



**GETTING
STARTED**

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No matter where you are on your journey, Together 2 Goal® provides a tailored pathway for diabetes improvement. This Getting Started section provides a checklist and quick wins to jumpstart your Together 2 Goal® campaign efforts.

The steps are not meant to be prescriptive, but helpful to your group in developing a systematic, logical method to improve the health care you deliver.

CHECKLIST

The Together 2 Goal® Getting Started Checklist will assist in preparing for your diabetes improvement journey ahead. For each step, consider if your team has completed the potential activities. If not, weigh the most important items and create a plan to accomplish each.

STEP 1: SECURE BUY-IN FROM ALL RELEVANT KEY STAKEHOLDERS.

Ensure Together 2 Goal® is seen as a top priority at your organization, by fostering support and commitment from key leaders and stakeholders. This buy-in will be important as your team works to secure the resources and attention needed for the project (e.g., data, staff time, budget). To do so:

- Meet with the campaign's most prominent supporter at your organization (e.g., Chief Executive Officer, Medical Director, Board of Directors).
- Talk with key Division Chiefs, Department Chairs, and administrative leaders in person to share information about the campaign and address any concerns they may have (e.g., staffing, resources).

STEP 2: ASSEMBLE YOUR TOGETHER 2 GOAL® TEAM.

It truly takes a team to improve diabetes management for your patient population. From care process modifications and data reporting to project management, different team members can be responsible for different roles. As you assemble your team:

- Identify 8-10 team members to lead your Together 2 Goal® campaign efforts (refer to Build an Accountable Diabetes Team on page 19). These team members will be critical to your success, so be strategic and select colleagues with relevant skills, enthusiasm, and influence to engage others across the organization.
- Ensure your team includes Champions that can drive the involvement and support of their peers.
- Conduct internal team kick-off meeting. Consider using the initial meeting to:
 - Orient team members to campaign goals, timeline, measures, and reports.
 - Define specific roles and responsibilities for each team member.
 - Review and document current diabetes processes, protocols, and education materials for patients and providers.
- Build accountability for senior leaders, physicians, and staff by creating plans that specify how you will monitor the implementation of campaign planks and measure campaign successes.
- Schedule regular team meetings for the duration of the campaign to develop and monitor your plan. Together 2 Goal® suggests monthly meetings initially.

STEP 3: ENSURE ACCESS TO ACCURATE AND TIMELY DATA.

Participating medical groups and health systems should determine your organization's approach to data collection, such as a clinical data repository or data warehouse that includes diabetes clinical measures. These data will be utilized throughout the campaign for internal and external reporting as well as measuring progress over the three-year effort.

- Schedule a meeting with your data analytics/information technology team and/or vendor. In this meeting:
 - Confirm if data is readily available or new processes will need to be developed
 - Determine how data will be extracted
 - Discuss and address any potential barriers
 - Review the Together 2 Goal® measure specifications and data reporting schedule (refer to Appendix D: Data Reporting for more information) to guide programming and planning.
- Share the campaign's webinar on Data Reporting with the data team as a resource. To access the recording, visit www.Together2Goal.org and select "Improve Patient Outcomes" and then "Webinars."

STEP 4: UNDERSTAND BASELINE PERFORMANCE AND OUTLINE IMPROVEMENT GOALS.

A baseline measurement of performance is a critical step for quality initiatives. Once you have your baseline rates, you will want to begin to understand and prioritize areas for improvement.

- Run a report on baseline diabetes performance using the campaign measure specifications. If available, segment the results by care site and providers.
- Create a flowchart of current processes to better understand how diabetes is managed and treated in your system. The resulting diagram will allow the team to visualize patient flow, as well as discover and address opportunities of improvement such as redundancies, bottlenecks, and/or gaps in care to achieve greater efficiency.
 - Document the step-by-step actions experienced by a typical patient and by a typical care team. This should include activities before the visit (e.g., scheduling, lab tests, reminders), during the visit (e.g., arrival, rooming, decision-making, after-visit summary) and after the visit (e.g., education, follow-up calls, home monitoring).
 - Include information about who is responsible, time constraints, and necessary resources.
- Use baseline data to identify high-performing providers and sites of care. Meet with the physicians, care teams, and leaders to discover their best practices and create a plan to disseminate these across the organization.
- Begin to understand and prioritize at least two tactics for improvement—with a balance of short-term, less-resource intensive interventions and long-term, more-resource intensive ones.

Note: For additional support in creating a flowchart of current processes, we recommend watching the Institute for Healthcare Improvement's related video, available at <http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard11.aspx>.

STEP 5: PICK CAMPAIGN PLANK(S) FOR IMPLEMENTATION.

Implementation of at least one “campaign plank” (evidence-based care process) is at the heart of Together 2 Goal®—and how the campaign aims to improve care for 1 million people with Type 2 diabetes. Learn more about the campaign planks in Introduction to Together 2 Goal® (page 7) and Implementing the Campaign Planks (pages 19-110).

- Review each of the plank overviews and accompanying tools available in the “Implementing the Planks” section. Find the best match for the areas of improvement you have chosen.
- Start with one plank before adopting the next, but plan on implementing additional planks over time.
- Create an action plan to implement the plank(s). The plan should address:
 - Key areas for improvement
 - Plan for accomplishing the improvement in each area, including measureable goals and the activities needed to achieve these goals
 - Project leader and team (be sure to include individuals that directly work in the area that is under improvement)
 - Quantitative and qualitative measurements to monitor progress
 - Timelines and deadlines
- Modify your baseline flowchart to incorporate the changes you will make to adopt the plank. Be specific—note on your chart who will do what and when they will do it.
- Implement the campaign plank(s) using your action plan as a reference. Consider introducing the changes at a single site of care as a pilot before system-wide implementation. Consider the “Quick Wins” on page 16 for suggested initial steps that will generate momentum and show progress.
- Monitor the revised process to ensure the change is implemented and sustained over time. Documenting the changes in writing in policies and procedures can assist in assuring standardization, sustaining the activities, and training new staff.

STEP 6: DEVELOP A TOGETHER 2 GOAL® COMMUNICATIONS PLAN.

With the right messaging and delivery, your Together 2 Goal® efforts can be visible across your organization and community.

- Prepare an “elevator speech”—a quick way to communicate objectives in a clear, compelling manner—about the campaign. Consider including why the diabetes campaign is important, how your organization will achieve the goal, and what specific changes each physician or staff member will need to make in order for the project to be successful.
- Schedule a meeting with your communications, marketing, and/or public relations team and/or agency. In this meeting, begin to discuss:
 - Target audiences (internal and external) who should be made aware of your organization’s Together 2 Goal® efforts
 - Goals and objectives of this communication
 - Messages that align with the goals and objectives
 - Strategies and tactics for reaching these audiences (e.g., email newsletters, media outreach, social media, paid advertisements)
- Develop the communications plan using information gathered in the initial meeting. Ensure the plan includes responsibilities, timelines, and evaluation mechanisms to determine if the communications activities are reaching your target audiences with the right messaging through the identified channels and achieving the selected goals.

QUICK WINS

“Quick wins” can generate momentum and sustain enthusiasm for the campaign over time. By breaking down each plank into a number of smaller steps and accomplishing one, morale will be boosted, progress will be perceived, and leadership will be engaged.

Consider these “quick wins” for each plank, identified by Together 2 Goal® staff:



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.