Decrease Health Disparity for Hispanics in Controlling Diabetes

OUTCOME:
Provide at least 1 touch to 100% of the target population. Touches can be defined to include but not limited to outreach, care coordination, linkage to services, medication management, or health education

OUTCOME:
Decrease by 50% the number of members without A1C test in a 12 month period.

OUTCOME:
Improved frequency and engagement in self-management activities including but not limited DSME and MNT

OUTCOME:
Improved self-management knowledge through pre and post tests

OUTCOME:
Reduce A1C value for 10% of the target population with >9% in CY2020

OUTCOMES

INTERVENTIONS

- Medication management for oral and injectables
- Frequent glucose testing/monitoring
- Lifestyle changes in diet and exercise
- Self management and health education activities
- Other interventions as informed by Focus Groups to identify root causes

PROBLEM

- 1,700 Hispanic Members had poor diabetic control in CY2020
- Only 50% Hispanic members had an HbA1c test done CY20
- Hispanics has the highest uncontrolled percentage

40% of health plan members are Hispanics

RESOURCES

Pharmacist
Help identify patients with diabetes through screening and should target patients at high risk.

Pharmacy Technician
Screen prescription orders for accuracy and completeness.

Primary Care Provider
Manages diabetes care, dietary intake, activity level and works with other multidisciplinary team of providers.

Program Status : 90 members enrolled and counting!

OUR MISSION

SCFHP's mission is to improve the well-being of our members by addressing their health and social needs in a culturally competent manner, and partnering with providers and organizations in our shared commitment to the health of our community.

OUR VISION

Health for all – a fair and just community where everyone has access to opportunities to be healthy.

Santa Clara Family Health Plan.