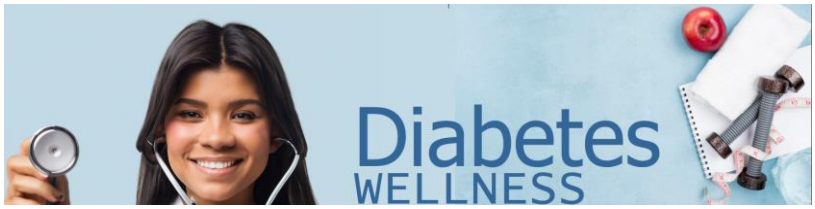

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[COMPANY]: Diabetes Solution

L&D Education Solutions
Training Development Plan

L&D Portfolio Release: THIS

Project Owner: First, Last

Education Team: Julie McNaught

SMEs: First Last, First Last, First Last

Version
1

[COMPANY] Diabetes Solution

Training Development Plan

Rationale

The [COMPANY] Diabetes Solution is being completely redesigned to reflect updates from evidence-based medicine, recommendations from the medical review team, and feedback from health plan customers and CEC operations. The Diabetes product is our flagship product, with over 500,000 members. It is also our oldest product and has never been updated. To prepare [COMPANY] Care Team colleagues to deliver the value of the updated Diabetes Solution, the Challenge-Based Training module for Diabetes will be heavily revised.

Changes to product design noted in this Training Development Plan do not affect any other diabetes products, such as [PRODUCT], [PRODUCT], or [PRODUCT]. Only the full-scope Diabetes product is impacted by this training plan.

The topics driving the most extensive revisions focus on behavior change and barrier analysis, which encompasses moving people through the stages of change for the behaviors of medication adherence, appointment keeping and tests, smoking cessation, healthy eating, exercise, stress management, and daily self-management of diabetes.

The new training will accomplish two purposes: re-training current colleagues on the changes to the Diabetes Solution and creating new training for new Care Team colleagues on the redesigned Diabetes Solution.

The goal of the Diabetes program is to improve its members' quality of life and functional status, which correlates with a proportional reduction in total healthcare costs.

The Diabetes Solution CBT for new clinicians is expected to take three (3) days and will prepare clinicians to deliver the value of the Diabetes Solution to members through improved health outcomes. The re-training of current colleagues on the changes to the Diabetes Solution is projected to take between 4 - 8 hours.

Training Development Overview

The curriculum of the Diabetes Solution CBT for new Care Team colleagues is designed to prepare clinicians to deliver the Diabetes Solution as designed, to improve health outcomes. The CBT will present several care call scenarios with embedded learning opportunities, and provide learning resources for clinicians to analyze and discuss.

Program Goals and Coverage:

Program objectives **(as stated in the Clinical Design specification)**	Training Coverage
• *To educate* **diabetes members about better control of their blood glucose[1] levels and modify their lifestyle to prevent or slow the progression of cardiac complications, and diabetes-related eye, kidney, and nerve diseases**	**New Diabetes CBT module**
• *To prevent* **the most common, preventable diabetes complications, including nephropathy[2], neuropathy[3], and retinopathy[4] with screening**	**New Diabetes CBT module**
• *To prevent or minimize* **poor health outcomes and worsening clinical status.**	**New Diabetes CBT module**
• *To educate and support* **physicians through evidence-based medicine (EBM)**	**Not addressed in training**
• *To increase* **physician compliance with the prescription of evidence-based medications for persons with Diabetes**	**Not addressed in training**
• *To promote and influence* **adherence to the behaviors of medication adherence, appointment keeping and testing, smoking cessation, healthy eating, exercise, stress management, and daily self-management of diabetes for persons with diabetes.**	**New Diabetes CBT module**

Learning Objectives for Intended Audiences:

Learning Objectives	**Clinician Team**	**[Group] Leaders**	**General**
Value Proposition			
Understand and articulate **the value proposition of the Diabetes Solution for participants and health plans.**	X	X	X
Target Population and ID Algorithm			
Identify and describe **the criteria for identifying Diabetes participants and the characteristics of the target population[5].**	X	X	X

[1] The **A1C test** is used primarily to monitor the **glucose** control of diabetics over time. The goal of those with diabetes is to keep their blood glucose levels as close to normal as possible. This helps to minimize the complications caused by chronically elevated glucose levels, such as progressive damage to body organs like the kidneys, eyes, cardiovascular system, and nerves. The A1C test provides a picture of the average amount of glucose in the blood over the last few months. It can help a patient and his doctor know if the measures they are taking to control the patient's diabetes are successful or need to be adjusted.

[2] **IgA nephropathy** is a kidney disorder caused by deposits of the protein immunoglobulin A (IgA) inside the glomeruli (filters) within the kidney. These glomeruli (the singular form is glomerulus) normally filter wastes and excess water from the blood and send them to the bladder as urine. The IgA protein prevents this filtering process, leading to blood and protein in the urine and swelling in the hands and feet. This chronic kidney disease may progress over a period of 10 to 20 years. If this disorder leads to end-stage renal disease, the patient must go on dialysis or receive a kidney transplant. Immunoglobulin A (IgA) is an antibody and, in its secretory form, is the main immunoglobulin found in mucous secretions, including tears, saliva, colostrum, and secretions from the respiratory tract, intestine, etc. It is also found in small amounts in the blood. Because it is resistant to degradation by enzymes, secretory IgA can survive in harsh environments such as the digestive and respiratory tracts, to protect against microbes that multiply in body secretions

[3] **Neuropathy** is usually short for peripheral neuropathy, a disease of the peripheral nervous system. Strictly speaking, however, neuropathy is any disease that affects any part of the nervous system.
The peripheral nervous system is part of the nervous system, and consists of the nerves and neurons that reside or extend outside the central nervous system (the brain and spinal cord) to serve the limbs and organs, for example. Unlike the central nervous system, however, the peripheral nervous system is not protected by bone or the blood-brain barrier, leaving it exposed to toxins and mechanical injuries. The peripheral nervous system is divided into the somatic nervous system and the autonomic nervous system.

[4] **Diabetic retinopathy** is the most common diabetic eye disease and a leading cause of blindness in American adults. It is caused by changes in the blood vessels of the retina.

[5] The current Target Population and ID Algorithm used in Diabetes will remain the same with the identification of Eligible Members for inclusion in the Diabetes Program based on selection criteria that include no age restriction for Medical Claims within the ICD-9 codes or NDC 5 codes specific to Diabetes Mellitus: 250.XX or Diabetic Retinopathy: 362.0 Series or Pharmacy Claims for Diabetes oral agents or Insulin, with at least two medical encounters on two separate dates of service within a one-year period, or at least one Medical and one Pharmacy Claim within a one-year period.

Learning Objectives	Clinician Team	[Group] Leaders	General
Engagement			
Describe **the high-level program flow, from entry through engagement with scheduled care calls.**	X	X	X
Exemplify **empathic and effective techniques for maximizing member engagement in the program, including clarifying diagnoses and properly setting confirm/consent.**	X	X	X
Maintain awareness **regarding member "opt-out" program options at any time, beginning with the Welcome Letter.**	X	X	X
False Positives			
Differentiate **diagnoses of Gestational[6] diabetes from existing Type 1[7], Type II[8], or Brittle[9] diabetes, as it pertains to eligibility for participation in the program[10].**	X	X	X
Address and review **re-entry into the program following termination of pregnancy.**	X	X	X
Articulate **which conditions are considered false positives[11] such as Gestational Diabetes, Metabolic Syndrome, PCOS[12], Pre-Diabetes, and Impaired Fasting Glucose.**	X	X	X
Behavioral Health Information			
Describe **the relevance of depression screening[13] for diabetics, due to the significant prevalence and impact of depression in diabetic patients.**	X	X	

[6] **Gestational diabetes** is a type of diabetes that starts during pregnancy. If your blood sugar level is too high when you are pregnant, you have gestational diabetes. It usually goes away after the baby is born. Gestational diabetes affects about 4% of all pregnant women. It usually begins in the fifth or sixth month of pregnancy (between the 24th and 28th weeks). Most often, gestational diabetes goes away after the baby is born.

[7] People with **Type 1 Diabetes** produce inadequate amounts of insulin, so insulin replacement is their key treatment.

[8] **Type 2 Diabetes** is a life-long disease marked by high levels of sugar in the blood. It occurs when the body does not respond correctly to insulin, a hormone released by the pancreas. Type 2 diabetes is the most common form of diabetes.

[9] **Brittle Diabetes**: A type of diabetes when a person's blood glucose (sugar) level often swings quickly from high to low and from low to high. Brittle diabetes is also called "unstable diabetes" or "labile diabetes".

[10] **Gestational Diabetes** is not eligible for this program. Pregnancy with Diabetes is eligible, but only when the Program Participant responds 2042.6 to the Diabetes Health Information Tool.

[11] Appropriate **false positives** may include Gestational Diabetes, Metabolic Syndrome, PCOS, Pre-Diabetes, and Impaired Fasting Glucose.

[12] Although experts haven't been able to determine whether insulin is the cause of PCOS in some women or if PCOS leads to problems with insulin, one thing is certain: women with PCOS often have issues with insulin resistance. One study found that as many as 30% of PCOS patients suffer from insulin resistance, leading many to theorize that perhaps insulin resistance is the underlying cause of PCOS.

[13] The Patient Health Questionnaire (**PHQ2**), in which two screening questions are posed, followed by the complete 8 question test only in those with a positive response to one or the other, has been shown to effectively identify depressed patients when administered over the phone. Program assignment of DM (Diabetes) and a positive PHQ-2 score triggers PHQ-8 stratification line and assessment for insurance plans with the PHQ-8 stratification line and assessment enabled, currently BCBS KC (Kansas City) only.

Learning Objectives	Clinician Team	[Group] Leaders	General
Low Literacy Populations			
Gather and evaluate **information about patient literacy, due to the high incidence of low literacy among diabetic patients, using this information to assess suitable Patient Education Materials (PEM).**	X	X	X
Order **PEMs based on literacy assessment.**	X	X	X
Health Information Tools			
Appreciate and comprehend **changes to the welcome call script for Stratification levels I and II, Standard of Care (SOC) calls, as they pertain to the impact of the new Interactive Voice Response (IVR) component,[14] with a systematic increase in call frequency coverage for lower stratification levels.[15]**	X	X	X
Appreciate and comprehend **changes to the workflow as they apply to delivering Diabetes Health Information Tools (HIT).**	X	X	X
Understand **the rationale behind questions in the HITs[16].**	X	X	X
Interventions			
Articulate **the signs and symptoms of diabetes[17] and the action plans needed for each.**	X	X	X
Generate **appropriate key Interventions to address health risks in Diabetes patients, including self-management techniques, medication treatment and compliance, communication with providers, appropriate diet, and use of community resources.**	X	X	X
Assist **patients in setting their own specific goals rather than providing them with "generic" program goals.**	X	X	X
Emphasize **behaviors rather than knowledge acquisition in dealing with members.**	X	X	X
Focus **on a high degree of self-efficacy and attainability.[18]**	X	X	X
Track and review **goals at every clinical encounter.**	X	X	X
Describe **the fulfillment process for patients and providers in the Diabetes solution, and develop familiarity with the variety of Patient**	X	X	X

[14] **IVR** is an abbreviation that represents Interactive Voice Response. IVR is a novel computer technology that allows individuals to answer questions using a touch-tone telephone, and has recently been extended to health care for screening and monitoring purposes.

[15] For Levels 1 and II Standards of Care calls - to gather information three times per year on wellness topics such as Diabetes and Cardiac prevention and lab values, and once per year for flu and pneumonia inoculations; for Levels III and IV, with existing Hypertension, Lipids15 and Cardiac conditions - to systematically generate two to four calls per year.

[16] **HIT** is an abbreviation that represents Health Information Tool.

[18] Once a program participant agrees to work on certain behaviors, there will be staging set within the goals area of the CIS. All goals will be staged for each program participant; with no more than 3 self care goals at any one time.

Learning Objectives	Clinician Team	[Group] Leaders	General
Education Materials available.			
Interventions:			
Medication Adherence			
Describe **the medication classes that form the accepted standard of care for persons with Diabetes, such as the use of Aspirin, Statin, and ACE inhibitors to reduce the risk of death from Cardiovascular disease (CVD) and Atorvastatin to reduce cardiac outcomes regardless of initial cholesterol levels.**	X	X	X
Articulate to members **the effectiveness of tight blood pressure control on the reduction of overall costs in patients with diabetes.**	X	X	X
Interventions:			
Diabetes Self-Management / Behaviors			
Evaluate **participants' knowledge of diabetes self-management behaviors and teach accordingly to fill knowledge gaps.**			
Interventions:			
Smoking Cessation			
Emphasize **smoking as a major additional risk factor in patients with diabetes.**	X	X	X
Stress **the effectiveness of aggressive cessation strategies in achieving improved quit rates.**	X	X	X
Communicate to the member **the effectiveness of cessation, resulting in decreased Type I and II Diabetes complication risks.[19]**	X	X	X
Employ **techniques for Smoking Cessation as they apply to Diabetes patients.**	X	X	X
Emphasize **the importance and availability of pharmacological treatment, and** *encourage* **the member to accept the assistance of antidepressants and over-the-counter nicotine replacement products to help them achieve higher quit rates.**	X	X	X
Interventions: Labs			
(Appointment-Keeping and Test-Getting)			

[19] with dramatic glycohemoglobin level reductions of as much as 0.75% that are augmented with cessation duration.

Learning Objectives	Clinician Team	[Group] Leaders	General
Describe **labs and treatment procedures common in Diabetes patients, and their importance for preventing hospitalizations and disease progression.**	X	X	X
Consistently Document **blood pressure statistics in the lab module to support tight blood pressure control[20].**	X	X	X
Encourage participants to achieve **A1C values of less than 7% and an LDL level of less than 100 mg/dL[21] in impaired fasting glucose values.**			
Interventions:			
Healthy Eating			
Describe **the nutritional considerations that persons with diabetes need to be aware of (sugar/simple carb intake).**			
Demonstrate **effective teaching regarding eating a diet that is low in fat and allows a person to reach and maintain a healthy body weight.**			
Interventions:			
Exercise			
Demonstrate **effective teaching regarding the importance of regular moderate exercise 30 minutes daily/ 5 days/week.**			
Interventions:			
Stress Management			
Demonstrate **effective teaching regarding the effects of stress on blood glucose management and the importance of healthy activities to reduce and manage stress.**			
Health History Screen			
Effectively use **the Health Rx screen for interactions with persons with diabetes, including using information from the General Information, Medications, Standards of Care, and Past Procedures sections.**	X	X	X
Familiarize with and adapt workflow to exploit **the addition of the Behavior/Stage Grid on the Health History Screen, which includes behaviors and their stages for Diabetes Lifestyle, Diabetes Daily Self-Care, Medication Adherence, Appointment Keeping, and Test Getting.**	X	X	X
Stratification			

[20] Maintaining 130/80 Blood Pressure is more important to controlling glucose than propensity toward nephropathy.

[21] **mg/dL** represents milligrams/deciliter

Learning Objectives	Clinician Team	[Group] Leaders	General
Describe **the general criteria for stratification based on risk factors and opportunity to intervene and improve outcomes.**			
Articulate **the call frequency, flow, and call types for Diabetes participants based on stratification.**		X	
Reporting			
State **the outcome metrics associated with the Diabetes Solution and articulate the relationship between health information questions, interventions, and outcome metrics.**	X	X	X
Practice in the CIS[22]			
• **Confirm/consent/opt-out Diabetes diagnosis.**			
• **History screen info relevant to Diabetes.**			
• **Complete the Diabetes Health Information tools.**			
• **Document the stage of change, notes, and goals in Interventions.**			
• **Select, review, and order Protein-Energy Malnutrition (PEM) tests for Diabetes behaviors based on the stage of change.**			
• **Review Urgent/Emergent process for acute symptom exacerbation (red-flag Q).**			

[22] **CIS** - CIS Clinical Information System

Timeline and Milestones

(See L&D Diabetes project plan for most up-to-date timeline)

Task Name	% Complete	Days	Start	Finish
End User Communications	**0.00%**	**12.00**	**8/2/2024**	**8/14/2024**
Determine communication scope.	0.00%	2.25	5/2/2024	5/4/2024
Develop draft .pptx slides.	0.00%	3.75	5/4/2024	5/8/2024
Edit .pptx slides for end-user.	0.00%	2.25	5/8/2024	5/10/2024
CSO edit/approve .pptx slides.	0.00%	1.50	5/10/2024	5/11/2024
Final revisions complete	0.00%	1.50	5/11/2024	5/13/2024
Release communications	0.00%	0.75	5/13/2024	5/14/2024
Training	**0.00%**	**90.00**	**5/15/2024**	**8/13/2024**
High-level content design	0.00%	8.25	5/15/2024	5/23/2024
Low-level instructional design	0.00%	30.00	5/23/2024	6/22/2024
Construct multimedia.	0.00%	22.50	6/22/2024	7/14/2024
Develop collateral documentation.	0.00%	11.25	7/14/2024	7/26/2024
Revisions (due to bus spec changes)	0.00%	4.50	7/26/2024	7/30/2024
Tutorial review in status meeting	0.00%	7.50	7/30/2024	8/7/2024
Deploy training and collaterals to LSS.	0.00%	0.75	8/7/2024	8/7/2024
Train the trainer (pilot sites)	0.00%	2.25	8/7/2024	8/10/2024
Train the trainer (remaining sites)	0.00%	2.25	8/10/2024	8/12/2024
Ready to deploy checkpoint review	0.00%	0.75	8/12/2024	8/13/2024

Collateral materials:

- Diabetes pre/post test for Cognitive Behavioral Therapy (CBT)
- Program flow handout
- Confirm/consent flag criteria for diabetes members
- Interventions and goals (program specific)
- Member and provider fulfillment materials (Good Health Guidelines)
- Topics in *Healthwise KnowledgeBase* to include in CBT