

# Diabetes Care & Health Equity Sprint Learning Session #1

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February 24, 2026

HealthChoices PCMH Learning Network

**Suzanne Cohen**, Senior Director of Population Health, Health Federation of Philadelphia

# Agenda

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1:00 – 1:15 p.m.	Welcome & Presentation of 2026 Sprint	Suzanne Cohen, Health Federation of Philadelphia
1:15 – 1:35 p.m.	PCMH PDSA discussion	
1:35 – 2:10 p.m.	Demystifying Implementation Science	Meg Meador, Penn Center for Health Incentives and Behavioral Health Economics
2:10 – 2:20 p.m.	Q&A	
2:20 – 2:30 p.m.	Sprint Timeline, Next Steps & Evaluation	Suzanne Cohen, Health Federation of Philadelphia

# Continuing Education Information

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In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and **the American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.5 hours are approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the **Association of Social Work Boards (ASWB)** Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.5 continuing education credits.**

# Disclosures

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**No members** of the planning committee, speakers, presenters, authors, content reviewers and/or anyone else in a position to control the content of this education activity **have relevant financial relationships** with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients **to disclose.**

# Disclaimer

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# The PCMH Learning Network

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*Designed to support the PCMHs and MCOs in:*

- ✓ Achieving the shared aims of the HealthChoices PCMH Program
- ✓ Identifying and acting on strategies in response to opportunities for improvement
- ✓ Developing an internal capacity to continuously learn, adapt, and improve

# Access today's slides online

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GO TO: [www.tomorrowshealthcare.org](http://www.tomorrowshealthcare.org)

**Your Login:** The email address you RSVP'd with  
**Your Password:** Welcome

*To get assistance or access for your colleagues:  
email J. at [ashenayi@jhf.org](mailto:ashenayi@jhf.org)*

# PCMH Online Community



*Keep track of upcoming sessions in "Events"*



*Access session materials in "Learning Sessions" Including slides and webinar recording*

*Look for guides and tools in "Resources"*

# Learning Objectives for Today

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- ✓ Describe strategies that are effective in providing comprehensive diabetes care within primary care.
- ✓ Describe progress in planning quality improvement activities across participating PCMH practices.
- ✓ Identify potential approaches to implement quality improvement interventions.

# Diabetes Care & Health Equity

## Participating Practices

Delaware Valley Community Health
East Liberty Family Health Care Center
Esperanza Health Center
Greater Philadelphia Health Action
Guthrie Medical Group
Independence Health System Butler Memorial Hospital
Jefferson Einstein
Keystone Rural Health Center
Lehigh Valley Health Network
Levyn
Penn Medicine
Penn Medicine LGH Walter L Aument
Penn State Health
Primary Health Network

Public Health Management Corporation
River Valley Health
Sadler Health Center Corporation
Scranton Primary Health Care Center Inc.
Temple Fair Hill Community Physicians
Temple Faculty Practice Plan
Temple Physicians, Inc.
Tower Health
Union Community Care
UPMC Community Medicine, Inc.
WellSpan
WellSpan – Bannister St. FM

# Metrics and Interventions: Diabetes

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# Glycemic Status Assessment for Patients With Diabetes (GSD)

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## Definition:

"The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period"

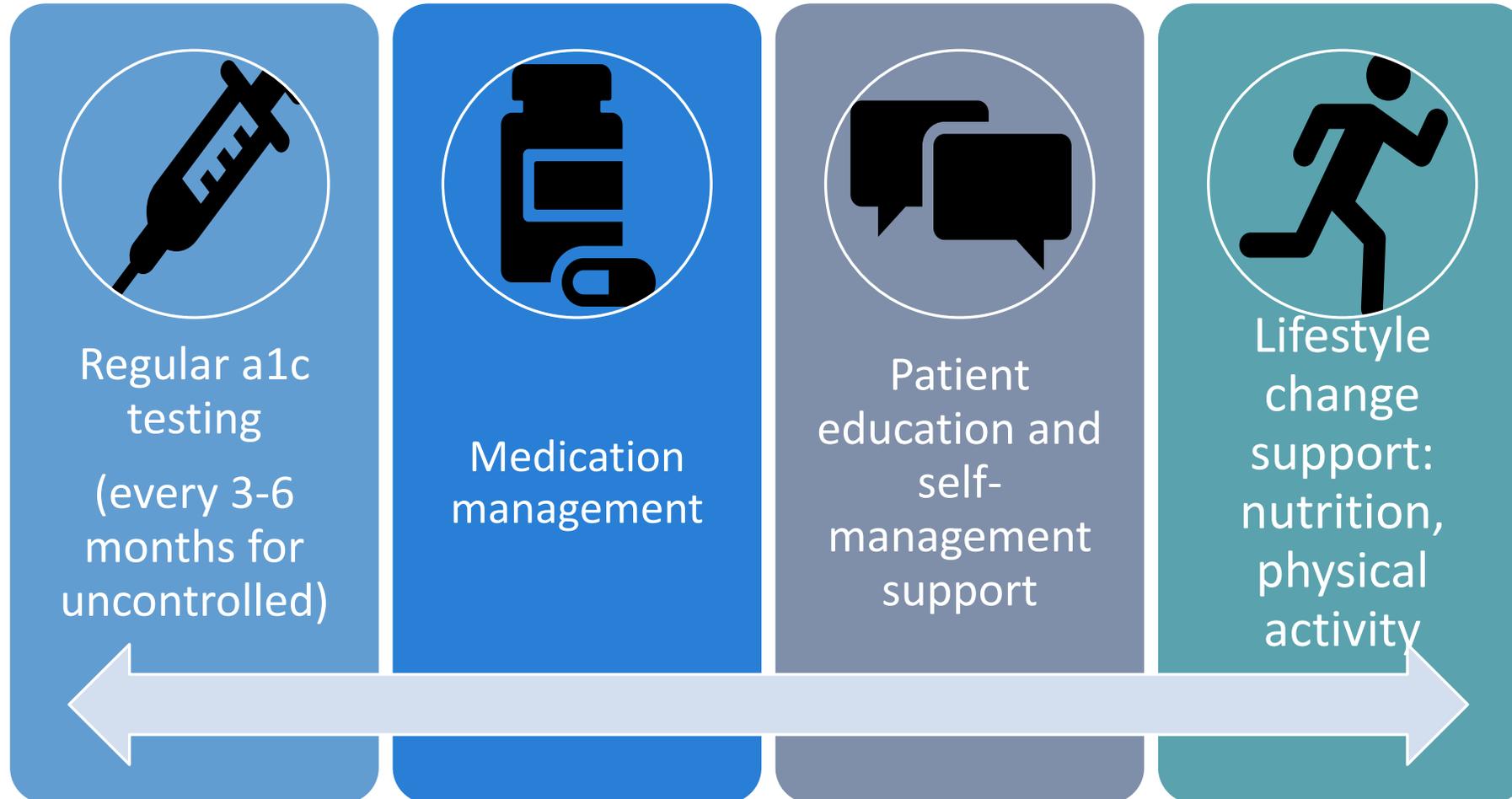
- GSD1: Glycemic Status <8.0%.
- GSD2: Glycemic Status >9.0% or untested

Health Choices Weighted Averages MY 2023

GSD1 = 59.54%

GSD2 = 31.20%

# Glycemic control: Evidence based strategies for improvement



# Screening for Key Complications

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## Eye Exam For Patients With Diabetes (EED)

### Definition:

"The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam"

Health Choices Weighted Averages (2023)

EED = 58.03%

## Kidney Health Evaluation For Patients With Diabetes (KED)

### Definition

"The percentage of persons 18–85 years of age with diabetes (type 1 or type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement period."

Health Choices Weighted Average (2023)

KED= 48.06%

# Eye/Kidney Screening: Evidence Based Strategies for Improvement

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Onsite access to specialty care providers

Screening in primary care through:

- Cameras with external interpretation
- AI tools

Access to follow-up care as needed



Annual screening for kidney health

- Easily accessible urine testing and blood draws

Access to resources for follow-up care as needed, based on screening results

# Other Evidence Based Interventions

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## Cardiovascular Health For Diabetic Patients

- Controlled Blood Pressure
- Statin Prescription and Use

## Behavioral Health Involvement

- Reduce Stress/Substance Use
- Support Lifestyle Modification/Medication adherence

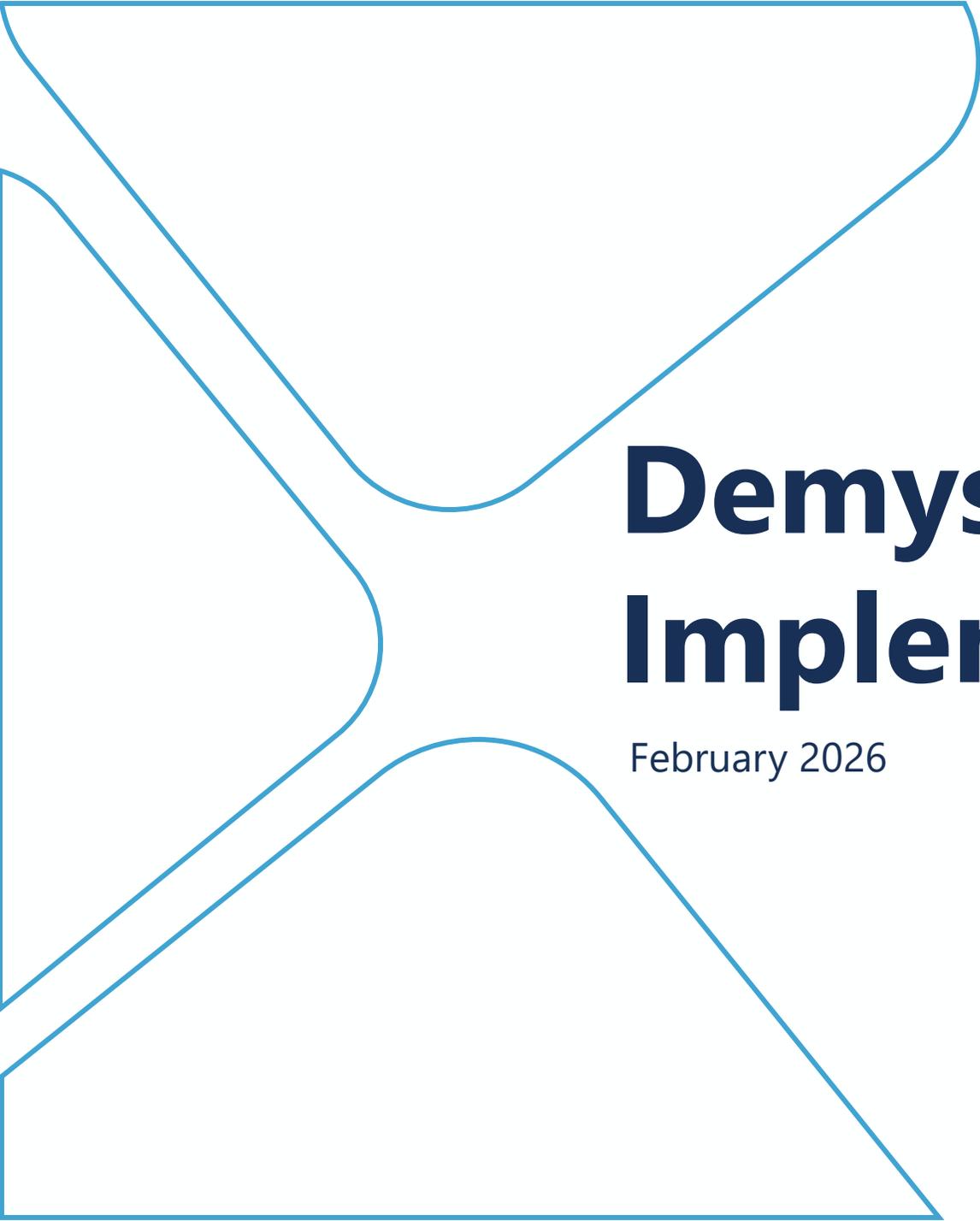
# PCMH PDSA Discussion

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# Demystifying Implementation Science

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Meg Meador, MPH, C-PHI, CPHQ, Penn Medicine Nudge Unit,  
Center for Healthcare Transformation and Innovation, Penn Center  
for Health Incentives and Behavioral Health



# Demystifying Implementation Science

February 2026

# Background

# || Million Hearts



# || Agenda

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What is Implementation Science?

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Why should I care?

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A Reach Problem

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Core Concepts

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Final takeaways

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Appendix

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# What is Implementation Science?

# || Poll

What word or phrase comes to mind when you hear “implementation science”?

Put your answer in the Chat

# Implementation Science

The study of methods to increase the uptake of evidence-based innovations in real world settings to improve health.

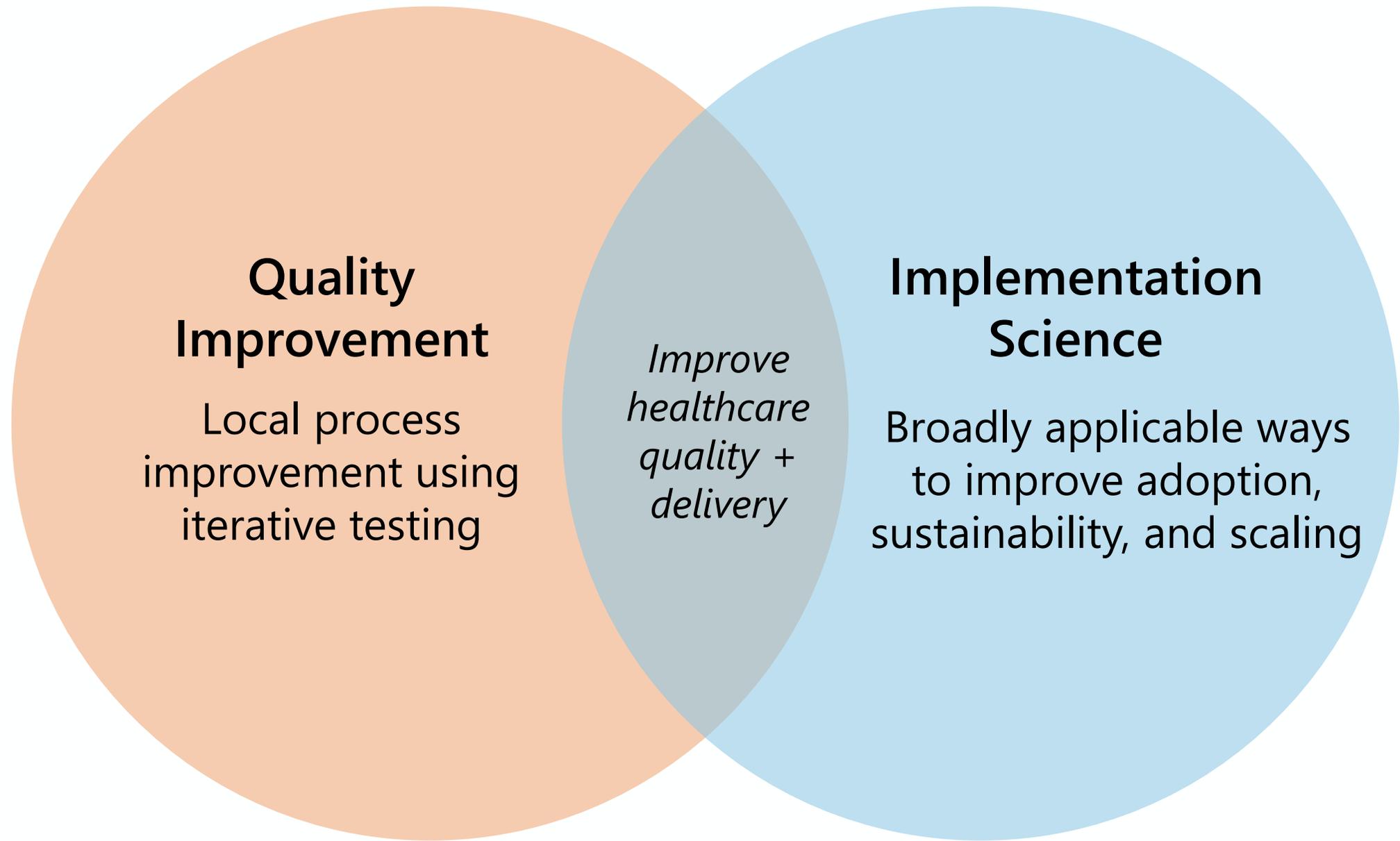
# || The thing

1. The intervention/practice/innovation is ***THE THING***
2. Effectiveness research looks at whether ***THE THING*** works

## || Doing the thing

3. Implementation strategies are the stuff we do to help people/places **DO THE THING**

4. Implementation outcomes are **HOW MUCH** and **HOW WELL** they **DO THE THING**



## Quality Improvement

Local process improvement using iterative testing

## Implementation Science

Broadly applicable ways to improve adoption, sustainability, and scaling

*Improve healthcare quality + delivery*

Sources: Hu F. Implementation science: why should we care?. *J Med Libr Assoc.* 2024;112(3):281-285.

Tyler A, Glasgow RE. Implementing Improvements: Opportunities to Integrate Quality Improvement and Implementation Science. *Hosp Pediatr.* 2021;11(5):536-545.

# How they work together

Quality Improvement



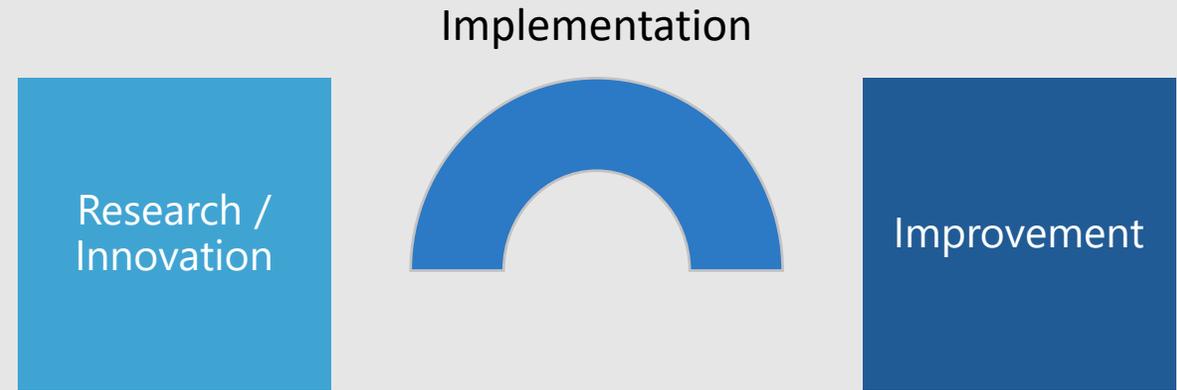
Implementation Science

Source: Adapted from Tyler A, Glasgow RE. Implementing Improvements: Opportunities to Integrate Quality Improvement and Implementation Science. *Hosp Pediatr*. 2021;11(5):536-545.

# Why should I care?

# || Why this matters

- Over **50%** of change initiatives fail to deliver expected outcomes
- Evidence-based interventions often don't scale or sustain





**Why don't patients care?**

# A Reach Problem

## External Ophthalmologist Visit

- Comprehensive eye exam: \$200 - \$400
- Additional diabetes screening:
  - Fundus photography - \$50 - \$150
  - Retinal scan - \$50 - \$100
- **Total Cost: \$300 - 650**
- Average wait time for an appointment: **1 – 3 months**

## Teleretinal/Point-of-care Models

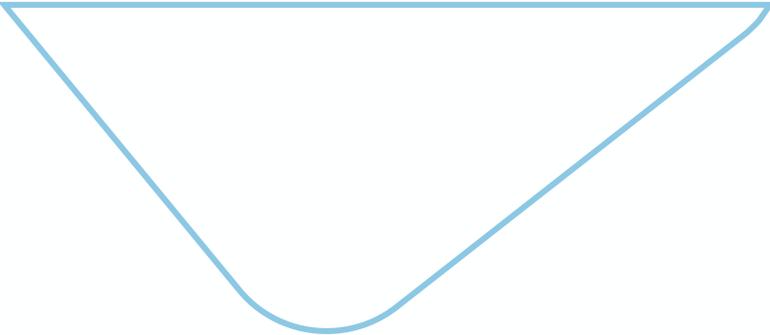
- Same day to <1 week for routine diabetic retinopathy screening
- Ophthalmology visits reserved only for abnormal or vision-threatening findings
- CHC-embedded retinal screening (photos read remotely): **~\$100–\$150**
- Sometimes free via grants or charity programs

# || A cautionary tale

**Even if 100% effective,** an intervention is only as good as whether it is:

1. Delivered
2. Reaches recipients
3. Adopted widely
4. Implemented (fidelity)
5. Maintained

$70\%^5 = 17\%$  impact



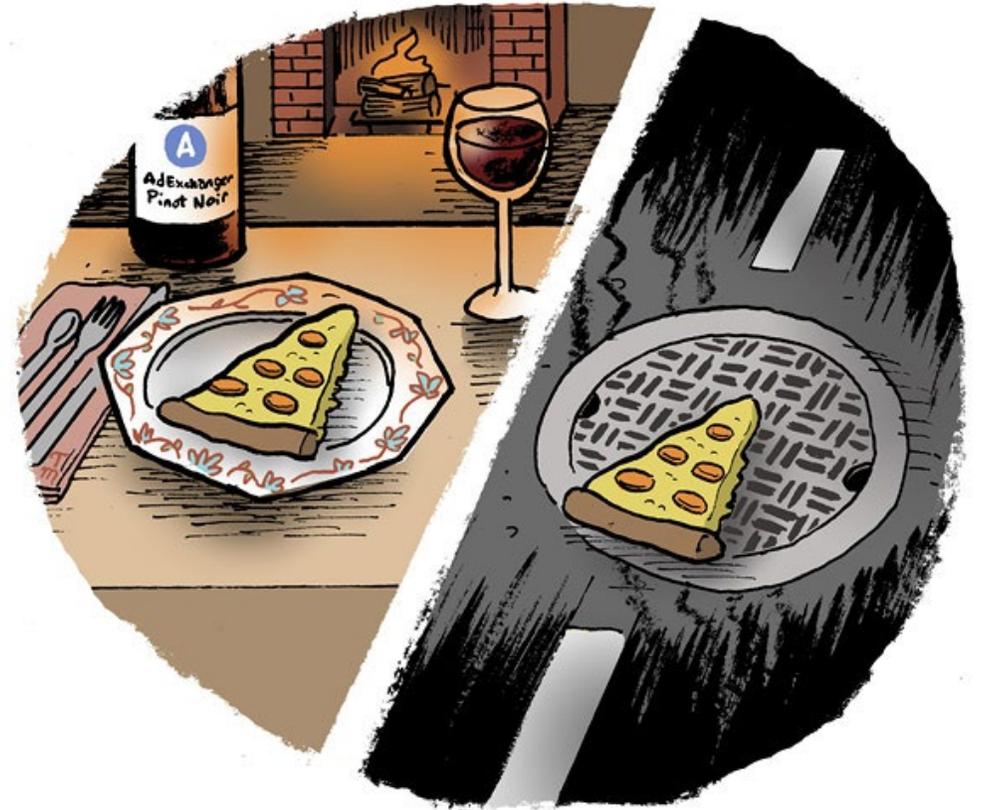
Efficacy + Degree of Implementation = **Impact**

*Reach, Adoption, Implementation (fidelity), Maintenance*

# Core concepts

# || Core implementation concepts

- Context matters
- Assessing barriers + facilitators
- Matching strategies
- Measuring outcomes



**Context Matters**

## || Selecting strategies

**STEP 1:** Determine who needs to do what, differently

**STEP 2:** Determine which barriers to address

**STEP 3:** Match implementation strategies

**STEP 4:** Use implementation measures

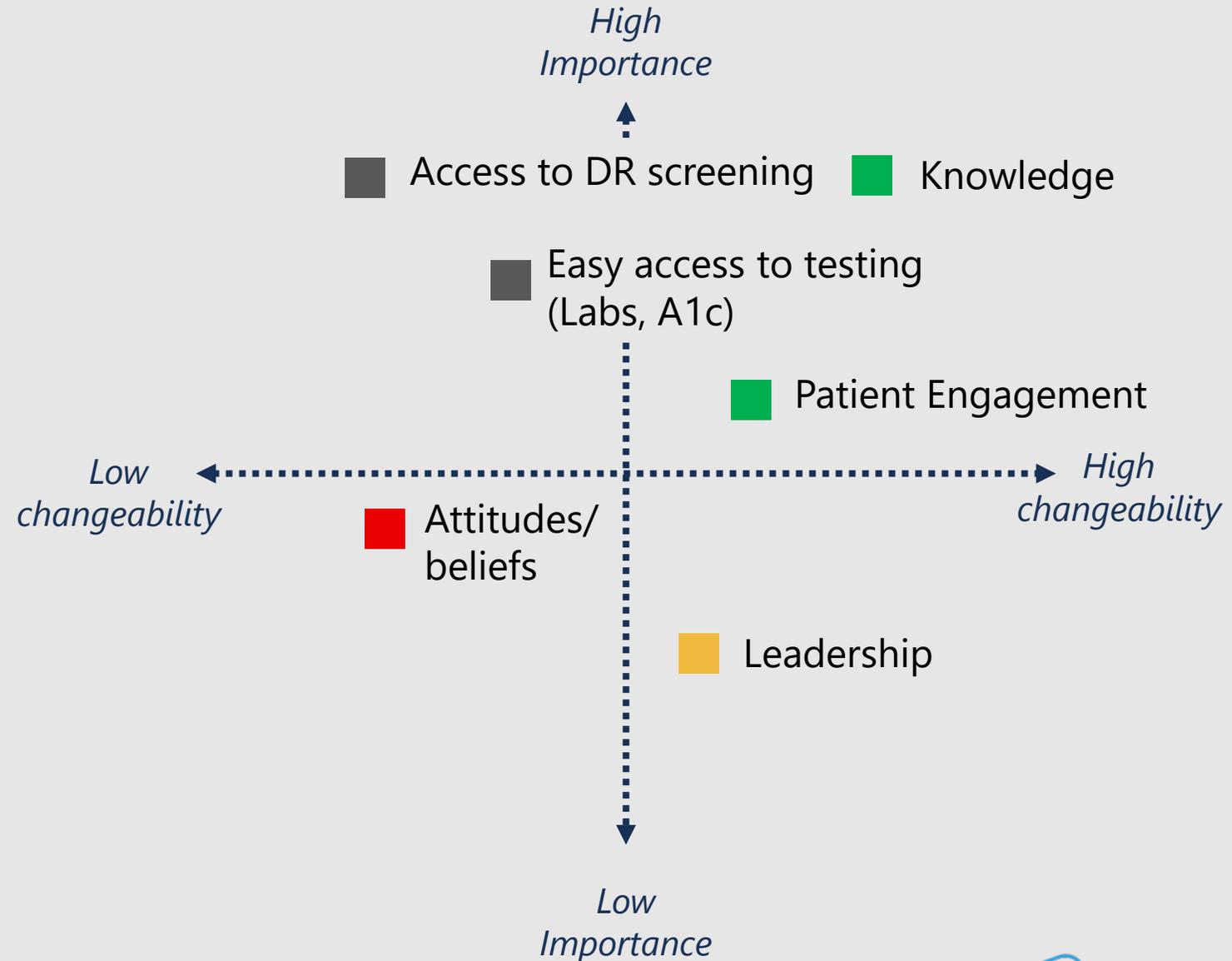
# || STEP 1 – Who needs to do what differently?



**Practice Gap:** Inconsistent monitoring of glycemic control, eye health and kidney health

**THING:** Improve guideline adherence to DM screening and testing intervals

# STEP 2 – Determine barriers to address



# || STEP 3 – Match implementation Strategies

## *Rule of Thumb*

BARRIER TYPE	RECOMMENDED STRATEGIES
Knowledge Gaps	 Education,  Feedback
Access Gaps	 Service Redesign,  Equipment,  Partnerships
Workflow Gaps	 EHR Tools,  Standing Orders

# STEP 3 – Match implementation strategies

Improvement goal	Implementation strategies (HOW)	Potentially related barriers
<b>Improve guideline adherence to DM screening and testing intervals</b>	<b>Provide training on diabetes clinical guidelines</b>	<b>Knowledge</b>
	<b>Care coordinator contact between visits/prime patients</b>	<b>Patient engagement</b>
	<b>Onsite DR cameras and screening</b>	<b>Access to DR screening</b>
	<b>Develop integrated referral process to ophthalmology</b>	<b>Access to DR screening</b>
	Adopt a clinician/staff training policy to train and retrain staff	Leadership
	Reframe screening from routine to life/limb/eyesight saving	Attitudes/beliefs
	<b>Expand laboratory hours</b>	<b>Easy access to testing</b>

## STEP 4 – Use measures

### Pre-implementation measures

- Acceptability
  - Appropriateness
  - Feasibility
- 
- Cost
  - Reach

Start with fit,  
not ambition.

Proctor E, Silmere H, Raghavan R, et al. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Health*. 2011;38(2):65-76.  
doi:10.1007/s10488-010-0319-7

# Acceptability Factors

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*Will this feel helpful, not burdensome?*

- Reduces extra steps for care teams
- Fits naturally into the workflow
- Makes the “right thing” easier

# Appropriateness

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*Does this actually solve our problem?*

- Targets the main barriers: (knowledge, access, or workflow)
- Fits patient population or setting

# Feasibility Considerations

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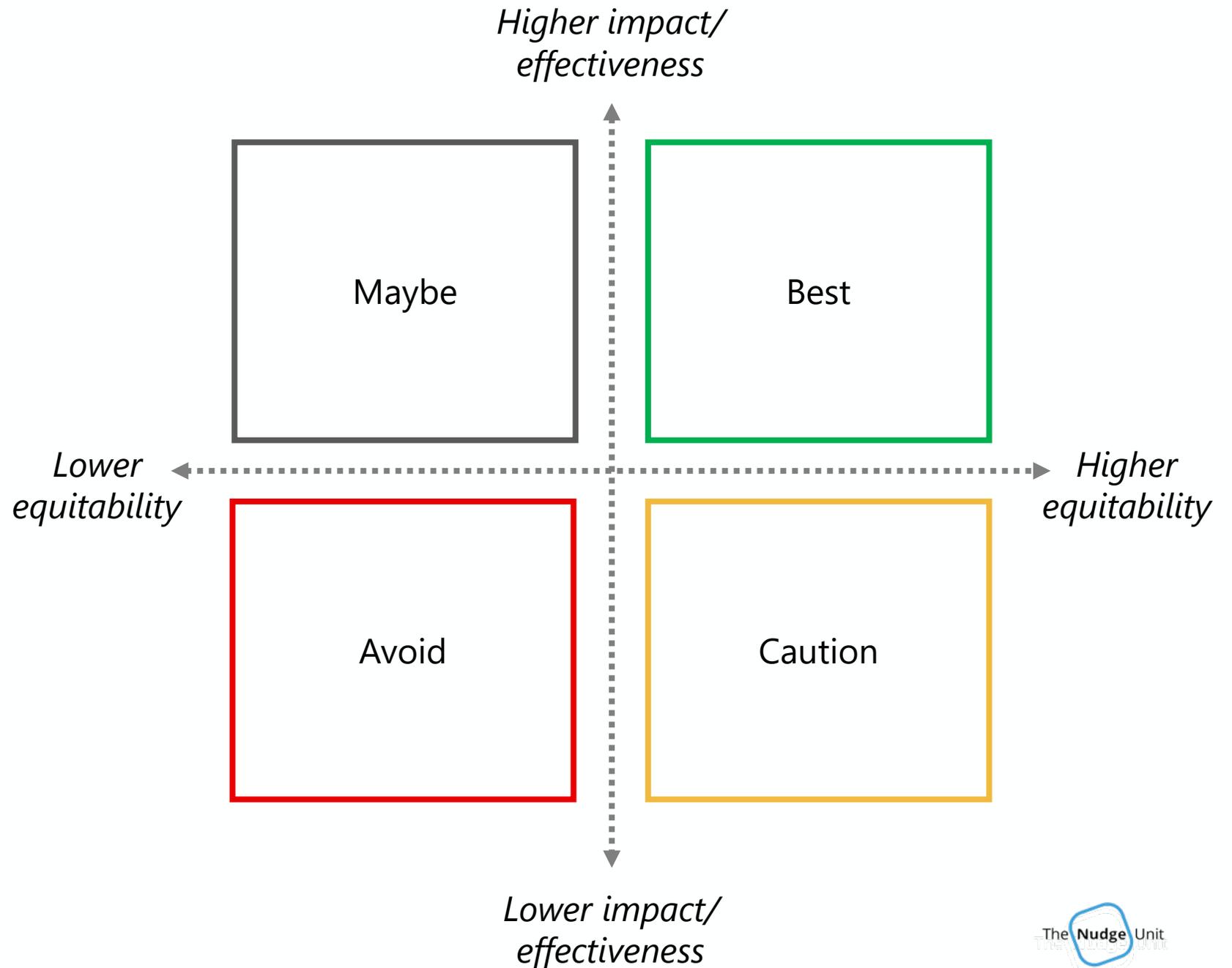
*Can we do this with what we have?*

- Staffing capacity
- Technology infrastructure
- Available time during visits
- Lab/space/other workflow constraints

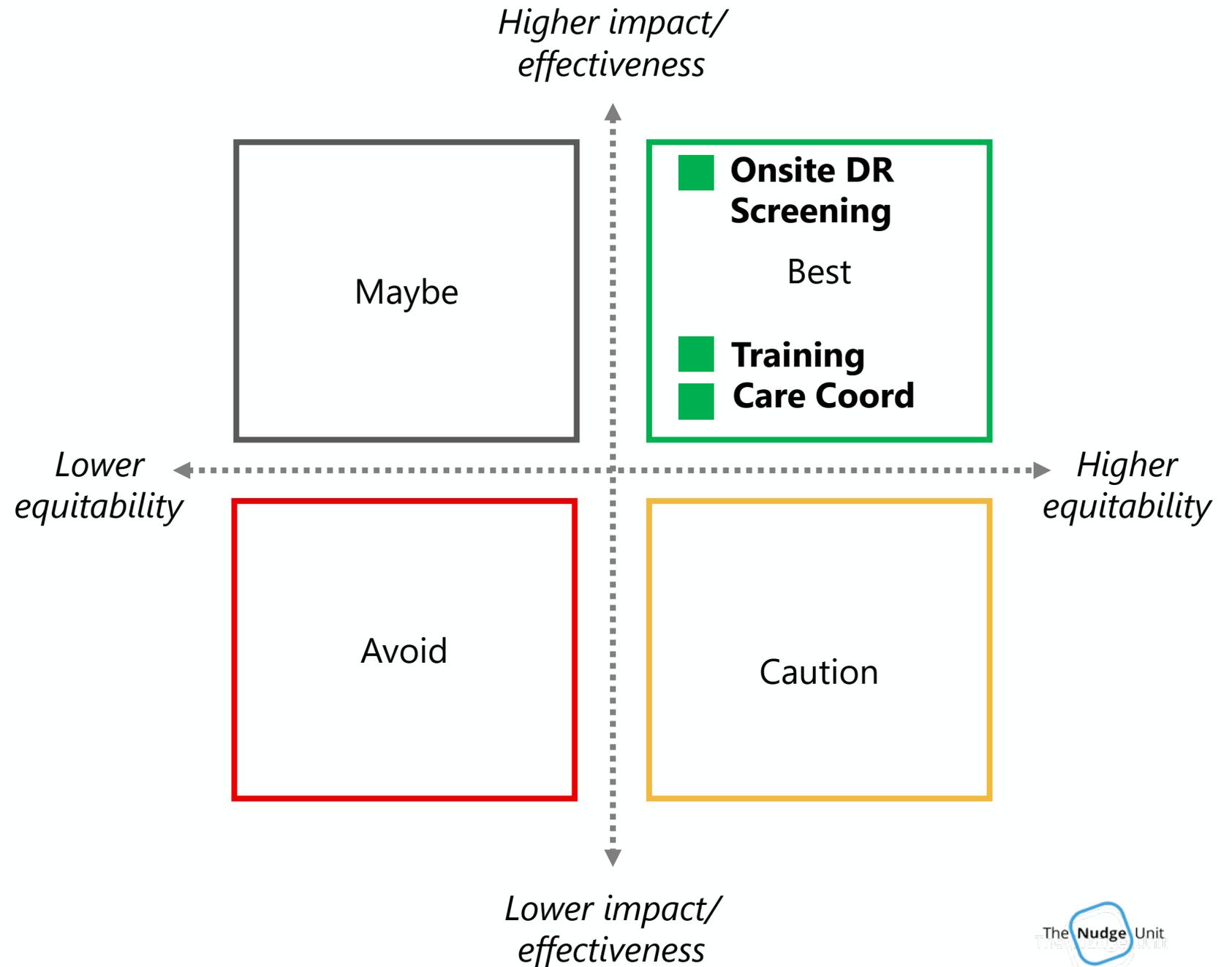
# Pre-implementation outcome assessment

Pre-Implementation outcome	Expand laboratory hours	Integrated ophthalmology referral process	Onsite DR cameras & screening	Train care team on guidelines	Care coordinator contact between visits
Acceptability	No	No	Yes	Yes	Yes
Appropriateness	Yes	No	Yes	Yes	Yes
Feasibility	Yes	Yes	Maybe	Yes	Yes

# Select for equitability



# Select for equitability



## STEP 4 – Use measures

### Post-implementation measures (RE-AIM)

- Reach
- Effectiveness
- Adoption
- Implementation (fidelity)
- Maintenance

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- Acceptability
  - Appropriateness
  - Feasibility
  - Cost

Proctor E, Silmere H, Raghavan R, et al. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Health*. 2011;38(2):65-76. doi:10.1007/s10488-010-0319-7

# Final takeaways

# || Takeaways

1. Implementation science complements + strengthens quality improvement.
2. It provides tools for successful implementation and scaling.
3. Even small implementation science components can improve project success.



**Thank you!**

# Appendix

# AIM, IAM, FIM Tools

## Acceptability of Intervention Measure (AIM)

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. (INSERT INTERVENTION) meets my approval.	①	②	③	④	⑤
2. (INSERT INTERVENTION) is appealing to me.	①	②	③	④	⑤
3. I like (INSERT INTERVENTION).	①	②	③	④	⑤
4. I welcome (INSERT INTERVENTION).	①	②	③	④	⑤

## Intervention Appropriateness Measure (IAM)

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. (INSERT INTERVENTION) seems fitting.	①	②	③	④	⑤
2. (INSERT INTERVENTION) seems suitable.	①	②	③	④	⑤
3. (INSERT INTERVENTION) seems applicable.	①	②	③	④	⑤
4. (INSERT INTERVENTION) seems like a good match.	①	②	③	④	⑤

# AIM, IAM, FIM Tools (cont'd)

**Feasibility of Intervention Measure (FIM)**

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. (INSERT INTERVENTION) seems implementable.	①	②	③	④	⑤
2. (INSERT INTERVENTION) seems possible.	①	②	③	④	⑤
3. (INSERT INTERVENTION) seems doable.	①	②	③	④	⑤
4. (INSERT INTERVENTION) seems easy to use.	①	②	③	④	⑤

No specialized training is needed to administer, score, or interpret the measures.

Average scores; higher scores indicate greater acceptability, appropriateness, or feasibility.

There is no cost to use these measures.

Time to complete: less than 5 minutes per measure.

The IAM items could be modified to specify a referent organization, situation, or population (e.g., my clients).

# Q&A

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# Sprint Timeline, Next Steps & Evaluation

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# 2026 PCMH Learning Network 1<sup>st</sup> and 2<sup>nd</sup> Sprint Session

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## Sprint Session 1

- **LN** provides Tactical how-to information related to PCMHs' QI plans
- **PCMHs** share PDSA Planning progress through facilitated peer-to-peer learning
- **LN** provides guidance for the next PDSA phase (e.g., completing the Plan and preparing for "Do")



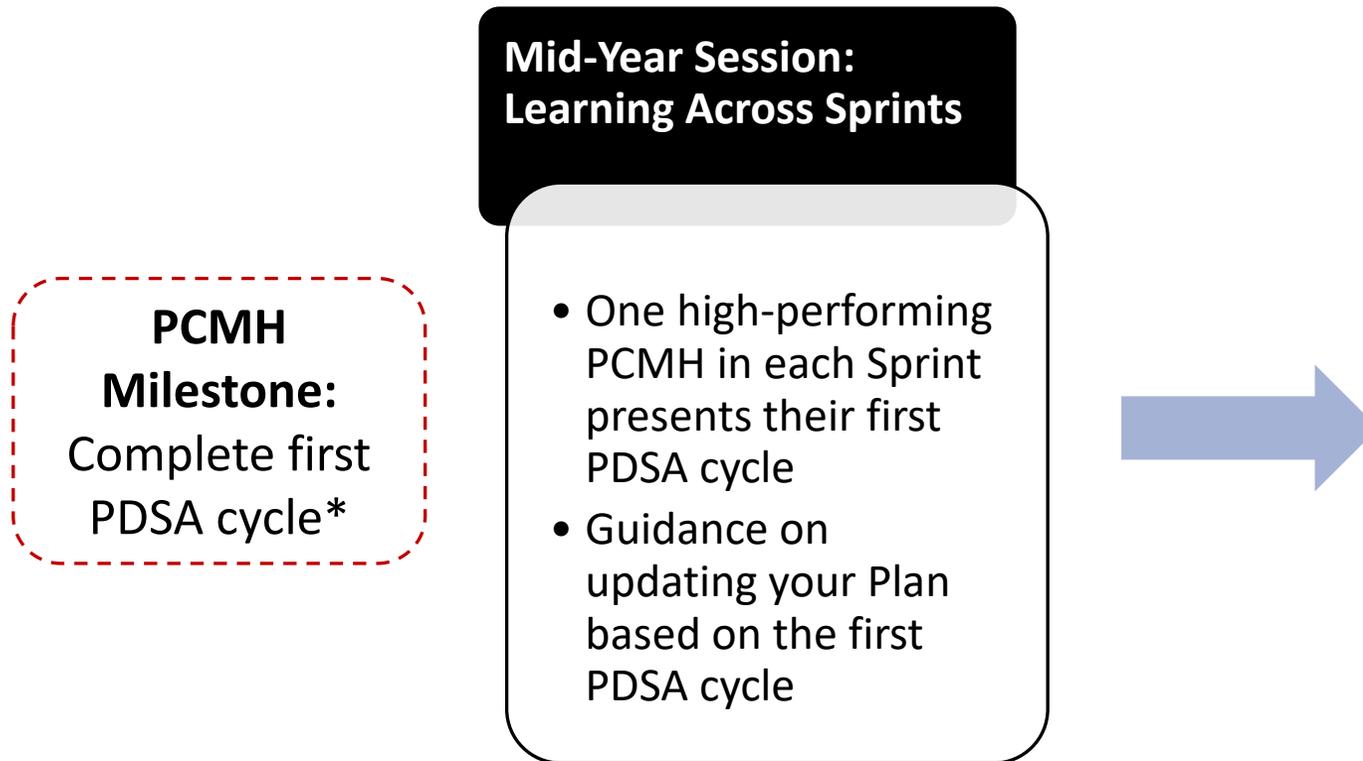
## Sprint Session 2

- **LN** provides Tactical how-to information related to PCMHs' QI plans
- **PCMHs** share how their preparation for the Do PDSA phase through facilitated peer-to-peer learning
- **LN** provides Guidance for Do and Study



2026 PCMH Learning Network  
**Mid-Year Session June 2 9am to 10:30am**

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# 2026 PCMH Learning Network 3<sup>rd</sup> and 4<sup>th</sup> Sprint Session

## Sprint Session 3

- **LN** provides Tactical how-to information related to PCMHs' QI plans
- **PCMHs** share PDSA 2<sup>nd</sup> Cycle "Plan" through facilitated peer-to-peer learning
- **LN** provides guidance for completing 2<sup>nd</sup> cycle of Study and Act



## Sprint Session 4

- **LN** provides Tactical how-to information related to PCMHs' QI plans
- **PCMHs** share 2<sup>nd</sup> Cycle of "Study" and "Act" through facilitated peer-to-peer learning
- **LN** provides guidance on completing PDSA cycles (e.g., standardizing and scaling improvements) and preparing for the final session



2026 PCMH Learning Network

**Final In-Person Session November 10 8:30 a.m. to 3:00 p.m.**

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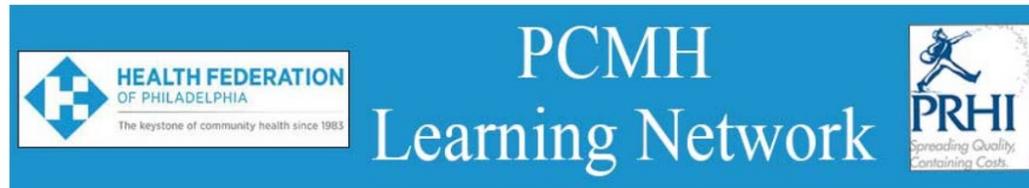
### Final In-Person Session

**PCMH  
Milestone:**  
Complete at  
least 2 PDSA  
cycles and share  
at the in-person  
event\*

- **PCMHs** share their completed PDSA cycles
- **LN** recognizes PCMHs with greatest improvements
- **LN** announces 2027 Sprints

# PCMH Online Community

<https://www.tomorrowshealthcare.org/>



Members of your PCMH's multi-disciplinary learning team will receive log-ins

- Access the session materials in “Learning Sessions”
- Look for guides and tools in “Resources”

# CEU Process

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You will receive a follow up email with links to:

Complete the survey at: <https://www.surveymonkey.com/r/7QYGMD9> by **3/03/2026**



1. Please be sure to designate which CEU credits you are requesting **CME, CNE, Social Worker or Certificate of Attendance**. If you already have an account with the UPMC Center for Continuing Education, **please be sure the email you enter on the survey matches the UPMC CCE account email that you create.**
2. The UPMC Center for Continuing Education will follow up with you via email after **3/03/2026** with instructions on how to claim your credits.
  - To prepare, we recommend you create an account with UPMC CCE via this website <https://cce.upmc.com>.

# Upcoming Sessions

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## Next Sprint Virtual Session #2:

April 9, 2026

9:00 am – 10:30 am

## Statewide Midyear Virtual Session:

June 2, 2026

9:00 am – 10:30 am

## Virtual Sprint Session #3

June 16, 2026

1:00 pm – 2:30 pm

## Virtual Sprint Session #4

September 10, 2026

9:00 am – 10:30 am

## Statewide End of Year **In-Person** Session:

November 10, 2026

8:00 am – 3:00 pm

# Thank You!

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