

# Call for Submissions: New *Clinical Diabetes* Department Focuses on Quality Improvement and Practice Transformation Initiatives

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**EDITOR'S NOTE:** Quality Improvement Success Stories, a new *Clinical Diabetes* department developed in collaboration with the American College of Physicians, Inc., and the National Diabetes Education Program, will feature articles and a searchable online collection of information about quality improvement and practice transformation initiatives in the area of diabetes care. This article provides the rationale and article submission process for this new offering.

The incidence and prevalence of diabetes in the United States and across the world continue to climb year after year. Despite a recent explosion of new therapeutic options for patients with diabetes, glycemic control remains suboptimal. Similarly, indicators of the delivery of high-quality diabetes care, such as the attainment of adequate blood pressure and lipid control and appropriate screening for eye and kidney disease, remain vexingly poor. The direct and indirect costs of diabetes-related illness and care continue to climb into the hundreds of billions of dollars each year.

Within this context, significant changes have recently occurred in the health care landscape to address this ongoing and worsening quality gap. Responses and reactions to the realization that the current state of affairs is unacceptable are occurring within a wide array of organizations, includ-

ing payor groups, medical education organizations, health care professional societies, and government agencies. For example, recent legislation in the form of MACRA (the Medicare Access and CHIP [Children's Health Insurance Program] Reauthorization Act of 2015) replaced the SGR (sustainable growth rate) formula, a method previously used by the Centers for Medicare and Medicaid Services to control Medicare spending on physician services, with a new program designed to provide incentives to physicians to report quality measures, develop quality improvement (QI) initiatives at the practice level, decrease costs, and use electronic medical record systems to their utmost potential.

Medical education organizations have evolved in response to such changes by crafting the next generation of accreditation programs. As an example, the Accreditation Council for Graduate Medical Education has developed explicit requirements holding training programs accountable for teaching resident physicians the skills required to practice safe, high-quality care. Among many other new requirements, resident physicians finishing their training today are expected to know how to report and investigate safety events, develop QI projects, and ensure excellent transitions of care. An increasing number of faculty development courses are now available to generate the faculty of tomorrow, who will be best able to

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Supplementary materials mentioned in  
this article are available online at [http://clinical.diabetesjournals.org/sites/default/files/ada\\_content/Quality\\_Improvement\\_Template.docx](http://clinical.diabetesjournals.org/sites/default/files/ada_content/Quality_Improvement_Template.docx)

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nurture and support trainees in their journey of improvement.

Other stakeholders are also evolving to better equip their members to manage the changing landscape of chronic illness care. Professional societies such as the American College of Physicians, Inc. (ACP; the largest such society), have developed robust QI departments that offer programs to help their members become better equipped to improve quality. The online ACP Practice Advisor program ([practiceadvisor.org](http://practiceadvisor.org)) is a web-based tool that allows practices to focus on targeted QI efforts such as in the provision of diabetes care. Additionally, national professional society meetings (and local chapter meetings) increasingly feature full-day pre-meeting courses to help members deepen their exposure to QI techniques and processes that can be applied when they return home.

Additionally, the process through which physicians attain and maintain board certification continues to evolve to meet the health care environment of today and tomorrow. The maintenance of certification (MOC) process is becoming more targeted to the actual needs of practicing physicians rather than testing them on esoteric knowledge areas that are rarely encountered in the clinical setting. Similarly, the growing number of practice improvement programs, such as the aforementioned ACP Practice Advisor program, are becoming accepted for continuing education credit within the evolving MOC process.

To close our large quality gaps, we must continue the transition away from the view of “physician as god” to an environment in which physicians are seen as key participants on teams whose members

are aligned and operating at the highest level of their scopes of practice. To assist in that transition, the National Diabetes Education Program of the National Institute of Diabetes and Digestive and Kidney Diseases recently launched a practice transformation section on its website (<https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/health-care-professionals/practice-transformation/Pages/resourcedetail.aspx>). This free resource gives medical practices access to information that will help them facilitate the implementation of team-based care.

The momentum is clearly building among all stakeholders toward the achievement of real improvement in the quality of diabetes care. We will all soon have stories to tell about our own QI journey toward better diabetes care. Thus, it is with great pleasure that we announce a new offering from *Clinical Diabetes*. In collaboration with ACP and NDEP, we would like to introduce “Quality Improvement Success Stories,” a department that will appear online and in print issues and feature information from across the country about QI and practice transformation initiatives.

We encourage all health care professionals working in diabetes to submit the stories of their QI successes using our new Quality Improvement Success Story template. This template can be downloaded as a Microsoft Word document from the journal’s website ([http://clinical.diabetesjournals.org/sites/default/files/ada\\_content/Quality\\_Improvement\\_Template.docx](http://clinical.diabetesjournals.org/sites/default/files/ada_content/Quality_Improvement_Template.docx)). It then can be filled out and uploaded directly to the journal’s article submission system at <https://mc.manuscriptcentral.com/clinical-diabetes>.

We designed this template to make submissions very easy, thus allowing even the busiest physicians, nurses, educators, and trainees to share their stories with a minimum of effort.

Submitted QI templates will be reviewed and published online at our website’s Quality Improvement Success Story repository. This searchable collection will allow practices and trainees free access to information about others’ experiences with improving diabetes care in their practice and thus will serve as a facilitator of change for all. Additionally, our ACP and NDEP partners will provide links to the stories on their own websites and will make their constituencies aware of the existence of this repository and the opportunity it offers authors to spread the word about their QI projects. The *Clinical Diabetes* editorial team hopes to select one or more of the online QI stories to appear in each print issue.

As health care continues moving at an accelerating rate away from the traditional fee-for-service model and toward a system of medicine that is practiced and differentially reimbursed for high quality, the best patient experiences, and the right cost (highest value), we aim to use this new section of the journal to share best practices from within that transformation journey. We are all on the journey to improve, and as the old adage goes, “If you would like to travel fast, go alone. But if you would like to travel far, go with others.” We look forward to reading and learning from your submissions so that we can all travel far, together.

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### Duality of Interest

No potential conflicts of interest relevant to this article were reported.