Diabetes Advisory Council Meeting

March 29, 2017 via conference call due to March 14 snow storm

Present: Trish Comrie-Scheer, Stephanie Poulin, Karen McAvoy, Maureen Farrell, Debbye Rosen, Paula Leibovitz, Sherry Ostrout, Mehul Dalal, Cindy Kozak, Leigh Bak, Steve Habbe, Barbara Moore, Kenneth Snow, John Domenichini, Dana Robinson- Rush, Sandra Czunas, Mark Chasse

Meeting called to order at 9:04 am

Opportunity for public comment- none offered. Leigh Bak questioned where people would learn of meetings. S. Poulin described that information is posted on website and that Brie Wolf from DPH also addresses this.

Review of current State of Connecticut programs that address prevention, control and treatment of diabetes. Please see updated handout attached to minutes.

Workgroup updates:

Diabetes Prevention for type 2: Concepts approved by workgroup, wording can be changed as needed.

Recommendation 1: Secure coverage in commercial, state employee and Medicaid health plans for CDC recognized Diabetes Prevention Programs.

Action Step 1: By December 2017, DPH working through the SIM Prevention Services Center Model will assess the interest and capability of at least 2 Accountable Care Organizations in offering DPP as a benefit to their attributed commercial or Medicaid members.

Action Step 2: By April 2018, DPH working through the SIM Prevention Services Center Model, will aim to enroll at least two Accountable Care Organizations to commit to provision of DPP for all or part of their eligible attributed Medicaid and/or Commercial Population.

State Innovation Model (SIM) colleagues Mario Garcia and Mark Schaefer felt this was feasible based on plans to engage ACOs. Dr. Dalal noted that if action step 1 fails, then step 2 can't occur. Mark Schaefer had minor wording changes. Goal is to reduce cost barrier by offering the benefit to members, hitching it to SIM prevention services model. This assumes there is interest which is somewhat safe but not 100%. There was a suggestion to change recommendation slightly but Dr. Dalal described honoring the process of recommendation formation.

D. Rosen described that if it is provided, ACOs will have to report on measure to evaluate their success but Dr. Dalal described that the DPP measures are still in development. Maybe able to get some process measures.

Discussion ensued on DPP studies regarding if the DPP will save the system money and return on investment. Dr. Snow described that we can't assume the ACO will see return. Dr. Dalal quoted 2017 Health Affairs article on DPP and CMS Actuary data showing $2650 savings over 15 months for DPP participants; however, Dr. Snow described that a financial win is questionable and said that convincing ACOs could be difficult. He went on to say there is potential for this but implementation is different.

Recommendation 2: Establish as a standard of care, the referral of patients with pre-diabetes or at risk for type 2 diabetes to CDC- recognized Diabetes Prevention Programs by medical providers, other health service providers, or by self- referral.

Action Step 1: Between May 2017 and April 2018, the CT YMCA DPP provider network will hold 4 state-wide learning collaborative meetings among DPP coordinators to share best practices and resources with respect to provider outreach and engagement and patient recruitment and retention.

After discussion it was decided to modify this to say at least 2 state wide learning collaborative meetings and to modify to say DPP coordinators/stakeholders.

Recommendation 3: Build state wide Diabetes Prevention Program capacity with an emphasis on culturally and linguistically appropriate standards, and improved access.

Action Step 1: By April 2018, DPH will work with Y-DPP providers to identify high-risk areas of the state without DPP programs and deploy DPP in at least three of these areas.

Discussion time was limited on this topic. Maureen Farrell described shared services approach such that if a Y in one area does not offer the DPP an agreement can be worked out with another Y to do the DPP. The shared services agreement stops if the Y in the area takes it on. To identify high risk areas DPH has reweighted Behavioral Risk Factor Surveillance System (BRFSS) data to get a more granular map to see pockets of high risk. Maureen described that grant funds will be needed to deploy the DPP in lower income areas to cover cost. This action step needs to go back to the workgroup.

Clinical Quality Measures:

S.Poulin described that 3 of the 6 surveys she sent out have been returned.

Recommendation 1: Implement diabetes-related clinical quality measures as part of:

a) Statewide and regional health dashboards to monitor and report the effectiveness of diabetes control efforts, and

b) An all-payer scorecard of Advanced Network/FQHC's diabetes control performance, aligned with the measures recommended by the SIM Quality Council, to enable quality improvement efforts.

Action Step 1: Between May 2017 and April 2018, the Diabetes Partnership will track the progress of the SIM Program Management Office (PMO) in developing and maintaining statewide and regional dashboards and an all-payer scorecard.

SIM is already doing work on Recommendation 1 so the Diabetes Partnership will keep pace with the work going on.

Recommendation 2: Reporting organizations and data administrators develop data systems to build analytic capabilities, stratify, and report clinical quality data by race and ethnicity.

Action Step 1: By May 2018, DPH meets with or convenes state agencies with health care authority including DSS, DCF, DMHAS and DDS to seek endorsement of the Community and Clinical Integration Program (CCIP) Health Equity Improvement data collection and analytic standards for race and ethnicity.

S. Poulin discussed changing date to December 2017.

Action step 2**:** By May 2018, DPH meets with DSS to discuss making the CCIP Health Equity Improvement data collection and analytic standards for race and ethnicity a requirement of FQHCs that are participating in PCMH+, and not already subject to the standards.

S. Poulin discussed changing date to December 2017.

Action step 3**:** By May 2018, as a result of meeting with DPH, DSS includes the CCIP Health Equity Improvement data collection and analytic standards for race and ethnicity as a requirement of FQHCs that are participating in PCMH+, and not already subject to the standards.

This links with action step 2.

Action step 4: By May 2018, CHCACT undertakes a review to determine whether CHCACT and its member's existing data systems are sufficient to undertake the process of meeting CCIP data collection and analytic standards

Not discussed.

Diabetes self-management education:

Recommendation 1: Secure Medicaid coverage for DSME at American Diabetes Association/ American Association of Diabetes Educators accredited programs.

Action step 1: Between May 2017 and April 2018: DPH will secure actuarial services to assess the cost benefit analysis of DSME for the Medicaid population in CT and then share results with key change agents e.g. legislators.

Cindy Kozak described that this may need input from the DSS Commissioner.

Recommendation 2: Devise a plan and seek financial support to increase CT's pool of lay and professional diabetes educators who represent at risk populations including, but not limited to, minorities and those residing in lower socio-economic and rural areas.

Action step 1: Between May 2017 and April 2018, DPH will convene stakeholders who have vested interest in seeing more culturally diverse educators develop to identify one or two organizations to spearhead this initiative.

Sherry Ostrout described that meeting with workforce investment board is a preferred route vs. seeking foundation support. Suggestion to have at least one meeting with the 5 boards across the state.

Recommendation 3: Modify cost sharing of DSME by reforming insurance plans to decrease barriers such that DSME is not subject to insurance deductibles and co-payments

Action step 1: Between May 2017 and April 2018*,* Conduct literature search on cost vis a vis accessing DSME even with insurance, lead TBD

Action step 2: Between May 2017 and April 2018*,* DPH will convene stakeholders *in* insurance industry to address financial barriers to DSME access.

Recommendation 4: Build state-wide Diabetes Self-Management Education program capacity with an emphasis on culturally and linguistically appropriate standards and improved access.

Action step 1: None- DSME group requests DAC input re: is this recommendation needed?

Legislative update: Bill 6237 language has been modified to read: DPH in consultation with DSS and Department of Insurance shall study the means of implementing the recommendations of the Diabetes Advisory Council, specifically those of the diabetes self-management education workgroup. Not later than Jan 1, 2018 the DPH Commissioner shall report outcomes of such study and any recommendations concerning implementation of such recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and insurance.

Approval of minutes: Leigh Bak, Sherry Ostrout second

Next meeting: April 11 from 2-3:30 Legislative Office Building, room 1A