



**RHIP Clinical Diabetes Workgroup**  
**Deschutes County Health Services—Stan Owen Room**  
**2577 NE Courtney Drive, Bend**

**Agenda: April 11, 2019 from 9am-10:30am**

**Goals**

**Clinical Goal:** Improve control of type 2 diabetes.

**Prevention Goal:** Decrease the proportion of adults and children at risk for developing type 2 diabetes.

Health Indicators by 2019	QIM Measure	State Measure	Healthy People 2020
1. Decrease the prevalence of adults who are overweight (BMI 25 to 29.9) from 33% to 31% (Baseline: Oregon BRFSS 2010-13).			√
2. Decrease the prevalence of 11 <sup>th</sup> graders and 8 <sup>th</sup> graders who are overweight from 14% and 16%, respectively, to 13% and 14%, respectively (Baseline: Oregon Healthy Teens, 2013).			√
3. Decrease the percentage of OHP participants 18-75 years of age with diabetes who had HbA1c >9.0% from a baseline of 14.7% to 11% (Baseline: QIM NQF 0059 - Diabetes: HbA1c Poor Control, 2014).	√		√
4. Increase the percentage of OHP participants 18-75 years of age with diabetes who received an annual HbA1c test from a baseline of 77% to 87% (Baseline: NQF 0057 - Oregon State Performance Measure, 2014).	√	√	√
5. Decrease the percentage of OHP participants with BMI greater than 30 from 31.5% to 30.9% (Baseline: Oregon State Core Performance Measure, MBRFSS 2014).		√	√

1. **9:00-9:05**      **Introductions—All**
  - **Introduce new COHC Project Manager: Gwen Jones**
2. **9:05-9:15**      **Official Vote: RetinaVue Proposal (Summit BMC)—All**
  - **Total Ask: \$19,985**
3. **9:15-9:45**      **Eat For Life 6-Month Report—Therese McIntyre**
4. **9:45-10:15**      **Clinical Champion Diabetes Education Proposal—Albert Noyes & Shiela Stewart**
  - **Total Ask: \$29,700**
  - **Presentation & Q/A (15 minutes)**
  - **Member Discussion (15 minutes)**
5. **10:15-10:30**      **Begin Clinical Diabetes Remaining Funding Investments Discussion—All**

**Next Meeting: May 9, 2019 from 9-10:30am (Deschutes County Health: Stan Owen)**



**Diabetes: Clinical (11)**

Patty Kuratek, RN, MSN, CDE  
Alison Little, MD, MPH  
Sharity Ludwig, EPDH, MS  
Therese McIntyre, MPH, CPH  
Albert Noyes, PharmD, CDE, BC-ADM  
Kelly Ornberg, RD, LD  
Trisha Stephens, MPH, RDN, CDE  
Shiela Stewart, RN, BSN  
Sherri Sturko  
Crystal Sully, BSN, RN  
Sarah Worthington, MPH, RD

**Organization**

La Pine Community Health Center  
PacificSource  
Advantage Dental  
Mosaic Medical  
Mosaic Medical  
St. Charles Health Systems  
Central Oregon Pediatric Associates  
Central Oregon IPA  
PacificSource  
Deschutes County Health Services  
Deschutes County Health Services



## Grant Application

### COHC Application - Standard Process

**Summit Medical Group**  
**Oregon/BMC**  
RetinaVue

Application Snapshot	
Amount Requested	\$19,985.00
Organization Contact	Josie Lucas
Contact Phone	541-706-6559
Contact Email	JLucas@BMCTOTALCARE.COM
Organization Address	1501 NE Medical Center Drive Bend, OR 97701
Website	<a href="http://cohealthcouncil.org/">http://cohealthcouncil.org/</a>

### A3 Metric:

Improve control of Type II diabetes

### Pillar 10 Vital Condition:

Preventative Services & Policies

Note: \* indicates required questions

## Proposal Overview

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### Investment/Project Name\*

*Name of Project.*

RetinaVue

### Name of project lead\*

*Please provide the first and last name of the project lead for this funding request.*

Josie Lucas

### Email for project lead\*

*Please provide a good email address for the project lead.*

jlucas@bmctotalcare.com

### Requestor/Agency location\*

Bend  
Redmond

### Other towns

*If you chose 'other' above, please specify where your agency is located.*

### Counties included in project\*

*Which of the following counties will your project include?*

Deschutes

### Inclusion of all counties

*If your project does not include all of the counties listed above, please provide explanation.*

SMGO is only located in 1 county at this time.

### Project Description/Overview\*

*Please describe your project.*

RetinaVue is a POC Diabetic Eye testing device. We will be purchasing 3 to have in our Primary Care clinics. Our patient compliance volume with diabetic eye exams is not at target. Diabetic eye exams are extremely important in capturing disease early. This will allow for easier and more convenient testing for those patients that do not see an Optometrist or Ophthalmologist. Our goal is for at least 75% of patients with diabetes to complete the diabetic eye exam. Our current scores vary among payer populations. We will provide this service to all patients in need of the exam. National studies have shown that patients with a history of non-adherence are more willing to complete the exam during an office visit with the PCP. This device will allow us to capture those patients. The financial and social impacts of diabetic blindness must be prevented in a patient centered way. This device has proven to be a powerful tool in the prevention of blindness.

1. This Device will be rolled out to 3 areas with our largest Diabetes populations IM/FM/Endo at Main and Old Mill Clinics
2. We will have a train the trainer session with the Vendor. This is set for the first week of May. This will allow us to keep training staff as needed.
3. The roll out plan includes a 30 day trial in IM then a roll out to the other areas.
4. We have 5898 patients with a diagnosis of Diabetes in these clinics.

### Project Goals\*

*Please concisely describe the goals of this project.*

Prevent and or capture early diabetes related eye disease and blindness  
 Implement device and workflows for 3 RetinaVue units into 3 of our Primary care clinics.  
 Interface into our EMR  
 Increase the number of patients receiving diabetic eye exams to at least 75% of the population with diabetes.  
 Summit Medical Group Oregon has a history of poor compliance for patients with diabetes completing the recommended yearly retina eye exam.

### Target Population\*

*Please select all that apply.*

Males  
 Females  
 Adults (ages 18-64)  
 Older Adults (ages 65+)

### Target Population (continued)

*If your project targets a more narrow subset of the population, please provide that here (ex. postpartum females; individuals diagnosed with pre-diabetes, etc).*

Patients with the diagnosis of diabetes who are either due or overdue for a diabetic eye exam.

**Timeline - project start date\***

Please provide an estimated **start date** for your project.

05/01/2019

**Timeline - project end date**

Please provide an estimated **end date** for your project.

06/30/2020

**Project duration\***

Please indicate the number of years you expect this project to span.

2

**Identified Need\***

Please describe the identified need for this project.

All of SMGO quality indicators point to a need to be able to address this test when the patient is in the office. SMGO has a large population of patients that live in rural communities. An identified challenge for this population is infrequent health care visits. Our conclusion is the implementation of POC testing in Primary Care office will increase the completion of this critical eye exam. There is a correlation of patients with diabetes in poor control and lack of adherence to recommended follow up exams. The highest risk patients will benefit the most from this screening. This test allows us to support this specific population with both completing the screening as well as an opportunity to further educate and engage them in their health.

**Community Support\***

Please describe the community support you have received for this project.

N/A

**Optional: Community Support Letter #1**

Please attach any letters of support that you have received for this project. You may attach up to 5. Letters must be uploaded separately.

**Optional: Community Support Letter #2**

**Optional: Community Support Letter #3****Optional: Community Support Letter #4****Optional: Community Support Letter #5****How will we know if the project is successful?\***

Our quality metrics for diabetic eye exams will increase in percentage year over year.

**Affiliations\***

*Does your project/program have any national affiliations?*

No

**Best Practice\***

*What, if any, are the emerging best practices and/or evidence-based guidelines upon which the project is based?*

HEDIS  
NCQA  
ADA

These organization have specified the guidelines to ensure that proper care of Diabetes includes the very important and necessary Annual Diabetic eye exam.

**Fidelity\***

*If your program is evidence-based or best practice, will it be reviewed for fidelity?*

N/A

**Funding Match\***

*Are you seeking any funding matches or additional contributions to support your project? If so, provide the organization/entity name that will be providing the match. If you are not seeking a match, please write*

N/A

**Funding Match Amount (if not applicable, leave blank)**

\$0.00

### Sustainability\*

*Please provide the sustainability plan for this project.*

Once the product is purchased and the workflows are in place sustainability will continue as part of everyday practice. Primary Care clinics will have their compliance to this workflow measured monthly. Our clinical policy will state that every patient with diabetes who presents to the PCP office that is overdue for a Diabetic eye exam will receive the RetinaVue screening. This process will be part of our new employee orientations for staff and providers.

### Evaluation\*

*Please provide the evaluation plan for this project.*

We will monitor our total population of patients with diabetes to determine if they have completed the diabetic eye exam.

### Preliminary approval\*

*All applicants must go through a preliminary approval process before applications can be approved. Please select how you will receive preliminary approval from the list below. **The majority of applicants will present to a RHIP workgroup.***

Present to a RHIP workgroup

### RHIP Workgroup\*

*If the proposal **will**, or has **already been** presented to a RHIP workgroup, please select the workgroup from the list below.*

Diabetes: Clinical

### RHIP Goals\*

*If your proposal has been or will be submitted through a RHIP workgroup, it must contain at least one goal (clinical or prevention) that corresponds with a workgroup. Please select the applicable workgroup goal(s) that your proposal addresses.*

Improve control of Type II diabetes

### Pillar 10 vital condition - maximum impact\*



Please select the Pillar 10 condition(s) that you expect your project to have the **most** impact.

Preventative Services & Policies

### Pillar 10 vital condition lesser impact (continued)

Please select any additional Pillar 10 vital condition areas that you expect your project may have a **lesser impact** on, if any.

Education

### Board of Directors Approval\*

If you have been notified that your proposal must be presented to the COHC Board of Directors, your proposal must address one of the Board's priority areas. Please select which priority area your proposal addresses.

N/A

## Objectives

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### Objective #1\*

Purchase, Train and set up workflows for 3 RetinaVue products

### Target for objective #1\*

Target for objective #1. Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).

Target: . By May 1st, 2019 SMGO will purchase 3 RetinaVue cameras and complete PCP and Ophthalmology Provider training.

### Baseline data for objective #1\*

Please provide information that indicates where you are starting as it relates to your target (see example above).

Retinavue is not currently available in SMGO.

### Objective #2\*

Retinavue testing will be offered to all patients due or overdue for diabetic eye exams who present to SMGO primary care clinics.

### Target for objective #2\*

*Target for objective #2. Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

Target:By 12/31/2019, 75% of SMGO patients with a diagnosis of Type 1 and Type 2 Diabetes will complete a diabetic eye exam.

### Baseline data for objective #2\*

As of 1/19/2019, only 16% of patients with diabetes have completed the recommended annual diabetic eye exam.

### Objective #3

Increase patient awareness of importance of blood glucose and A1C levels in target range. Increase diabetes education and counseling during PCP office visits.

### Target for objective #3

*Target for objective #3. Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

By 12/31/2019, 100% of patients receiving RetinaVue testing will receive counseling and education regarding correlation between diabetic retinopathy and high blood glucose levels.

### Baseline data for objective #3

SMGO providers are currently providing diabetes education and addressing health maintenance, however, we will be able to more accurately assess the level of diabetic retinopathy education taking place by implementing the requirement for education as part of the RetinaVue testing protocol.

### Objective #4

*[Unanswered]*

### Target for objective #4

*Target for objective #4. Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

[Unanswered]

**Baseline data for objective #4**

[Unanswered]

**Objective #5**

**Target for objective #5**

*Target for objective #5. Please include a numerical target whenever possible, and the date that you expect to hit the target (see example above).*

**Baseline data for objective #5**

**Objective #6**

**Target for objective #6**

*Original target for objective #6*

**Baseline data for objective #6**

**Objective #7**

**Target #7**

**Baseline data for objective #7**

**Objective #8**

**Target #8**

**Baseline data for objective #8**

**Objective #9**

**Target #9**

## Baseline data for objective #9

### Financial Information

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#### Project Budget\*

Please download the Health Council's budget document, found here. After downloading and completing the budget document, please upload it below.

COHC-Project-Budget-Final.xlsx

#### Amount requested\*

Total amount of funds requested from the Health Council for this project.

\$19,985.00

#### Funding request - year one

\$19,985.00

#### Funding request - year two

#### Funding request - year three

### Follow-up questions and/or supplemental information

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#### Follow-up questions and/or supplemental information

This section is to be used **ONLY** if you received follow-up questions following your presentation to a workgroup or to the Board of Directors. Please use this space to provide the answers to all questions you may have received post-presentation.

- Please make every effort to type or copy the answers into the text box below.
- In the event that you have documentation such as flow-charts or graphics that you would like to provide that will not copy into a text box, you may use the file upload to attach.
- If you have multiple attachments, they will need to be scanned together and uploaded as one file.

### Workgroup Approval

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**Did you complete all portions of the application?**

**Was your project solicited by a RHIP workgroup as part of an A3 process?**

**Did you include a proposed budget?**

**RHIP Workgroup Approval\***

*Have you already presented and been given preliminary approval by a RHIP workgroup?*

No, I have not presented yet but I am on the agenda to present at a workgroup in the next 3 months.

**Process Following Submission**

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# Project Budget

Total Requested Project Funds from COHC:

Personnel	Position (FTE)	Salary	Benefits	Total Cost	Amount Requested
Costs: Name	dedicated to this				
Not requesting				0	
				0	
				0	
				0	
Sub-Total: Personnel		\$ -	\$ -	\$ -	\$ -

Materials & Supplies	Total Cost	Amount Requested
RetinaVue	14985	
Interface expense	5000	
Sub-Total: Materials & Supplies	\$ 19,985.00	\$ -

Travel Expenses	Total Cost	Amount Requested
N/A		
Sub-Total: Travel Expenses	\$ -	\$ -

Consultants & Contracted Services	Total Cost	Amount Requested
N/A		
Sub-Total: Consultants & Contracted Services	\$ -	\$ -

Meeting Expenses	Total Cost	Amount Requested
N/A		
Sub-Total: Meeting Expenses	\$ -	\$ -

Professional Training and Development	Total Cost	Amount Requested
N/A		
Sub-Total: Professional Training and Development	\$ -	\$ -

Other Budget Items	Total Cost	Amount Requested
N/A		
Sub-Total: Other Budget Items	\$ -	\$ -

Total Project Budget \$ 19,985.00 \$ -

# COHC Application - Standard Process

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## Central Oregon Health Council

### Proposal Overview

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#### Investment/Project Name\*

- Managing Type II Diabetes – Provider Education

#### Name of project lead\*

- Albert Noyes, PharmD, CDE, BC-ADM

#### Email for project lead\*

- [albert.noyes@mosaicmedical.org](mailto:albert.noyes@mosaicmedical.org)

#### Requestor/Agency location\*

##### Choices

##### X Bend

La Pine

Madras

Prinevill

e

Redmon

d Sisters

Warm

Springs

Other

#### Other towns

N/A

#### Counties included in project\*

Which of the following counties will your project include?

##### Choices

Crook

Deschute

s

Jefferson

Northern Klamath

#### Inclusion of all counties

N/A

#### Project Description/Overview\*

We are requesting a portion of the funds earmarked for the Clinical Diabetes RHIP workgroup to support efforts to educate regional providers around effective Type II diabetes management. Project

leader, Albert Noyes, PharmD, CDE, BC-ADM at Mosaic Medical, has extensive knowledge of the complex medication options for treating this disease, as well as the myriad lifestyle factors and community support resources for patients with Diabetes.

He will develop a comprehensive curriculum for provider education around diabetes management, based on the recommendations and guidelines outlined by the American Diabetes Association. The lecture and education session will include:

- Assessing clinical factors that help tailor selection of drug therapy and treatment goals to your patient
- Contrast guideline treatment recommendations for pharmacotherapy versus regional health plan formulary tiers, step therapy criteria, and prior authorization criteria
- Present a matrix for how to optimize drug therapy for patients based on disease severity and insurance coverage type
  - Discuss case studies of sample, representative patients with differing factors
- Discuss how use of metformin, GLP-1, and/or SGLT-2 inhibitor therapy may contribute to better cardiovascular outcomes, increased islet cell longevity and pancreatic function lifespan
- Discuss what happens biochemically during a hypoglycemic episode and how that translates to clinical management.
- With input from clinicians, behavioral health workers, nutritionists, and others, the lecture will incorporate discussion of lifestyle factors and best practices for patient engagement/self-management, and ways to connect patients with appropriate community resources
  - Behavioral health
  - Nutrition and exercise
  - Social determinants of health
  - Motivational interviewing

Dr. Albert Noyes will provide this one-time lecture to any clinic or provider who desires to take advantage of his expertise. To maximize participation in a voluntary education session, COIPA will market the opportunity to primary care clinics both in and outside our membership network and providers and clinics will be incentivized with a complimentary lunch or breakfast. COIPA's administrative staff will work with Dr. Noyes to disseminate information about the opportunity and the importance of education around the many diabetes treatment options to all regional providers and to coordinate and schedule the sessions. We anticipate a maximum of 30 education sessions over the course of two years. If the actual total of education sessions amounts to less than 30, unused funds will be returned to COHC.

#### **Project Goals\***

- Provide diabetes management education to all primary care clinics in Central Oregon
- Central Oregon Coordinated Care Organization meets Diabetes A1c Poor Control measure in 2019 and 2020

#### **Target Population\***

Please select all that apply.

#### **Choices**

Males

Females



Children (ages 0-17)

Adults (ages 18-64)

Older Adults (ages  
65+)

**Target Population (continued)**

- Patients with Type II Diabetes

**Timeline - project start date\***

- 5/1/2019

**Timeline - project end date**

- 4/30/2021

**Project duration\***

- 2 years

***Please note: If you are approved for funding and your project spans more than one year, you will be required to report annually as well as submit a final report after your project is complete. If your project spans one year or less, you are only required to submit one final report. The Health Council will provide you with the due dates of your reports, which are typically 60 days after the close of a project or project year.***

### Identified Need\*

Diabetes prevalence is steadily increasing in Oregon and across the United States, posing a significant threat to health outcomes for a growing number of patients, as well as a financial burden on patients, providers, and health plans. In Oregon, 9.9% of adults were reported to have Diabetes in 2017. In rural counties, home to a more vulnerable and medically underserved population, the prevalence is even higher: 18% in Jefferson and estimated at 15% in Crook. Diabetes can have significant impact on quality of life and life expectancy, and represents a growing financial burden on patients, providers, health plans, and public programs.

Effective management of Diabetes can mitigate or eliminate many of the complications associated with the disease, improving long-term health outcomes and reducing cost to the entire health delivery system. As such, one of the goals of the Central Oregon Regional Health Improvement Plan is improve the rate of uncontrolled Diabetes (A1c > 9%) among across all health insurance types from 14.7% to 11% by the end of 2019. The Oregon Health Plan is also concerned about this metric for regional Medicaid patients, and holds the Central Oregon Coordinated Care Organization accountable for steadily improving A1c control among our assigned OHP patients each year. In 2017, for the first time since the inception of the OHP quality metrics, the CCO met the target of 23.4% control. However, as of December 2018 data, it looks unlikely that we will meet our improvement target of 22.6% for 2019.

Coming off our first success into, one year later, likely missing this metric underscores the difficulty of successfully, consistently managing Diabetes over the long term. Treatment is complex, expensive, and incorporates myriad factors from patient behavior and lifestyle, to social determinants of health, to specific allowed drugs under a given health plan.

Albert Noyes, PharmD, CDE, BC-ADM at Mosaic Medical will develop a comprehensive lecture aimed at educating regional primary care providers about best practices and available resources for treating Diabetes. The presentation will focus primarily around Mr. Noyes' area of expertise, the complex options for pharmacologic interventions given regional health plan formularies. He will also work with the behavioral health team, nutritionists, and community health workers at Mosaic to incorporate information around the behavioral, social, and economic factors impacting Diabetes management.

### Community Support\*

This project aims to build off the success of Dr. Mark Backus' provider education series on controlling Hypertension. Over the course of two years, supported by a generous grant from the Health Council, Dr. Backus was able to provide education to all but two primary care clinics in Central Oregon. His sessions were very well-received by the providers, and likely had an impact on the CCO meeting the hypertension control metric for the first time in 2017, and likely meeting the improvement target in 2018 (data is not yet finalized). The Central Oregon Independent Practice Association strongly supports this work and will help to ensure that our providers and clinics engage in this opportunity.

### Optional: Community Support Letter #1

Please attach any letters of support that you have received for this project. You may attach up to 5. Letters must be uploaded separately.

*File Size Limit: 2 MB*

### Optional: Community Support Letter #2

*File Size Limit: 2 MB*

**Optional: Community Support Letter #3**

*File Size Limit: 2 MB*

**Optional: Community Support Letter #4**

*File Size Limit: 2 MB*

**Optional: Community Support Letter #5**

*File Size Limit: 2 MB*

**How will we know if the project is successful? \***

- 100% of primary care clinics host or attend a lecture on diabetes management
- Central Oregon CCO meets the Diabetes A1c control metric for 2019 and 2020
- Each provider attending a diabetes management lecture scores over 90% on a post-lecture assessment

**Affiliations\***

No

**Best Practice\***

The information contained in the education series will be in alignment with the American Diabetes Association's current standards for Diabetes care: <https://diabetesed.net/wp-content/uploads/2017/12/2018-ADA-Standards-of-Care.pdf>

**Fidelity\***

Dr. Noyes and the Mosaic clinical team will ensure that the lecture aligns with current standards for Diabetes management.

**Funding Match\***

N/A

**Funding Match Amount (if not applicable, leave blank)****Sustainability\***

This project is a one-time effort to educate regional providers around best practices for managing diabetes. No ongoing funding will be required beyond the two-year project timeline.

**Evaluation\***

This project will be evaluated according to the objectives outlined below.

**Preliminary approval\***

All applicants must go through a preliminary approval process before applications can be approved. Please select how you will receive preliminary approval from the list below. ***The majority of applicants will present to a RHIP workgroup.***

**Choices****Present to a RHIP workgroup**

Present to the COHC Board of Directors  
LOI to Donna Mills

**RHIP Workgroup\***

If the proposal ***will***, or has ***already been*** presented to a RHIP workgroup, please select the workgroup from the list below.

**Choices**

Behavioral Health Identification &  
Awareness Behavioral Health Substance  
Use & Chronic Pain Cardiovascular  
Disease/Diabetes Prevention  
Cardiovascular Disease: Clinical

**Diabetes: Clinical**

Housing  
Milestones to Health and  
Education Oral Health  
Reproductive/Maternal Child Health

N/A: This proposal is not associated with a RHIP workgroup

**A3 Metric\***

If your proposal has been or will be submitted through a RHIP workgroup's A3 process, it must contain at least one metric that corresponds with that workgroup's A3. Please select the applicable workgroup metric that your proposal addresses.

**Choices**

Decrease the number of those at risk for type II diabetes

**\*Improve control of Type II diabetes\***

Improve hypertension control

Improve oral health of pre/post-natal women

Improve primary care response when behavioral health screening is positive

Increase awareness of risk factors for cardiovascular disease

Increase screenings for depression/anxiety/suicidal ideation/substance use disorders

Keep children cavity free

Kindergarten readiness

Normalize public perception of behavioral health

Prevent unintended pregnancies

Reduce prevalence of low birth weight infants

Responsible prescribing of opioids and benzodiazepines

Stabilize 200 chronically homeless

Third grade reading scores

N/A - This proposal does not align with an A3

**Objectives**


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***Each proposal is required to contain strong objectives in SMART format (specific, measurable, attainable, relevant, time-bound). For each objective in your proposal, please provide a numerical target, the date that you expect to achieve this target, as well as any available baseline data to indicate where you are starting. Please contact the Health Council if your project contains more than 5 objectives.***

**Objective #1\***

Central Oregon CCO meets the Diabetes A1c control metric for 2019 and 2020

**Target for objective #1\***

CCO metric targets assigned by OHA for each year – target TBD

**Baseline data for objective #1\***

2018 performance as of 12.31.18: 25.2 (target 22.6%)

2017 final performance: 21.7% (target 23.4%)

**Objective #2\***

Provider/clinic engagement

**Target for objective #2\***

100% of primary care clinics host or attend a lecture on diabetes management by the end of the project period (December 31<sup>st</sup>, 2020).

**Baseline data for objective #2\***

N/A

**Objective #3**

Provider education

**Target for objective #3**

Each provider attending a diabetes management lecture scores over 90% on a post-lecture assessment. This assessment will contain items focused on assessing provider knowledge of the topics covered in the lecture as well as survey items measuring provider experience/lecture efficacy.

**Baseline data for objective #3**

N/A

**Objective #4**

Rate of PCP referral to community programs

**Target for objective #4**

Clinics whose providers participate in this training program will be asked to share their referral rates to community Diabetes programs with the RHIP group. This will be a voluntary request as certain clinics may not have adequate resources to collect this information. Also, there is no universal shared EMR drive in which referrals can be tracked and housed, therefore this work is very dependent on manual tracking at the clinic level.

**Baseline data for objective #4**

N/A

**Objective #5**

Rate of prior authorization approval/rejection for pharmaceutical interventions

**Target for objective #5**

Tracking the rates of approved prior authorizations for pharmaceutical interventions can be a good indicator that providers better understand the step therapies involved when prescribing certain medications for Type 2 Diabetes. This will be achieved by PacificSource agreeing to monitor prior authorization rates of approval/rejection for OHP specific populations. Dr. Noyes will send PacificSource

the list of providers who have attended his presentation and PacificSource will agree to look at rates of PA approval once at the end of each calendar year of the program to see if education has impacted prior authorization approval. \*

\*A separate proposal has been sent to Dr. Alison Little to see if PacificSource has the capacity and bandwidth to track Prior authorization rates per provider annually.

### Baseline data for objective #5

Character Limit: 3300

### Financial Information

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#### Project Budget\*

Please download the Health Council's budget document, found here. After downloading and completing the budget document, please upload it below.

File Size Limit: 1 MB

#### Amount requested\*

**\$29,700**

If your project timeline spans more than one year, please break out your budget by individual year. Projects must be three years or less. If your project is one year or less, you may leave this section blank.

#### Funding request - year one

**\$14,850**

#### Funding request - year two

**\$14,850**

#### Funding request - year three

Character Limit: 20

### Application Checklist

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Did you complete all portions of the application? \* Yes

Choices

Ye

s

Was your project solicited by a RHIP workgroup as part of an A3 process? \*Yes

Choices

Ye

s

**Did you include a proposed budget? \*Yes**

**Choices**

**Yes**

**s**

**RHIP Workgroup Approval\***

Have you already presented and been given preliminary approval by a RHIP workgroup?

**Choices**

Yes, I presented and have been given preliminary approval

Yes, I presented but the workgroup denied my funding request

**No, I have not presented yet but I am on the agenda to present at a workgroup in the next 3 months. N/A, my proposal is outside of a RHIP workgroup**

*Process Following Submission*

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- Projects will be reviewed for minimum requirements as indicated in the application checklist.
- All proposals, after receiving preliminary approval from a RHIP workgroup, Board of Directors, or through an LOI process, will be subject to a regulatory review by PacificSource Community Solutions. Preliminary approval is not a guarantee of funding.
- After the regulatory review is complete, applicants will be notified via email regarding final approval for funds.



# Project Budget

Total Requested Project Funds from COHC:

Personnel					
Costs: Name	Position (FTE dedicated to this project)	Salary	Benefits	Total Cost	Amount Requested
Albert Noyes	Lead - presentation development & project oversight	2,000		2,000	2000
				0	
				0	
				0	
Sub-Total: Personnel		\$ 2,000.00	\$ -	\$ 2,000.00	\$ 2,000.00

Materials & Supplies			Total Cost	Amount Requested
survey clickers for data collection (at time of presentations) total 50 clickers			1400	1400
Projector for presentations			800	800
Sub-Total: Materials & Supplies			\$ 2,200.00	\$ 2,200.00

Travel Expenses		Total Cost	Amount Requested
Sub-Total: Travel Expenses		\$ -	\$ -

Consultants & Contracted Services		Total Cost	Amount Requested
Albert Noyes - Approximately 30 education sessions over 2 years @ \$450/session		13500	13500
COIPA support - admin time, material development, clinic outreach, data/survey support		7500	7500
Sub-Total: Consultants & Contracted Services		\$ 21,000.00	\$ 21,000.00

Meeting Expenses		Total Cost	Amount Requested
Lunches for approximately 300 providers estimated @ \$15/provider		4,500	4500
Sub-Total: Meeting Expenses		\$ 4,500.00	\$ 4,500.00




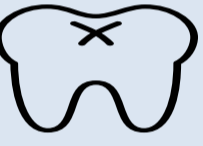



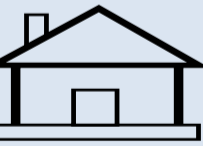

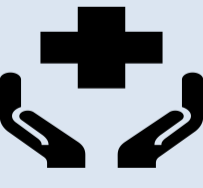
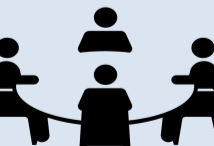
Professional Training and Development		Total Cost	Amount Requested
Sub-Total: Professional Training and Development		\$ -	\$ -

Other Budget Items		Total Cost	Amount Requested
Sub-Total: Other Budget Items		\$ -	\$ -

Total Project Budget **\$ 29,700.00**    **\$ 29,700.00**

# Status of Funds



Funding Body	Amount Remaining
 Behavioral Health ID & Awareness	\$292,706
 Substance Use & Chronic Pain	\$353,009
 Milestones to Health & Education	\$186,389
 Oral Health	\$393,932
 Cardiovascular Disease Clinical	\$666,302
 Diabetes Clinical	\$419,354
 Cardiovascular Disease & Diabetes Prevention	\$98,929
 Housing	\$336,973
 Reproductive & Maternal Child Health	\$497,725
 Communities Creating Health (Pillar 10)	\$304,590
 Board of Directors	\$2,006,204

*Please note: Amounts may not include pending requests. All funding bodies, with the exception of Board of Directors, are allocated an additional \$250,000 each annually.*

Current as of 4.4.19