# Together 2 Goal®

Campaign Introduction Webinar March 17, 2016

### WEBINAR RECORDING



Slides and recording will be available the week of March 21 via:

- Email to campaign points of contact
- www.Together2Goal.org website
  - Select "Improve Patient Outcomes" and then "Webinars"



"When I heard about Together 2 Goal", it resonated with me. It's a major task but it's doable - and it's going to happen."

-Sugar Ray Leonard





### **DAVID MARRERO, PhD**

J.O. Ritchey Endowed Professor of Medicine and Director, Diabetes Translational Research Center, Indiana University School of Medicine; 2015 President, Health Care & Education, American Diabetes Association





# DEBORAH GREENWOOD, PhD, RN, BC-ADM, CDE, FAADE

2016 Immediate Past President, American Association of Diabetes Educators Board of Directors; Program Director, Sutter Health Integrated Diabetes Education Network; Research Scientist, Office of Patient Experience, Sutter Health







# **SOCIAL MEDIA CHANNELS**





@AMGAFhealth



/AMGAFhealth

# **MARKETING OPPORTUNITIES**



Local press release template

Newsletter articles

Social media posts

Brand guidelines

Logo access

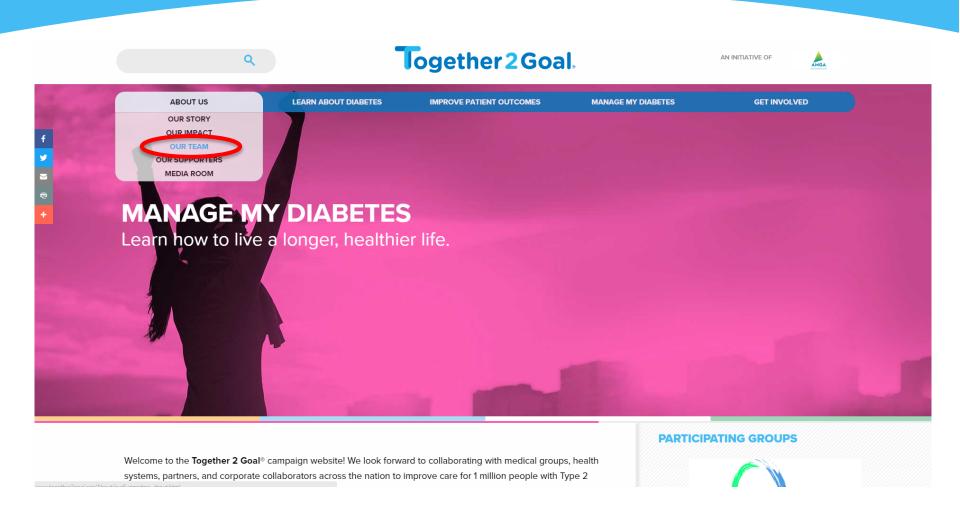


# WWW.TOGETHER2GOAL.ORG





# **OUR TEAM**





## **OUR PROGRAM TEAM**



Jerry Penso, MD, MBA
Chief Medical &
Quality Officer, AMGA
President, AMGA
Foundation

Kendra Gaskins
Director of
Chronic Care
Initiatives, AMGA
Foundation

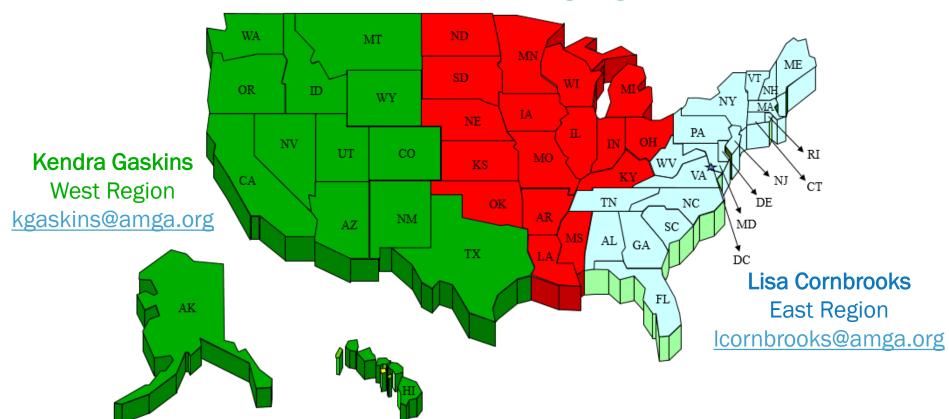
Lisa Cornbrooks
Senior Program
Manager, Chronic
Care Initiatives,
AMGA Foundation

Shannon Walsh
Program Manager,
Chronic Care
Initiatives, AMGA
Foundation



## **REGIONAL LIAISONS**

Shannon Walsh
Central Region
swalsh@amga.org





### NATIONAL ADVISORY COMMITTEE

- Ann Albright, PhD, RD, Director, Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
- **Deloris Ann Berrien-Jones, MD**, Internal Medicine, Physician Champion for Diabetes Initiative, Henry Ford Health System
- Lawrence P. Casalino, MD, PhD, Livingston Farrand Professor of Public Health Chief, Division of Health Policy and Economics, Department of Healthcare Policy and Research, Weill Cornell Medical College
- Kelly L. Close, MBA, Founder and Chair, The diaTribe Foundation; President and Founder, Close Concerns
- Jay Cohen, MD, FACE, Medical Director, Baptist Medical Group—The Endocrine Clinic
- R. James Dudl, MD, Diabetes Clinical Lead, Care Management Institute and Co-Director, Diabetes Guidelines Group, Kaiser Permanente
- **Dominick L. Frosch, PhD**, Chief Care Delivery Evaluation Officer, Palo Alto Medical Foundation; Senior Scientist, Palo Alto Medical Foundation Research Institute
- Deborah Greenwood, PhD, RN, BC-ADM, CDE, FAADE, 2016 Immediate Past President, American Association of Diabetes Educators Board of Directors; Program Director, Sutter Health Integrated Diabetes Education Network; Clinical Performance Improvement Consultant; Research Scientist, Office of Patient Experience, Sutter Health
- John W. Kennedy, MD, Endocrinology Department Director, Geisinger Health System



# NATIONAL ADVISORY COMMITTEE (CONTINUED)

- David G. Marrero, PhD, J.O. Ritchey Endowed Professor of Medicine and Director, Diabetes Translational Research Center, Indiana University School of Medicine; 2015 President, Health Care and Education, American Diabetes Association
- Robert E. Matthews, President and CEO, Medisync; Vice President, Quality, PriMed Physicians
- Victor M. Montori, MD, MSc, Consultant, Division of Endocrinology and Diabetes and Health Care and Policy Research, Mayo Clinic; Lead Investigator, Knowledge and Evaluation Research Unit, Mayo Clinic; Co-I, Center for Clinical and Translational Science, Mayo Clinic
- William H. Polonsky, PhD, CDE, Co-founder and President, Behavioral Diabetes Institute; Associate Clinical Professor, University of California, San Diego
- Hector P. Rodriguez, PhD, MPH, Chair, Faculty Group in Health Policy and Associate Professor of Health Policy and Management, University of California, Berkeley
- Marie W. Schall, MA, Director, Institute for Healthcare Improvement
- Kimberly Westrich, MA, Vice President, Health Services Research, National Pharmaceutical Council

### **SCIENTIFIC ADVISORY COMMITTEE**

- **Deloris Ann Berrien-Jones, MD**, Internal Medicine, Physician Champion for Diabetes Initiative, Henry Ford Health System
- Jay Cohen, MD, FACE, Medical Director, Baptist Medical Group—The Endocrine Clinic
- John Cuddeback, MD, PhD, Chief Medical Informatics Officer, AMGA Analytics
- R. James Dudl, MD, Diabetes Clinical Lead, Care Management Institute and Co-Director, Diabetes Guidelines Group, Kaiser Permanente
- Todd M. Hobbs, MD, Vice President, Chief Medical Officer Diabetes and Obesity, Novo Nordisk, Inc.
- David G. Marrero, PhD, J.O. Ritchey Endowed Professor of Medicine and Director, Diabetes Translational Research Center, Indiana University School of Medicine; President, Health Care and Education, American Diabetes Association
- Victor M. Montori, MD, MSc, Consultant, Division of Endocrinology and Diabetes and Health Care and Policy Research, Mayo Clinic; Lead Investigator, Knowledge and Evaluation Research Unit, Mayo Clinic; Co-I, Center for Clinical and Translational Science, Mayo Clinic
- Jerry Penso, MD, MBA, President, AMGA Foundation; Director, AMGA Foundation Board of Directors;
   Chief Medical and Quality Officer, AMGA
- R. Daniel Pollom, MD, Senior Medical Advisor, Diabetes, US Medical Affairs, Lilly, USA
- William H. Polonsky, PhD, CDE, Co-founder and President, Behavioral Diabetes Institute; Associate Clinical Professor, University of California, San Diego



### **MEASUREMENT COMMITTEE**

- John Cuddeback, MD, PhD, Chief Medical Informatics Officer, AMGA Analytics
- R. James Dudl, MD, Diabetes Clinical Lead, Care Management Institute and Co-Director, Diabetes Guidelines Group, Kaiser Permanente; Member, ADA Professional Practice Committee
- Avrim R. Eden, MD, MBA, Medical Director, Quality Health Care Services, Summit Medical Group
- Richard Fornadel, MD, Medical Director, Aetna
- Richard Hodach, MD, MPH, PhD, Chief Medical Officer, Phytel
- Mary Jane Lowrance, RN, MSN, MBA, Chief Nurse Executive, Community Physician Network
- Jerry Penso, MD, MBA, President, AMGA Foundation; Director, AMGA Foundation Board of Directors; Chief Medical and Quality Officer, AMGA
- Kristie Raker, PharmD, RD, CDE, Director, Professional Association Relations, Novo Nordisk
- Hector P. Rodriguez, PhD, MPH, Chair, Faculty Group in Health Policy and Associate Professor of Health Policy and Management, University of California, Berkeley
- Anne Sullivan, MD, FAAFP, Medical Director of Quality Programs, Baptist Medical Group
- Bruce Taylor, Director, Healthcare Strategy and External Affairs, Diabetes Care, Roche
- Sam VanNorman, MBA, MS, Vice President of Healthcare Economics and Analytics, OptumCare



# **OUR SUPPORTERS**



Welcome to the Together 2 Goal® campaign website! We look forward to collaborating with medical groups, health

systems, partners, and corporate collaborators across the nation to improve care for 1 million people with Type 2



### **CAMPAIGN PARTICIPANTS**

### **AS OF MARCH 16, 2016**

- Abacus Health
- Advocate Medical Group
- AHS Oklahoma Physician Group, LLC dba Utica Park Clinic
- Arch Health Partners
- Arizona Community Physicians
- Austin Diagnostic Clinic, P.A.
- Austin Regional Clinic, P.A.
- Baptist Health Medical Group
- Baptist Medical Group
- Bassett Healthcare
- Baton Rouge Clinic
- Billings Clinic
- Boice-Willis Clinic, P.A.
- CareMount Medical, P.C.
- Carle Physician Group
- Centura Health Physician Group
- Christie Clinic, LLC
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- The Everett Clinic
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- Franciscan Missionaries of Our Lady Health System
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- Hattiesburg Clinic, P.A.
- HealthEast Care System
- Henry Ford Health System
- Henry Ford Medical Group
- Horizon Family Medical Group
- Intermountain Healthcare
- The Iowa Clinic, P.C.
- Kelsey-Seybold Clinic
- Lehigh Vallev Health Network
- Lehigh Valley Physician Group
- Lexington Clinic, P.S.C.
- Mercy Clinic-East Communities
- Mercy Clinic-Southwest Missouri Community
- Mercy Clinic-Springfield Communities
- Mercy Clinic-Fort Smith
- Mercy Medical Group (CA)
- Meritage Medical Network
- Mountain View Medical Group, P.C.
- New West Physicians, P.C.
- Northeast Georgia Physicians Group
- Northwell Health Physician Partners
- Northwest Primary Care Group, P.C.
- Norton Medical Group



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- Our Lady of the Lourdes Physician Group
- Palo Alto Medical Foundation
- Park Nicollet HealthPartners Care Group
- Piedmont Clinic, Inc.
- Piedmont Clinic Creekside Medical Clinic
- Piedmont Clinic Georgia Family Care
- Piedmont HealthCare, P.A.
- PIH Health Physicians
- The Polyclinic
- The Portland Clinic
- Premier Medical Associates, P.C.
- Premier Medical Group, P.C.
- Prevea Health
- PriMed Physicians
- Quincy Medical Group
- Revere Health
- Riverside Health System
- Riverside Medical Clinic
- Riverside Medical Group
- Rockford Health Physicians
- Rockwood Clinic
- Scripps Clinic Medical Group
- Scripps Coastal Medical Group
- Sentara Medical Group
- Sharp Community Medical Group
- Sharp Rees-Stealy Medical Group, Inc.
- Signature Partners

- Southeastern Integrated Medical
- Spectrum Health Medical Group
- Springfield Clinic
- SSM Health (including Dean Health Plan)
- St. Elizabeth Physicians (LA)
- St. Francis Medical Group
- Summit Medical Group, P.A.
- Susquehanna Health Medical Group
- Sutter Health
- Sutter Medical Foundation
- SwedishAmerican Health System
- ThedaCare Physicians
- Tulane University Medical Group
- UMass Memorial Healthcare & Medical Group Population Health
- Union Associated Physicians Clinic, LLC
- Unity Health Care
- UnityPoint Clinic
- University of South Florida Health
- University of Utah Community Clinics
- USMD Health System
- Valley Medical Group
- Watson Clinic, LLP
- Weill Cornell Physician Organization
- Wellmont Medical Associates
- Westchester Health Associates
- Western Montana Clinic
- WESTMED Medical Group, P.C.
- Wheaton Franciscan Medical Group
- Wilmington Health



# NON-PROFIT PARTNERS & SUPPORTING ORGANIZATIONS





















## **CORPORATE COLLABORATORS**



**Presenting Corporate Collaborator** 





**Principal Corporate Collaborators** 





**Contributing Corporate Collaborators** 



**Corporate Collaborator** 



Together 2 Goal. AN INITIATIVE OF ABOUT US LEARN ABOUT DIABETES IMPROVE PATIENT OUTCOMES **GET INVOLVED** DATA REPORTING WEBINARS ADDITIONAL PROVIDER RESOURCE LEARN ABOUT DIABETES Get the facts about Type 2 diabetes.

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Together 2 Goal.

**PARTICIPATING GROUPS** 

# **EMPOWER PATIENTS**



**Build an Accountable Diabetes Team** 



& Behavioral Support



Refer to Diabetes Self-Management Education & Support Programs

# IMPROVE CARE DELIVERY



**Conduct Practice-Based Screening** 



Adopt Treatment Algorithm



Measure HbA<sub>1C</sub> Every 3-6 months



Assess & Address Risk of Cardiovascular Disease



Contact Patients Not at Goal & with Therapy Change within 30 Days

# LEVERAGE INFORMATION TECHNOLOGY



**Use a Patient Registry** 



Embed Point-of-Care Tools



**Publish Transparent Internal Reports** 

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## **DOMAINS**

# **EMPOWER PATIENTS**



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& Behavioral Support



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# LEVERAGE INFORMATION TECHNOLOGY



**Use a Patient Registry** 



**Embed Point-of-Care Tools** 



Publish Transparent Internal Reports

### **PLANKS**

# **CAMPAIGN TOOLKIT**

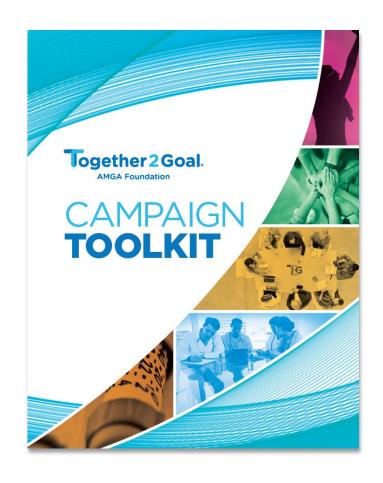
Together 2 Goal. AN INITIATIVE OF ABOUT US LEARN ABOUT DIABETES IMPROVE PATIENT OUTCOMES MANAGE MY DIABETES **GET INVOLVED WEBINARS** ADDITIONAL PROVIDER RESOURCES **MANAGE MY DIABETES** Learn how to live a longer, healthier life. **PARTICIPATING GROUPS** Welcome to the Together 2 Goal® campaign website! We look forward to collaborating with medical groups, health

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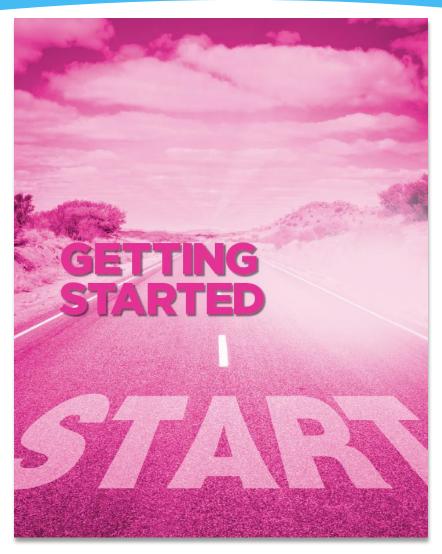


## **CAMPAIGN TOOLKIT**

- Available online today
- Printed version will be mailed in April 2016
- Sections:
  - Introduction
  - Getting Started
  - Implementing the Planks
  - Appendix



# **CAMPAIGN TOOLKIT: GETTING STARTED**



## **CAMPAIGN TOOLKIT: GETTING STARTED CHECKLIST**

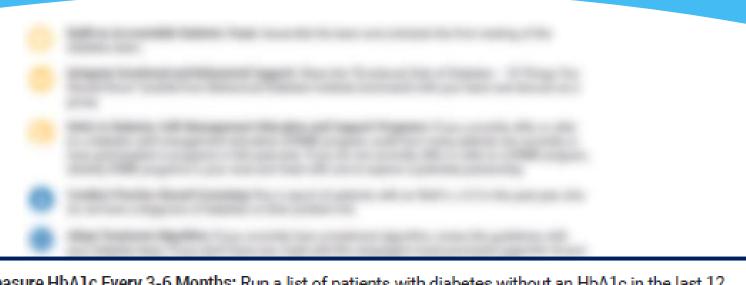
- 1. Secure buy-in from all relevant key stakeholders.
- 2. Assemble your Together 2 Goal® team.
- 3. Ensure access to accurate and timely data.
- 4. Understand baseline performance and outline improvement goals.
- 5. Pick campaign plank(s) for implementation.
- 6. Develop a Together 2 Goal® communications plan.



# **CAMPAIGN TOOLKIT: QUICK WINS**

- Build an Accountable Diabetes Team: Assemble the team and schedule the first meeting of the diabetes team.
- Integrate Emotional and Behavioral Support: Share the "Emotional Side of Diabetes 10 Things You Should Know" booklet from Behavioral Diabetes Institute (enclosed) with your team and discuss as a group.
- Refer to Diabetes Self-Management Education and Support Programs: If you currently offer or refer to a diabetes self-management education (DSME) program, audit how many patients are currently or have participated in programs in the past year. If you do not currently offer or refer to a DSME program, identify DSME programs in your area and meet with one to explore a potential partnership.
- Conduct Practice-Based Screening: Run a report of patients with an HbA1c ≥ 6.5 in the past year who do not have a diagnosis of diabetes on their problem list.
- Adopt Treatment Algorithm: If you currently have a treatment algorithm, review the guidelines with your diabetes team. If you don't have one, meet with the campaign's most prominent supporter at your organization to determine the next steps in developing or adopting a treatment algorithm.
- Measure HbA1c Every 3-6 Months: Run a list of patients with diabetes without an HbA1c in the last 12 months.
- Assess and Address Risk of Cardiovascular Disease: Identify 1-2 physicians willing to integrate cardiovascular disease risk assessment using the ACC/AHA ASCVD Risk Calculator into their workflow as a pilot project.
- Contact Patients Not at Goal and with Therapy Change within 30 Days: Run a report of patients whose last A1c > 9 without an office visit in the past six months.
- Use a Patient Registry: If you currently use a patient registry, work with your vendor to determine if there are useful reports within the registry that you may not be using. If you do not currently use a patient registry, schedule a meeting with your EHR vendor to discuss registry options.
- Embed Point-of-Care Tools: If you currently embed point-of-care tools, conduct an inventory of the diabetes-specific tools that have been implemented. If you do not currently embed point-of-care tools, inventory the diabetes tools available in your EHR.
- Publish Transparent Internal Reports: If you currently publish transparent internal reports, host a small focus group to understand perceptions and effectiveness of current reports. If you do not currently publish transparent internal reports, pilot transparent internal reports at one site of care.

# **CAMPAIGN TOOLKIT: QUICK WINS**





Measure HbA1c Every 3-6 Months: Run a list of patients with diabetes without an HbA1c in the last 12 months.

### **CAMPAIGN TOOLKIT: PLANKS**

### **BUILD AN ACCOUNTABLE** DIABETES TEAM



The organization creates a diabetes team that accepts accountability for overall performance and achievement of goals. The team consists of engaged, multi-disciplinary participants who will address all aspects of diabetes care. Team composition is flexible and adapted to each organization and its culture.

#### STEP I: ESTABLISH A TEAM

- Assemble a core team that consists of 8-10. members across the organization. First those with an interest and/or skills who will be committed throughout the compaign. The team may consist of a patient or family member, Primary Case Physician. Advanced Practice Provider, Endocrinologist, Nurse, Certified Medical Assistant, Office Manager, Quality Manager, Information Technologist, Certified Diabetes Educator, and/or Dietitian.
- Identify extended team members (e.g., Pharmacist, Administrator, Podiatriot, Optionetrod, Dentist, Health Coach, Specialty Provider, Behavioral Health Practitioner, Community Liaison) to support the core bearn of different intervals.
- Identify project management support to oversee campaign activities and responsibilities:

#### STEP 2: SCHEDULE THE FIRST TEAM MEETING

- Prepare or review a charter that identifies performance goals and related measures and an action plan that includes apecific measureable objectives and related activities; responsibility for each objective; timeframe to complete each objective, and resources available or needed (e.g., support staff, data reports, financial).
- Appent a leader who can perenate internal support. and secure commitment and resources from senior
- Select a "physician champion" who will gather. support from the other physicians.
- Schedule regular team meetings, at least monthly.

 Commit to transparency and sharing of results. throughout the organization.

### STEP 3: HOLD ONGOING MEETINGS

#### At each meeting, the team will:

- Evaluate current procedures and guidelines for diabetes management to evaluate if processes
- Review and discuss data reports to evaluate the team's progress towards improvement.
- Review the action plan and have each member report on their specific objective(s).
- Identify early indicators of success and challenges preventing the team from meeting objectives.
- Determine process changes that need to occur as a result of successful interventions.
- invite extended team members (as needed) to the meetings to build collaboration.
- Ensure development and implementation of internal communication plan.

#### STEP 4: CELEBRATE SUCCESS

- Communicate your team's progress and success to the rest of the regenization through versus. channels (e.g., employees, department meetings, board meetings)
- Acknowledge the members of the team and others who contributed to the success of the program.

### **TOOL: CLINIC TEAM ROLES**

Used with permission from Intermountain Healthcare. Copyright 2001-2015, Intermountain Healthcare.

#### COLLABORATIVE PHARMACY MANAGEMENT

The collaborative pharmacy model of disease management is an emerging program to help providers achieve clinical goals and improve satisfaction for patients with dyslipidemia, diabetes, and/or hypertension.

This program allows providers to partne with a pharmacist for support in selecting. rmation on this program, contact jeff.olson@imail.org.

### PROPOSED ORDERS

iCentra will have the following advisories and the MA should propose orders to assist with the following advisories if they fire:

- . Creatinine blood test (yearly) . 8-12 blood tes
- \* ACE/ARB
- . HbA1c (every 6 months, or every 3 months if HbA1c is greater than 9)
- . Urine ACR (yearly)
- See ophthalmology for 2-year exam, or enter date of last eye exam for eye professional

#### ADDITIONAL SUPPORT FROM THE CARE MANAGEMENT TEAM

The care management team should support

- . Collaborating with physician on patient
- management and education . Collaborating with physician to identify and
- . Working the diabetes bundle reports

#### ▶ CLINIC TEAM ROLES

A clinic visit for a patient with diabetes requires the support of the entire team to assure comprehensive care. The following algorithm suggests general responsibilities to help a clinic team share accountability for diabetes management.

#### ▶ ALGORITHM: PATIENT VISIT

Prior to visit PSR prints worksheet for diabetes appointments and PATIENT CARE MANAGEMENT TEAM scrubs schedule to identify patient need

### Patient check in

### Patient Rooming (Medical Assistant)

#### Orders and tests

- · Enter responses from patient worksheet · Propose orders as prompted by iCentra Record vital signs, including height, weight, (see sidebar at left)
- BP, and PAVS . Perform A1c test as needed Download data from glucose meter. · Administer PHO-2 to natients who have not
  - had one in the last 12 months
- · Document problems as directed by provider
- Medications and allergies
- · Reconcile medications · Verify and document allergies
- · Any additional education

if applicable

Data

- If PHQ-2 is positive, administer PHQ-9
- Patient preparation
- preparation for foot exam
- . Notify care manager of patients requesting any additional education

### Patient Visit (Primary Care Provider)

### Management

#### · Review responses to diabetes questionnaire Document diabetes in the problem list

### (if not already done), including date of

### Orders and tests

- · Consider preordering labs for next visit Perform foot exam and record results
- · Review and sign all proposed orders

#### . Manage diabetes based on CPM guidelines

- · Collaborate with pharmacist as needed (see sidebar at left)
- . Identify nationts whose comorbid to pursing treatment goals
- . Determine compliance with diet and exercise recommendations

### . Determine need for vaccinations

- for patients who are not at goal per CPM
- . Encourage patients to work with care manager or health advocate as needed



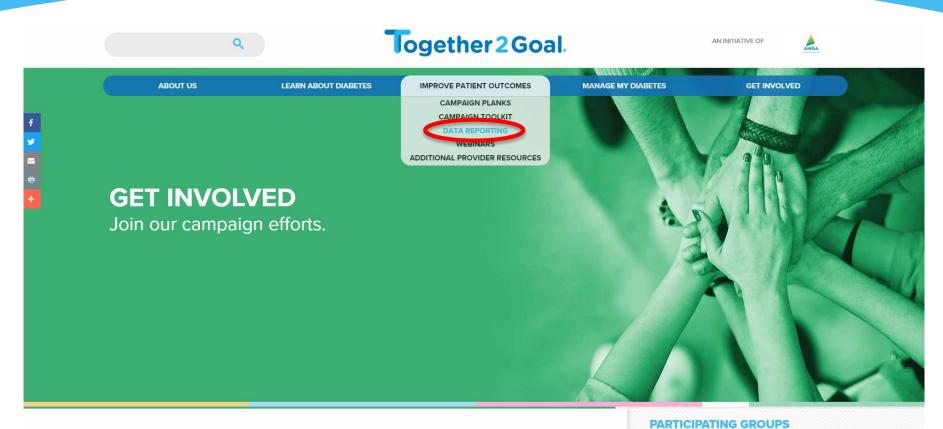
### **CAMPAIGN TOOLKIT**

### TOGETHER 2 GOAL\* CAMPAIGN TOOLKIT WORKGROUP

Thanks to the Together 2 Goal® Campaign Toolkit Workgroup members for contributing their time and expertise in reviewing the content of this resource, including campaign plank overviews and accompanying tools and resources. Workgroup members include:

- Parag Agnihotri, MD, Medical Director, Continuum of Care, Sharp Rees-Stealy Medical Group
- Deloris Berrien-Jones, MD, Internal Medicine, Physician Champion for Diabetes Initiative, Henry Ford Health System
- Frank Colangelo, MD, FACP, Chief Quality Officer, Premier Medical Associates, PC
- Joan Compton, RN, MSHA, Director, Clinical Innovation Department, Colorado Springs Health Partners
- Roberta Eis, RN, BSN, MBA, Manager, Henry Ford Medical Group Primary Care
- Deborah Greenwood, PhD, RN, BC-ADM, CDE, FAADE, 2016 Immediate Past President, American Association of Diabetes Educators Board of Directors; Program Director, Sutter Health Integrated Diabetes Education Network; Clinical Performance Improvement Consultant; Research Scientist, Office of Patient Experience, Sutter Health
- Betty Sedlor, RN, Clinical Outcomes Analyst, Colorado Springs Health Partners

# **DATA REPORTING**

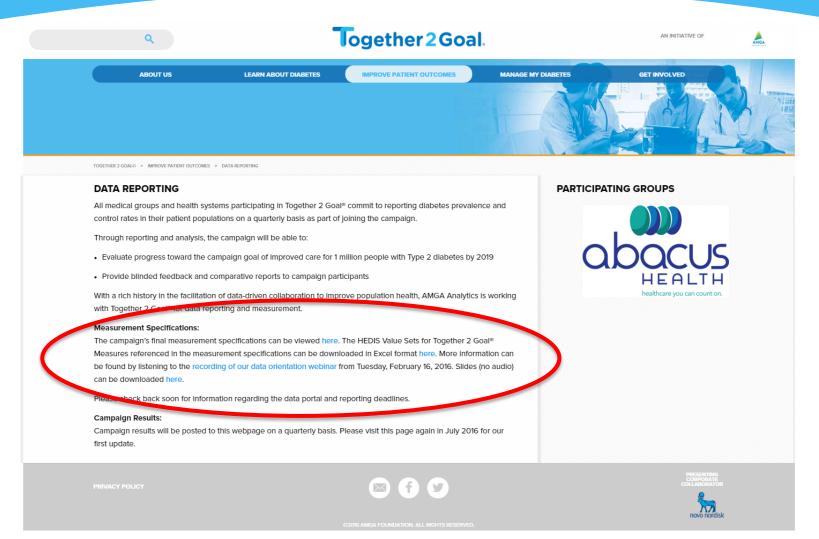


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# FINAL MEASUREMENT SPECIFICATIONS & RECORDING OF DATA ORIENTATION WEBINAR

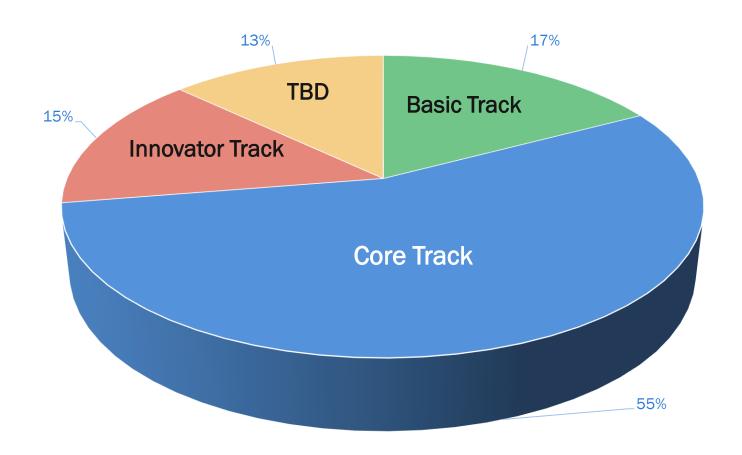




# **MEASUREMENT TRACKS**

	Basic	Core (Bundle)	Innovator
HbA <sub>1C</sub> control < 8 percent	Optional	٧	٧
BP control < 140/90 mmHg		٧	٧
Lipid management		√ Statin prescribed	√ Statin adherence
Medical attention for nephropathy		٧	٧
Non-smoking status			?
Body mass index			?
Foot exam performed			?
Eye exam performed			?
Other (e.g., patient engagement, functional outcomes, quality of life, overuse measurement)			٧

# CAMPAIGN PARTICIPANTS BY DATA REPORTING TRACK





#### **CAMPAIGN PARTICIPANTS: CORE TRACK**

- Abacus Health
- AHS Oklahoma Physician Group, LLC dba
   Utica Park Clinic
- Arizona Community Physicians
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- Baptist Medical Group
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- Spectrum Health Medical Group
- SSM Health (including Dean Health Plan)
- Sutter Medical Foundation
- ThedaCare Physicians
- Tulane University Medical Group
- Union Associated Physicians Clinic, LLC
- UnityPoint Clinic
- University of South Florida Health
- Valley Medical Group
- Watson Clinic, LLP
- Weill Cornell Physician Organization
- Westchester Health Associates
- WESTMED Medical Group, P.C.
- Wheaton Franciscan Medical Group
- Wilmington Health



#### **CAMPAIGN PARTICIPANTS: ADDITIONAL TRACKS**

#### **BASIC TRACK**

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- Susquehanna Health Medical Group
- UMass Memorial Healthcare & Medical Group Population Health
- Unity Health Care

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- USMD Health System

## To select a track or advance your track:

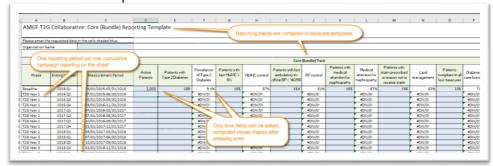
Email your regional liaison or together2goal@amga.org.



#### **DATA REPORTING**

- Participating AMGA members will have two options\* to report data:
  - 1. Excel template
  - 2. Data portal
- Email in mid-April 2016 will include:
  - Excel template based on your track
  - Data portal URL and credentials
  - User guides

#### Excel template:



#### Data portal:



\*Note: As a benefit to Anceta participants, AMGA Analytics (Anceta) will automatically report data on your organization's behalf according to the Core Track. Anceta will reach out in advance of the reporting deadline to review your data.



# MEASUREMENT PERIODS AND REPORTING TIMELINE

	Measurement Periods (Defined by Quarters)	Measurement Periods (Defined by Months and Days)	Reporting Deadline	Blinded, Comparative Reports Sent to Participating Organizations	
T2G Baseline:	<b>2016 Q1</b> (2015 Q2 - 2016 Q1)	<b>2016 Q1</b> (2015 Apr 1 - 2016 Mar 31)	June 1, 2016	July 15, 2016	
T2G Year 1:	<b>2016 Q2</b> (2015 Q3 - 2016 Q2)	<b>2016 Q2</b> (2015 Jul 1 - 2016 Jun 30)	September 1, 2016	September 23, 2016	
	<b>2016 Q3</b> (2015 Q4 - 2016 Q3)	<b>2016 Q3</b> (2015 Oct 1 - 2016 Sep 30)	December 2, 2016	December 22, 2016	
	<b>2016 Q4</b> (2016 Q1 - 2016 Q4)	<b>2016 Q4</b> (2016 Jan 1 - 2016 Dec 31)	March 1, 2017	March 24, 2017	
	<b>2017 Q1</b> (2016 Q2 - 2017 Q1)	<b>2017 Q1</b> (2016 Apr 1 - 2017 Mar 31)	June 1, 2017	June 23, 2017	
T2G Year 2:	<b>2017 Q2</b> (2016 Q3 - 2017 Q2)	<b>2017 Q2</b> (2016 Jul 1 - 2017 Jun 30)	September 1, 2017	September 22, 2017	
	<b>2017 Q3</b> (2016 Q4 - 2017 Q3)	<b>2017 Q3</b> (2016 Oct 1 - 2017 Sep 30)	December 1, 2017	December 22, 2017	
	<b>2017 Q4</b> (2017 Q1 - 2017 Q4)	<b>2017 Q4</b> (2017 Jan 1 - 2017 Dec 31)	March 1, 2018	March 23, 2018	
	<b>2018 Q1</b> (2017 Q2 - 2018 Q1)	<b>2018 Q1</b> (2017 Apr 1 - 2018 Mar 31)	June 1, 2018	June 22, 2018	
T2G Year 3:	<b>2018 Q2</b> (2017 Q3 - 2018 Q2)	<b>2018 Q2</b> (2017 Jul 1 - 2018 Jun 30)	September 4, 2018	September 21, 2018	
	<b>2018 Q3</b> (2017 Q4 - 2018 Q3)	<b>2017 Q3</b> (2017 Oct 1 - 2018 Sep 30)	December 3, 2018	December 21, 2018	
	<b>2018 Q4</b> (2018 Q1 - 2018 Q4)	<b>2018 Q4</b> (2018 Jan 1 - 2018 Dec 31)	March 2, 2019	March 30, 2019	
	<b>2019 Q1</b> (2018 Q2 - 2019 Q1)	<b>2019 Q1</b> (2018 Apr 1 - 2019 Mar 31)	June 3, 2019	June 28, 2019	

# MEASUREMENT PERIODS AND REPORTING TIMELINE

	Measurement Periods (Defined by Quarters)	Measurement Periods (Defined by Months and Days)	Reporting Deadline	Blinded, Comparative Reports Sent to Participating Organizations	
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	(2015 Q3 - 2016 Q2)	(2015 Jul 1 - 2016 Jun 30)	September 1, 2016	September 23, 2016	
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	<b>2017 Q3</b> (2016 Q4 - 2017 Q3)	<b>2017 Q3</b> (2016 Oct 1 - 2017 Sep 30)	December 1, 2017	December 22, 2017	
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	<b>2018 Q4</b> (2018 Q1 - 2018 Q4)	<b>2018 Q4</b> (2018 Jan 1 - 2018 Dec 31)	March 2, 2019	March 30, 2019	
	<b>2019 Q1</b> (2018 Q2 - 2019 Q1)	<b>2019 Q1</b> (2018 Apr 1 - 2019 Mar 31)	June 3, 2019	June 28, 2019	

for baseline metrics:
June 1, 2016

### **WEBINARS**

Together 2 Goal. MANAGE MY DIABETES ABOUT US **LEARN ABOUT DIABETES** IMPROVE PATIENT OUTCOMES **GET INVOLVED CAMPAIGN PLANKS CAMPAIGN TOOLKIT** 60 LEARN ABOUT DIABETES
Get the facts about Type 2 diabetes.

Welcome to the **Together 2 Goal**® campaign website! We look forward to collaborating with medical groups, health systems, partners, and corporate collaborators across the nation to improve care for 1 million people with Type 2



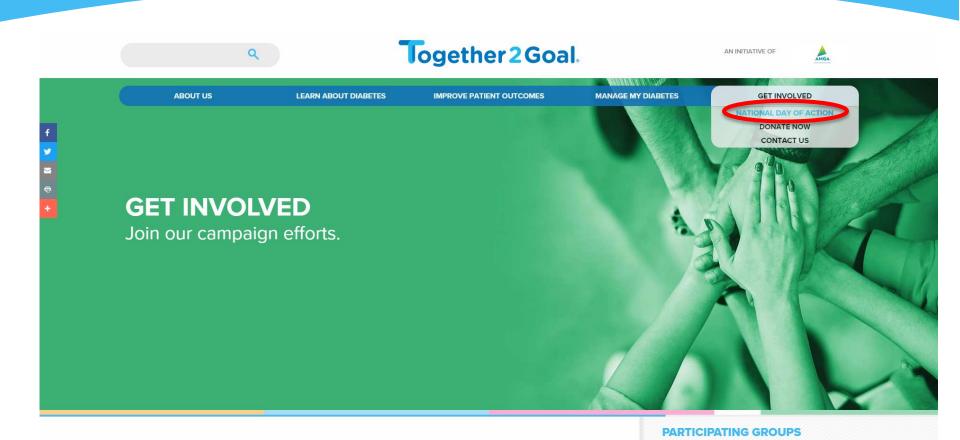


## TOGETHER 2 GOAL® WEBINAR SCHEDULE

WEBINARS WILL BE HELD FROM 2-3 P.M. EASTERN

Date	Topic	Presenter(s)
March 17, 2016	Together 2 Goal® Introduction	Together 2 Goal® Staff
April 21, 2016	Assess and Address Risk of Cardiovascular Disease	R. James Dudl, MD (Kaiser Permanente)
May 19, 2016	Measure HbA1c Every 3-6 Months	Parag Agnihotri, MD (Sharp Rees-Stealy Medical Group)
June 16, 2016	Build an Accountable Diabetes Team	Beth Averbeck, MD (HealthPartners Medical Group)
July 21, 2016	Refer to Diabetes Self-Management Education & Support Programs	Deborah Greenwood, PhD, RN, BC-ADM, CDE, FAACE (American Association of Diabetes Educators & Sutter Health) & Margaret Powers, PhD, RD, CDE (American Diabetes Association)
Aug. 18, 2016	Adopt Treatment Algorithm	Sharon Hamilton, RN, MS (Intermountain Healthcare)
Sept. 15, 2016	Use a Patient Registry & Publish Transparent Internal Reports	Patricia Thorbin, RN, BS, CPHQ (Watson Clinic LLC)
Oct. 20, 2016	Embed Point-of-Care Tools	Scott Hines, MD (Crystal Run Healthcare)
Nov. 10, 2016	Conduct Practice-Based Screening	John Cuddeback, MD, PhD (Anceta Collaborative) & Ann Albright, PhD, RD (CDC's Division of Diabetes Translation)
Dec. 15, 2016	Contact Patients Not at Goal & with Therapy Change within 30 Days	TBD
Jan. 19, 2017	Integrate Emotional & Behavioral Support	William Polonsky, PhD, CDE (Behavioral Diabetes Institute)

### **NATIONAL DAY OF ACTION**



Welcome to the **Together 2 Goal**® campaign website! We look forward to collaborating with medical groups, health systems, partners, and corporate collaborators across the nation to improve care for 1 million people with Type 2



#### NATIONAL DAY OF ACTION



May 5, 2016



November 3, 2016

## **ONGOING COMMUNICATIONS**





#### **ONGOING COMMUNICATIONS**

#### For general campaign inquiries:

- Contact your regional liaison
- Email together2goal@amga.org

#### For data questions:

Email <u>DataforT2G@amga.org</u>



## **2016 KEY CAMPAIGN DATES**

Activity	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Attend monthly campaign webinar	4/21	5/19	6/16	7/21	8/18	9/15	10/20	11/10	12/15
Participate in National Day of Action		5/5 (MUPD)						11/3 (T2G)	
Report data			6/1			9/1			12/2
Receive data reports				7/15		9/23			12/22



#### **NEXT STEPS**

- 1. Review Campaign Toolkit and its Getting Started Checklist.
- 2. Mark key dates on your calendar (see previous slide).
- 3. Email together2goal@amga.org with (if you have not yet):
  - Data reporting track.
  - Organization's logo for inclusion on our website.
- 4. Complete initial assessment survey in April (Primary contacts only).



# Questions?