### **CT Diabetes Advisory Council**

October 20, 2016
Legislative Office Building, Room
1A





#### <u>Agenda</u>

- 1. Call to order
- 2. Public comment
- 3. Approval of minutes
- 4. Recap of September 29th Council Meeting
- 5. Past DPH outreach activities
- 6. Update from workgroups:
  - -Diabetes Prevention
  - -Clinical Quality Measures
  - -Diabetes Self-Management Education/Support





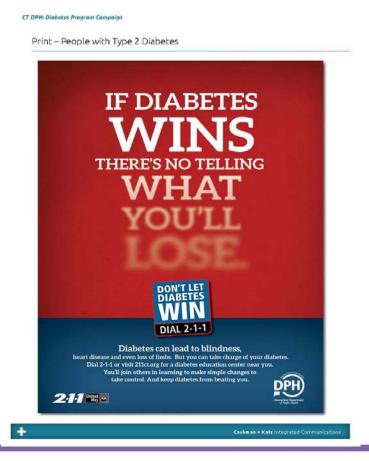
#### Recap of September meeting

- Overview of the Diabetes Prevention Program for type 2
   Diabetes
- Reviewed Diabetes Self-Management Education Programs in CT:
  - -26 Hospital based
  - Stanford Live Well in the community
- State Innovation Model overview
- Review of workgroups





# Past DPH Outreach/Awareness Diabetes Campaign June 2015



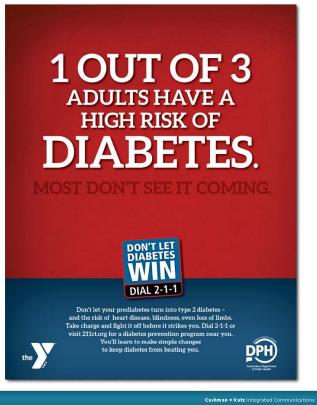




### Pre-Diabetes Campaign June 2015

CT DPH: Diabetes Program Campaign

Print - People with Prediabetes









#### June 2015 Campaign

- Print: Inner City Papers, Inquiring News, New Haven Register,
   Danbury News, Stamford Advocate
- Radio: 834 spots
- Pandora: 453258 impressions
- AMP: 336 spots at 100 gas stations





#### Awareness Campaign Dec. 2015



Newspapers: CT Post, Stamford Advocate, New Haven Register, Norwich Bulletin, Middletown Press

Radio campaign: 164 spots plus "bonus" ads Bridgeport Danbury New Haven New London Waterbury





#### Medicare Covers DSME Poster April 2016



Part of tool kit mailed to 702 family practice physicians and APRNs





### DPH Outreach Efforts to high risk populations



Como Vivir bien con la Diabetes

Spanish Diabetes Self-Management Education Program







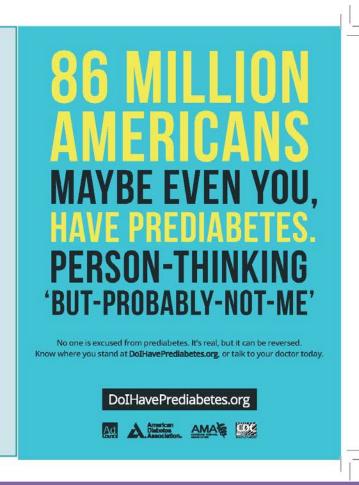
#### Diabetes Prevention for type 2 promotional card

If you are at risk for type 2 diabetes, you can make small, measurable changes that can reduce your risk and help you live a happier, healthier life. Change is tough—Diabetes Prevention Programs can help.

#### PROGRAM FEATURES:

- One year of support
- 16 weekly sessions then semi-monthly and monthly sessions
- Led by a trained Lifestyle Coach
- A group that offers motivation and support

To find a program near you dial 1-800-535-6781 or go to www.ct211.org and search for diabetes prevention on the home page. Or, go to www.cdc.gov/diabetes to search for online diabetes prevention programs.







#### Diabetes prevention for type 2 promotional card

### PREDIABETES?

#### PREDIABETES RISK TEST

#### Write your score in the box

- 1. How old are you? Less than 40 years old (0 points) 40-49 years (1 point) 50-59 years (2 points) 60 years and older (3 points)
- Man (1 point) Woman (0 points)

  3. If you are woman, have you ever been diagnosed with gestational

2. Are you a man or a woman?

Yes (1 point) No (0 points)

4. Do you have mother, father, sister or brother with diabetes?

Yes (1 point) No (0 points)

- 5. Have you ever been diagnosed with high blood pressure?

  Yes (1 point) No (0 points)
- 6. Are you physically active?
  Yes (0 points) No (1 point)
- 7. What is your weight status?
  See chart

Total Score

diabetes?

Height		Weight (lbs.)	
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+
	(1 Point)	(2 Points)	(3 Points)
You weigh less than the amount in the left column			
0 points			

#### IF YOU SCORED 5 OR HIGHER:

You're likely to have prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed. Type 2 diabetes is more common in African Americans, Hispanic/Latinos, American Indians, Asian Americans and Pacific Islanders. Higher body weights increase diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weights than the rest.

#### LOWER YOUR RISK

Here's the good news: it is possible with small steps to reverse prediabetes - and these measures can help you live a longer and healthier life. If you are at high risk, the best thing to do is contact your doctor to see if additional testing is needed. Visit Dolhaveprediabetes.org for more information on how to make small lifestyle changes to help lower your risk.



Adapted from Bang et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.





### Diabetes Prevention Workgroup Discussion Topics

- Identify if sufficient capacity in Diabetes Prevention Programs to meet demand.
- Coverage/re-imbursement policy: need to research on national models for coverage (Medicare memo, commercial payers, Medicaid and State payers).
- CDC-Diabetes Prevention Recognition Program and Medicaid: Request to review in process.





### Diabetes Prevention Workgroup Key Issues and Barriers

- Not a widely or uniformly covered benefit
- Coverage may require a credentialed provider: Under current framework Medicaid can't cover service provided by noncredentialed staff
- Program enrollment:

Patients not aware of pre-diabetes/health risks/risk reduction opportunity

Patients aware but not engaged (embarrassment, access, childcare, cost, cultural/linguistic)......continued





### Diabetes Prevention Workgroup Key Issues and Barriers

Medical providers may:

be unaware of program

Not understand clinical benefit

Lack appropriate incentives (No diabetes prevention quality measure)

Not have strong referral systems in place





### Diabetes Prevention Workgroup Recommendations

- 1. Work towards Diabetes Prevention Program Coverage in State Employee Program and State Medicaid Program.
- 2. Work toward making referral to Diabetes Prevention Programs a "standard of care" for medical and other health providers (optometrists, pharmacists, dentists etc.)
- 3. Support capacity building and identifying service area gaps





#### DPP Recommendation #1

• 1. Work towards Diabetes Prevention Program Coverage in State Employee Program and State Medicaid Program.





#### **DPP Recommendation #2**

2. Work toward making referral to Diabetes Prevention Programs a "standard of care" for medical and other health providers (optometrists, pharmacists, dentists etc.)





#### DPP Recommendation # 3

3. Support capacity building and identifying service area gaps





### Clinical Quality Measures Workgroup Points of Discussion

- Status of health care reporting on clinical quality measures (CQM)
- Prediabetes measures





### Clinical Quality Measures Workgroup Barriers and Facilitators

- Status of health care reporting CQMs
  - Barriers:
    - Within health care systems, multiple EMRs are used and sharing data across is difficult/not possible
    - Expensive and difficult to verify accuracy of data
    - Payers only have claims data
  - Facilitator
    - SIM Quality Council had reviewed and recommended a number of measures





### Clinical Quality Measures Workgroup Barriers and Facilitators

- Prediabetes Measures
  - Barriers:
    - No vetted prediabetes CQMs
    - Identifying prediabetes is important, but there must be resources/services to refer to
  - Facilitator
    - Other organizations/agencies are developing panels of measures to identify prediabetes (e.g. Minnesota)





## Clinical Quality Measures Workgroup Action Steps

- The workgroup did not propose recommendations during the call
- During the next meeting, the group will
  - Define the use-case
  - Discuss diabetes/prediabetes-related CQMs recommended by SIM and in use by other organizations
  - Discuss gaps in measures





## Diabetes Self-Management Education/Support (DSME) Workgroup Discussion Topics

- Review of 2 CT options for DSME/S + need to work together
- 1. Hospital based via Certified Diabetes Educators
- 2. Stanford Live Well education in community via leaders using evidence based program with 4 days of training
- Need to build more coalitions and collaboration to increase diabetes self-management education especially in underserved areas. ... continued





## Diabetes Self-Management Education/Support (DSME/S) Workgroup Discussion Topics

- Must increase awareness of diabetes programs thru 211 and other approaches, e.g. social media. This includes the need to increase awareness among health professionals.
- Need for well equipped, (e. culturally and linguisticlly) diabetes educators in high risk communities.





## Diabetes Self-Management Education/Support Workgroup Discussion Topics

- Reviewed importance of the role of diabetes education in preventing hospital re admissions
- Low rates of diabetes education due in part to insurance barriers including high deductibles and co-pays for commercial insurance holders and no coverage for Medicaid recipients





## Diabetes Self-Management Education/Support Workgroup Discussion Recommendations

- Pursue Medicaid reimbursement for diabetes self management education (DSME).
- Devise and financially support a plan to recruit diabetes educators in minority populations by fostering mentors and supporting those who wish to pursue becoming certified diabetes educators.
- Investigate reform of insurance policies to make them more diabetes friendly e.g. eliminating high deductible and co-pays for DSME.





## Diabetes Self-Management Education/Support Workgroup Discussion Recommendation #1

 1. Pursue Medicaid reimbursement for diabetes self management education (DSME).





## Diabetes Self-Management Education/Support Workgroup Discussion Recommendation #2

 Devise and financially support a plan to recruit diabetes educators in minority populations by fostering mentors and supporting those who wish to pursue becoming certified diabetes educators.





## Diabetes Self-Management Education/Support Workgroup Discussion Recommendation #3

 Investigate reform of insurance policies to make them more diabetes friendly e.g. eliminating high deductible and co-pays for DSME.





#### Next meeting

November 15, 2016

• Time:2:00-3:30

Room 1D

Thank you cindy.kozak@ct.gov



