

**Bridging the Gap: Reducing Disparities in Diabetes Care Communication Brief****UPMC Western Maryland****RESEARCH REFLECTIONS**

UPMC-WM was able to improve confidence, quality of life and care experience



The Center for Clinical Resources improved in blood sugar control



The Center for Clinical Resources reduced hospitalizations



Global budgets allow for flexible resource use and promotes innovation

**BACKGROUND**

Among state-level efforts to improve healthcare outcomes and costs, global budgets can support healthcare systems to start population health programs that prevent hospitalizations and improve health outcomes. Maryland's global budget financial model, the Total Cost of Care model, flips traditional payment by allowing hospitals to focus on outcomes rather than volume of services and rewards them for investing in strategies that can reduce hospitalizations. **University of Pittsburgh Medical Center in Western Maryland (UPMC-WM) developed a care management center called the Center for Clinical Resources (CCR) to support patients with chronic conditions like type 2 diabetes who are at increased risk of issues like emergency room visits or significant social needs like food access.**



Within the CCR, UPMC-WM employs team-based interventions that provide interdisciplinary care between clinicians, diabetes care coordinators (who address social needs like food insecurity and insurance access), and patient educators (who provide nutrition counseling). As part of the Merck Foundation initiative, *Bridging the Gap: Reducing Disparities in Diabetes Care*, **each patient was assigned to a dedicated diabetes care coordinator to serve as the patient's main contact and advocate within the health system.** Care coordinators screen patients to evaluate medical and social needs, and navigate patients to various clinical and community-based services to address those needs. In a special supplement of the *Journal of General Internal Medicine*, Wang et al. evaluated the CCR's impact on patient-reported outcomes like confidence in controlling diabetes as well as clinical outcomes like blood sugar and hospital use for high-risk patients with diabetes in rural Maryland. Surveys conducted among patients showed improvements in confidence, quality of life, and healthcare experience. Diabetes control (e.g., HbA1c) also improved at follow-up, and after 12-months, both diabetes-related emergency department visits and hospitalizations related to any chronic condition decreased. Saulsberry et al. interviewed patients and essential CCR staff about their perceptions of important factors associated with the program's success. **These interviews highlighted 3 themes: 1) team-based care promotes accountability and patient engagement, 2) mission alignment across healthcare and community partners is critical, and 3) global payment allowed for flexible resource allocation to appropriate medical care and social services.**

**KEY TAKEAWAYS**

The CCR improved patient-reported outcomes including confidence (e.g., 18 of 22 measures improved), diabetes control (e.g., HbA1c decreased by 1.2% at 6-months, 1.4% at 12-months), emergency department visits and hospitalizations (e.g., both decreased 11% at 12-months), and staff cited the CCR's role in improved patient engagement. Payment models like **global budgets allow flexibility and could help healthcare organizations develop and sustain solutions for medical issues like diabetes and social barriers like food access.**

Based on the following peer-reviewed manuscripts:

- Saulsberry L, Gunter KE, O'Neal Y, Tanumihardjo J, Gauthier R, Chin MH, Peek ME. "Everything is all in one place": Stakeholder Perceptions of Integrated Medical and Social Care for Patients with Diabetes in Allegany County, Maryland. *J Gen Intern Med.* 2023; [doi:10.1007/s11606-022-07919-1](https://doi.org/10.1007/s11606-022-07919-1)
- Wang GX, Gauthier R, Gunter KE, Johnson L, Zhu M, Wan W, Tanumihardjo JP, Chin MH. Improving Diabetes Care Through Population Health Innovations and Payments: Lessons from Western Maryland. *J Gen Intern Med.* 2023; [doi:10.1007/s11606-022-07918-2](https://doi.org/10.1007/s11606-022-07918-2)