

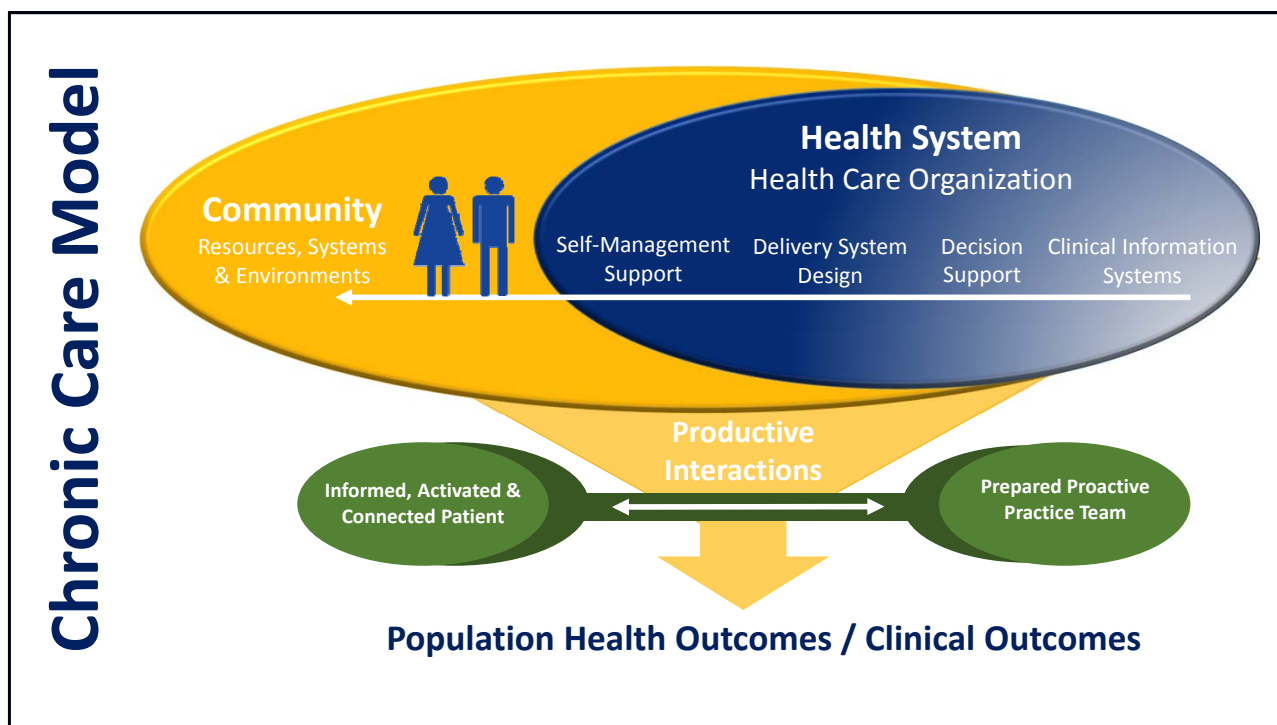
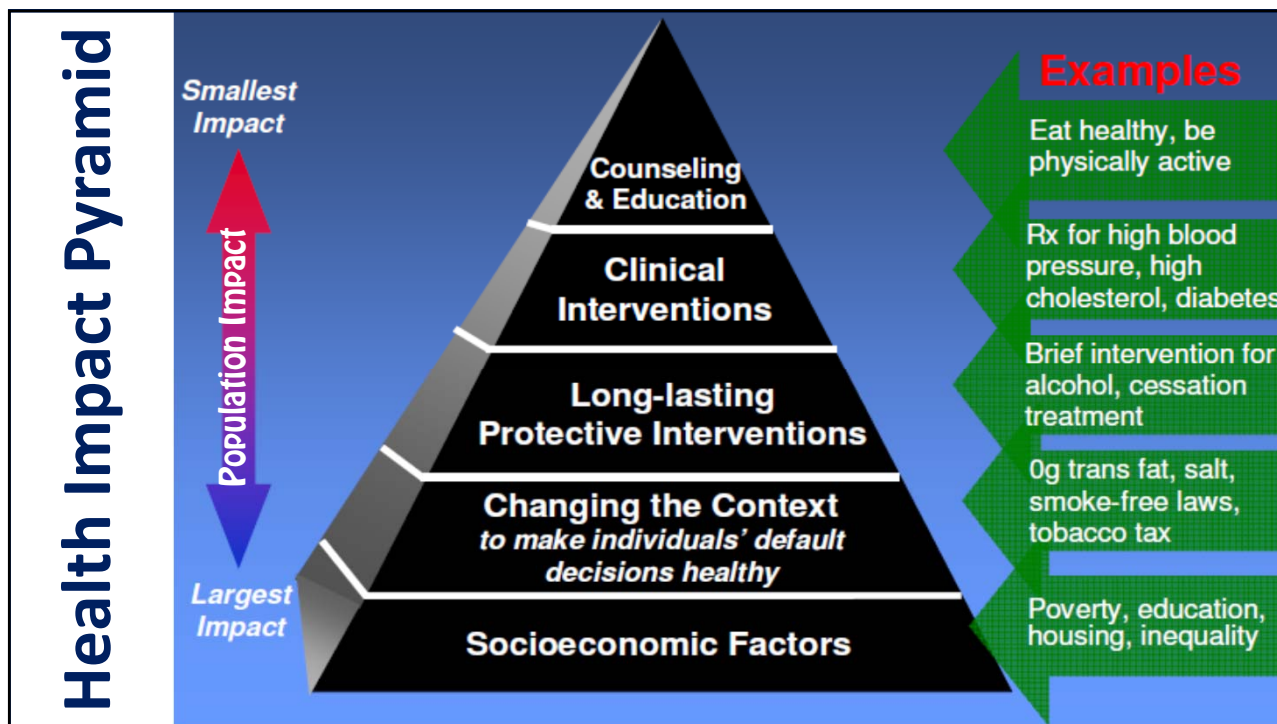


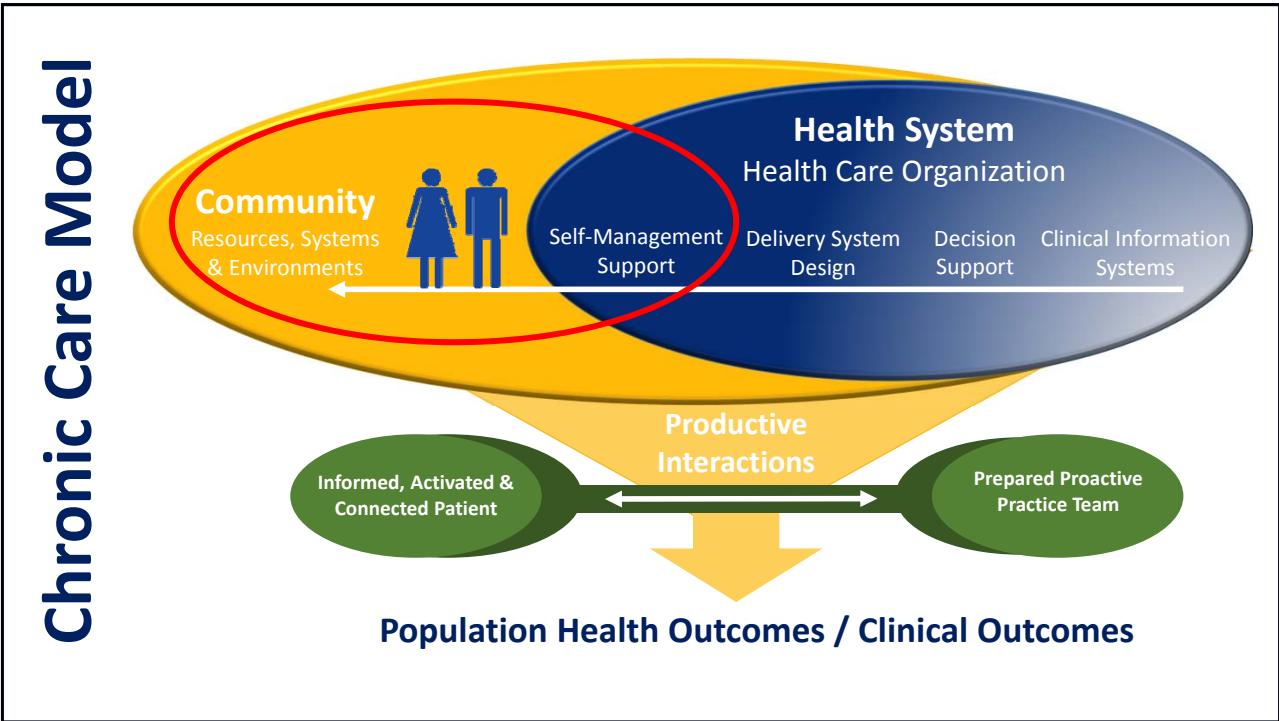
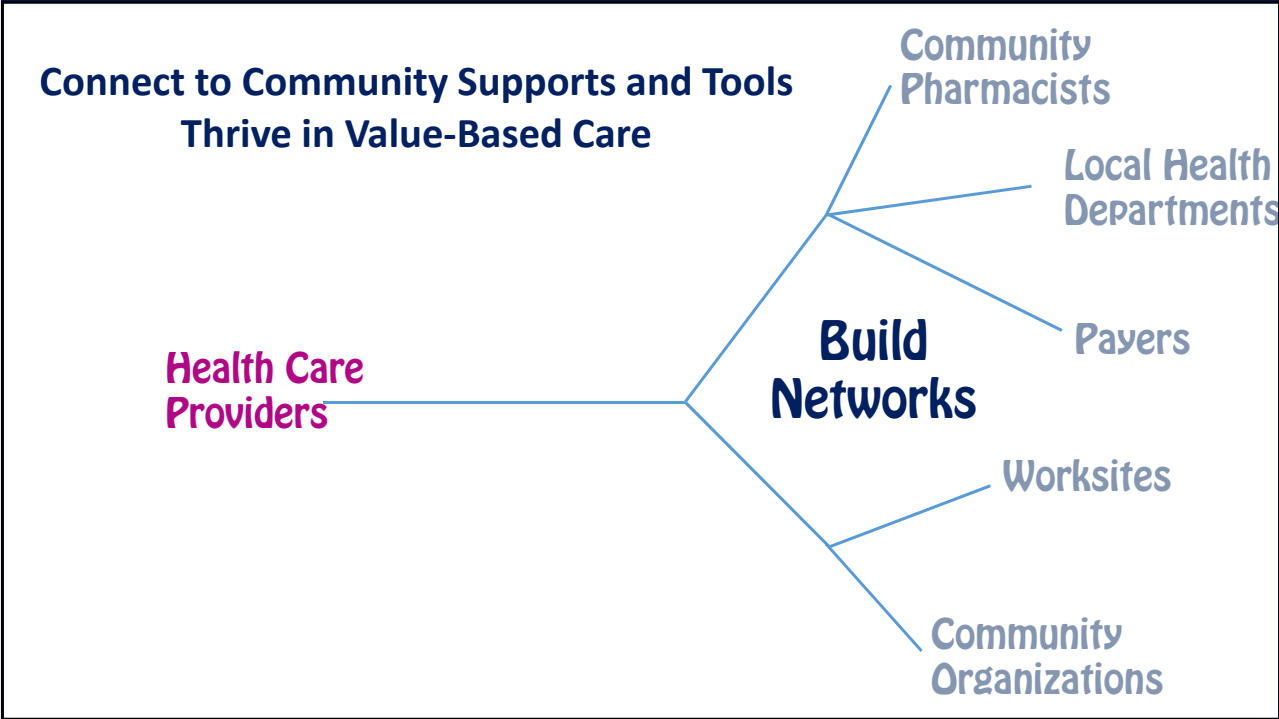
**Learning Objectives**

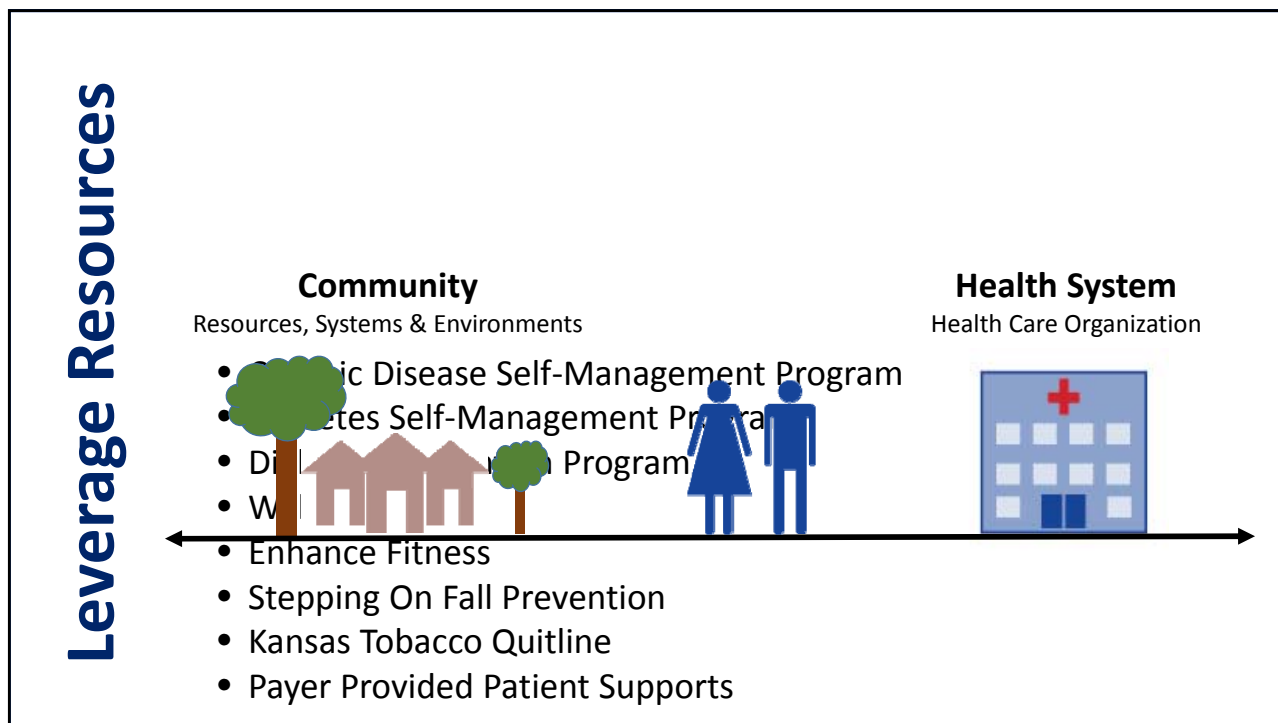
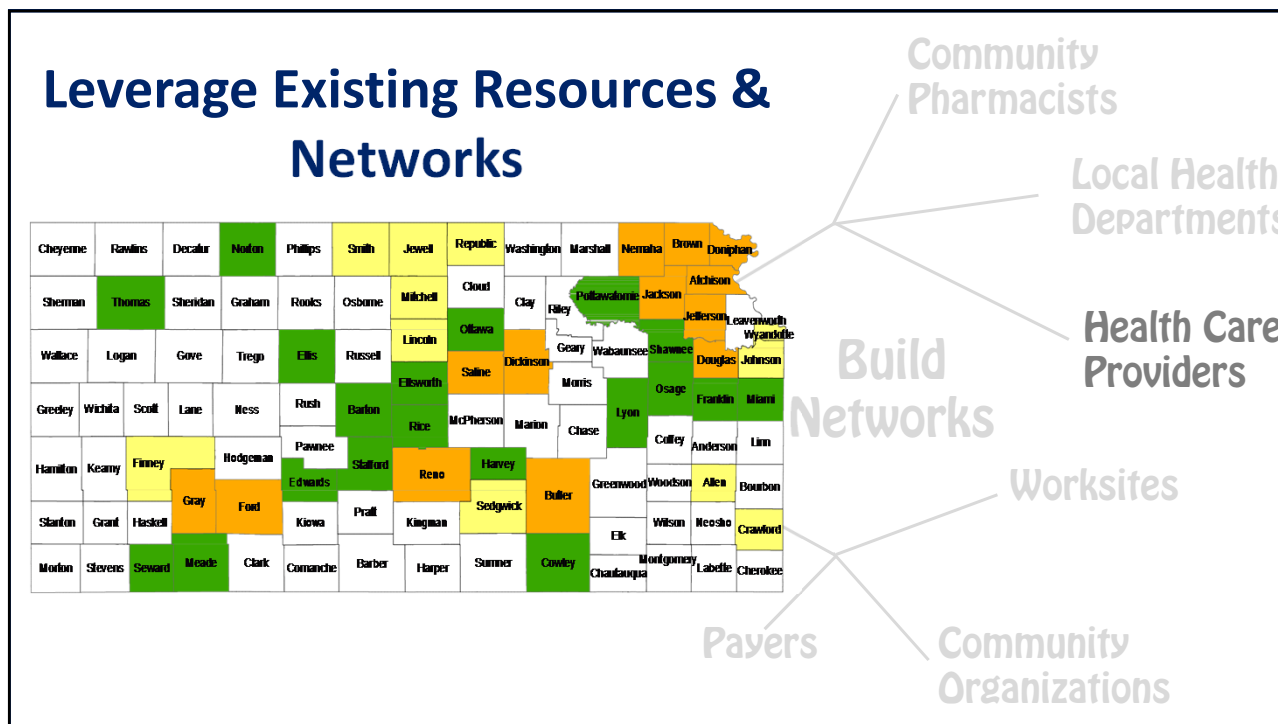
1. Participants will recognize that counties have infrastructure to support patient referrals to local self-management and lifestyle change programs.
2. Participants will identify specific programs offered locally to assist patients prevent or manage a chronic disease.

**Community**

**Health System**







Leverage Resources

**Kansas Healthcare COLLABORATIVE**

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**Compass PTN Training Event**  
2016 Training and Kick-off Event

Friday, April 29  
KMS/KAMMCO Conference Center  
623 SW 10th Ave.  
Topeka, KS

This one-day event is offered at no cost to Compass PTN participants and will provide overview of the initiative that is focused on better health, better health care and lower costs through quality improvement. The goal is to achieve transformed practices that provide higher quality of care under a business model that is sustainable in a value-based purchasing environment. For more information, contact Rosanne Rutkowski, Program Director at 785-235-0763 ext. 1328 or email PTN@khhonline.org.

Agenda

**Event Handouts**

- Radical Redesign
- Compass PTN: Preparing Clinicians for the Future
- Using Data to Effect Change
- Community Collaboration & Resources Panel
  - KDHE presentation
  - KFMC presentation
- Transforming Clinical Practice in Ambulatory Care: Engaging Patients, Family & Community as an Improvement Strategy
- Next Steps
- KDHE community resources**
  - Summary
  - Chronic Disease Self-Management Program
  - Diabetes Prevention Program
  - Diabetes Self-Management Program
  - Early Detection Works Program
  - Enhance Fitness Program
  - Kansas Tobacco Quitline
  - Stroke Prevention Program





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<http://www.toolsforbetterhealthks.org/>

**References:**

**Slide 3: Chronic Care Model**

Created by: Community Care of North Carolina

Adapted from: Wagner EH. Chronic disease management: What will it take to improve care for chronic illness? *Effective Clinical Practice*. 1998;1(1):2-4.

**Slide 5: KDHE Supported Programs with local networks to connect with health care providers**

Chronic Disease Self-Management Program (CDSMP)

Diabetes Self-Management Program (DSMP)

Diabetes Prevention Program (DPP)

[Accessed online at http://www.toolsforbetterhealthks.org/](http://www.toolsforbetterhealthks.org/)

**Slide 6: KDHE Supported Programs with local networks to connect with health care providers**

Walk With Ease




Enhance Fitness

Stepping On

Tobacco Quitline

[Accessed online at http://www.toolsforbetterhealthks.org/](http://www.toolsforbetterhealthks.org/)

**Slide 7: County map of KDHE Supported Programs**

-  1422 Communities
-  CDRR
-  CDRR and CDSME

Notes: Counties in green receive Chronic Disease Risk Reduction (CDRR) funding. Counties with cross hatching are 1422 communities. Chronic Disease Self-Management Education Program (CDSME) are geocoded to the street address of the facility.

Source:  
KDHE. Chronic Disease Risk Reduction Grantees. Accessed on January 25, 2016.

Created by: Cynthia Snyder, KDHE Bureau of Health Promotion, January 25, 2016