LESSONS FROM THE FIELD
BRONXCARE DIABETES CENTER OF EXCELLENCE
Bronx, New York
Systematic Screening and Assessment of Diabetes Intervention Programs

BRONXCARE DIABETES CENTER OF EXCELLENCE DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT PROGRAM

The BronxCare Diabetes Center of Excellence is an Association of Diabetes Care and Education Specialists-accredited hospital and a Federally Qualified Health Center (FQHC)-based Diabetes Self-Management Education and Support (DSMES) program. Since 2011, the program has operated within a hospital campus—with four additional FQHCs—as part of a large, not-for-profit health system. The DSMES program is housed in BronxCare's Division of Diabetes Education and Nutrition within the Population Health Department—along with the care transition, care coordination, and social work programs. BronxCare works with various community health organizations, including a national diabetes foundation, a local pharmacy, and the local health department.

WHAT IS THE SYSTEMATIC SCREENING AND ASSESSMENT (SSA) PROCESS?

SSA identifies innovative practice-based programs to help decide if a more rigorous evaluation would be valuable. The five key SSA steps function as a set of filters to identify highly promising programs that are ready for rigorous evaluation.


Scan public information about the National Diabetes Prevention Program (National DPP) and Diabetes Self-Management Education and Support (DSMES) programs using relevant criteria.

An expert panel identifies a subset of programs to consider using.

Conduct evaluability assessment that includes a site visit for four selected national DPP and four selected DSMES programs.

An expert panel reviews evaluability assessment results and makes recommendations on programs that are ready for rigorous evaluation.

Distribute results through briefs on lessons learned and present findings.

EXPERT PANEL REVIEW

EVALUABILITY ASSESSMENT

SECOND EXPERT PANEL MEETING

INFORMATION USE
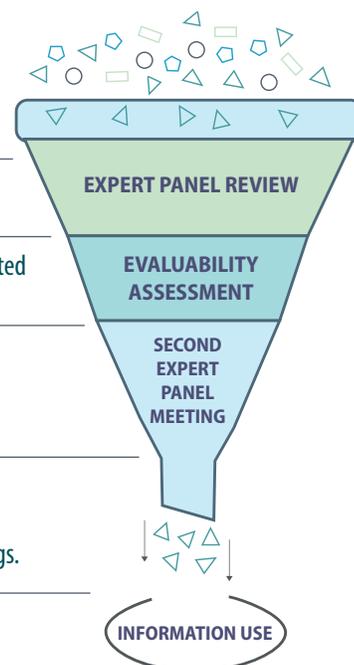
EVALUABILITY ASSESSMENT CRITERIA

Cultural Tailoring	Identify intervention approaches that fit the cultural identity of the populations they serve.
Innovative Strategies	Assess interventions' use of strategies to identify, recruit, enroll, and retain participants.
Evidence of Effectiveness	Prove effectiveness in improving knowledge, behavioral, and clinical measures.
Data System Capacity	Assess the program's ability to collect and report baseline and follow-up data on program participants.
Organizational Capacity	Confirm that sponsoring organization and staff can participate fully in the assessment.
Stakeholders and Partners	Collect information on program partners, collaborators, and other stakeholders assisting in program implementation.

CDC

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

KEY ACTIVITIES

BronxCare uses a variety of activities to engage program participants.

Cultural Tailoring

• Provides program materials, medication instructions, and other education sessions in Spanish for sites serving Latino participants.

• Offers translation phones in hospital rooms and clinics for bilingual and multilingual participants.

• Provides prayer rooms for participants in the African diaspora clinic.

Recruitment and Enrollment

• Encourages physicians to support the program by referring persons from high-burden populations to the DSMES program for enrollment.

• Conducts community recruitment outreach at mosques, churches, and health fairs.

• Ensures a shared ethnic and cultural background between community health workers (CHWs) and potential participants who attend health fairs and outreach activities, and participants enrolled in the program.

Retention

• Uses phone and mail reminders from CHWs and program coordinators in the locations where upcoming meetings will be held to contact hard-to-reach participants or those with transportation barriers.

• Encourages collaboration between clinicians and CHWs to maintain a connection with participants and reinforce the importance of continued involvement.

PROGRAM ACCOMPLISHMENTS between AUGUST 2015 and AUGUST 2016

• 976 patients enrolled and 148 completed the program.

• Average A1C decreased 1.76 points over one year.

• Average LDL decreased 21.51mg/dL over one year.

LESSONS LEARNED

• **Data collection and evaluation.** BronxCare not only uses an electronic health record (EHR) system, but the FQHC has the capacity for robust data collection. The EHR aids in facilitating data tracking and data collection improvements within the FQHC.

• **Using data to show effectiveness and sustainability.** As the BronxCare system moves toward value-based payments, the DSMES program has produced data to show value and facilitate revenue generation and acquisition of private grants.

• **Cultural tailoring and engagement.** BronxCare uses CHWs from the same ethnic and cultural communities that they serve. Cultural sensitivity is important to the program, and all staff members have successfully completed cultural competency training. The training has been used in the hospital system's African diaspora clinic, which serves a large immigrant community.

FOR MORE INFORMATION

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