Diabetes Advisory Council

WELCOME

January 24, 2017

CT DPH Laboratory

Agenda

- Welcome and introductions
- Approval of minutes
- Public comment
- Cost effectiveness of Diabetes Education and Diabetes Education Personnel requirements
- Development of Action Steps
- Workgroup updates
- Legislative update
- Next meeting: February 14 at the Legislative Office Building, Hartford

Savings Associated with Diabetes Education

- Table adapted from
  - *Reconsidering Cost-Sharing for Diabetes Self-Management Education: Recommendation for Policy Reform*
    - The Center for Health Law and Policy Innovation PATHS program (Harvard)
    - June 2015

Savings Associated with Diabetes Education

- 5 studies
- Interventions: Diabetes self-management education in diabetes education centers, pharmacies, providers offices, telephone counseling

Savings Associated with Diabetes Education

- Savings in direct medical costs, hospital charges, or inpatient costs from
  - o $422 per patient (Medicare Advantage) to $3,356 per patient per year (employee program using pharmacies)
- Information in the table: authors, year, aim, population, intervention, design, savings, type of savings, key outcome

Pre-Diabetes and Diabetes Education Instructor Requirements

- Lifestyle coaches doing Pre-diabetes program
- Diabetes education at ADA/AADE sites
- Workshop leaders in the community

Action Steps: Key Considerations

- **Does the proposed action contribute to the recommendation?**
- **Is there a clearly identified "owner" of the action and has that "owner" committed?**
- **Is the action realistic?**
- **How do we know the action was successful?**
- **Is there an accountability mechanism?**

Action Steps: Proposed Framework

- **Workgroups develop action steps that in SMART objective format**

Specific

Measurable

Actionable

Realistic

Time-Bound

Action Steps: Proposed Framework

- **Workgroups develop action steps that in SMART objective format**

Specific

Measurable

Actionable

Relevant

Time-Bound

Action Steps: SMART

LETTER	DESCRIPTION
Specific	Precisely state what is to be accomplished and by whom
Measurable	Progress should be trackable against the goal
Achievable	Should be realistic and feasible given current resources, capabilities, political environment
Relevant	Should align with/contribute to the existing recommendation
Time-Bound	Should have a beginning and end date May 2017- April 2018

Action Steps: SMART example 1

Non-SMART objective 1: Teachers will be trained on the selected scientifically based health education curriculum.

This objective is not SMART because it is not *specific*, *measurable*, or *time-bound*. It can be made SMART by *specifically* indicating who is responsible for training the teachers, how many will be trained, who they are, and by when the trainings will be conducted.

SMART objective 1: By year two of the project, **Local Education Agency staff** will have trained **75% of health education** teachers **in the school district** on the selected scientifically based health education curriculum.

Adapted from: Evaluation ETA Evaluation Briefs, 2009 ,
https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf

Action Steps: SMART example 2

Non-SMART objective 2: 90% of youth participants will participate in lessons on assertive communication skills.

This objective is not SMART because it is not *specific* or *time-phased*. It can be made SMART by *specifically* indicating who will do the activity, by when, and who will participate in lessons on assertive communication skills.

SMART objective 2: By the end of the school year, **district health educators** will have delivered lessons on assertive communication skills to 90% of youth participants **in the middle school HIV-prevention curriculum.**

Adapted from: Evaluation ETA Evaluation Briefs, 2009 ,
https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf

Proposed Accountability

- **DPH Diabetes Program will prepare and post a one-year report in May 2018**
- **Diabetes Partnership will take on role of monitoring action step progress and serve as a forum to discuss barriers and solutions**
- **The Diabetes Partnership is an open membership, informal alliance which formerly met to share information and resources regarding Diabetes and diabetes prevention activity in the State.**
- **DPH will resume coordinating Diabetes Partnership after May 2017**

Action Step Format/Accountability

Questions and Discussion

Diabetes Prevention Workgroup

- Group met on 1/19
- Discussed Broad Direction of Action Steps
  - Reimbursement and Business Case
  - Influence existing networks to promote referral, SIM integration
  - Targeted geographic deployment of DDP to reduce access barriers (e.g. transportation)

CQM Workgroup

- Finalizing a survey to be sent to the health insurance carriers in the state
  - Aetna, United, Anthem, Cigna, Connecticare, DSS, Comptroller's Office
- Purpose is to assess the status of health care organizations reporting on CQMs related to diabetes control

DSME Workgroup

- General discussion on action steps:

-Meetings with legislators: Seek support from professional organizations (ADA, RD, RN, Podiatrists etc)

-Reach out to Black RNs, Hispanic RNs etc. L. Krikawa willing to lead

-Seek input from (former) insurance company CDE

-Clarify Rec. #4 (culturally appropriate *standards?*

Legislative Update

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

Next meeting

- Feb. 14: 2-3:30 Legislative Office Building room 1A