

# Diabetes Advisory Council

WELCOME

February 14, 2016

Legislative Office Building

# Agenda

- Welcome and introductions
- Approval of minutes
- Public comment
- Legislative update
- Reporting on existing state programs
- Workgroup updates:
  - Diabetes Self-Management Education
  - Clinical Quality Measures
  - Diabetes Prevention for type 2
- Next steps
- Next meeting: March 14, 2017, State Public Health Laboratory

# Legislative Update

- Proposed bills: 6234, 6237 and 6245-Acts adopting Diabetes Advisory Council Recommendations
- Proposed bill 6246-Act concerning a diabetes action plan

# Existing State Programs

- The advisory council shall (1) review the following...
  - (D) existing state programs that address prevention, control, and treatment of diabetes;
  - And (E) evidence that supports the need for such programs; and
- (2) make recommendations to enhance and financially support such programs

# Existing State Programs

- DPH is developing a table with relevant information
  - Will be disseminated to council members for review

# DIABETES EDUCATION WORKGROUP

Secure Medicaid coverage for DSME at American Diabetes Association recognized/American Association of Diabetes Educators accredited programs.

**1. By December 2017, DPH will secure actuarial services to assess the cost benefit analysis of DSME for the Medicaid population in Connecticut and then share results.**

Topics for discussion:

- How does this action step align with the recommendation?
- With whom should the results be shared?
- How should the results be disseminated?
- How does this action step tie in to existing priorities of organizations represented on the DAC?

Secure Medicaid coverage for DSME at American Diabetes Association recognized/American Association of Diabetes Educators accredited programs.

## 2. By December 2017, DPH will collect hospital re-admission data comparing hospitals that have CDE inpatient services to those that do not.

### Topics for Discussion:

- How does this action step align with the recommendation?
- With whom should the results be shared?
- How should the results be disseminated?
- How does this action step tie in to existing priorities of organizations represented on the DAC?



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, those residing in lower-socioeconomic and rural areas.

**By January 2018, *to be determined organization* will explore foundation support to address the recommendation to increase the pool of culturally appropriate diabetes educators.**

Topics for Discussion:

- How does this action step align with the recommendation?
- Who is the most appropriate lead for this action step?
- How does this action step tie in to existing priorities of organizations represented on the DAC and of the state (e.g. Community Health Workers)?
- How are professional diabetes educators recruited?

# CLINICAL QUALITY MEASURES WORKGROUP

# Clinical Quality Measures Workgroup: Recommendation #2

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

# Community and Clinical Integration Program (CCIP)

- Developed by SIM Practice Transformation Task Force
- Includes care delivery standards and technical assistance to
  - a) improve care for individuals with complex health needs,
  - b) introduce new care processes to reduce health equity gaps, and
  - c) improve access to and integration of behavioral health services.

# CCIP Health Equity Improvement Standards

- High-Level Intervention Design:
  1. Expand the collection, reporting, and analysis of standardized data stratified by sub-populations
  2. Identify and prioritize opportunities to reduce a healthcare disparity
  3. Implement a pilot intervention to address the identified disparity
  4. Evaluate whether the intervention was effective
  5. Other organizational requirements

# Health Equity Improvement Standards

- Expand the collection, reporting, and analysis of standardized data stratified by sub-populations
  - “Race & Ethnicity—CDC” code system
  - Have the capacity to be aggregated to the broader OMB categories
  - Analyzes the identified clinical performance and care experience measures stratified by race/ethnicity, language, other demographic markers
  - Makes comparisons

# Potential Action Steps

- Support CCIP Health Equity Improvement data collection standards for race and ethnicity
  - Through endorsement at high agency levels
  - Explore including data collection standards under state contracts with providers (e.g. PCMH+)
  - Explore voluntary adoption of CCIP Health Equity data collection standards

# Next Meeting

- March 14, 2017
- 2-3:30 pm
- State Public Health Laboratory
  
- Thank you all!