Bree Collaborative Diabetes Workforce Burnout and Wellbeing Subgroup Meeting with Norris and Mamatha 3/2/23

- Workforce stabilization and Access: Shortage of PCPs and endocrinologists. Team based approach, taking advantage of team efficiencies: centralized population health RNs and MAs (24 RNs), pharmacists, nutritionists at KPWA, some RN's are CDE certified (pull program rather than push program, assigning RN's to panel of pts with diabetes). Community resource specialists at KP, but not working with individual communities. ?Community health workers, peer educators? No copay for patients. Problem with patients in rural areas without KP PCP, how to reach out to them. Emphasis on empanelment. How to address "invisible patients" without encounters with health care organizations.
    - Core Team that is covered for DM, minimizing barriers
    - Outreach for hard-to-reach patients (newsletter, social media?)
- Virtual clinics, group clinics available at different times, dates and languages, geographies, organizations – CBCES (https://www.cbdce.org/locate) no copay. ADA resources for DM and prediabetes
    - Org-agnostic classes throughout WA available to all
    - Standard set of educational materials we want all individuals with diabetes to have.
- Prior authorization criteria transparency and unification (why do you need a PA for empagliflozin if it's approved for 96% of patients) – PA removal for evidence-based meds. GLP-1 PA criteria due to supply shortage. DM testing supplies, CGM PA coverage streamlining. ?Provider opportunity cost
    - Unified and transparent PA criteria for WA state
- If SDOH factors are a barrier and contributor to workforce burnout and provider helplessness, seamless connection with community resources (e.g. subsidized healthy food options "food as medicine", exercise, reducing caregiver burden). Provider inertia with complex patients. Health coaches.
    - Referral pathway for complex patients
- Creating opportunities for providers who are interested in diabetes care, creating a niche within primary care. Balancing clinical practice with programmatic development. Virtual care FTE for providers. Champions.
    - Health care orgs protecting time for providers to fill the niche