



**Activities**

**Activity Outputs**

**Objectives / Short-Term Outcomes**

**Intermediate/Long-Term Outcomes**

<p><b>Health Team &amp; Care Provision</b></p>	<p>a) Create core &amp; improvement team which includes a CCAC case manager                  b) Create partnership between improvement team &amp; providers external to group practice                  c) Educate collaborative team re: national practice guidelines &amp; methods to redesign care process                  d) Educate &amp; support collaborative team re: patient self-management                  e) Provide opportunities/means for communication &amp; linkages among all collaborative team members                  f) Provide opportunities for more timely access to clinically relevant information                  g) Encourage collaborative team to share lessons learnt with in-house &amp; external providers</p>	<p><b>PMT Coaches &amp; Faculty (External Experts)</b>                  a) Identify &amp; engage group practices / identify senior leaders &amp; core team leader / assign CCAC case manager                  a/b/c/h) Pre-work (1-day), 3 Learning Sessions (2-day: 3 months apart)                  c/d/e/h) Teleconference calls (monthly) to troubleshoot or discuss additional educational topics                  c/d/e/f/h/i/l) Coaching ongoing/needs basis</p> <p><b>Core team (incl. CCAC case managers)</b>                  a) Secure core &amp; improvement team members                  b) Secure partners external to the group practice                  e/f) Weekly meetings/daily huddles                  e/f/h/j) Monthly reports                  a/e/f) PDSA cycles (action periods -3 months)                  g/h/j) Communication with in-house and external providers</p>	<p><b>Team Functioning to Improve Clinical Outcomes</b>                  a) Improve access to CCAC case managers                  a/b) Help patients navigate the system / Improve knowledge of/ referrals to resources/providers                  c/e/f) Increase confidence and positive attitudes re: clinical skills of self and team members                  a/b/e/f) Improve team interactions &amp; capacity</p> <p><b>Redesign Care Processes to Improve Clinical Outcomes</b>                  c/j/k) Apply &amp; adhere to practice guidelines                  a/b/c/d/e/f/g/h/j/k) Improve clinical decision making and care planning                  c/f/h/k) Increase early prevention and disease management                  c/d/e/f/j/k) Enhance capacity (appropriate referrals and support of self-management)                  a/b/c/j/k) Improve link to specialists, hospitals, regional diabetes centres, and tertiary services when appropriate / Allied help support/ Inpatient care                  a/b/e/f/h/j/k) Enhance coordination of care                  a/b/e/f) Enhance integration of knowledge and skills</p> <p><b>Spread Lessons Learnt</b>                  g) Improve team functioning and care processes for providers external to the collaborative team</p>	<ul style="list-style-type: none"> <li>• Improve patient quality of life and decrease secondary complications</li> <li>• Increase service quality/ decrease duplication/decrease inappropriate referrals</li> <li>• Create opportunities for research/ influence future health planning / Inform health policy</li> <li>• Decrease need for use of emergency care and hospitalizations</li> <li>• Decrease health care costs</li> </ul>
	<p><b>Information Management (Engage, Support, Train)</b></p>	<p><b>All Sites</b>                  h) Support core team in using existing technology                  i) Train/Educate core team regarding best use of existing technology                  j) Assess current state business processes                  k) Educate core team regarding current state business processes                  l) Support/train/educate core teams about methods to achieving future state business processes                  m) Prepare/Train/Educate core team to adopt new technologies or e-health strategies                  n) Create web-based tools to engage new providers and sustain improvement efforts</p>	<p><b>PMT e-Health Coach - All Sites</b>                  h) Analyze skill set of core team and current use of existing technology through Readiness Assessment / Practice Coaching                  i) Develop strategy to improve skills of core team in using existing technology                  h/i/l/m) Engage local technology supports/training                  j/k) Describe current workflows through Business Processes analysis                  l) Develop methods to address future state business processes                  m) Implement guidelines, policies, and procedures for the adoption of new technologies/e-health strategy efforts                  n) Assess lessons learned and critical components to continued improvement efforts</p>	
<p><b>Patient</b></p>		<p><b>Core Team</b>                  m) Engage diabetes patients                  n) Educate and train diabetes patients in self-management including problem-solving, decision-making, use of resources, and being part of care team                  o) Provide patients with tools to access own health information</p>	<p><b>Core team</b>                  m) Apply engagement methods                  n/o) Talk to patients about self-management and role within the team                  o) Emphasize importance of using the tools</p>	<p>n/o Increased patient access to health info                  n/o Enhance self-management skills of patients (monitor own health indicators, treatment effectiveness, health outcomes)                  n/o Improve health behaviours and practices of patients                  m/n Increase patients' sense of being part of the team</p>