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APPENDIX

APPENDIX A: ACKNOWLEDGEMENTS

AMGA Foundation's Together 2 Goal® campaign and this Toolkit would not be possible without the time and expertise of the following individuals (as of January 31, 2016):

TOGETHER 2 GOAL® CAMPAIGN TOOLKIT WORKGROUP

Thanks to the Together 2 Goal® Campaign Toolkit Workgroup members for contributing their time and expertise in reviewing the content of this resource, including campaign plank overviews and accompanying tools and resources. Workgroup members include:

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- **Deloris Berrien-Jones, MD**, Internal Medicine, Physician Champion for Diabetes Initiative, Henry Ford Health System
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- **Joan Compton, RN, MSHA**, Director, Clinical Innovation Department, Colorado Springs Health Partners
- **Roberta Eis, RN, BSN, MBA**, Manager, Henry Ford Medical Group – Primary Care
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- **Betty Sedlor, RN**, Clinical Outcomes Analyst, Colorado Springs Health Partners

TOGETHER 2 GOAL® CAMPAIGN TOOLKIT REVIEWERS

We also extend our gratitude to experts at AMGA members and campaign partners who reviewed specific campaign plank overviews enclosed. These reviewers include:

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- **Yates Lennon, MD**, Chief Quality Officer, Cornerstone Health Care

TOGETHER 2 GOAL® NATIONAL ADVISORY COMMITTEE

The National Advisory Committee is the voting body on approval of campaign goals, planks, and specifications. The Committee also provides general oversight, guidance, and input on campaign goals, structure, and activities; assists in the evaluation of risks, challenges, and opportunities; and serves as project champions by aiding AMGA Foundation in recruiting member groups, building relationships with stakeholders and securing funding and other resources.

National Advisory Committee members include:

- **Ann Albright, PhD, RD**, Director, Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
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- **Dominick L. Frosch, PhD**, Chief Care Delivery Evaluation Officer, Palo Alto Medical Foundation; Senior Scientist, Palo Alto Medical Foundation Research Institute
- **Deborah Greenwood, PhD, RN, BC-ADM, CDE, FAADE**, 2016 Immediate Past President, American Association of Diabetes Educators Board of Directors; Program Director, Sutter Health Integrated Diabetes Education Network; Clinical Performance Improvement Consultant; Research Scientist, Office of Patient Experience, Sutter Health
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- **Kimberly Westrich, MA**, Vice President, Health Services Research, National Pharmaceutical Council

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The Scientific Advisory Committee establishes the scientific and practice-based framework for the campaign, including campaign planks and measurable goals. Scientific Advisory Committee members include:

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- **William H. Polonsky, PhD, CDE**, Co-founder and President, Behavioral Diabetes Institute; Associate Clinical Professor, University of California, San Diego

TOGETHER 2 GOAL® MEASUREMENT COMMITTEE

The Measurement Committee provides expertise and guidance on measure specifications, data collection, monitoring, evaluation, and reporting procedures. Measurement Committee members include:

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APPENDIX B: FAQs

CAMPAIGN OVERVIEW

- **WHEN DOES THE TOGETHER 2 GOAL® CAMPAIGN START?**

  The Together 2 Goal® campaign will officially launch in March 2016.

- **HOW LONG IS THE CAMPAIGN?**

  The Together 2 Goal® campaign, similar to Measure Up/Pressure Down® will be a three-year effort ending in 2019.

- **WHAT IS THE CAMPAIGN GOAL?**

  Together 2 Goal® aims to improve care for 1 million people with Type 2 diabetes. To help us achieve this ambitious goal, there are seven distinct opportunities for improvement related to diabetes care that your organization can focus on, including A1c measurement and control, blood pressure measurement and control, medical attention for nephropathy, statin prescription, and practice-based screening.

- **HOW WILL PROGRESS TOWARD THE CAMPAIGN GOAL BE MEASURED?**

  AMGA members participating in the Together 2 Goal® campaign will be responsible for reporting data on a quarterly basis. The campaign will disseminate blinded comparative reports as well as progress toward goal on a quarterly basis. Diabetes-related data will include A1c control, blood pressure control, lipid management, and testing for renal disease. Measures will be reported both individually and as a bundle. For more information about data reporting, please review Appendix D: Data Reporting and the FAQs "Data Reporting Tracks" section on page 123.

CAMPAIGN PARTICIPATION

- **IS THERE A FEE TO JOIN THE TOGETHER 2 GOAL® CAMPAIGN?**

  Campaign participation is complimentary for all AMGA members. A complete roster of AMGA members is available at www.amga.org.

- **WHAT ARE THE EXPECTATIONS OF PARTICIPATING ORGANIZATIONS?**

  No matter where you are on your journey, the Together 2 Goal® campaign offers a pathway to better tackle diabetes. The campaign is designed so AMGA members can customize their program based on resources and capacity. Most importantly, this three-year initiative ensures AMGA members have the time needed to succeed. To participate, AMGA members are asked to: (1) implement at least one evidence-based care process ("campaign plank"), (2) report data quarterly, and (3) use free campaign resources to help you get to goal. Please continue reading the FAQs to learn more about each of these activities.

- **HOW CAN I JOIN OR SUPPORT THE CAMPAIGN IF I AM NOT AN AMGA MEMBER?**

  Non-AMGA member provider organizations can enroll in the Together 2 Goal® campaign for a one-time $2,500 campaign fee. Hardship cases are considered on a case-by-case basis. This fee covers the cost of resources and engagements over the three-year campaign. Corporations/funders and select national nonprofit organizations may join the campaign as corporate collaborators and supporting organizations, respectively. Please contact together2goal@amga.org to learn more about these opportunities.

WHAT RESOURCES WILL BE AVAILABLE FOR PARTICIPATING MEDICAL GROUPS AND HEALTH SYSTEMS?

Throughout the three-year campaign, you'll be supported by powerful tools and resources that have been developed by AMGA members and are proven to deliver the best outcomes. These resources include:

- *Together 2 Goal® Campaign Toolkit*
- Monthly campaign webinars
- Educational resources for patients
- Online discussion forum
- National Day of Action

These resources can be accessed at www.Together2Goal.org.

CAMPAIGN PARTICIPATION

WHAT ARE THE CAMPAIGN PLANKS?

"Campaign planks" are evidence-based care processes you implement in your practice. Our Together 2 Goal® campaign offers 11 for improving the care of people with Type 2 diabetes. The 11 campaign planks span three domains and include:

- Empowering Patients domain (planks are: Build an Accountable Diabetes Team, Integrate Emotional and Behavioral Support, and Refer to Diabetes-Self Management Education and Support Programs);
- Improving Care Delivery domain (planks are: Conduct Practice-Based Screening, Adopt Treatment Algorithm, Measure HbA1c Every 3-6 Months, Assess and Address Risk of Cardiovascular Disease, and Contact Patients Not at Goal and with Therapy Change within 30 Days); and
- Leveraging IT domain (planks are: Use a Patient Registry, Embed Point-of-Care Tools, and Publish Transparent Internal Reports).

WHAT RESOURCES ARE AVAILABLE FOR CAMPAIGN PLANK IMPLEMENTATION?

This *Together 2 Goal® Campaign Toolkit* includes a guide for getting started in the campaign, provides an overview of each campaign plank, and features accompanying tools and resources used by leading AMGA members for adoption. Together 2 Goal® will also host monthly campaign webinars featuring experts and organizations that will share best practices and lessons learned for the implementation of each plank.

HOW CAN OUR TOOLS AND RESOURCES BE INCLUDED IN THE TOGETHER 2 GOAL® CAMPAIGN TOOLKIT?

AMGA members participating in Together 2 Goal® can submit their diabetes tools and resources for inclusion in the online version of *Together 2 Goal® Campaign Toolkit* by emailing diabetestoolkit@amga.org. In addition to attaching the tool to the email, please include:

- The purpose and intended audience of the tool, how it is used within your practice, length of time in use, and scope of implementation (e.g., pilot site vs. system level);
- The successes that your organization has achieved as a result of using this tool (indicate whether you have documentation or data to support the results that you have described); and
- The campaign plank that best represents your submission.

Approved submissions will be credited to your organization and provide an additional avenue to promote your dedication to best practices learning and collaboration. All submissions will be evaluated by the Together 2 Goal® Campaign Toolkit Workgroup prior to inclusion.

DATA REPORTING TRACKS

WHY DOES THE TOGETHER 2 GOAL® CAMPAIGN INCLUDE DATA REPORTING?

By reporting data on a quarterly basis through our dedicated campaign portal, AMGA members will be able to measure progress and benchmark against peers through blinded comparative reports. Additionally, Together 2 Goal® will be able to measure progress toward the campaign goal of improved care for 1 million people with Type 2 diabetes.

WHAT ARE THE DIFFERENT DATA REPORTING TRACKS?

Three data reporting tracks are available for groups participating in Together 2 Goal®. These tracks include:

- Basic Track (A1c control only);
- Core Track (A1c control, blood pressure control, lipid management, and testing for renal disease; reporting measures both individually and as a bundle); and
- Innovators Track (Core Track measures, as well as additional measures to be determined in conjunction with participating groups. Measures under consideration to date include hypoglycemia and shared decision-making).

CAN I CHANGE DATA REPORTING TRACKS DURING THE CAMPAIGN?

Participating organizations can change data reporting tracks during the campaign by contacting their regional liaison (identified upon enrollment). We encourage those groups that begin at the Basic Track level to advance to the Core Track over the three-year campaign, and for Core Track participants to join the Innovators Track, if resources allow.

APPENDIX C: CONTACTS

CAMPAIGN STAFF

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For general campaign inquiries, please contact campaign staff at together2goal@amga.org.

DATA STAFF

- **Cindy Shekailo**
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  DataForT2G@amga.org
  (703) 838-0033, ext. 361

APPENDIX D: DATA REPORTING

AMGA Foundation prides itself in measuring and reporting the impact of our programs. Medical groups and health systems members participating in Together 2 Goal® will report data to the campaign on a quarterly basis.

Through this reporting, medical groups and health systems can measure progress toward their organization's goals for diabetes and our shared campaign goal of improved care for 1 million people with Type 2 diabetes.

DATA REPORTING TRACKS

Upon enrollment, participating medical groups will select one of three data reporting tracks:

- **Basic Track:** A1c control only;
- **Core Track:** A1c control, blood pressure control, lipid management, and testing for renal disease (reporting both individually and as a "bundle"); or
- **Innovator Track:** Core Track and additional measures to be determined in conjunction with participating groups. Measures under consideration to date include hypoglycemia and shared decision-making.

To confirm or change your data reporting track, please contact your Regional Liaison or email together2goal@amga.org.

MEASUREMENT SPECIFICATIONS

To access the measurement specifications, visit www.together2goal.org and select "Improve Patient Outcomes" and "Campaign Data Reporting."

DATA REPORTING PORTAL

To access the data reporting portal, visit https://data.together2goal.org.

RESOURCES

For questions about data reporting, please email DataForT2G@amga.org. In addition, the following resources can be accessed to support your efforts. Visit www.together2goal.org and select "Improve Patient Outcomes" and "Campaign Data Reporting" to download:

- Recorded webinar about the measurement specifications and data portal,
- Step-by-step instructions for registering and using the data portal, and
- Frequently asked questions.

REPORTING TIMELINE:

	Measurement Periods (Defined by Quarters)	Measurement Periods (Defined by Months and Days)	Reporting Deadline	Blinded, Comparative Reports Sent to Participating Organizations
T2G Baseline:	**2016 Q1** (2015 Q2 - 2016 Q1)	**2016 Q1** (2015 Apr 1 - 2016 Mar 31)	June 1, 2016	July 15, 2016
T2G Year 1:	**2016 Q2** (2015 Q3 - 2016 Q2)	**2016 Q2** (2015 Jul 1 - 2016 Jun 30)	September 1, 2016	September 23, 2016
	2016 Q3 (2015 Q4 - 2016 Q3)	**2016 Q3** (2015 Oct 1 - 2016 Sep 30)	December 2, 2016	December 22, 2016
	2016 Q4 (2016 Q1 - 2016 Q4)	**2016 Q4** (2016 Jan 1 - 2016 Dec 31)	March 1, 2017	March 24, 2017
	2017 Q1 (2016 Q2 – 2017 Q1)	**2017 Q1** (2016 Apr 1 - 2017 Mar 31)	June 1, 2017	June 23, 2017
T2G Year 2:	**2017 Q2** (2016 Q3 - 2017 Q2)	**2017 Q2** (2016 Jul 1 - 2017 Jun 30)	September 1, 2017	September 22, 2017
	2017 Q3 (2016 Q4 - 2017 Q3)	**2017 Q3** (2016 Oct 1 - 2017 Sep 30)	December 1, 2017	December 22, 2017
	2017 Q4 (2017 Q1 - 2017 Q4)	**2017 Q4** (2017 Jan 1 - 2017 Dec 31)	March 1, 2018	March 23, 2018
	2018 Q1 (2017 Q2 – 2018 Q1)	**2018 Q1** (2017 Apr 1 - 2018 Mar 31)	June 1, 2018	June 22, 2018
T2G Year 3:	**2018 Q2** (2017 Q3 - 2018 Q2)	**2018 Q2** (2017 Jul 1 - 2018 Jun 30)	September 4, 2018	September 21, 2018
	2018 Q3 (2017 Q4 - 2018 Q3)	**2017 Q3** (2017 Oct 1 - 2018 Sep 30)	December 3, 2018	December 21, 2018
	2018 Q4 (2018 Q1 - 2018 Q4)	**2018 Q4** (2018 Jan 1 - 2018 Dec 31)	March 2, 2019	March 30, 2019
	2019 Q1 (2018 Q2 – 2019 Q1)	**2019 Q1** (2018 Apr 1 - 2019 Mar 31)	June 3, 2019	June 28, 2019

APPENDIX E: CITATIONS AND SUGGESTED READINGS

Below, please find suggested readings that may provide background information and additional context for each campaign plank:

BUILD AN ACCOUNTABLE DIABETES TEAM

- National Diabetes Education Program. Redesigning the health care team: diabetes prevention and lifelong management. Available at: http://www.niddk.nih.gov/health-information/health-communication-programs/ndep/health-care-professionals/team-care/Documents/ndep37_redesignteamcare_4c_508.pdf.
- National Diabetes Education Program. Team care approach for diabetes management. Excerpt from: Working together to manage diabetes: a guide for pharmacy, podiatry, optometry, and dentistry. Available at: http://www.cdc.gov/diabetes/ndep/pdfs/ppod-guide-team-care-approach.pdf.

INTEGRATE EMOTIONAL AND BEHAVIORAL SUPPORT

- Archer J, Bower P, Gilbody S, et al. Collaborative care for depression and anxiety problems. *Cochrane Database of Systematic Reviews*. 2012.
- Klein S, Hostetter M. In focus: integrating behavioral health and primary care. *Quality Matters*. August/September 2014. Available at: http://www.commonwealthfund.org/publications/newsletters/quality-matters/2014/august-september/in-focus.
- Lin EHB, Von Korff M, Ciechanowski P, et al. Treatment adjustment and medication adherence for complex patients with diabetes, heart disease, and depression: a randomized controlled trial. *Ann Fam Med*. January/February 2012;10(1):6-14.

REFER TO DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT PROGRAMS

- American Association of Diabetes Educators. Find accredited DEAP programs/branches. https://nf01.diabeteseducator.org/eweb/DynamicPage.aspx?WebKey=e831e862-f94b-4ff9-8fd6-6ef5631272d4.
- American Diabetes Association. Find a recognized education program in your area by state. http://professional2.diabetes.org/ERP_List.aspx.
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- Li R, Shrestha SS, Lipman R, Burrows NR, Kolb LE, Rutledge S. Diabetes self-management education and training among privately insured persons with newly diagnosed diabetes — United States, 2011–2012. *MMWR*. November 21, 2014; 63(46):1045-9.
- Powers MA, Bardsley J, Cypress M, et al. Diabetes self-management education and support in type 2 diabetes: a joint position statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. Published in:
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  - *Diabetes Educ*. August 2015;41(4):417-430.
  - *J Acad Nutr Diet*. August 2015;115(8):1323-34.
- Strawbridge LM, Lloyd JT, Meadow A, Riley GF, Howell BL. Use of Medicare's diabetes self-management training benefit. *Health Educ Behav.* August 2015;42(4):530-8.

CONDUCT PRACTICE-BASED SCREENING

- American Diabetes Association. Section 2: Classification and diagnosis of diabetes. Excerpt from: Standards of medical care in diabetes—2016. *Diabetes Care*. January 2016;39(Suppl. 1):S8-16.
- American Diabetes Association. Section 4: Prevention or delay of type 2 diabetes. Excerpt from: Standards of medical care in diabetes—2016. *Diabetes Care*. January 2016;39(Suppl. 1):S36–S38.
- Centers for Disease Control and Prevention. National Diabetes Education Program. Available at: http://www.cdc.gov/diabetes/prevention/index.htm.
- Menke A, Casagrande S, Geiss L, Cowie CC. Prevalence of and trends in diabetes among adults in the United States, 1988–2012. *JAMA*. 2015;314(10):1021-9.
- U.S. Preventive Services Task Force. Abnormal blood glucose and type 2 diabetes mellitus screening. Available at: http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes?ds=1&s=diabetes%20screening.
- Yudkin JS, Montori VM. The epidemic of pre-diabetes: The medicine and the politics. *BMJ*. July 16, 2014;349:g4485.

ADOPT TREATMENT ALGORITHM

- American Association of Clinical Endocrinologists/American College of Endocrinology Comprehensive Type 2 Diabetes Management Algorithm—2016. *Endocr Pract.* 2016;22:84-113.
- American College of Physicians. Oral pharmacological treatment of type 2 diabetes mellitus: a clinical practice guideline from the American College of Physicians. *Ann Intern Med.* February 7, 2012;156(3):218-231.
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- Institute of Medicine. Standards for developing trustworthy clinical practice guidelines. Available at: https://iom.nationalacademies.org/Reports/2011/Clinical-Practice-Guidelines-We-Can-Trust/Standards.aspx.

MEASURE HBA1C EVERY 3-6 MONTHS

- Sacks DB, Arnold M, Bakris GL, et al. Position statement executive summary: guidelines and recommendations for laboratory analysis in the diagnosis and management of diabetes mellitus. *Diabetes Care*. 2011;34:1419-1423.
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ASSESS AND ADDRESS RISK OF CARDIOVASCULAR DISEASE

- American College of Cardiology and American Heart Association. ASCVD Risk Calculator. Available at: http://tools.acc.org/ASCVD-Risk-Estimator/.
- American Diabetes Association. Standards of medical care in diabetes—2016. *Diabetes Care*. January 2016;39(Suppl. 1).
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CONTACT PATIENTS NOT AT GOAL AND WITH THERAPY CHANGE WITHIN 30 DAYS

- Blackburn DF, Swidrovich J, Lemstra M. Non-adherence in type 2 diabetes: practical considerations for interpreting the literature. *Patient Prefer Adherence*. 2013;7:183-9.
- Delamater, AM. Improving patient adherence. *Clinical Diabetes*. April 2006;24(2):71-7.
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USE A PATIENT REGISTRY

- Agency for Healthcare Research and Quality. Toolkit for implementing the chronic care model in an academic environment. Available at: http://www.ahrq.gov/professionals/education/curriculum-tools/chroniccaremodel/chronic3b.html.
- Bagley B, Mitchell J. Registries made simply. *Fam Pract Manag.* May/June 2011;18(3):11-14.
- McLeod W, Eidus R, Stewart E. Clinical decision support: using technology to identify patients' unmet needs. *Fam Pract Manag.* March/April 2012;19(2):22-28.
- Stellefson M, Dipnarine K, Stopka C. The chronic care model and diabetes management in US primary care settings: a systematic review. *Prev Chronic Dis.* 2013;10:120180.

PUBLISH TRANSPARENT INTERNAL REPORTS

- Measure Up/Pressure Down® Webinar: medical group successes featuring Colorado Springs Health Partners. Available at: http://www.measureuppressuredown.com/HCProf/Webinars/101614_cshp.pdf (slides) or https://amgaevents.webex.com/amgaevents/lsr.php?RCID=ad52d0987441230cf7e74538b402344f (audio and slides).
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APPENDIX F: COPYRIGHT AND DISCLAIMER

DISCLAIMER

The *Together 2 Goal® Campaign Toolkit* is intended to aid healthcare professionals in managing the care of people with Type 2 diabetes. While the toolkit describes recommended courses of intervention, it is not intended as a substitute for the advice of a physician or other knowledgeable healthcare professional.

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