| Central Oregon Health Council | 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 2 3 4 5 6 7 8 9

**1: REASONS FOR ACTION** Go / No Go

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.

Aim: 95% of Central Oregonians with Type 2 Diabetes will have an HbA1c of < 9%

Boundaries: Central Oregon, Type 2 Diabetes, Payer Agnostic, Ages 18-75, by 2019

**2: INITIAL STATE** Go / No Go

On average, 71% of Central Oregonians with Type 2 diabetes have an HbA1c of <9%.

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
2015 Commercial: HbA1c >9%: 26%
2015 Medicare: HbA1c >9%: 27%
2015 Medicaid: HbA1c >9%: 34%

**3: TARGET STATE:** Go / No Go

On average, 95% of Central Oregonians with Type 2 diabetes have an HbA1c of <9%

**4: GAP ANALYSIS** Go / No Go

See attached Fishbone Diagram

**5: SOLUTION APPROACH** Go / No Go

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.

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.

**6: RAPID EXPERIMENTS** Go / No Go

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.

2. Algorithms:
Create and develop algorithms of T2 Diabetes Management and disseminate regionally.

**7: COMPLETION PLAN** Go / No Go

See attached Completion Plan

**8: CONFIRMED STATE** Go / No Go

On average, 75% of Central Oregonians with Type 2 diabetes have an HbA1c of <9%.

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
2016 Commercial: HbA1c >9%: 26%
2016 Medicare: HbA1c >9%: 24%
2016 Medicaid: HbA1c >9%: 26%

**9: INSIGHTS** Go / No Go