



Description: Clinical Diabetes	Value Stream ID:	Site / Location:	Event Number:	Revision:
Sponsor: COHC	Process Owner/Team Lead:	Facilitator: Rebeckah Berry	Sensei:	

Current Date: Event Date: Team Members:	1: REASONS FOR ACTION <input type="checkbox"/> Go <input type="checkbox"/> No Go	4: GAP ANALYSIS <input type="checkbox"/> Go <input type="checkbox"/> No Go	7: COMPLETION PLAN <input type="checkbox"/> Go <input type="checkbox"/> No Go
	<p>Problem: Central Oregon is failing to meet our regional HbA1c goals for Type 2 Diabetes which results in high levels of morbidity, mortality, complications and cost for our community.</p> <p>Aim: 95% of Central Oregonians with Type 2 Diabetes will have an HbA1c of < 9%</p> <p>Boundaries: Central Oregon, Type 2 Diabetes, Payer Agnostic, Ages 18-75, by 2019</p>	<p>See attached Fishbone Diagram</p>	<p>See attached Completion Plan</p>
	2: INITIAL STATE <input type="checkbox"/> Go <input type="checkbox"/> No Go	5: SOLUTION APPROACH <input type="checkbox"/> Go <input type="checkbox"/> No Go	8: CONFIRMED STATE <input type="checkbox"/> Go <input type="checkbox"/> No Go
<p>On average, 71% of Central Oregonians with Type 2 diabetes have an HbA1c of <9%.</p> <p>Baseline Non-Metric Data: Number of patients with an HbA1c test in the last 6 months: unknown Number of patients with Type 2 diabetes in Oregon <u>2015 Commercial:</u> HbA1c >9%: 26% <u>2015 Medicare:</u> HbA1c >9%: 27% <u>2015 Medicaid:</u> HbA1c >9%: 34%</p>	<p>1. If we provide clinics with A1c machines then we expect a higher % of our population to have a current A1c. If a higher % of our population have a current A1c, we expect more timely interventions and referrals, positive impact to patient care, accurate baseline data, and opportunities to capture more in EHR.</p> <p>2. If we provide best practice care algorithms for T2 Diabetes Management to clinics, then we expect to streamline care to be efficient, consistent, and effective for individualized treatment, better management of T2 in the form of an HbA1c <9%, improved overall patient & system cost, reduced morbidity, mortality and complications, engage whole care team (vision, dentists, PC, etc.), and meet the quality metrics.</p>	<p>On average, 75% of Central Oregonians with Type 2 diabetes have an HbA1c of <9%.</p> <p>Baseline Non-Metric Data: Number of patients with an HbA1c test in the last 6 months: unknown Number of patients with Type 2 diabetes in Oregon <u>2016 Commercial:</u> HbA1c >9%: 26% <u>2016 Medicare:</u> HbA1c >9%: 24% <u>2016 Medicaid:</u> HbA1c >9%: 26%</p>	
3: TARGET STATE: <input type="checkbox"/> Go <input type="checkbox"/> No Go	6: RAPID EXPERIMENTS <input type="checkbox"/> Go <input type="checkbox"/> No Go	9: INSIGHTS <input type="checkbox"/> Go <input type="checkbox"/> No Go	
<p>On average, 95% of Central Oregonians with Type 2 diabetes have an HbA1c of <9%</p>	<p>1. Point of Care (POC) Testing: Utilize Pilot Clinic to implement POC testing from start to finish, and based on outcome, expand to other identified clinics.</p> <p>2. Algorithms: Create and develop algorithms of T2 Diabetes Management and disseminate regionally.</p>		

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