## **COOPERATIVE AGREEMENT**

AN AGREEMENT by and between JACKSON COUNTY, MISSOURI, hereinafter called "the County" and SWOPE HEALTH SERVICES, 3801 Blue Parkway, Kansas City, MO 64130, a not-for-profit organization, hereinafter called "SHS."

WHEREAS, the County recognizes its statutory obligations to the indigent under Sections 205.210 et seq. and 205.580 et seq., RSMo, and recognizes the problems associated with providing healthcare for indigent individuals; and,

WHEREAS, Swope Health Services currently provides medical services to indigent families and homeless persons, and desires to continue to assist homeless persons;

NOW THEREFORE, in consideration of the foregoing and the terms and provisions herein contained, the County and SHS respectively promise, covenant, and agree with each other as follows:

- 1. <u>Services</u>. SHS agrees to use the funds provided by the County under this agreement to provide for the Chronic Disease Management Program. The Chronic Disease Management Program provides for a variety of services including, but not limited to, providing a high level of one-to-one education and support to diabetes patients, as is more fully set out in the proposal attached hereto as Exhibit A.
- 2. <u>Terms of Payment</u>. The County shall pay to SHS a total amount not to exceed \$85,000.00 for providing healthcare services for the indigent. One quarter of this sum, or \$21,250.00, shall be paid to SHS on a quarterly basis provided that SHS has

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MARY JO SPINO
COUNTY CLERK

submitted to the County the report(s) required under Paragraph 3 and Paragraph 4 hereof. Payment for the first and second quarters will be issued within 30 days after the contract has been executed by all necessary parties.

- 3. Reports. Within 30 days after the conclusion of each calendar quarter under this Agreement, SHS shall submit a quarterly report, including a statement of budgeted and actual expenditures, and any other documents requested by the Director of Finance and Purchasing, to establish that the funds provided pursuant to this Agreement were used for the purposes set forth herein. The reports for the first and second quarter shall both be submitted within 30 days after the execution of this Agreement. The last quarter's report shall include an annual report which shall summarize all of SHS's activities pursuant to this Agreement. SHS's failure to submit this annual report shall disqualify SHS from future funding by the County.
- 4. <u>Submission of Documents</u>. No payment shall be made under this contract unless the contracting agency shall have submitted to the Director of Finance and Purchasing (1) a written proposal setting out in detail the intended use of the County's funding, including the target population to be served; (2) the agency's IRS Form 990, from the previous fiscal or calendar year; (3) a statement of the agency's total budget for its most recent fiscal year; and, (4) a detailed explanation of actual expenditures of County funds (pertains to final payments and payments on contracts for future years.) If an agency has previously received County funding, to be eligible for future payments, an agency must submit either an audited financial statement for the agency's most recent fiscal or calendar year, by March 31 of the following year, or a certified public

accountant's program audit of County funds, by January 31 of the following year. Any document described herein which was submitted to the Director of Finance and Purchasing as a part of an application for funding need not be resubmitted to qualify for payment. No payment shall be made if the contract agency is out of compliance on any other County contract.

- 5. **Equal Opportunity**. In carrying out this Agreement, SHS agrees and assures that no person eligible for services shall on the ground of race, color, religion, national origin, sex, handicap, veteran status, or age be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination for any service funded by this Agreement. Furthermore, SHS agrees and assures that it will provide equal employment opportunities to applicants and employees and will not discriminate against them on the basis of race, color, religion, national origin, sex, handicap, veteran status, or age.
- 6. <u>Audit</u>. The County further reserves the right to examine and audit, during reasonable office hours, the books, and records of SHS pertaining to its finances and operations.
- 7. **Default.** If SHS shall default in the performance or observation of any term or condition of this Agreement, the County shall give written notice setting forth the default and the correction required. If said default shall continue and not be corrected by SHS within ten days of its receipt of said notice, the County may, at its election, terminate the Agreement and withhold any payments not yet made. Said election shall not in any way limit the County's right to seek legal redress.

- 8. <u>Conflict of Interest</u>. SHS warrants that no officer or employee of the County, whether elected or appointed, shall in any manner whatsoever be interested in or receive any benefit from the profits or emoluments of this Agreement.
- 9. <u>Severability</u>. If any covenant or other provision of this Agreement is invalid or incapable of being enforced by reasons of any rule of law or public policy, all other conditions and provisions of this Agreement shall nevertheless remain in full force and effect and no covenant or provision shall be deemed dependent upon any other covenant or provision unless so expressed herein.
- 10. <u>Liability and Indemnification</u>. No party to this Agreement shall assume any liability for the acts of any other party to this Agreement, its officers, employees or agents and SHS shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, costs (including reasonable attorney's fees directly related thereto) including but not limited to violation of civil rights and/or bodily injury to or death of any person and for damage to or destruction of property if and to the extent caused by the negligence, willful misconduct or omissions of SHS during the performance of this Agreement.
- 11. <u>Term.</u> This Agreement shall be effective January 1, 2011, and shall terminate on December 31, 2011. This Agreement may be terminated prior to that date by either party upon written notice, delivered thirty (30) days prior to the effective date of termination. If this Agreement is terminated by either party, the County shall pay only for those services actually performed by SHS as verified by the County's audit.
- 12. <u>Incorporation</u>. This Agreement incorporates the entire understanding and

agreement of the parties.

IN WITNESS WHEREOF, the parties	have executed this Agreement this $\underline{\mathcal{S}}$
day of <u>October</u> , 2011.	
APPROVED AS TO FORM:  W. Stephen Nixon County Courselor	By:  Michael D. Sanders County Executive
ATTEST: Mary Spino	SWOPE HEALTH SERVICES
Mary Jo Spino	Executive Director
Clerk of the Legislature	1/2 - 257042

### REVENUE CERTIFICATE

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this contract is chargeable, and a cash balance otherwise unencumbered in the treasury from which payment is to be made, each sufficient to meet the obligation of \$85,000.00 which is hereby authorized.

Date

Director of Finance and Purchasing

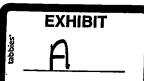
Account No. 002 7601 6789

3012011017

<u>43-0957840</u> Federal I.D. or S.S.#

Line 3

# Chronic Disease Management Program

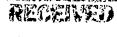




# OUTSIDE AGENCY FUNDING REQUEST FORM 2011 BUDGET

415 E 12th Street, 2nd Floor Kansas City, MO 64106

Email: auditor@jacksongov.org



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Section A: Organization or Agency Information	A CALLY WAS DOWN
Section B: Agency's 2010 and 2011 Revenue Information	page 2
Section C: Individual Program Budget	page 3
Section D: Program Information	pages 4 - 8
Section E: Summary of Request by Program	page 9

Section A: Organization or Agency Information					
Name:	Swope Health Services				
Address: 3801 Blue Parkway; Kansas City, Missouri 64130					
Phone No:	816-923-5800	Fax: 816-448-2982			
Website Addr	ess: www.swopecommunity.org				
Federal Tax ID No: 43-0957840 Fiscal Year Cycle: 2011					
Executive Director: Verneda Bachus Robinson					
Name and Title of Principal Contact Person: Leslie Banning, Chronic Disease Manag					
Phone No:	816-922-7645 Ext. 6406	Email Address: <u>lbanning@swopecommunity.org</u>			
Submittal of th	nis request has been authorized by:	Verneda Bachus Robinson, President/CEO			
	Date:	1/3/2011			

#### Section B: Agency's 2010 and 2011 Revenue Information Agency's 2011 Projected Revenue Information Agency's 2011 Total Projected Revenue Projected % of Funding Entity Source You Will Request 2011 Funding From Amount **Total Revenue** Federal HHS Federal Funding, HUD \$ 7,513,526 22 State Primary Care Grant, MPCA, Family Health Council, \$ 4,428,403 13 Jackson County Mental Health Levy, COMBAT, Outside Agency Fur \$ 1,756,881 5 Other Counties \$ 0 City Health Levy, Homeless SHP \$ 1,301,886 4 Charity/Donations United Way, Reach, Susan Komen, Wyandotte Hea \$ 367,344 Fundraisers \$ 0 Other WIC, Mobile Medical Unit, Insurance Medicaid, Med \$ 19,335,123 56 2011 Total Projected Revenue 34,703,163

Agency's 2010 Revenue Information							
Funding Entity	Agency's 2010 Tota Source You Received		m		Amo	unt	% of Total Revenue
Federal	HHS Federal Funding, HUD, S	SAMHSA		1	;	7,854,354	23 .
State	Primary Care Grant, MPCA,Fa	amily Health	Council,	\$	;	4,518,779	13
Jackson County	Mental Health Levy, COMBAT	, Outside Ag	ency Fur	\$	;	1,656,641	5
Other Counties				\$		-	0
City	Health Levy,Homeless SHP			\$	-	1,328,455	4
Charity/Donations	United Way, Reach,Susan Ko	men, Wyand	otte Hea	\$		367,344	1
Fundraisers				\$		-	0
Other (please list)	WIC, Mobile Medical Unit, Insu	urance Medi	caid, Med	\$	18	3,771,964	54
		2010 Total I	Revenue	\$	34	,497,537	
If your agency received funding from Jackson County in 2010, please identify the funding source, amount and program name below.							
Jackson County Fun	ding Source	Yes	No		Amount		gram Name
COMBAT		<b>I</b>	☑ □	\$	•	Imani Hou	
Mental Health Levy	. Davidania antilla Disebled	[] []	 []		1,331,000	мнс, нн	, & General Serv
	Developmentally Disabled	_	_	\$	-		
Domestic Violence B		. 🛚	<b>☑</b>	\$	-		
Housing Resources. Cutside Agerio Prog	₹ <b>₹</b> ₹₹		✓	\$ \$	- 108,134	MHC & H	CH
JAN 042	011 2010 Total Jacks	on County F	unding	\$	1,681,931	<u>-</u> -	
ທິດທະນາ ການ agency receive funding or resources in 2010 from either of the following?							
Mid Afferida Hegione	(PSBLide)	7		\$	5,161		
Harvesters			V	\$	-		

# Section C: 2011 Program Budget

Complete a separate program budget for each program your agency is applying for funding.

**Agency Name:** 

**Swope Health Services** 

**Program Name:** 

**Chronic Disease Management** 

For each salary request l	<b>Personal Service</b> below please attach		tion or	duties.
Position / Title	Total Salary	% of Salary to be funded by Jackson Co.	Amo to b	ount of Salary be funded by kson County
RN	\$ 57,000	100%	\$	57,000
			_	
		·		<u> </u>
			<u>.                                    </u>	
Total Salaries			\$	57,000
Total Benefits	<del></del>			14,2 <u>50</u>
		onal Services	\$	71,250
	Contractual Servic	es	_	
Mileage	<del></del>		\$	300
				1
	•			
Occupancy(Share of Telephone, Spac	ce, Utilities, Environmenta	al Services)		3,638
Indirect Costs (Calculated @ 12.0% O	f Direct Costs)			8,612
	Total Contrac	tual Services	\$	12,550
	Supplies			
Office Supplies			\$	600
Medical Supplies				600
RECEIVED	•			
JAN 26 2011	T	otal Supplies	\$	1,200
ACKSON GOUNTY AUDITERS OFFICE	Total Progr			0E 000

**Total Program Request \$** 

85,000

SWOPE HEALTH SERVICES

12/14/09

HUMAN RESOURCES

SUPERSEDES: APPROVED BY:

JOB DESCRIPTION

HUMAN RESOURCES

PAGE 1 OF 3

JOB TITLE:

RN Chronic Care Coordinator

DEPARTMENT: Adult Medicine or designated Clinic location E

REPORTS TO: Medical Administration and/or designee

SALARY RANGE: 25

EXEMPT

JAN 042011

## **JOB SUMMARY**

The RN Chronic Care Nurse will assist the organization with the integration of the dealth Disparities Collaboration guidelines into the daily clinical operations. The RN will serve assisted clinic liaison at the main health center and/or satellite sites, perform data entry, provide education and training, provides case management to identify patients who have treatment compliance issues. The RN will provide support for the physicians and clinical support staff as needed.

#### **PRIMARY FUNCTIONS**

- 1. Working knowledge of the Health Disparities Collaboration guidelines and regulations.
- 2. PECS data maintenance system
  - a. Enter new patients into the PECS registry system
  - b. Monitor patient data in PECS daily
- 3. Monitor patient visits and clinical needs of patients with chronic disease.
  - a. Run monthly queries to identify patients due for lab/visits, etc.
  - b. Perform chart audits of patients entered into PECS
  - c. Post reminders to providers of patients needs based ion the collaborative guidelines: Statin, ASA, self-management goals, immunization, etc.
  - d. Case management services: consult with patient and other health care providers to evaluate patient's condition for identified patient problems
  - e. Plan and schedule group visits
  - f. Coordinate and provides patient education materials
  - g. Review patient charts, who are entered into PECS, for upcoming appointments for needed clinical information.
  - h. All other duties as directed and/or requested by Medical Administration and /or designee.

### **SECONDARY FUNCTIONS**

- Administers oral and parenteral (IM, subcutaneous, intradermal) medications as ordered and prescribed by the physician/provider. May dispense prescription medications as ordered by physician/provider.
- 2. Transcribe physician/provider orders, collect specimen and cultures for laboratory specimens
- 3. Perform patient triage and nursing assessment of patients according to clinic protocols and

**EFFECTIVE:** 

ISSUED BY:

**REVIEWED:** 

**SWOPE HEALTH SERVICES** 

4/30/08

**HUMAN RESOURCES** 

SUPERSEDES:

APPROVED BY:

JOB DESCRIPTION

**HUMAN RESOURCES** 

PAGE 2 OF 3

JOB TITLE:

RN Chronic Care Coordinator

SALARY BANGE: 25

**EXEMPT** 

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JAN 0 4 2011

DEPARTMENT: Adult Medicine or designated Clinic Location

REPORTS TO: Medical Administration and/or designee

standards of nursing practice.

MCNEON COUNTY 4. Formulates treatment plans and documents all nursing care and treatments performed in the medical record, dates and signs all entries.

- 5. Knowledgeable on using PC and Microsoft Word.
- 6. Assists in staff training and new employee orientation.
- 7. Maintains an environment conducive to the care and welfare of patients/clients.
- 8. Participates in continuing educational offerings that are scheduled at the facility.
- 9. Comply with computer security guidelines and confidentiality of both patients and staff.

#### **CLINICAL COMPETENCY**

- Glucose monitor
- 2. Nebulizer treatment
- 3. Administering TB skin test
- 4. Administering IM medication
- 5. Oxygen set-up and therapy

- 6. Blood pressure monitoring
- 7. Diabetes
- 8. Hypertension
- 9. Preventive Health (see Adult Medicine checklist)

#### **QUALIFICATIONS**

- 1. Graduate of an accredited school of professional registered nursing. Prefer two years experience with chronic physical illnesses.
- 2. Licensed to practice in the State of Missouri and Kansas
- 4. Basic Cardiovascular Life Support (BCLS), certified.
- 5. Certified Diabetes Educator preferred.
- 6. Bilingual preferred; able to speak, read, write in Spanish language.
- 7. Good communication skills, customer service oriented, telephone etiquette and exhibit the ability to work with people (staff, visitors and clients).
- 8. Ability to work independently, manage multiple responsibilities and emergency situations.

EFFECTIVE: ISSUED BY: REVIEWED: **SWOPE HEALTH SERVICES** 4/30/08 **HUMAN RESOURCES** SUPERSEDES: APPROVED BY: JOB DESCRIPTION **HUMAN RESOURCES** PAGE 3 OF 3 JOB TITLE: RN Chronic Care Coordinator SALARY RANGE: 25 DEPARTMENT: Adult Medicine or designated Clinic Location EXEMPT 和医疗医院及识 REPORTS TO: Medical Administration and/or designee JAN 042011 **REQUIREMENTS OF POSITION** MCKETM COUNTY AUSCONE CHALLEN AUSCONE AUSCONE AUSCONE AUGUSTA Liftina ( ) 5-20 lbs. ) 20-40 lbs. ( ) 40-60 lbs. Pushing ) 5-20 lbs. ) 20-40 lbs. ) 40-60 lbs. ) over 60 lbs. Standing ) 0-20% ) 20-40% ) 40-60% ) 60-80% () 80-100% Walking 0-20% ) 20-40% ) 40-60% ) 60-80% ) 80-100% Squatting ) 0-20% ) 20-40% ) 40-60% ) 60-80% ) 80-100% Sitting ) 0-20% ) 20-40% ) 40-60% ) 60-80% ) 80-100% Driving ) 0-20% ) 20-40% ) 40-60% ) 60-80% ) 80-100% Bending ) 0-20% ) 20-40% ) 40-60% ) 60-80% ) 80-100% Reaching ( ) 0-20% ) 20-40% ) 40-60% () 60-80% ) 80-100% Manual Dexterity ( ) Low ) Medium ( ) High Other: N/A

Complete a separate program information sheet for each program your agency is applying for funding.

**Agency Name:** 

**Swope Health Services** 

**Program Name:** 

**Chronic Disease Management** 

## **Proposed Program**

Detail functions to be performed by each program.

The purpose of this request is for funding to support Swope Health Services' (SHS) Chronic Disease Management (CDM) program by hiring a CDM nurse. The CDM program is designed to substantially reduce the serious medical complications of diabetes. This proven SHS initiative will be achieved primarily through the efforts of a CDM nurse whose activities include assessing the medical status of patients, monitoring their medications and persuading them to change behaviors that will mitigate or eliminate the life-threatening complications that uncontrolled diabetes can cause.

SHS routinely provides an array of essential health services, including family medicine, internal medicine, pediatrics, obstetrics/gynecology, and diagnostic laboratory and radiology services for low income people. This care includes our Chronic Disease Management (CDM) program, which is the focus of this request for funding. The Chronic Disease Management Program is designed to provide a high level of one-to-one education/ support to diabetes patients, who often require personal intervention to persuade them to do what is necessary to mitigate the potential serious medical complications of their disease. SHS has embraced — and further refined it for improved efficacy — an intervention model utilized by RNs certified in diabetes care. SHS has joined with the Department of Health and Human Services' Health Resources and Service Administration (HRSA) and the Missouri Primary Care Association to form a regional Chronic Disease Management Collaborative aimed at tracking and reducing the complications of patients with diabetes and other chronic diseases. Progression of diabetes patients, as it relates to critical diabetes-related indicators, is tracked through the Patient Electronic Care System (PECS).

In 2010, SHS hired an additional full-time CDM nurse to help our one nurse who is available only to other clinics on a part-time basis. The CDM nurse functions as a case manager for diabetes patients, assessing their medical status and explaining in easy-to-understand terms the life-threatening complications that uncontrolled diabetes too often cause. The CDM nurse establishes a bond of trust with the patient and explores simple lifestyle changes that the patient is willing and able to make that could, over time substantially improve his/her quality of life as well as extend the patient's life span. Nothing is arbitrary; the whole point of this program is to educate patients about diabetes and, through discussion, help them decide what specific actions they want to take to improve their health.

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Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Swope Health Services

**Program Name: Chronic Disease Management** 

Participants Participants				
Identify	the number of participants by County that each program serves.			
Jackson, MO		195		
Clay,Platte,				
Cass, MO				
Wyandotte,				
Johnson, KS				
Other				
Missouri				

## **Target Population**

Describe target population and demographics to be served by each program.

The SHS target population are all patients with diabetes who access care at Swope Health South as these patients, given previously cited comparison data, are at risk for diabetes. These individuals, as a group, may require more intensive care than the typical patient at a private clinic. The reason: Because so many of our patients spend what little money they have on food, shelter and other basic necessities, they often enter our system only after their health problems have escalated. Statistics indicate their risk for diabetes is higher than average.

There are several health care-

related concerns that affect the primary communities (Hickman Mills, Ruskin Heights and Center) served by Swope Health South, our newest Clinic, located at 8825 Troost Avenue in southern Kansas City. First, according to our Calendar Year 2009 workload data, 6,022 patients accessed medical, dental and behavioral health care services during 15,055 visits to Swope Health Central at 3801 Blue Parkway. These patients resided in the targeted zip codes of 64129, 64131, 64134, 64137 and 64138. The Missouri Department of Health and Human Services reports community profiles which allows for comparison of race and ethnicity, rates for those living below the Federal Poverty Level (FPL), educational attainment and health disparities of which diabetes is a major issue for this community's population. Residents in these zip codes were worse off in almost every category when compared to all residents of Jackson County. The Center for Disease Control estimates that more than 1 in 9 people have diabetes, which when uncontrolled, leads to stroke, heart disease and other serious expensive-to-treat medical complications. Because SHS is so often viewed as a health care provider of last resort, our diabetes patients tend to enter our system with little or no previous treatment. As a result, their medical problems are more advanced thus requiring more intensive care and intervention. Second, is the general lack of resources to obtain health care. According to the U.S. Census Bureau, 29.9 to 47% of the residents in these zip codes live in low-income households with income 200% or less than the FPL. One in four of the residents have no health insurance whatsoever.

Would you provide these services to anyone at your door?

**Answer Yes** 

Is anyone denied services?

**Answer No** 

What level of indigents (below poverty level) do you serve?

50%

Please classify your program from the following types by percentage of your agency's overall services:

Senior Program

0.5 %

Indigent Program (Below Poverty Level)

0.5 %

Senior Indigent Program

0.5 %

What criteria do you have for the clients you serve?

Swope Health Serges, as a federally qualified health center provides medical, dental and behavioral health services to all patients and clients regardeds of the Health services are provided on a sliding fee scale

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Section D

Complete a separate program information sheet for each program your agency is applying for funding.

**Agency Name:** 

**Swope Health Services** 

**Program Name:** 

**Chronic Disease Management** 

## **Service Delivery Area**

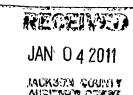
Identify your specific geographic service delivery area for each program.

The service delivery area for the chronic disease management program is defined as south Kansas City, MO. We will focus specifically on residents living in the targeted zip codes as follows: 64149, 64131, 64134, 64137, 64138.

## **Fund Separation**

Indicate what measures your agency will take to ensure that funds received from Jackson County will be utilized for the benefit of Jackson County residents.

Swope Health Services will ensure that all funds received from Jackson County are used for the benefit of Jackson County Residents. This fund separation is / will be achieved by tracking each patient by zip code of origin. Our practice management system allows staff to register patients to include their zip code. Only patient living in the targeted zip codes will be afforded the opportunity to receive chronic disease management services as funded by this grant. It is significant to note that no patients will be turned away those patients requiring these services and who live outside of Jackson County will be billed. as appropriately, to Swope's othe funding sources.



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Complete a separate program information sheet for each program your agency is applying for funding.

**Agency Name:** 

**Swope Health Services** 

**Program Name:** 

**Chronic Disease Management** 

# **Approach & Method**

List the top three (3) objectives for each program.

1. Sixty percent of diabetes patients become active partners is controlling their diabetes by participating in counseling sessions with the Chronic Disease Management (CDM) nurse. The CDM nurse provides one-to-one counseling and education about what patients can do via diet, exercise and medication management to better control diabetes. This personal intervention approach has proven to persuade many patients to do what is necessary to mitigate the potential serious complications of their diseas.

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2. Seventy-five percent of diabetes patients remain in treatment and receive regular care from primary care physician, a critical aspect of controlling diabetes.

3. Forty percent of diabetes patients achieve or maintain normal blood sugar levels. This represents the target percent established by the Missouri Primary Care Association for all institutions participating in the region's Chronic Disease Collaborative. It is consistent with the guidelines set by the Health Services and Resources Administration.

Detail specific methods you will use to achieve these objectives.

Objective 1: Diabetes patients will be encouraged by their primary care provider to schedule an appointment for counseling/education with the CDM nurse. The CDM nurse will follow up with a phone call explaining the nature of the diabetes counseling/education sessions and encouraging the patient to make an appointment. Swope's Patient Electronic Care System (PECS) will track visits with the CDM nurse.

Objective 2: Diabetes patients will be encouraged to see their primary care physician at least twice a year.

Appointments will be scheduled accordingly, and they will be reminded of their appointments via a phone call or post card. Swope's PECS system will track these provider visits.

Objective 3: It is anticipated that a higher than normal level of diabetes patients will achieve normal blood sugar levels as a result of changing their behaviors, primarily diet and exercise. This change in behavior will be the focus of their counseling/educations sessions with the CDM nurse. The number and percent of patients achieving normal blood sugar levels (which represents HBAIc level below 7.0) will be measured during visits with both the provider and CDM nurse and documented in Swope's PECS system.

Complete a separate program information sheet for each program your agency is applying for funding.

**Agency Name:** 

**Swope Health Services** 

**Program Name:** 

**Chronic Disease Management** 

### **Evaluation**

How can the success of each program be evaluated?

Indicate performance measures or statistics you will use to demonstrate the success of each program. Swope's Patient Electronic Care System (PECS) is a sophisticated tool used by members of the Regional Chronic Disease Management Collective, which operates under the umbrella of the Missouri Primary Care Association (MPCA). It tracks seven factors related to diabetic health, including blood sugar, blood pressure and cholesterol levels. The MPCA establishes outcome achievement levels for each of these factors based on HRSA guidelines. Physicians and other providers are notified of outcome results so they can adjust their treatment plan accordingly. Diabetes patients in the SHS system, including SHN patients, are entered into the PECS system on their second visit to an SHS clinic. (First time patients are not initially tracked because too many never return, and there is no way to track their future health indicators if they are being treated elsewhere.)

## **Notification**

How will your organization make clients, the public and the media aware of the generous taxpayer funding received from Jackson County? (Please attach any examples) Swope Health Services will make the clients, public and the media aware of the generous taxpayer funding received from Jackson County through community awareness presentations, printed publications and support at appropriate events when requested.

