



The Centers for Disease Control and Prevention's 1815 Project

Background:

The purpose of the 1815 grant is to improve the health of Americans through the prevention and management of diabetes, heart disease, and stroke. Healthy Hawai'i Evaluation Team (HHET) provided staff to the Chronic Disease Prevention and Health Promotion Division (CDPHPD) to guide evaluation planning efforts for both the Category A Annual Performance Report and the Category B Sustainability and Action Report for Year 4 of the CDC 1815 project. We completed Year 4 of a 5-year cooperative agreement. The focus of Year 4 was for programs to develop a sustainability plan to continue their work after 1815 funding ends.

- Category A focuses on diabetes/prediabetes.
- Category B focuses on controlling hypertension.

Category A Summary:

- Category A centered on increasing the engagement of pharmacists in the provision of medication management (MTM) or Diabetes Self-Management Education and Support (DSMES) for people with diabetes (strategy A3), as well as assisting health care organizations in identifying those undiagnosed with prediabetes using Health Information Technology (HIT) and referring and enrolling them into CDC- recognized lifestyle changes programs for type 2 diabetes prevention (DPP- Diabetes Prevention Program).
 - Strategy A3 focused on diabetes management by focusing on the linkages between community pharmacists and Primary Care Providers (PCPs) and expanding access to DSMES via community pharmacies (Mountain-Pacific Quality Health (MPQH) worked with Mary Savio Medical Plaza (MSMP) and Times and KTA pharmacies, Derigo Health assisted Kihei-Wailea Medical Center and Mauiola Pharmacy). MPQH and Derigo Health provided multiple trainings to engage community-based organizations (CBOs) in DSMES and provided education to help support patients with diabetes. These different forms of technical assistance (TA) with new and existing partners, quality improvement (QI) strategies, and outreach laid the foundation for continued engagement of pharmacists in DSMES after 1815 funding ends.
 - Strategy A4 concentrated on the identification of undiagnosed diabetes and prediabetes using HIT. Hawaii Primary Care Association's (HPCA) Umbrella Hub continued to be the main source of support for lifestyle coach training and a means of sustainable funding and partnerships across all federally qualified health centers (FQHCs). FQHCs reported activities like culturally tailored exercise groups and building capacity within their organizations to have staff lead these DPP cohorts.



- Strategy A6 reported on the work of enrolling patients into DPP. HPCA and FQHCs (Waimānalo Health and Hāmākua-Kohala Health Centers) developed their value-based payment model to increase enrollment in reimbursable DPP. Access to DPP expanded in areas with high rates of priority populations, as Queen's Medical Center West O'ahu (Queen's West) and KTA Pharmacy (which achieved temporary recognition for their online DPP- HI-DPP).

Category B Summary of Sustainability and Action Report:

- Category B focused on the work of pharmacists and the use of HIT, but in the realm of hypertension and undiagnosed hypertension. All of the activities for the 3 Category B strategies (B1, B4, and B6) go hand-in-hand to provide a comprehensive system of care to improve the identification of undiagnosed hypertension using either an algorithm or population health management (PHM) tool, to increase the number of patients being referred to MTM with a pharmacist and improve the information shared between providers, pharmacists, and other members of the care team, to enrolling patients into self-measured blood pressure monitoring (SMBPM) programs to help bring their blood pressure (BP) under control.
 - Strategy B1 reported on the validity of the Queen's Clinically Integrated Physician Network (QCIPN) algorithm (~95% of cases were identified), as well as how the FQHCs used Azara, their PHM, and how their staff were trained to use it to share information and increase referrals to SMBPM.
 - Strategy B4 focused on MTM activities. Derigo Health launched a new project in Year 4 to provide 4 providers with access to 2 community pharmacists and helped develop a workflow and support this relationship. MPQH continued to provide resources to the community pharmacies (Times and KTA) to promote these pharmacist-led services.
 - Strategy B6, delved into SMBPM programs. All 3 partners facilitating or supporting the use of these programs (HPCA, Derigo Health, and MPQH) engaged practices, provided BP cuffs, and shared best practices to expand their SMBPM programs. Across the board, it was reported that other funding beyond 1815 funds or other methods of reimbursement needs to be addressed, identified, and pursued to continue work on these strategies.

Contact: Questions about this project can be directed to Kara Saiki at knsaiki@hawaii.edu

