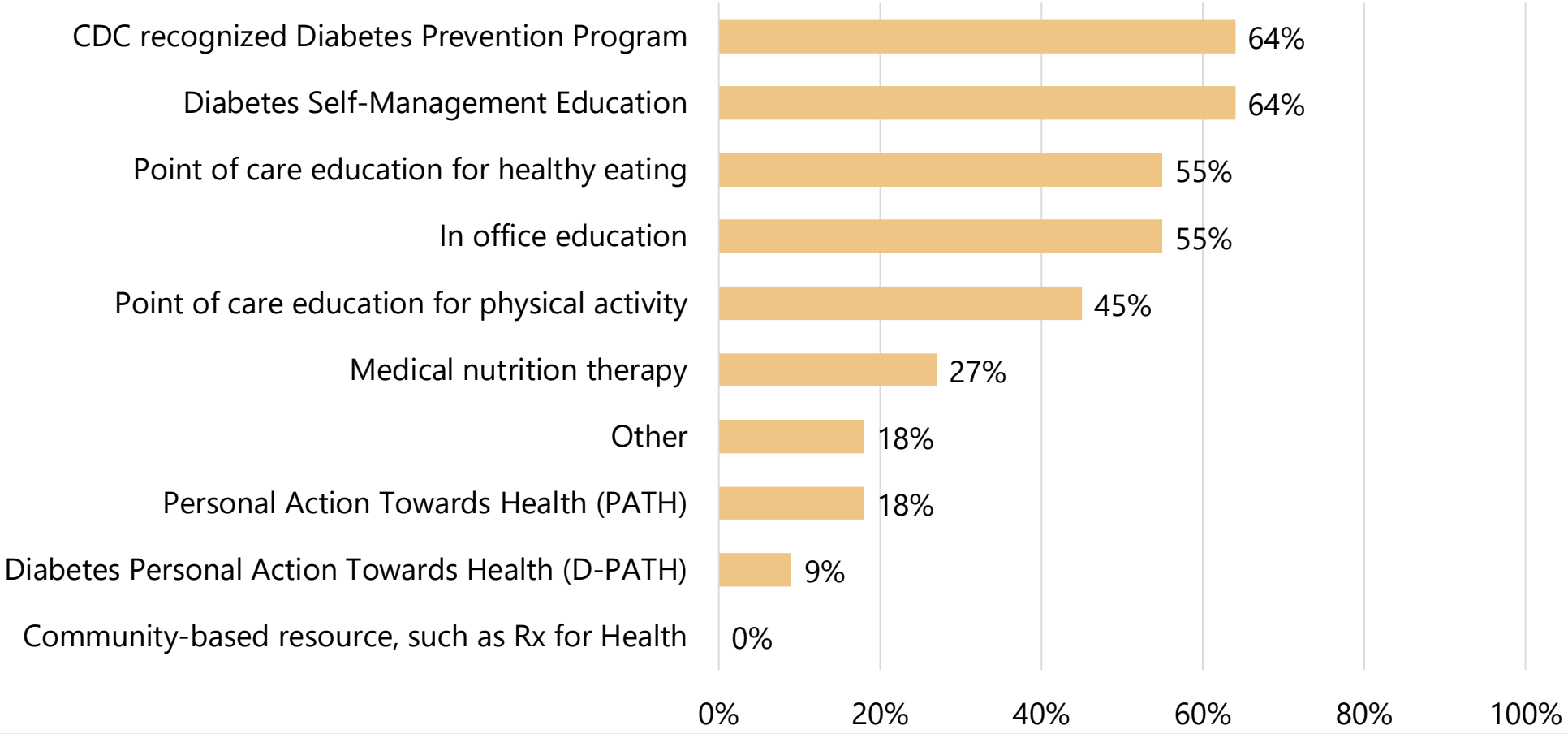


Survey Results – Test (continued)

- **85% (n=17) of laboratories flag patients with out-of-range glucose or A1c**
- **65% (n=13) that test patients for prediabetes use the prediabetes diagnosis code R73.03**
- **The vast majority of respondents:**
  - use the 5.7% to 6.4% range to determine prediabetes (n=13, 76%),
  - the 100mg/dL to 125mg/dL range to determine fasting blood glucose (n=12, 71%),
  - and the 140mg/dL to 199mg/dL range to determine postprandial (n=9, 53%)

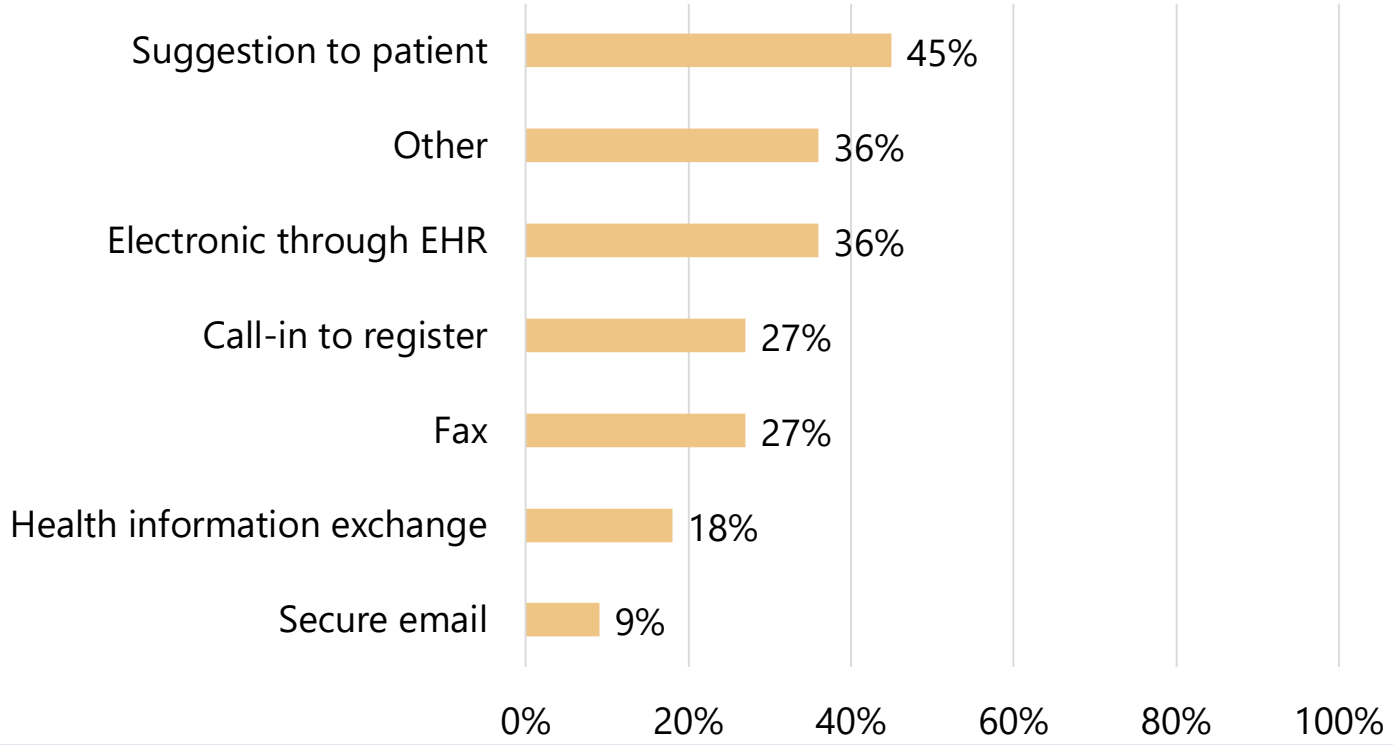
Survey Results – Refer

- **Of the 20 respondents testing patients for prediabetes, a total of 11 (55%) reportedly refer patients to CDC-recognized DPP or other lifestyle change programs**



Survey Results – Refer (continued)

- **Physicians/clinicians and medical assistants are the most common staff members responsible for referring patients to lifestyle change programs (n=8, 73%)**
- **And staff primarily suggest the lifestyle change program(s) to patients (n=5, 45%), rather than referring patients directly to a program**



Survey Results – Refer (continued)

- **Six respondents (60%) reported that receiving feedback on patient enrollment and/or progress in DPP or other lifestyle change program would be helpful**
  - Only (1) respondent provided input on specific types of feedback that would be most beneficial:
    - Percent weight loss
    - Average weekly physical activity
- **Respondents provided mixed responses in regards to how they preferred to receive feedback on patient progress**
  - Health information exchange (n=3)
  - Secure email (n=2)
  - Fax (n=1)
- **What would make it easier for providers to refer patients to DPP?**
  - Most effective (50%) = Classes located onsite
  - Least effective (38%) = Reimbursement

Barriers

- **Survey issues**
  - Did we ask the right questions in the right way?
  - Too long or too complicated?
  - No incentive to complete
- **Dissemination issues**
  - Did we reach the right people (those in the know) in the best way?
    - Would additional follow-up have increased the response rates?
    - Would others have more/different information?
    - Hard copy surveys?
    - Key informant interviews?
- **Low response rates**
  - Speaks to the lack of focus/knowledge/activity/etc. around prediabetes
- **Others?**

Recommendations

- **Educate practices/clinicians/health systems to broadly increase awareness of prediabetes and diabetes prevention**
- **For those interested, provide onsite technical assistance to adjust work flows and educate on how to leverage health information technology to identify, manage and refer patients with prediabetes**
- **Conduct key informant interviews or focus groups with practices to learn more about STR processes and increase understanding of current systems/policies**
- **Tie all educational efforts to the ongoing shift to value-based reimbursement (high quality/low cost) through programs such as the Quality Payment Program (QPP/MACRA/MIPS/APM)**
  - Piggy-backing on existing efforts/focus will increase adoption
  - Patient care SHOULD be the primary goal….but $$ is what usually gets the attention
- **Others??**

Next Steps?

- **Open discussion…**

Questions?

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