

# Diabetes Advisory Council

WELCOME

March 14, 2017

CT DPH Laboratory

# Agenda

- Welcome and introductions
- Approval of minutes
- Public comment
- Review of State of CT diabetes programs draft document
- Workgroup updates: DPP CQM DSME
- Legislative update
- Next meeting: April 11 at the Legislative Office Building, Room 1A, Hartford

# State of CT Diabetes Programs

Program	State Agency/ Role	Other Partner(s)	Current Sustainability Status	Recommendations to enhance financial support
Stanford Live Well with Diabetes	DPH/Administration Quality Management	Area Agencies on Aging, CT Community Care Inc., (CCCI) State Dept. on Aging	CDC funds End 6/18	
National Quality Forum 59 (A1c) and 18 (BP) Health Systems Dashboard	DPH/ Oversight	Regional Extension Center	CDC funds End 6/18	
211 Infoline for diabetes referrals	DPH/Administration	211 Infoline	CDC funds End 6/18	
Pursuit of Medicare reimbursement for community diabetes programs	DPH/Oversight	CCCI, Qualidigm, Diabetes Consultants	CDC funds End 6/18	Medicare reimbursement
Diabetes and pre-diabetes awareness campaigns	DPH/Production and dissemination	Marketing companies	CDC funds End 6/18	
Block grant diabetes education	DPH/ Administration	Local health dept.	Prevention and Public Health funds	

# State of CT Diabetes Programs

Program	State agency/role	Partners	Current sustainability status	Rec. to enhance financial support
Diabetes Prevention Programs	DPH/convener	YMCAs, hospitals		Medicare reimbursement 1/2018
Medication Therapy Management	DPH/Administration	UConn School of Pharmacy	CDC funds End 6/18	
Population health management for diabetes	State Innovation Model (SIM)			
Community Health Network diabetes services	DSS/ Diabetes Care Management, nutrition counseling			
??Exploration coverage for DPP for State employees	Comptroller			
Access Health CT				
Diabetes education by offenders for offenders	Dept. of Corrections and DPH/ Training of offender	CCCI	CDC funds End 6/18	

# State of CT Diabetes Programs

Program	State agency/role	Partners	Current sustainability status	Rec. to enhance financial support
	Dept. of Children and Families			
Resources, comprehensive low vision services, specialized education services, life skills training, case management, and vocational services	Bureau of Education Services for the Blind			
Diabetes education for Veterans	CT VA			



# DIABETES PREVENTION WORKGROUP



Connecticut Department of Public Health  
*Keeping Connecticut Healthy*



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

**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.**

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?

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

**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.**

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?



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.

**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.**

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?

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

**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.**

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?

# CLINICAL QUALITY MEASURES WORKGROUP

# Revision to Recommendation 1

**Original:** Implement diabetes-related clinical quality measures as part of:

- a) Statewide and regional health dashboards and report diabetes control efforts at the state and community levels
- b) An all-payer scorecard, aligned with the measures recommended by the SIM Quality Council, to enable Advanced Network/FQHC's quality improvement efforts.

**Revised:** 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.

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.

**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.**

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?

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

**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.**

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?

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

**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.**

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?

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

**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.**

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?



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

**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.**

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?

# DIABETES SELF-MANAGEMENT EDUCATION WORKGROUP



Connecticut Department of Public Health  
*Keeping Connecticut Healthy*



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

**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 ( italics added)***

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?

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

**Between May 2017 and April 2018, DPH will collect hospital re-admission data comparing hospitals that have CDE in patient services to those that do not.: ACTION STEP ELIMINATED due to lack of alignment with recommendation.**

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?

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.

**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. ( italics are new, previously: a TBD organization will explore foundation support to address the recommendation**

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?

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

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

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?

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

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

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?

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

**Between May 2017 and April 2018, None DSME group requests DAC input re: is this recommendation needed?**

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?



**???** SEPARATE SECTION ON ACTION  
STEPS WITH OUT LEAD– “OTHER REC”