

Southern Prairie Community Care

Accountable Community for Health

Southern Prairie Community Care (SPCC) is a collaboration between 12 counties in southwestern Minnesota. Participating counties include: Chippewa, Cottonwood, Jackson, Kandiyohi, Lincoln, Lyon, Nobles, Murray, Redwood, Rock, Swift and Yellow Medicine. The ACH was formed to develop a community-wide initiative to delay or prevent the onset of type 2 diabetes in those people most at risk by providing diabetes risk screenings, access to free I Can Prevent Diabetes (ICPD) classes, and other diabetes prevention information and events.

Care Model

The ACH utilizes Integrated Community Care Teams that are in place through the SPCC ACO, and has expanded community partnerships, services, and supports. In 2015, referrals to care coordination for diabetes prevention were based on reviews of SPCC claims data for Medicaid participants with high emergency department utilization. A member of the Care Team called people meeting these criteria and offered them the ACH diabetes risk assessment. High-risk cases were then offered care coordination, enrollment in a free *I Can Prevent Diabetes* class, and other education on diabetes prevention.

In 2016 the ACH will be adding a care coordination screen form to identify potential care coordination clients at diabetes risk-assessment screening sites. Staff at three mental health centers who received Life-style Coach training will help patients complete a diabetes risk-assessment and offer the care coordination screen form to Medicaid participants. Eligibility is based on responses to screening questions such as taking several medications, multiple hospitalizations, and fragmented care.



ACH community outreach and diabetes screening at World Diabetes Day Event, Marshall Walmart.

Location

SPCC 12 county area.

Target Population

The SPCC area includes 185,000 residents who are considered at risk for developing type 2 diabetes. The ACH is focusing on the Latino and East African population, persons with lower socio-economic status, people who receive services at mental health centers, and those who are 60+ years of age.

Key Partners

- Des Moines Valley Health & Human Services
- Evangelical Free Church
- Nobles County Community Health Services
- Southern Prairie Community Care*‡
- Southwest Health and Human Services
- Southwestern Mental Health Center
- Western Community Action
- Western Mental Health Center
- Woodland Centers

*Accountable Care Organization

‡Lead organization

Success Story

Dear Luci (ACH coordinator):

Please know how appreciative I am for the opportunity to participate in the I Can Prevent Diabetes classes. We have had 10 classes thus far, and I am down 19 pounds. I have met my 7% weight loss goal to significantly decrease my chances of developing Type 2 Diabetes. My plan is to continue using the tools and knowledge I have gained from the program to ensure I'm doing my best to be healthy. Diabetes and its related side effects (blindness, kidney failure, circulation issues, etc.) are serious issues.

Please know how valuable the tools of ICPD are. For example, I would never spend the money on myself to buy a food scale. Accurate portion sizes are crucial to success in this program. I rely on my food scale every single day and just love it! The measuring cups and spoons are used daily as well. In addition, I keep my ICPD binder on my kitchen counter and refer to it often when making intentional, healthy choices.

Finally, thank you for allowing access to the ICPD class free of charge. If there was a charge for the class I would have made the decision not to attend. I would have missed out on all the valuable information and tools needed to make healthy lifestyle changes so I can reduce my risk of developing Type 2 Diabetes. I am forever grateful.

Measurement

Results of individual diabetes risk screenings from community events are entered into Nightingale Notes, the SPCC data collection system. In 2015, the ACH completed 402 screenings at nine sites. Over a third of those screened (146) were at risk for diabetes and provided with information about diabetes and class offerings. Sixteen (16) or 4% had a blood sugar reading within the range of diabetes and were referred to a primary care physician for follow-up.

Population Health

Population-based prevention efforts are to delay and prevent type 2 diabetes in those at risk for the disease. The ACH partners with the Community Wellness Grant in Nobles, Jackson and Cottonwood Counties and University of Minnesota Extension SNAP educators in the 12 county area.

Sustainability

In 2016 the ACH will be working closely with ACO staff to analyze care coordination outcome data and ICPD class outcomes including weight loss and physical activity.

Partnerships with mental health centers in Wilmar, Marshall, and Worthington have been developed in a manner to allow for sustainability once the ACH diabetes project ends. The centers have a process in place to regularly screen their patients for diabetes. Staff have been trained to facilitate the ICPD curriculum and have completed the paperwork for National Recognition. The ACH is currently providing curriculum materials but the centers have committed to taking on that cost once the grant ends.

The ACH assisted staff at the Willmar Diabetes Center in Kandiyohi County with becoming certified Life-style Coaches. The Willmar Diabetes Center subsequently developed procedures for obtaining reimbursement from insurance for diabetes prevention education and is planning to extend this billing process to their satellite clinics in 2016.

Minnesota Accountable Health Model – SIM Minnesota

This project is part of a \$45 million **State Innovation Model (SIM)** cooperative agreement awarded to the Minnesota Departments of Health and Human Services in 2013 by the Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model.

About \$5.5 million of SIM funds are dedicated to 15 **Accountable Communities for Health (ACH)** grant projects. ACHs meet the clinical and social needs of a defined population through person-centered, coordinated care across a range of providers.

ACH grantees were selected through a competitive process. Awards were for \$370,000 over a two-year period, 2015-16. Minnesota is evaluating if community-led ACH models result in improvements in quality, cost, and experience of care.