Impact of Remote Quality Improvement Project on Outcomes for Patients With Type 2 Diabetes and Obesity

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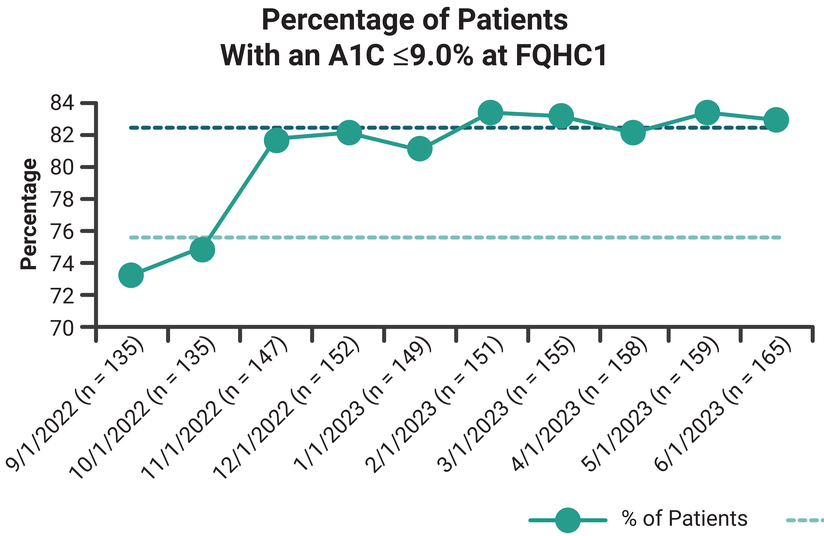
Introduction

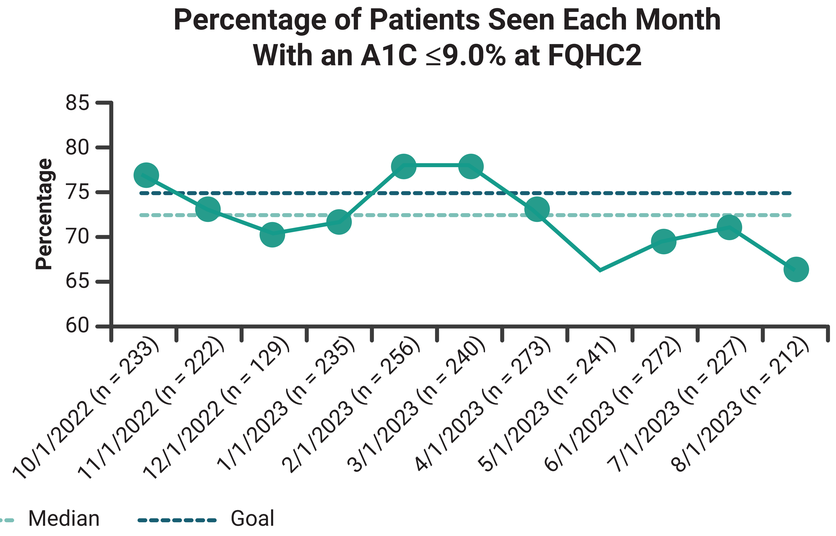
- An estimated 25% of patients with type 2 diabetes (T2D) and overweight or obesity had an **A1C >9.0%** at 2 Boston-area Federally Qualified Health Centers (FQHCs).
- Combined, these clinics care for **more than 1000 patients with T2D**.
- System-based barriers underscore many of the challenges with improving T2D care in these clinics and patient populations.

Methods

- From April 2022 to July 2023, 2 FQHCs participated in a quality improvement (QI) **initiative that incorporated remote mentoring** from the QI Hub within Boston University/Boston Medical Center.
- Included a series of virtual meetings and education to equip them with the knowledge and skills needed to implement system-based changes with the **aim to improve the percentage of patients with an A1C ≤9.0%**.
- The FQHC teams were made up of interprofessional teams including physicians, nurses, pharmacists, medical assistants, and nonclinical staff.
- In alignment with the Institute of Healthcare Improvement Model, teams at each FQHC:
  - Evaluated baseline data
  - Developed an aim statement
  - Performed a current state analysis
  - Used the Plan-Do-Study-Act cycles to implement and assess their interventions (see table).
- Each clinic implemented multiple interventions within the domains of knowledge, systems improvement, and patient access.

Results





FQHC1	Need Domain	FQHC2
• Patient education materials development and utilization • Training on QI tools and approaches	Knowledge	• Patient education materials development and utilization • Provider education in grand rounds
• Point-of-care A1Cs • Internal nutrition referral workflow and implementation support • Updated health maintenance requirements in electronic health record processes for follow-up with dedicated population health coordinator	Systems Improvement	• Prior authorization workflow improvement using standardized tools • PharmD referral workflow improvement • Standardized use of "Care Plan" feature in electronic health record • for diabetes management and interprofessional care coordination
• Patient-facing promotional assets to encourage self-booking of nutritional appointments • Improved access to healthy foods	Patient Access	• Increased scope of work for pharmacists including medication management and education • Outreach initiative to patients who had fallen out of care

Conclusions

Using **a remote model for QI project implementation is an effective strategy** for broadening the reach of QI experts. Interprofessional collaboration within an environment that is supportive of change is necessary for sustainable improvement. Interventions targeting knowledge, systems improvement, and patient access are critical to achieve realistic and long-standing change.

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