

A COLLABORATIVE APPROACH TO DIABETES CARE

Meeting Patient Demand While Reducing Costs and Reducing Readmissions
October 10th-12th 2012 Buffalo, NY



DON'T MISS OUR PRE-CONFERENCE WORKSHOP

The Joint Commission

Implementing the Core Requirements To Achieve Disease Specific Care Certification

Key Issues To Be Discussed

CASE MANAGEMENT DELIVERY MODELS: THE FOUNDATION OF HEALTHCARE REFORM

MEETING THE "NEW" ENDOCRINE SOCIETY GUIDELINES FOR THE MANAGEMENT OF INPATIENT HYPERGLYCEMIA

GUIDELINES TO EFFECTIVELY MANAGE PERIOPERATIVE GLYCEMIC MANAGEMENT

MULTI DISCIPLINARY APPROACH TO TREATMENT OF HIGH RISK PATIENTS

EVIDENCE BASED TEAM APPROACH TO IMPROVING DIABETES CARE

ACCOUNTABLE CARE: PREPARING FOR POPULATION HEALTH MANAGEMENT AND VALUE BASED REIMBURSEMENT

THE ROLE OF TRANSLATIONAL RESEARCH IN IMPROVING QUALITY OF CARE FOR DIABETES

DIABETES & TELEMEDICINE: SUCCESS IN SOUTH GEORGIA
USING SOCIAL MEDIA TO IMPROVE OUTCOMES

STRATEGIES FOR IMPROVING MEDICATION ADHERENCE WITHIN COMMUNITY PHARMACIES

AND MORE

Speakers Include

Jane Jeffrie Seley
Diabetes Nurse Practitioner
New York Presbyterian/Weill Cornell

Toni Cesta
Senior VP Operational Efficiency
& Capacity Management
Lutheran Medical Center

Caroline B. Isbey
Associate Director
The Joint Commission

Carol Manchester
Diabetes Nurse Specialist
University of Minnesota Medical Center

Janice Zgibor
Program Director
CDC Prevention Research Center
University of Pittsburgh

Michael Edbauer, CMO
Catholic Medical Partners

Janice L. Pringle, PhD
School of Pharmacy
University of Pittsburgh

Kerstin Liebner
Senior Outcomes Specialist
Carolina's Healthcare System

Mohammed K. Ali
Assistant Professor, Rollins School
of Public Health
Emory University

Sandra O'Keefe
Program Manager, Chronic Disease Education
Massachusetts General

This activity has been submitted to the New Jersey State Nurses Association for the approval to award contact hours. The New Jersey State Nurses Association is accredited as an approver of continuing nurses education by the American Nurses Credentialing Center's Commission on Accreditation.

MEDIA PARTNERS



REGISTER TODAY CONTACT GIA BOSCH AT 414-255-9525 OR Email AT GBOSCH@CURRENTADVANTAGE.COM

PRE-CONFERENCE WORKSHOP - OCTOBER 10, 2012

1:00PM - 1:30PM

WORKSHOP REGISTRATION

1:30PM - 3:30PM

**JOURNEY TO IMPROVING QUALITY OF CARE FOR PATIENTS WITH DIABETES THROUGH
JOINT COMMISSION CERTIFICATION**

When considering quality of care for patients with diabetes, implementing the core requirements to achieve certification provides the road map to decrease variability in care and improve outcomes for this patient population. The core requirements consist of structuring the care program to meet The Joint Commission Disease-Specific Care certification standards, utilizing Clinical Practice Guidelines/Recommendations to guide the care being provided, and engaging in Performance Improvement process by defining, tracking, analyzing data, and creating a PI plan from a minimum of four (4) performance measures. Additionally, the additional clinical requirements for diabetes care in the inpatient setting which have to be demonstrated to achieve certification, also assists in decreasing the variability of care and leads to improved quality of care. An explanation of these requirements will be provided.

ATTENDEES WILL LEARN:

- To identify how the process of certification improves Quality of Care.
- Five (5) Inpatient Diabetes Care specific requirements.
- To identify three (3) core components to DSC Certification.
- To identify three (3) benefits of certification.

*Note: It is recommended that attendees download from the Joint Commission website "ADA 2012 Clinical Practice Recommendations" section "Diabetes care in hospitals" prior to conference.

Caroline B. Isbey, RN, MSN, CDE
Associate Director
Disease-Specific Care Certification
The Joint Commission

Caroline Isbey is the associate director for the Disease-Specific Care Certification program at The Joint Commission. In this role, she assists with oversight of all certification activities related to disease management services, including the development of standards and review processes. Ms. Isbey has 26 years of nursing, with a focus in cardiovascular nursing, diabetes management, and diabetes program management. She most recently served as Director of Clinical Operations in the Hospital Division at Healthways, Inc. in Nashville, TN, a national disease management provider. Ms. Isbey is a certified diabetes educator. She earned her master's degree as a Clinical Nurse Specialist and her bachelor's degree in nursing from University of North Carolina - Charlotte.

3:30PM - 4:30PM

THE JOINT COMMISSION DISEASE SPECIFIC CARE CERTIFICATION & DIABETES OUTCOMES

Carolina's Medical Center-University was the first hospital in North Carolina to successfully obtain the Advanced Inpatient Diabetes Disease Specific Care Certification (DSC) offered by The Joint Commission. In this session, participants will learn how a multidisciplinary team used evidence-based clinical practice guidelines to improve identified diabetes outcomes. Specific data will be shared on process and outcomes measures. Participants will learn how the multidisciplinary team developed a data management system/process to help identify diabetes inpatients in 'real-time', developed a plan of care for educating all patients admitted with a primary or secondary diagnosis of diabetes, developed a process to eliminate the need for manual chart abstraction and develop how to display the data on a dashboard to monitor progress on performance measures/outcomes on a monthly basis.

RELEVANT OUTCOMES ACHIEVED:

- Between 2008 and 2009, length of stay reduction was 4615 (0.27 day improvement).
- Total improvement savings \$220,442 (using estimated average cost for day 4 from Quality Advisor™).
- Sustained LOS reduction for 2009-2010.
- LOS Reduction for 2010-2011: 0.1 days for a Total Variable Cost savings \$29,205.11 (using average variable cost for day 3 from Quality Advisor™).
- CMC University obtained the Gold Seal by The Joint Commission for obtaining the Advanced Inpatient Diabetes DSC in 2009. Recertification in 2011.

ATTENDEES WILL LEARN HOW TO:

- Identify a data management process to monitor diabetes process and outcomes measures on a monthly basis.
- Develop a plan of care for educating all patients with diabetes.
- Develop a diabetes management education for the medical, nursing and dietary staff.

Kerstin Liebner
Senior Outcomes Specialist
Carolina's Healthcare System

Kerstin Liebner has been in healthcare since 1986 with a work history involving critical care nursing, nursing administration, school nursing, case management and Quality Improvement. Since 2008 she has been an Outcomes Specialist with focused attention on service lines.

4:30PM

CLOSE OF PRE-CONFERENCE WORKSHOP

CONFERENCE DAY ONE - OCTOBER 11, 2012

8:00AM - 8:30AM

REGISTRATION

8:30AM - 9:30AM

CASE MANAGEMENT DELIVERY MODELS: THE FOUNDATION OF HEALTHCARE REFORM

This program will discuss best practice roles and functions for a contemporary case management department. With an eye toward the future, each case management department must begin to consider how it will reorganize its resources to respond to the changes brought on by healthcare reform, Accountable Care Organizations, capitation, reductions in readmissions and other modalities. This will include better coordination of care for many chronic conditions including diabetes. What worked in the past may not be enough to respond to the future. In this program we will step back and take a look at the roles and functions needed in today's case management departments across the continuum. The roles include coordination and facilitation of care, utilization and resource management, outcomes management, discharge and translational planning and many others. The roles of the nurse case manager and social worker will need to be clearly understood so that resources can be deployed adequately and effectively. Join us in exploring the best ways in which to create the case management department of the future.

ATTENDEES WILL LEARN HOW TO:

- Review the roles of today's case manager and social worker across the continuum.
- Understand the functions that can be applied to each case management role.
- Apply these roles and functions to your own case management department.

Toni Cesta, Ph.D, RN, Senior Vice President
Operational Efficiency and Capacity
Management Luthern Medical Center

Dr. Cesta has presented topics on case management at national and international conferences and workshops. In her position Dr. Cesta is responsible for case management, social work, discharge planning, utilization management, denial management, bed management, the patient navigator program, the clinical documentation improvement program and systems process improvement. The author of eight books, Dr. Cesta is considered one of the primary thought leaders in the field of case management.

9:30AM - 10:30AM

**SMOOTHING THE TRANSITION FROM HOSPITAL TO HOME: HOW TO PREVENT
READMISSIONS IN PATIENTS WITH HYPERGLYCEMIA**

This study will reveal why meeting the new endocrine society guidelines for inpatient Glycemic control will help prevent 30 day readmissions. The new Endocrine Society Guidelines for the management of hyperglycemia in the hospital setting will be reviewed. Barriers to achieving inpatient Glycemic targets will be discussed, as well as possible solutions. An overview of best practices that facilitate smooth care transitions from inpatient to outpatient will be highlighted.

ATTENDEES WILL LEARN:

- An overview of the "new" Endocrine Society Guidelines for the management of hyperglycemia in hospital patients in the non-critical care setting.
- Barriers to achieving inpatient Glycemic targets and possible solutions.
- Best practices that facilitate smooth care transitions from inpatient to outpatient.

Jane Jeffrie Seley DNP MPH BC-ADM CDE
Diabetes Nurse Practitioner
New York Presbyterian/Weill Cornell

Ms. Seley is an active speaker and consultant whose commitment to professional diabetes education is second only to her dedication to delivering the best clinical care for people living with diabetes. Ms. Seley holds a Masters degree in Gerontological Nursing (MSN) from Hunter-Bellevue School of Nursing and a Masters degree in Public Health (MPH) from New York University. Among her vast accomplishments, Jane serves as the New York City Programs Director for MNYADE and is Chairman of the AADE Inpatient Diabetes Specialty Practice Group. Ms. Seley serves as a Member of its New York City Leadership Council and Member of the ADA's New York City Leadership Council. She is a contributing editor and column coordinator of the 'Diabetes Under Control' column in the American Journal of Nursing, Nursing Editor for Present Diabetes and the National Academies of Practice.

10:30AM - 11:00AM

MORNING BREAK

11:00AM - 12:00PM

GUIDELINES TO EFFECTIVELY MANAGE PERIOPERATIVE GLYCEMIC MANAGEMENT

The area of Glycemic management for the entire Perioperative phase of care is still very much in the spotlight. Savings can be obtained by reducing infection and mortality risk with optimal control, guidelines in place to manage effectively throughout the Perioperative experience and guidelines that assist providers in determining when cases should be delayed or postponed.

ATTENDEES WILL LEARN:

- To identify current practice in perioperative glycemic control.
- To describe current research findings and their impact on clinical practice in acute care perioperative glycemic management.
- To identify national guidelines, standards, and recommendations that support best practice in the hospital.
- To identify key strategies that can be utilized to implement the evidence, ensuring delivery of safe and effective perioperative care.

Carol Manchester, MSN,ACNS,BC-ADM, CDE
Diabetes Clinical Nurse Specialist
University of Minnesota Medical Center, Fairview

Ms. Manchester has been dedicated to diabetes care, education, and practice for many years. Clinical activities include consultation, education, and research. As the co-chairperson of the University of Minnesota Medical Center Acute Care Diabetes Advisory, she is responsible for clinical excellence and quality for clients with hyperglycemia. As an adjunct faculty member of the University of Minnesota School of Nursing, she lectures undergraduate and graduate students on endocrine related disorders and chronic disease management. Additionally, she precepts graduate students in the clinical nurse specialist program who are interested in diabetes as a subspecialty of adult health. She is a published author, and has lectured extensively on diabetes related topics including acute care glycemic management. Current research includes the second phase and continuation of a qualitative exploratory study "A Human Factors System Analysis of Medication Errors" conducted in collaboration with the critical care CNS and 2 faculty members from the Center for Human Factors, Univ. of MN School of Design. Two collaborative studies on glycemic management are underway.

12:00PM - 1:00PM

LUNCHEON FOR DELEGATES

1:00PM - 2:00PM

EVIDENCE BASED TEAM APPROACH TO IMPROVING DIABETES CARE

Currently there are 26 million people with diagnosed diabetes in the United States and the prevalence continues to increase at alarming rate. As the prevalence of diabetes rises there will be a parallel increase in the incidence of diabetes complications if our current methods of delivering diabetes care do not change. It is expected that improving current methods of delivering diabetes care will improve clinical outcomes and subsequently decrease the likelihood of developing the complications associated with this disease. While models of care focus on a comprehensive approach including self-management, patient-centeredness, and practice teams, implementation can be challenging. Further the cost-effectiveness of these models needs to be considered. Evaluation and research methods to examine effectiveness of these interventions also presents a challenge as studies are multifaceted and take place in heterogeneous populations. During this presentation three main objectives will be presented.

ATTENDEES WILL LEARN HOW TO:

- Understand models of care, practice redesign, and team care.
- Appreciate cost models associated with implementation of models of care.
- Understand translational research and challenges associated with implementation and interpretation.

Janice Zgibor RPh, Ph.D
Assistant Professor of Epidemiology and Medicine
Program Director, CDC Prevention Research Center
Center for Aging and Population Health
University of Pittsburgh

2:00PM - 3:00PM

COMMUNITY CONNECTIONS IN DIABETES CARE COORDINATION: IMPROVING OUTCOMES THROUGH PRIMARY CARE

Care coordination within the primary care setting can impact outcomes, reduce unnecessary hospitalizations and ER use. Participants will learn about the impact of diabetes care coordination, in a Federally Qualified Health Center, and it's impact on at risk patients. Team based care coordination will be described in detail outlining different roles and training of staff to improve health outcomes and, with lower costs.

ATTENDEES WILL LEARN:

- To work with primary care practices to improve hospital readmissions, unnecessary ER use.
- To understand how Federally Qualified Health Centers are working to improve care coordination.
- To utilize care team members, both internal/external, to improve health outcomes.

Katherine Brieger, MA, RD, CDE
Executive Director of the HRHCare Planetree Institute

As Executive Director of the Planetree Institute Ms. Brieger is the director of all activities for training and staff development as well as diabetes related grants, programs, are transitions and patient engagement programming. As the past COO she oversaw all operations and nursing oversight for 16 sites within HRHCare. As past VP of Community Initiatives for Hudson River Health she managed all aspects of patient care and delivery of medical and mental health services at 3 sites as well as directed all aspects of staff training and health education activities. Currently she is working on a grant with New York Health Foundation and Health Center Network to have several FQHCS recognized in the diabetes recognition program of NCQA. Ms. Brieger has presented several national lectures on diabetes management and care coordination's/PCMH/Special populations. She has provided information on several articles regarding care coordination in the area of diabetes management. She has extensive experience working in developing and teaching patient self management goals and has written many articles on proper nutrition and health living.

3:00PM - 3:30PM

BREAK

3:30PM - 4:30PM

MAXIMIZING INSURANCE REIMBURSEMENT WITH NEW REGULATIONS TO DRIVE PROFITABILITY IN THE MANAGEMENT OF DIABETIC FOOT ULCERS

In an era of pay for performance and dwindling reimbursement the challenge to provide quality, cost effective advanced wound care is higher than ever before. It is our responsibility to find ways to ensure that we are providing quality care that is cost effective to the patient and to the facility. This presentation highlights ways to improve maximizing insurance reimbursement with the new regulations to improve patient outcomes and increase profitability.

ATTENDEES WILL LEARN:

- To develop a comprehensive plan of care to optimize healing and reimbursement
- To understand how a strong relationship between all levels of care can impact readmission rates.
- To understand how maximizing insurance reimbursement with new regulations to can drive profitability.

Janette Dietzler MSN, RN, CWS, COCN, Manager
St. Anthony's Wound Treatment Center

Janette Dietzler works at St. Anthony's Medical Center in St. Louis, MO as the Manager of the outpatient Wound Treatment Center. She is also the President and owner of Synergicare, LLC, a company specializing in healthcare education. Janette has over 27 years experience in a variety of clinical settings in healthcare, including home health, skilled nursing facilities and managed care. She successfully started an inpatient and outpatient wound program in a 650 bed facility from conception to completion. She recently added an outpatient ostomy clinic and Hyperbaric Oxygen services to the outpatient clinic. Janette has extensive experience in educating healthcare workers at the local and national level on wound care topics. Janette is currently in her second term as President of the St. Louis Chapter of the Wound Ostomy Continence Nurse Society.

4:30PM

CLOSE OF CONFERENCE DAY ONE

CONFERENCE DAY 2 - OCTOBER 12, 2012

8:00AM - 8:30AM
REGISTRATION

8:30AM - 9:30AM

ACCOUNTABLE CARE: PREPARING FOR POPULATION HEALTH MANAGEMENT AND VALUE BASED REIMBURSEMENT

This presentation will focus on what an Accountable Care Organization/High Performing Healthcare System is and how it utilizes Clinical Integration across a network to improve quality outcomes and manage costs effectively. Specifically we will explore the development of the needed infrastructure to change the model of care delivery within the context of a Clinical Integration program. This will include both technology solutions as well as human resource requirements. We will also examine the changing role of the physician within this new delivery system both as a clinician and a leader. Lastly we will look at the changes required as it relates to the reimbursement model.

ATTENDEES WILL LEARN TO:

- Understand what constitutes an Accountable Care Organization (ACO) or High Performing Healthcare System (HPHS).
- Identify the required success factors for an ACO/HPHS (infrastructure).
- Understand Clinical Integration as it relates to ACO/HPHS.
- Understand the role of the Physician within the ACO/HPHS.
- How to manage the change in reimbursement models.

Michael Edbauer, DO, MBA, CMO,
VP of Medical Affairs
Catholic Medical Partners

Michael J. Edbauer, DO, MBA is the Chief Medical Officer for Catholic Medical Partners, IPA (CMP) and serves as VP of Medical Affairs for Home Care and Primary Care for the Catholic Health System in Buffalo. He is also the President/CEO of Trinity Medical WNY, PC. Dr. Edbauer has over 15 years of experience in medical management and health care consulting. In his current role as CMO of CMP, he is responsible for the development and implementation of the Clinical Integration program for the over 915 physicians and 5 hospitals within the IPA. This has included the transformation of over 30 primary care practices to PCMH level 3 status. In 2011, under his leadership CMP received NCQA accreditation for Disease Management in CAD, CHF and Diabetes. He has also been integral in developing an ACO model for CMP. In April of 2012 CMP was recipient of one of the twenty seven CMS Shared Savings designees as well as designation as a NYS Health Home. Both of these programs are consistent with the organizations goal of providing excellent population based healthcare.

As VP of Medical Affairs for Home Care and Primary Care within Catholic Health, Dr. Edbauer is responsible for providing medical leadership and furthering integration between Catholic Health and CMP. In 2010 Dr. Edbauer established Trinity Medical WNY, PC, an employment model multi site physician practice which works within the IPA.

Dr. Edbauer is a board certified pediatrician, maintaining clinical responsibilities in addition to his administrative work.

9:30AM - 10:30AM

THE ROLE OF TRANSLATIONAL RESEARCH IN IMPROVING QUALITY OF CARE FOR DIABETES

This talk will introduce concepts regarding translation and effectiveness research, and the aspects that make these distinct from efficacy studies. The presentation touches on the types and benefits of translation research, using examples of study designs, metrics, and methods that help to demonstrate the value of this research from the perspectives of both healthcare management and patients.

- The features that make translation research distinct from efficacy research.
- Diabetes interventions and the evidence regarding aspects of the chronic care model.
- Designs and metrics used in translation research for diabetes.

Mohammed K. Ali, MBCHB, MSC, MBA
Assistant Professor Rollins School of Public Health
Emory University

Dr. Ali is an Assistant Professor at Emory University, and consultant for the Division of Diabetes Translation at the Centers for Disease Control and Prevention. He earned his medical degree from South Africa, master's degrees in cardiovascular medicine and global health from Oxford (UK), and a master's in business administration from Emory (USA). His portfolio spans collaborations in India, the U.S., and Hong Kong focusing on: cardio-metabolic diseases surveillance; investigating youth-onset diabetes; designing and evaluating mechanisms of translating diabetes prevention and control; understanding quality of life and cost impacts; and he co-leads a Global Burden of Disease expert group on diabetes.

10:30AM- 11:00AM

MORNING BREAK

11:00AM-12:00PM

STRATEGIES FOR IMPROVING MEDICATION ADHERENCE WITHIN COMMUNITY PHARMACIES

This presentation will describe new evidence-based strategies that community pharmacists can use to improve medication adherence both from the population health perspective and as "virtual" care team members.

ATTENDEES WILL LEARN:

- Latest evidence that community pharmacists can improve population medication adherence for major medication classes.
- How these strategies can be used to enhance pharmacist's role in helping payers meet new Medicare Star ratings.
- How pharmacists can build continuums of care that can be used within "virtual" healthcare teams.

Janice L. Pringle, PhD
University of Pittsburgh, School of Pharmacy, Program Evaluation & Research Unit (PERU).

Dr. Pringle is an epidemiologist by training with extensive experience in health services research. Her particular areas of expertise are addiction services research, especially research involving the application of screening, brief intervention and referral to treatment (SBIRT) within various healthcare settings. Dr. Pringle is one of the 17 principal investigators funded by the Substance Abuse Mental Health Services Association to develop and implement an SBIRT curriculum for medical residencies throughout Pennsylvania, and has also been involved with several state-level SBIRT initiatives in various capacities. Dr. Pringle also participates in the Allegheny County Overdose Prevention Consortium. She has been involved as a principal investigator or co-investigator for a number of federally-funded studies involving health services, patient safety, addiction treatment and addiction and chronic disease prevention research. Dr. Pringle is currently leading the evaluation of a Pharmacy Quality Alliance (PQA) funded initiative within Pennsylvania that has involved the application of SBI techniques with community pharmacists for the purpose of improving medication adherence. The preliminary results from this initiative suggest that the innovation applied is associated with significantly improved medication adherence for patients receiving diabetes and cardiovascular disease-associated medications. Dr. Pringle established the University of Pittsburgh's School of Pharmacy Program Evaluation and Research Unit (PERU). PERU has secured over \$120 million in research and program evaluation efforts for various entities within and outside of the University and is the repository for large databases associated with several federally-funded initiatives. Dr. Pringle has also been involved in developing healthcare policy research and briefs that have been used to inform policy development at both the state and federal levels.

12:00PM - 1:00PM

LUNCH

1:00PM - 2:00PM

DIABETES & TELEMEDICINE: SUCCESS IN SOUTH GEORGIA

Georgia Partnership for Telehealth is a nonprofit organization providing the means where healthcare providers and institutions from across the state collaborate to provide one of the most robust state-wide telehealth networks in the country. Telehealth services provide greater access to healthcare and education for the under-served and especially for those suffering with chronic disease such as diabetes. Tele-Endocrinology services contribute to improved outcomes for rural diabetics in one rural community.

ATTENDEES WILL LEARN:

- To use telemedicine to overcome limited specialty healthcare and distance barriers facing rural communities.
- To use telemedicine to improve outcomes with chronic care management.
- To use telemedicine to assist rural diabetics with access to endocrinologist, diabetic educators, & other healthcare providers.

Paula Guy, RN

CEO

Georgia Partnership for Telehealth

Paula Guy, RN, is the CEO for Georgia Partnership for Telehealth and has 12 years of leadership experience in building telemedicine networks in the state of Georgia. She has served on the advisory board for Georgia Technology Authority, review boards for grants and has been a frequent telemedicine expert speaker and consultant. Paula has recently joined an elite group of Georgia leaders on the Georgia Health Information Exchange (HIE) Board of Directors. Her experience in grant writing resulted in federal grants and funding from RUS, Office for the Advancement of Telehealth and Universal Service Funding. Under her leadership, the Georgia Telemedicine Program has become one of the most comprehensive, robust telemedicine programs in the nation.

2:00PM - 3:00PM

USING SOCIAL MEDIA TO IMPROVE OUTCOMES

Massachusetts General Hospital, a teaching hospital with over 1.2 million outpatient visits per year, has evolved into a population-based approach to help patients with chronic disease manage their health. To effectively engage the patient in their care, communication must be clear and involve the patient as much as possible. One of the techniques the Chronic Disease Education and Support Programs at MGH uses is a social media to actively converse with patients and their caregivers. Social media is defined as the Internet based connectivity using a variety of tools such as blogs, real-time chats and video sharing to foster relationships among people across wide audiences. Patients are able to access their clinical care team outside of the traditional office visit and receive accurate up-to-date information from a trusted source.

Providers are able to respond to patient concerns and questions and correct any misconceived notions about chronic disease. The Chronic Disease Education and Support Programs at MGH use social media sites such as Facebook, Twitter, Google+ and Pinterest to communicate. Additionally, the program has created education videos for patients to view and maintains a bi-weekly blog with contributions from multidiscipline clinical subject matter experts (e.g. nutritionists, podiatrists, etc), patients and caregivers. Finally, the program has recently implemented a text message pilot program aimed at helping patients increase exercise and adhere to their respective behavior change goals. While social media is not a substitution for face-to-face visits with healthcare providers, it can be used to supplement traditional approaches to disease prevention and management efforts.

ATTENDEES WILL LEARN:

- To define three social media applications and the ways they can help offer ongoing patient engagement and support to patients with chronic disease.
- To understand potential challenges they may face when implementing a social media program.
- About the use of text messages to increase exercise and patient adherence to behavior goals.

Sandra O'Keefe

Program Manager, Chronic Disease Education

Massachusetts General

3:00PM - 3:30PM
BREAK

3:30PM - 4:30PM
OPEN FOR PANEL

4:30PM
END OF CONFERENCE

WHO WILL ATTEND:

This meeting is best suited for CEO's, CNO's, VP of Operations, VP of Patient Care, VP of Trauma, VP of Operational Efficiency and Capacity Management, Chief of Endocrinology, Diabetes Program Directors, Diabetes Nurse Practitioners, Diabetes Nurse Specialists, etc.

REGISTER TODAY! CONTACT GIA BOSCH AT 414-255-9525 OR GBOSCH@CURRENTADVANTAGE.COM