



# WASHINGTON STATE COLLABORATIVE

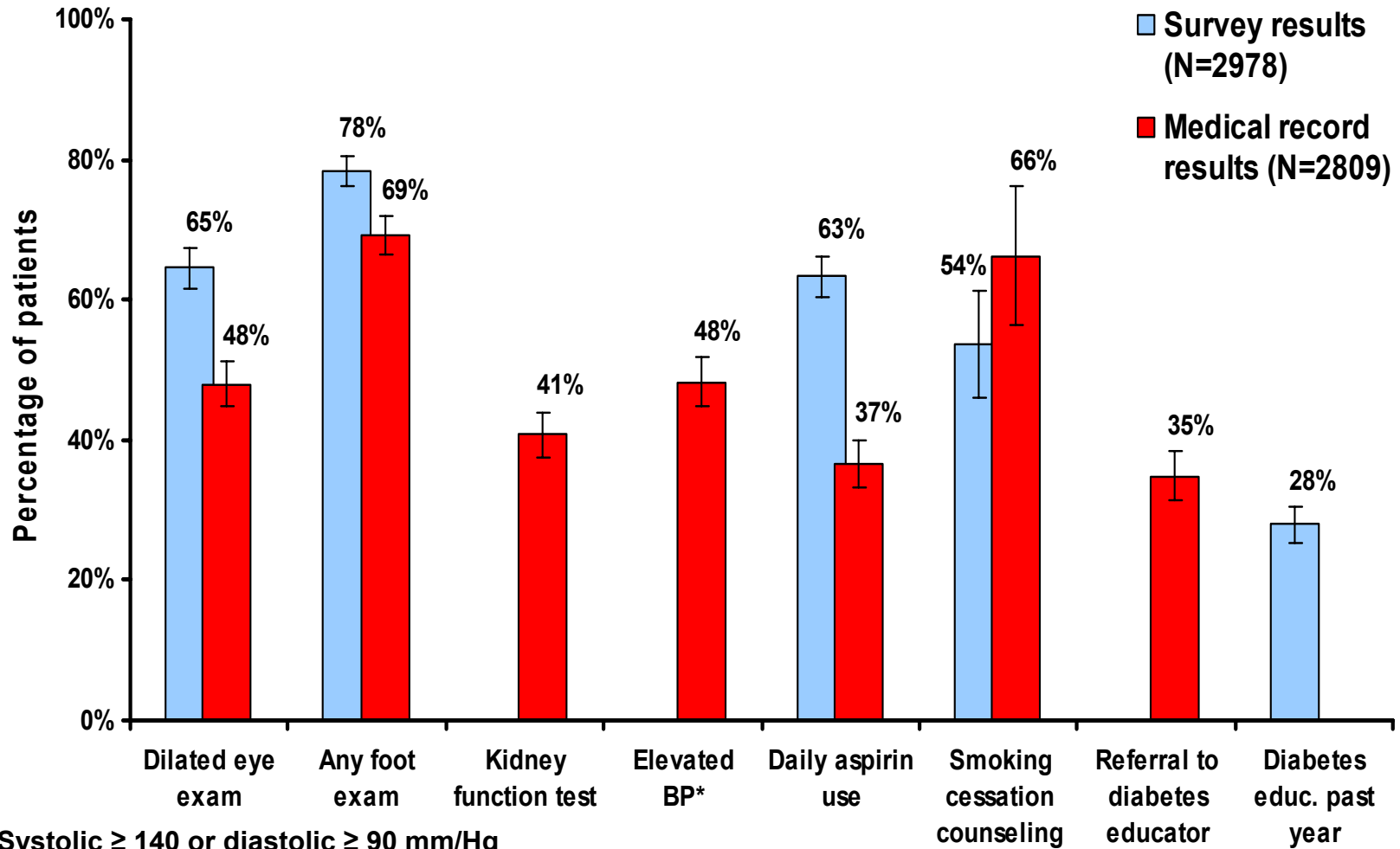
**Jan Norman, RD, CDE**  
**Washington State Department of Health**



# Data Collection

- Approximately 33,000 people with diabetes included in population
- Surveys and chart abstractions conducted July through November, 1998
- 2,809 medical records reviewed (on-site and mail-in)
- 2,978 completed surveys (mail and telephone)

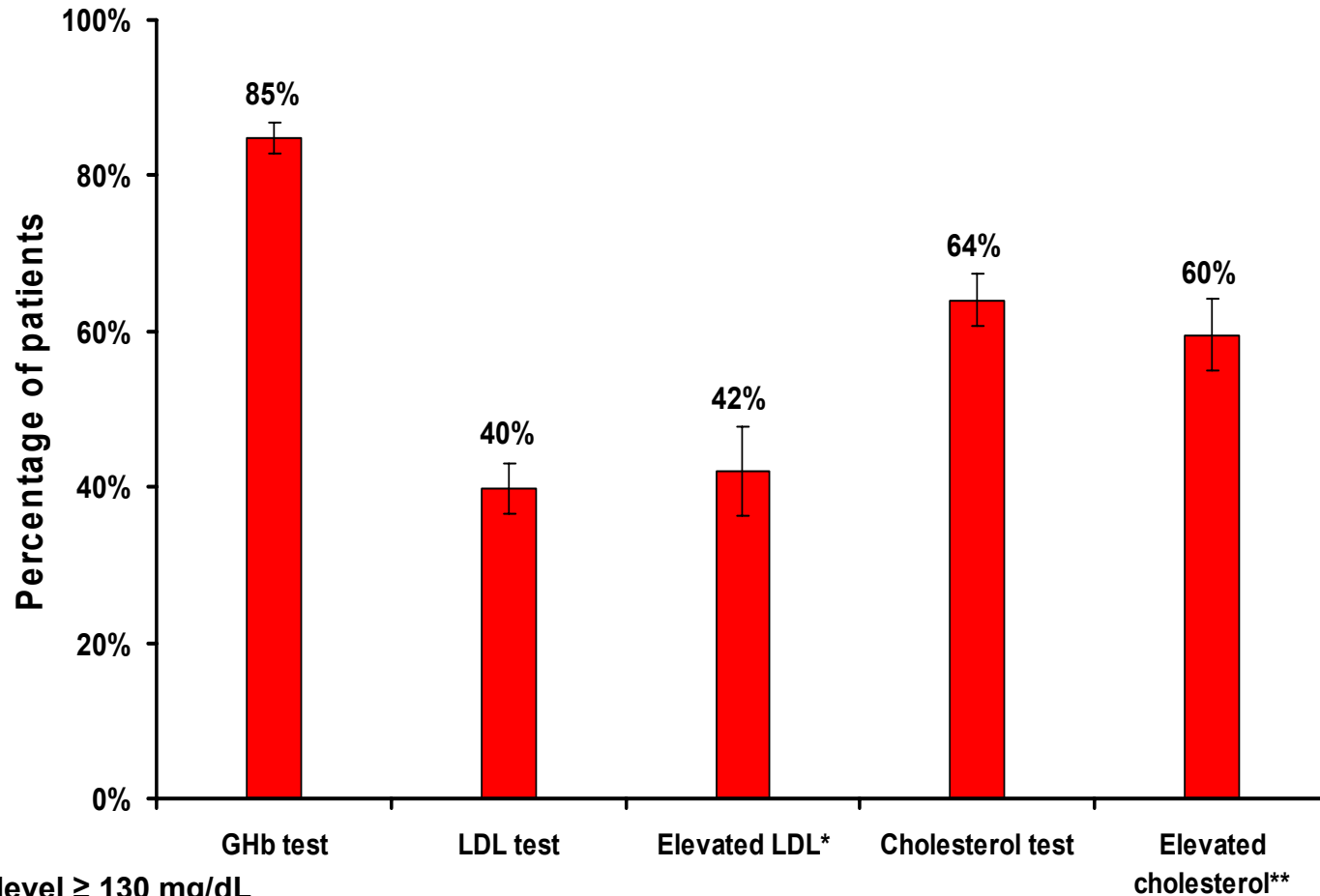
# Overall Results



\* Systolic  $\geq 140$  or diastolic  $\geq 90$  mm/Hg

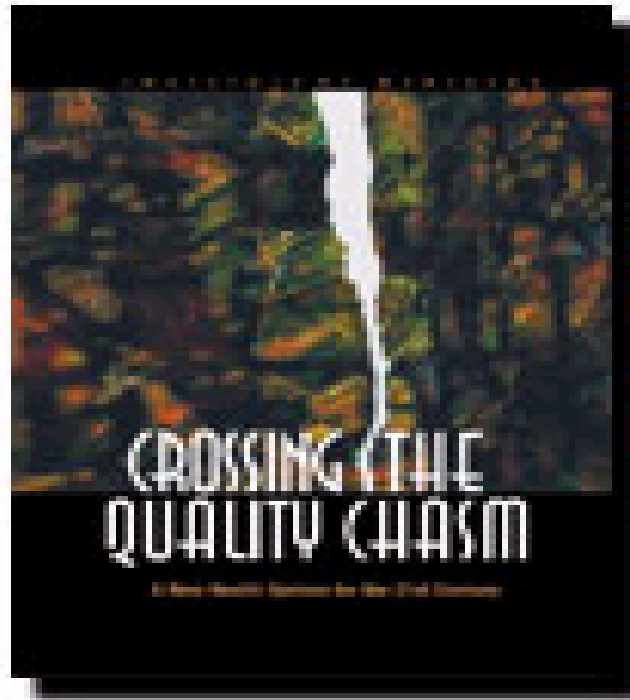
Percentage of patients with diabetes in 14 Washington health systems who received care related to various quality of care indicators during 1997.

## Medical Record Results



Percentage of patients with diabetes in 14 Washington health systems who received care related to various quality of care indicators during 1997. (N = 2809)

The IOM Quality report:  
*A New Health System for the 21st  
Century*



<http://www4.nas.edu/onpi/webextra.nsf/web/chasm?OpenDocument>

## The IOM Quality Report: *Selected Quotes*

- “The current care systems **cannot** do the job.”
- “Trying harder will not work.”
- “Changing care systems will.”

## IOM Report: *Six Aims for Improving Health Systems*

- **Safe** - avoids injuries
- **Effective** - relies on scientific knowledge
- **Patient-centered** - responsive to patient needs, values and preferences
- **Timely** - avoids delays
- **Efficient** - avoids waste
- **Equitable** - quality unrelated to personal characteristics

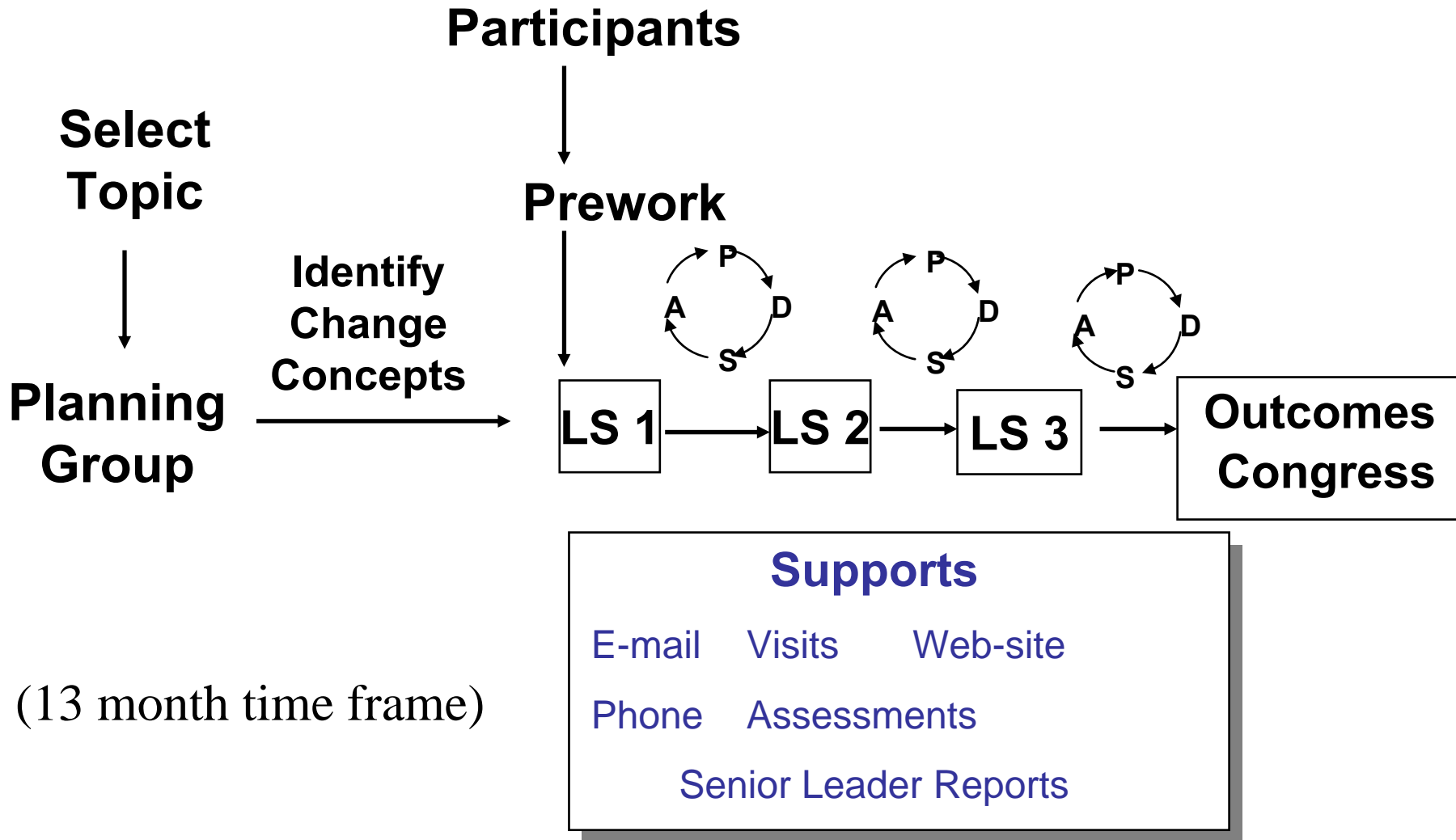
# Collaborative Methods

**IHI  
Breakthrough  
Process**

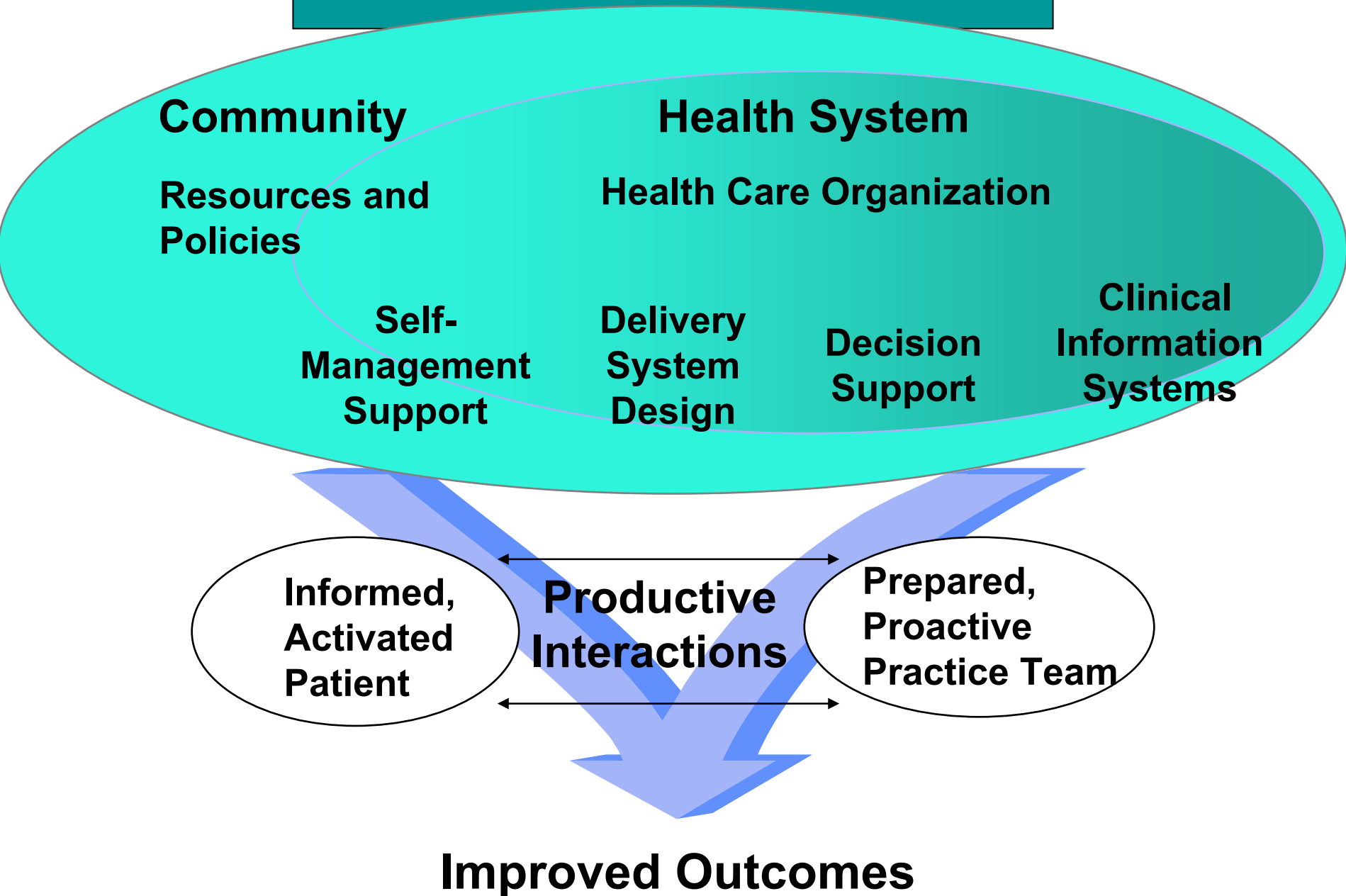
**Planned  
Care  
Model**

**Model for  
Improvement**

# Collaborative Process



# Planned Care Model

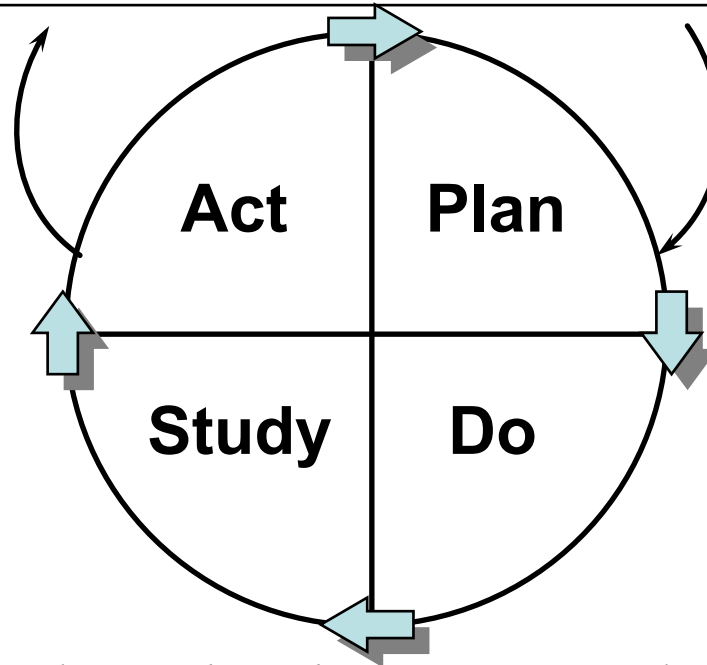


# Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



# Washington State Diabetes Collaborative I

Goal - To improve the quality of care delivered to people with diabetes in a cost-effective manner through partnerships and collaborations using evidence-based practices.

Required target measures:

*glycemic control*

*blood pressure control*



Co-sponsored by DOH, Qualis  
Health and MacColl Institute for  
Healthcare Innovation

17 practice teams

10 health plans or provider networks

12,000 pilot population

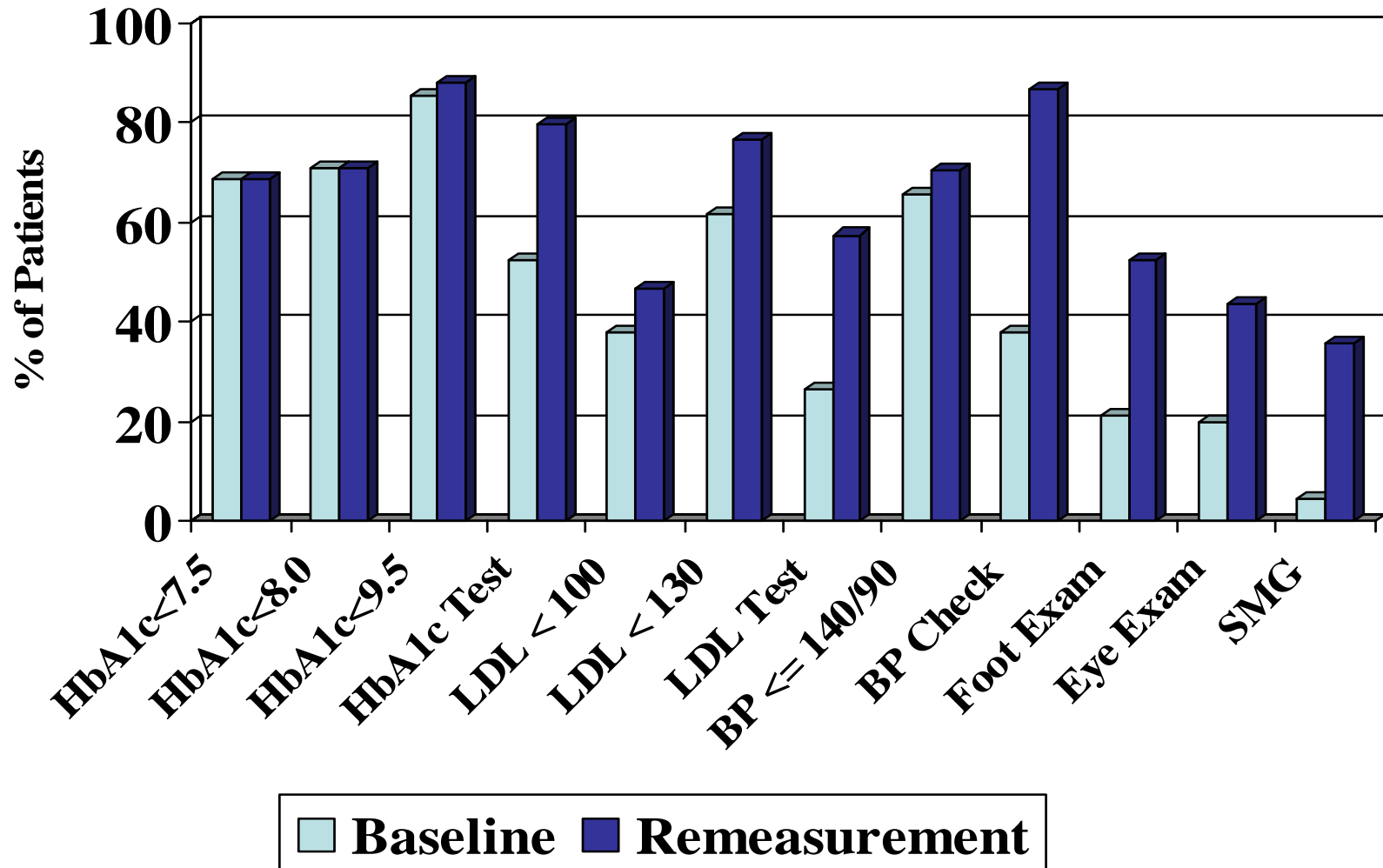
Oct 1999 - Nov 2000

Patterned after the Institute for  
Healthcare Improvement (IHI)  
process



# WSDC I - Diabetes Results

## Oct 1999 - Nov 2000



# Washington State Diabetes Collaborative II

Required target measures: Percent of the pilot population with

HbA1c < 9.5%

Blood pressure < 140/90

LDL cholesterol < 130 mg/dl

Self-management goal documented in the chart



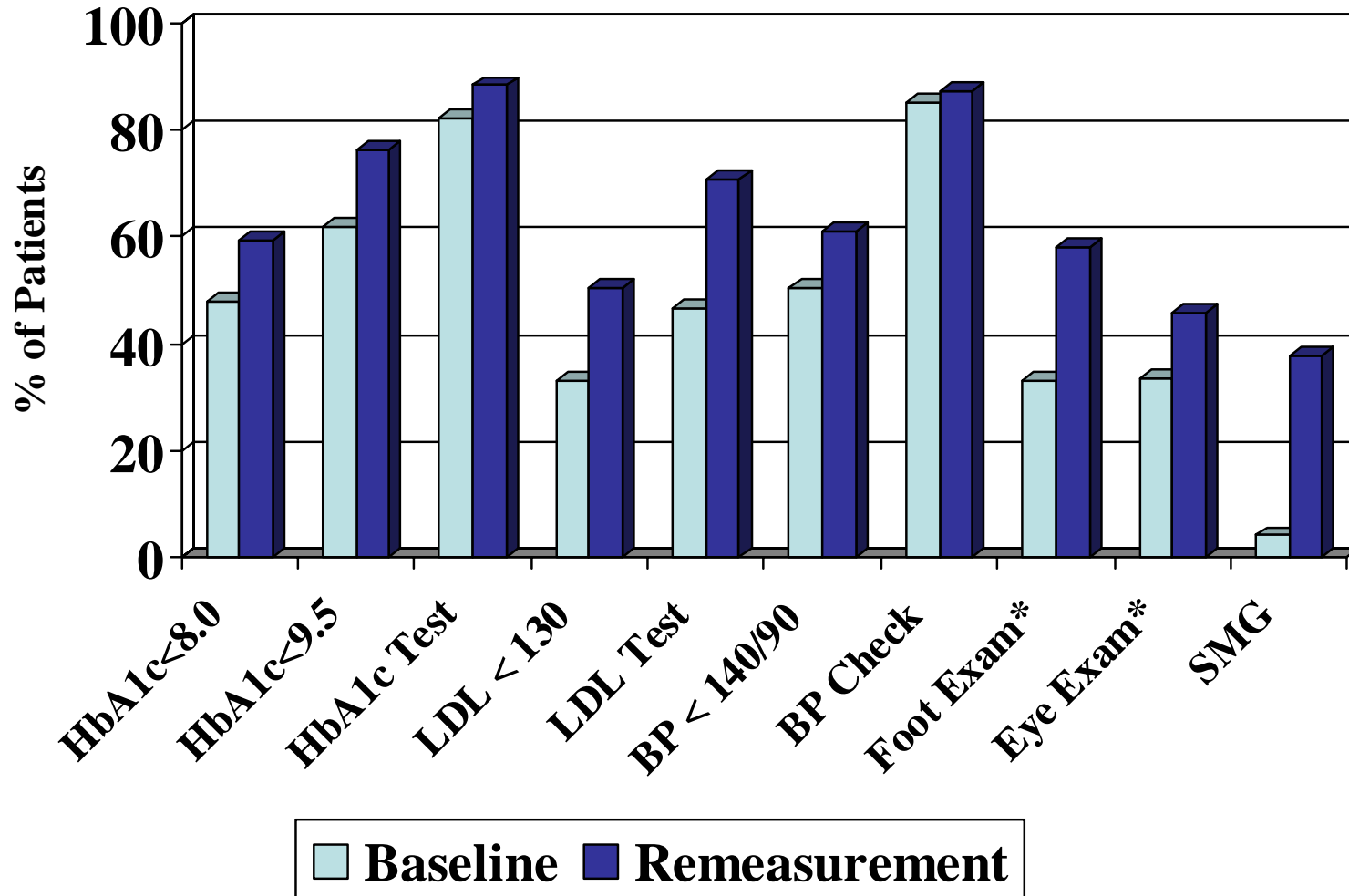
# Health Plans



- . PREMIERA Blue Cross
- . Community Health Plan of Washington
- . Regence Blue Shield
- . PacifiCare
- . Aetna US Health Care
- . Medicaid
- . Uniform Medical Plan

# WSDC II - Diabetes Results

Feb 2001 - Mar 2002

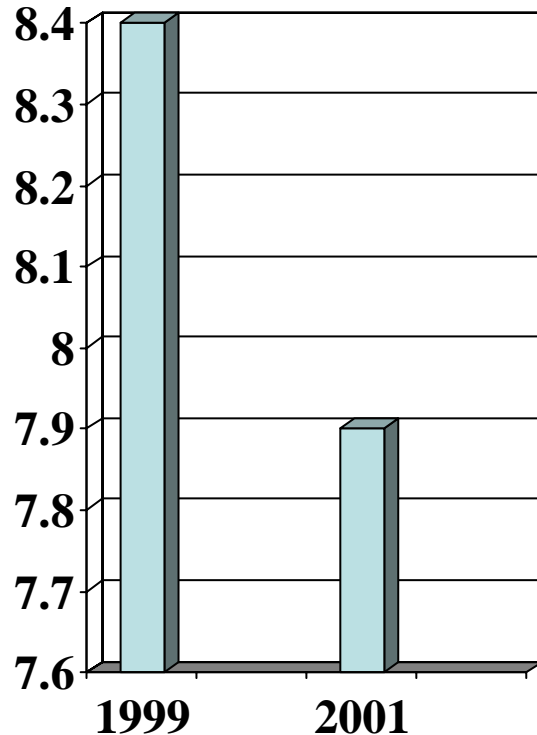


**Learn from the mistakes of others**



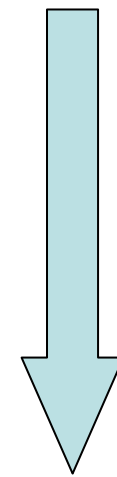
**You can't live long enough to make them all yourself**

# RESULTS!



■ HbA1c values of cohort in DEMS

- \$234,000-324,000 per/yr cost savings from reduction in A1c
- 12.6% diabetes deaths
- 8.4% heart attacks
- 7.2% strokes
- 26% amputations
- 14% kidney failure



Wagner EH et.al. Effect of improved glycemic control on health care costs and utilization. JAMA 2001; 285:182-189.

<http://www.qmnetwork/IMPACTreg.htm> based on UKPDS results

# Our Current Collaborative

- Washington State Collaborative: Diabetes and Adult Preventive Services
- Nov 2002 to Nov 2003
- 28 teams
  - 20 diabetes
  - 8 Adult Preventive Services
- 5 mandatory reporting measures
- Tobacco and Cancer funding
- Grants available to teams
- Health plans losing interest

# Mandatory Reporting Measures

- Diabetes
  - A1c >8.0%
  - BP >140/90mmHg
  - LDL >130mg/dl
  - Self Management goal
  - Smoking Cessation Counseling
- Adult Preventive Services
  - Mammogram
  - Pneumococcal Vaccination
  - Self Management Goal
  - Smoking Cessation Counseling

# Where Do We Go From Here?

- May 2004 Collaborative IV begins
- Topic: Diabetes, Cardiovascular Disease, Adult Preventive Services
- Grant program to continue
- Registry System to continue

# Washington State Collaborative Participants

65 Teams

