



## **Employer-sponsored Education Services that Deliver Results**

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### **Abstract**

Established in 1998, St. Louis Diabetes Coalition (SLDC) is a non-profit multi-stakeholder organization. In response to a community assessment calling for increased access to diabetes self-management education, SLDC created Diabetes@Work in 2004, a worksite-based diabetes education service that involves group sessions co-led by a nurse educator (CDE) and registered dietitian. Building on the experience and clinical outcomes of Diabetes@Work as well as research on other worksite-based diabetes care improvement programs, this presentation will address how providers can partner with employers to develop, deliver and measure effective education programs.

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### **Annotated Outline with Selected Slides**



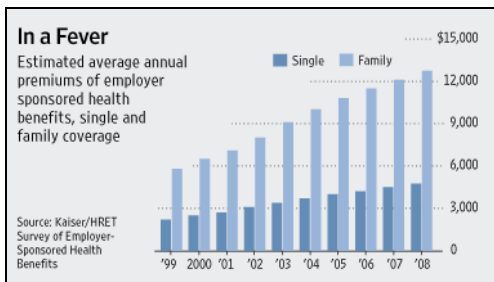
#### **What is the employer's role in diabetes care?**

- More than just a bill payer
- Role depends on a number of factors: company size, employee tenure/turnover, labor union contracts, corporate culture and population health



**Self-management education is just one tool available to employers to improve quality and reduce cost of diabetes care.**

1. Health insurance benefit design
2. Self-help tools
3. Wellness programs and incentives
4. Tailored health coaching
5. Corporate culture
6. Health plan-based disease management
7. Onsite health clinics
8. Preferred provider network
9. Pay-for-performance contracting with providers
10. Diabetes self-management education



### Fundamentals of the health care system

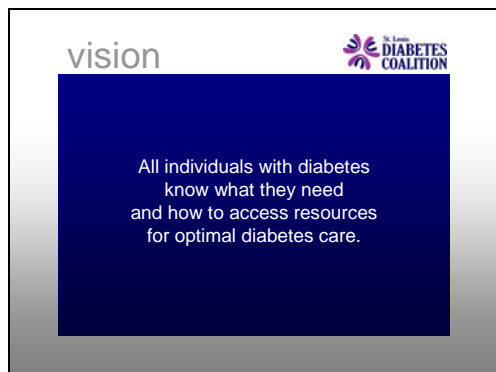
... from the employer perspective

- Health care is very different, depending on your vantage point
- Types of employee / employer cost-sharing
- Interpretation and implementation of employment law
- Self-insured vs. fully insured health plans
- Regional vs. national employers
- Most employers seek value, not the dirt cheap



### Literature reviewed.

- Published literature on self-management education in worksite settings is spotty.
- Employer opinion is guided by data and experience from a related service – disease management.
- Review of selected studies of employer-sponsored diabetes care improvement strategies:
  - > *CDC Community Guide for Prevention Services*
  - > Chrysler Sterling Heights  
*Am J Health-Syst Pharm* - Vol 65 Nov 1, 2008
  - > Nationwide Better Health  
*Disease Management*. 11(3):169-75, 2008 Jun.
  - > National Business on Coalition Health  
Diabetes Seed Grant Program (2008)



### What is the St. Louis Diabetes Coalition?

History of one independent non-profit organization's development of diabetes self-management education services.

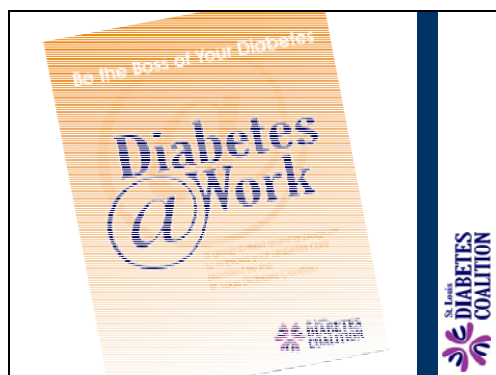
- Established 1998
- Multi-stakeholder organization
- Service-oriented, *not* a fundraising organization or professional association
- Laid foundation of successes rather early



### A community health assessment project guided development of alternative delivery models for self-management education, including the worksite.

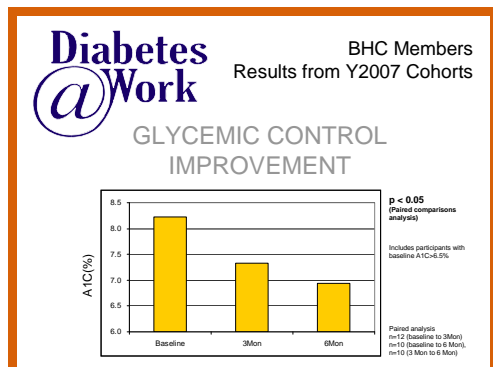
*5 of the 12 Key Findings (May 2006):*

1. Hospitals have near-monopoly on comprehensive diabetes education programs.
2. Low utilization of hospital-based diabetes education programs attributable to physician referral.
3. Links to community resources could be stronger.
4. At current rates of service in Missouri, few can be served by hospital-based diabetes education.
5. While group-based services are effective for improving outcomes, few physician offices provide the service.



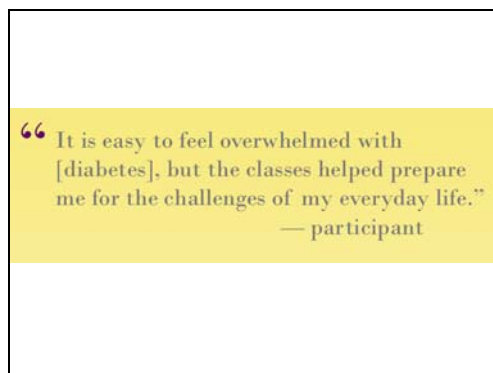
### Diabetes@Work history and current program design

- Series of 11 weekly group sessions
- Evidence-based curriculum
- Assignments
- Sessions co-led by certified diabetes educator (CDE) and registered dietitian (RD)
- 4 guest presenters at 4 different sessions (psychologist, physician, physical therapist, and pedorthist)
- Incentives
- Baseline and follow-up outcome measures (A1C, blood pressure, weight, self-management behaviors)
- Fee: \$4,000 per worksite cohort; free for participants



### Diabetes@Work results (2004 – 2009)

- 12 cohorts with 9 employers
- Glycemic control
- Blood pressure
- Knowledge and self-management behaviors
- Program modifications over the years
- Failures and shortcomings assessed and acknowledged



### Participant testimony

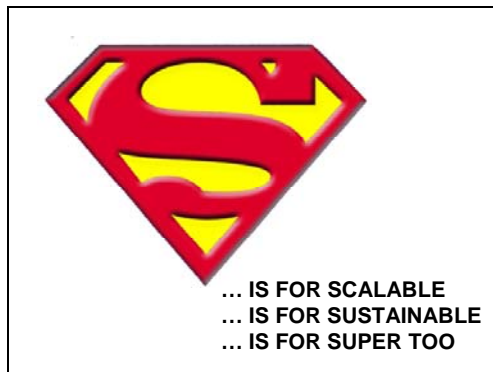
Numbers are nice, but the participants are the real inspiration.

- > Video interview footage



### Our tools are available to you. Just ask.

- Surveys
- Curriculum guides
- Marketing materials
- Assignment sheets
- Outcome tracking forms
- Health plan benefit design assessment



**Diabetes@Work: Strengths and limitations as a business venture**

- Scalability
- Sustainability



**Not all important outcomes are measured well (yet) by the Diabetes@Work program.**

- Strengthening social relationships between participants
- Confidence in health care provider communication
- Capacity to negotiate
- Counteract feelings of guilt
- Realization of available choices in treatment



**Other models to consider**

- Curriculum
  - > eg., Stanford chronic disease self-management
- Instructional method
  - > eg., Conversation Maps®
- Marketing



**Employer feedback and the evolution of Diabetes@Work**

- Where the onsite group cohort seems to work well (and not)
- Identifying demand and pricing related services
- Moving beyond diabetes



### Creating and marketing “products” for employers

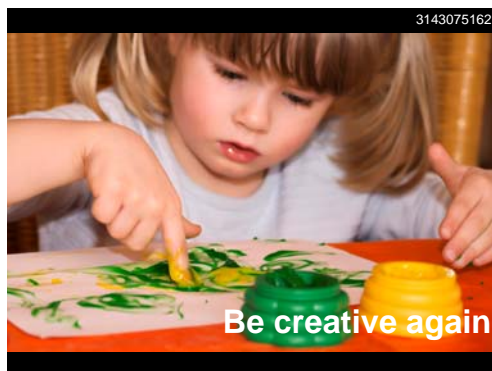
- Address employer objections proactively
  - “We cannot discriminate against people with diabetes.”
  - “We cannot show a preference for people with diabetes (or other conditions).”
  - “We don’t want to get too involved in our employees’ lives.”
  - “Productivity gains don’t sell with my CFO.”
- Messages to consider
  - > The market is selling poor quality chronic care for diabetes and you are buying it. Poor chronic care costs more, in the near-term and long-term.
  - > *Do nothing* is a strategy that is proven to lead to higher costs and poorer health.
- Know your competition... very well.



### The Elevator Pitch

60 seconds and no visual aids to communicate the results of your program/organization to a key stakeholder.

What would you say on the elevator ride?



### Be creative again

The market needs innovation.

### Discussion Questions:

1. How are diabetes care service providers in your community serving employers?
2. What strategies are under development in your area?
3. Why does employer-sponsored educational programming make sense? Why not?

### Supplemental Handout Materials (Attached)

1. Curriculum plan for Diabetes@Work (the curriculum is known as SMART)
2. Welcome letter to participants (example)
3. Glucose, nutrition and activity tracking assignment form
4. Pre- and post-survey for participants (2009 update)
5. Content evaluation form for participants (2008 update)
6. Goal-setting assessment form (2009 update)
7. Session #1 Handout: What is self-management?
8. List of special tools and handouts used during Diabetes@Work sessions

### Items Available Upon Request

Send a request to [armbrees@slu.edu](mailto:armbrees@slu.edu) or [joanmcg2@sbcglobal.net](mailto:joanmcg2@sbcglobal.net)

- AADE presentation slide deck
- Diabetes@Work promotional flyer
- Samples of Diabetes@Work weekly session presentations
- Abstraction tool for assessing health plan benefits for diabetes management
- Local Resource List* (example handout for participants)

### Contributing Organizations



The St. Louis Diabetes Coalition is an independent 501(c)3 non-profit coalition of insurance companies, healthcare providers, pharmaceutical companies, non-profit organizations, government agencies, academics, and other community health stakeholders. It was founded in 1998 with a mission to work collaboratively to improve diabetes awareness, education and adherence to standards of care in the region.



The Saint Louis University Center for Outcomes Research (SLUCOR) is an independent academic unit of the School of Medicine that works in partnership with the School of Public Health to influence contemporary debate in medicine and public health. SLUCOR is dedicated to innovative research and education programming that reveals deeper understanding and appreciation for the results of health care services – clinical, personal, economic and societal. Current work is organized into five portfolios – organ transplantation, diabetes, cardiology, pharmacoeconomics, and healthcare quality – with interdisciplinary research teams.



The St. Louis Area Business Health Coalition (BHC) represents St. Louis employers' collective efforts to gain greater value and accountability for their health benefit expenditures. In addition to serving as the employer voice on health care policy issues, BHC uses the collective power of its membership to negotiate cost-saving opportunities for employee health benefits. BHC operates as a 501(C)6 non-profit association and is governed by a Board of Directors elected from its membership. BHC is a member of the National Business Coalition on Health.