

# Goal Getter!

# HealthPartners Medical Group

## Building a Winning Piabetes Team



#### **Team Stats**

Based in Minneapolis, Minnesota, HealthPartners is an integrated healthcare system that merged with Park Nicollet, an integrated care delivery system, in 2013. HealthPartners includes a multispecialty group practice and serves about a million patients through 55 primary care clinics and more than 1,700 physicians in the twin cities and western Wisconsin. As of 2015, more than 35,000 members with Type 2 diabetes receive care from the health system.



## Challenge

A patient came to HealthPartners who, in addition to diabetes, was living with multiple conditions and taking 45 different medications to manage them all. This patient illustrated the fact that many people with diabetes carry a significant burden and require additional and multidisciplinary support. As a result, HealthPartners decided to redefine optimal diabetes care. To be considered "optimally managed," a patient with diabetes would need glucose, blood pressure, and lipids within goal, not to smoke, and to take aspirin if they also had cardiovascular disease. Consequently, HealthPartners needed to create an engaged, multidisciplinary team to help patients to manage their diabetes more effectively.



#### Game Plan

HealthPartners created a core diabetes team that, in addition to the patient, consists of key members across the organization, including a receptionist; registered nurse; certified medical assistant, registered medical assistant, or licensed practical nurse; and physician. This core diabetes team understands teamwork and communication as key skills, and each member is cognizant of his or her role and responsibilities.

This team works together to ease the burden that patients with diabetes face. For example, HealthPartners offers e-visits and telephone visits for diabetes patients who find it difficult to come into the office. Additionally, each patient is paired with the same nurse support and physician at each visit to foster continuity and build trust. In cases of a newly diagnosed patient or one struggling to meet a goal, the core team enlists the help of an extended care team consisting of a diabetes nurse specialist, a registered dietitian nutritionist, and a pharmacist. When necessary, the team consults an endocrinologist to provide patient support, advice, and yearly updates on diabetes care.



#### Wins

Over time, the diabetes care team has recognized significant improvement among its diabetes patient population. In 2015, HealthPartners' diabetes patient population experienced a 50% reduction in cardiovascular events, amputations, and new patients with retinopathy—ultimately saving 343 hearts, 51 legs, and 810 pairs of eyes.

To maintain accountability and drive continued improvement, the care teams regularly conduct scorecard meetings to celebrate and share "wins," identify best practices and learning opportunities, test improvements, and share developments with the rest of the organization.



#### **Head Coach**

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"There's
no 'l'
in team!"



## Playbook

The *Together 2 Goal® Campaign Toolkit*'s "Build an Accountable Diabetes Team" chapter may be a helpful additional resource.

Visit http://www.together2goal.org/Improve/toolkit improve.html for more information.