Diabetes Advisory Council (DAC)

Meeting Minutes
Thursday, September 29, 2016
2:00 pm Room 1D in Legislative Office Building, Hartford

Present:
Leigh Bak, Anne Camp, Mark Chasse, Trish Comrie- Scheer, Rep. Michelle Cook, Sandra Czunas, Mehul Dalal, Nicole Dunn, Tekisha Everett, Daniel Foley, Subira Gordon, Bruce Gould, Steve Habbe, Cindy Kozak, Linda Krikawa, Paula Leibovitz, Susan Levine, Karen McAvoy, Sherry Ostrout, Stephanie Poulin, Dana- Robinson- Rush, Debbye Rosen, Kenneth Snow, Harold Sparrow, Kelly Vaugh.

1. Call to order:
Subira Gordon, chair, called the meeting to order at 2:03 pm

2. Opportunity for public comment:
None offered.

3. Approval of minutes:
Two corrections to the minutes from the August 18 meeting were provided: 1. Number of people with diabetes in Connecticut is 250,000, not 25,000. Description of type 1 and 2 diabetes should not use roman numerals. With these corrections Paula Leibovitz approved the minutes and Sherry Ostrout seconded.

4. Recap of August 18 meeting:
S. Gordon described that the DAC will address the "shall" in PA-16-66 section 51 as well as develop a Diabetes Action Plan as in the "may" clause. This meeting will provide more detailed information on diabetes and diabetes prevention for type 2 as well as better define workgroup charge.

5. Diabetes Prevention and Diabetes Education Overview and CT Offerings:
Cindy Kozak provided background information on diabetes prevention for type 2 by first citing the current statistics on this disorder in Connecticut that were reviewed at the last meeting as well as Diabetes Prevention Program (DPP) basic tenets. She included the results of the original DPP showing a 5-7% weight loss achieved through lifestyle invention resulted in a 58% reduction in the progression to type 2 diabetes. She described Medicare savings of $2650 over 15 months by people who enrolled in the program when compared to similar beneficiaries not in the program, and reviewed programs offered in Connecticut. She went on to describe the prevalence of diabetes by reviewing the statistics

provided at the August meeting showing health disparities information. She then gave a brief description of what diabetes education programs cover, research on reduction in health care use, fewer hospitalizations and reduction in A1c (a 3 month average of blood sugar control) by people who attended DSME. She reviewed hospital and the community program offerings using the Stanford diabetes program in Connecticut and described that Medicare and Connecticut based insurance must cover the cost of diabetes education but stated that Connecticut Medicaid does not cover the cost. This is on contrast to 33 other states where Medicaid does cover the cost. Debbye Rosen offered that local health departments also conduct diabetes education.

Discussion of Spanish diabetes education offerings ensued. Hospitals provide in person interpreters and/or use of language line so as to accommodate Spanish speakers as well as speakers of other languages. The number of Spanish speaking certified diabetes educators is not known, though the number is expected to be small. Trish Comrie-Scheer described that the CT Alliance of Diabetes Educators (CADE) could do a survey to get a better idea but this survey would not include diabetes educators that are not CADE members. Subira Gordon added that there are several Spanish speaking (general) health educators in the state. Rep. Cook described concern that more is not being done to address the need for Spanish language diabetes education. It was agreed that the action plan should include information on improving Spanish language offerings for both diabetes education and diabetes prevention. Others noted that best outcomes come with a combination of 1:1 and group counseling but translating during a group class is not appropriate. Also, simply translating information does not address cultural nuances. It was noted that there are Stanford trained leaders in Spanish but more needs to be done to drive demand. Bruce Gould commented that the Stanford program is a 6 week commitment that appeals to motivated individuals. We need to look at options for people that are less motivated. Paula Leibovitz added that the Stanford program does have a 76% completion rate for these workshops that are run with groups of 8-10 participants. More of the Stanford trained leaders willing and able to conduct workshops are needed. Sherry Ostrout commented that diabetes education needs to be built into the State Innovation Model (SIM) and other system changes including outreach and linking to career ladders.

Regarding the Diabetes Prevention Program (DPP): Mark Chase described providing the diabetes risk test to at his optometry practice but more needs to be done to get the word out. Harold Sparrow added that the Hartford YMCA is to soon start to offer the DPP. They are looking for a DPP leader.

6. Review of National Quality Forum Measure 59:
Mehul Dalal described National Quality Forum (NQF) 59 as the percentage of members age 18-75 years old with type 1 or 2 diabetes whose most recent A1c level during the measurement year was greater than 9.9% (poor control) or was missing a result or if a A1c was not done during the measurement year. He reviewed the aggregate data from 2015 from 5 sites: 3,182/8,824= 36.1%. His source is from the Regional Extension Center 1305 SHAPE grant. There is no measure for diabetes prevention. He described that DPH has more sites to be added. Anne Camp raised a question about the Medicaid benchmark for NQF 59 which Dr. Dalal will research. Anne described that information on federally qualified health center's patients for this measure has recently improved significantly and can be obtained from UDS (Uniform Data System). 2015 data is available. Rep. Cook inquired why this data has not been used more. Mehul Dalal described there is often "noise in the data and it is important to have confidence in it. Bruce Gould expanded on the concerns with data extraction in that there are several different electronic health records being used. Although it is being worked on when trying to aggregate all the data from EHRs it is like "paying for a Mercedes but getting a jalopy" because the records don't always do what they promise.

7. State Innovation Model:
Mehul Dalal provided a brief overview of the State Innovation Mode (SIM): He described there is an overview on the SIM website of this federally funded project to change the way health care is delivered and paid for. He overviewed that Diabetes is one of the five key priority areas, NQF59 is included on scorecards, community health workers are highlighted to provide diabetes and diabetes prevention information and prevention service centers are planned to make diabetes education and diabetes prevention accessible and linked to the clinical care system.

8. Workgroup processes:
Subira Gordon then reviewed the workgroup process. Three workgroups are planned: diabetes prevention, diabetes education and clinical quality measures. There is a DPH contact for each group. A sign -up sheet was circulated. The plan for the process is that the workgroups should meet between the large group meetings. She described the importance of using a health equity lens to look at diabetes for all workgroups. Mehul Dalal described that DPH has health equity resources. Each group should develop three broad recommendations to be included in an interim report due on Jan 1. One person from each group should report back to large group. After recommendations are agreed upon action steps need to be developed. The diabetes action plan will go to the legislature. Groups should provide an overview of the problem noting that DPH can assist with this. The workgroups are open to all. Meetings will be held via conference calls

Groups should be aware of costs and also describe cost savings noting that an up- front investment can save dollars in the long run. Links to plans from GA, IL and MS were provided. A basic template each group should use includes: overview of the problem, recommendations and action steps. More details can be provided. Steve Habbe noted that some of the action steps in the other states plans are not actionable. Appreciate that this is a report that will be going to the legislature. Recommendations should be realistic and cost effective.

9. Also noted:
A Diabetes Advisory Council has a website set up. Next meeting is October 20 from 2-3:30 pm at the Legislative Office Building room 1A.

Meeting adjourned at 3:22 pm