

# CT Diabetes Advisory Council

October 20, 2016

Legislative Office Building, Room  
1A



**Connecticut Department of Public Health**  
*Keeping Connecticut Healthy*



# Agenda

1. Call to order
2. Public comment
3. Approval of minutes
4. Recap of September 29<sup>th</sup> 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

CT DPH Diabetes Program Campaign

Print – People with Type 2 Diabetes

**IF DIABETES  
WINS  
THERE'S NO TELLING  
WHAT  
YOU'LL  
LOSE.**

**DON'T LET  
DIABETES  
WIN  
DIAL 2-1-1**

Diabetes can lead to blindness,  
heart disease and even loss of limbs. But you can take charge of your diabetes.  
Dial 2-1-1 or visit [211ct.org](http://211ct.org) for a diabetes education center near you.  
You'll join others in learning to make simple changes to  
take control. And keep diabetes from beating you.

**211** United Way

**DPH**  
Connecticut Department  
of Public Health



Cashman • Katz Integrated Communications

# Pre-Diabetes Campaign June 2015

CT DPH: Diabetes Program Campaign

Print – People with Prediabetes

**1 OUT OF 3**  
**ADULTS HAVE A**  
**HIGH RISK OF**  
**DIABETES.**  
MOST DON'T SEE IT COMING.

**DON'T LET**  
**DIABETES**  
**WIN**  
**DIAL 2-1-1**

Don't let your prediabetes turn into type 2 diabetes - and the risk of heart disease, blindness, even loss of limbs. Take charge and fight it off before it strikes you. Dial 2-1-1 or visit 211ct.org for a diabetes prevention program near you. You'll learn to make simple changes to keep diabetes from beating you.

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DPH  
Connecticut Department of Public Health



Cashman + Katz Integrated Communications



Connecticut Department of Public Health  
*Keeping Connecticut Healthy*



# 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



**DIABETES  
LIVE WELL**



**Workshops Forming Now!**  
Find useful ways to deal with diabetes.  
Learn how to use exercise, foot care,  
nutrition, goal setting, problem solving  
and more to improve your health.

  

**For additional information, call 1-800-994-9422  
Ask for the Live Well Regional Coordinator**

An evidence based self-management Stanford workshop developed at Stanford. This program supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support under grant DP313305.

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

**CONTROL YOUR DIABETES**  
*Don't let your Diabetes Control You!*



**DIAL 1-800-535-6781**  
*For a Diabetes Education Program near you*

Medicare covers Diabetes Self-Management Education and Support. You pay 20% of the Medicare approved amount after the yearly part B deductible. Education and support are also covered by most Connecticut-based insurance.

**www.CT211.org**

This tool kit supported by funds made available from Centers for Disease Control and Prevention, Office for State, Tribal and Territorial Support under grant 1305.



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

Como vivir  
bien con la  
diabetes



# 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](http://www.ct211.org) and search for diabetes prevention on the home page. Or, go to [www.cdc.gov/diabetes](http://www.cdc.gov/diabetes) to search for online diabetes prevention programs.

**86 MILLION  
AMERICANS  
MAYBE EVEN YOU,  
HAVE PREDIABETES.  
PERSON-THINKING  
'BUT-PROBABLY-NOT-ME'**

No one is excused from prediabetes. It's real, but it can be reversed. Know where you stand at [DoIHavePrediabetes.org](http://DoIHavePrediabetes.org), or talk to your doctor today.

[DoIHavePrediabetes.org](http://DoIHavePrediabetes.org)



# Diabetes prevention for type 2 promotional card

## DO YOU HAVE PREDIABETES? PREDIABETES RISK TEST

Write your score in the box

- 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)
- Are you a man or a woman?  
 Man (1 point) Woman (0 points)
- If you are woman, have you ever been diagnosed with gestational diabetes?  
 Yes (1 point) No (0 points)
- Do you have mother, father, sister or brother with diabetes?  
 Yes (1 point) No (0 points)
- Have you ever been diagnosed with high blood pressure?  
 Yes (1 point) No (0 points)
- Are you physically active?  
 Yes (0 points) No (1 point)
- What is your weight status?  
 See chart
- Total Score

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](http://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 non-credentialed 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 linguistically) 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  
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