

CT Diabetes Advisory Council

September 29, 2016

Legislative Office Building, Room
1D

Agenda

1. Call to order
2. Public comment
3. Approval of minutes
4. Recap of August 18th Council Meeting
5. Review background information on Diabetes Prevention Program, Diabetes Self Management and Diabetes-related quality measures
6. Diabetes-related initiatives in SIM
7. Review process for 3 workgroups

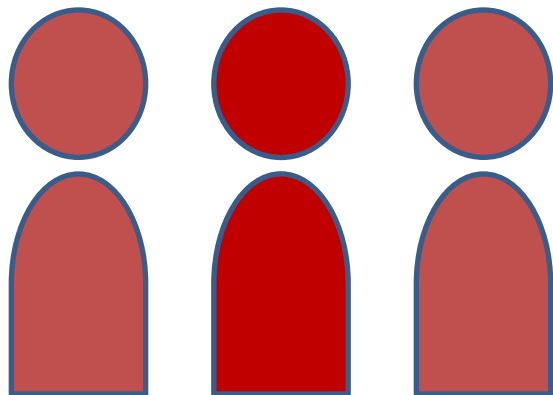
Recap of August 18th meeting

- **Discussion on Scope of Council's Charge**
 - DAC will address the “Shall” in legislation for PA 16-66, section 51
 - In addition, DAC will address elements in the “May” clause, specifically Develop a Diabetes Action Plan
- **Requests from Council**
 - Provide more detailed information on Diabetes Prevention for type 2
 - Better Define workgroup charge

Diabetes Prevention Programs (DPP) for type 2/Pre-diabetes

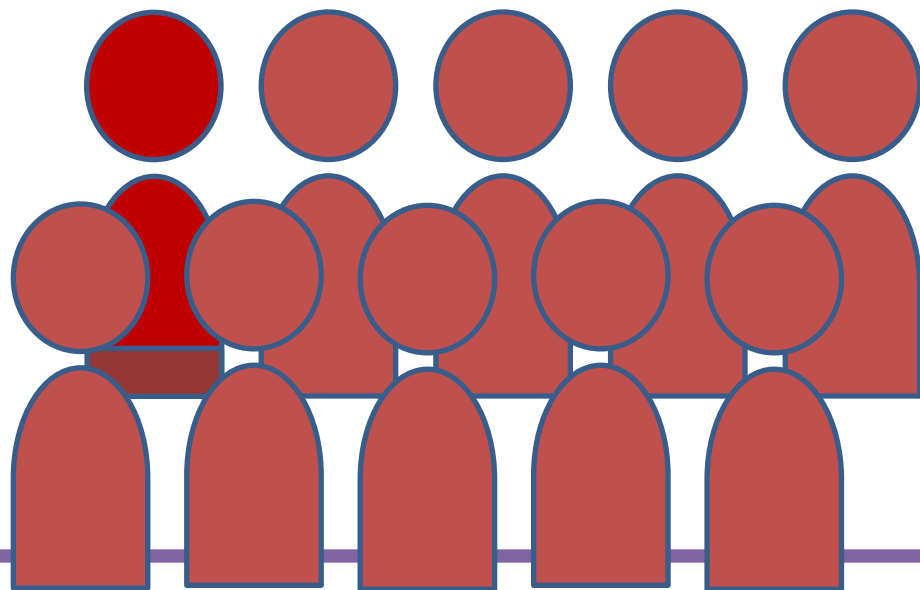
An opportunity to intervene

Prediabetes among Connecticut Adults without Diagnosed Diabetes, 2012-2014



According to the CDC, more than **1** out of **3** adults have prediabetes.

However, only **7.2%** of Connecticut adults have ever been told by a health professional that they have pre-diabetes.



Diabetes Prevention for Type 2

- 5-7% weight loss via lifestyle intervention can prevent or delay development of type 2 diabetes in people with pre-diabetes.
- Program: 16 weekly sessions then bi-monthly/monthly for 8 months
- Resulted in 58% reduction in risk for progressing to type 2 in 3 years.
- Program now offered in groups. One year duration.
- Medicare analysis: When compared with similar beneficiaries not in the program, **Medicare estimated savings of \$2,650 for each enrollee in the Diabetes Prevention Program over a 15-month period.* Medicare coverage starting Jan 1, 2018.**

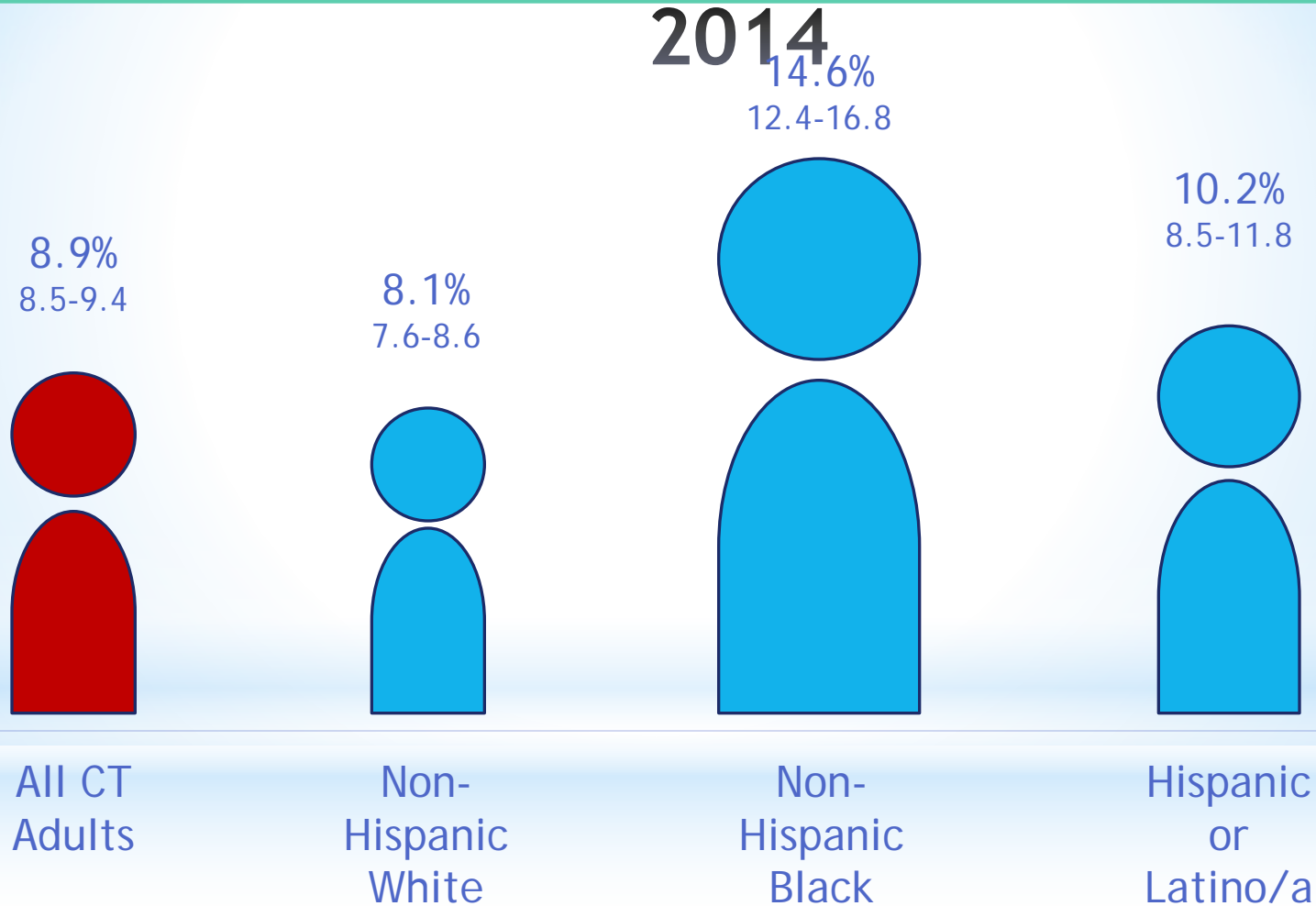
* 3/14/2016 Memo from Health and Human Services Chief Actuary

Diabetes Prevention for Type 2

Available CT Resources:

- YMCA'S- Danbury Wallingford Central CT Coast Norwalk Torrington Hartford (starting Jan 2017)
- Fairfield Health Dept.
- Hartford Hospital, St. Francis Hospital: employees
- Fair Haven Community Health Center, New Haven
- Origin Fitness in Stamford
- On-line programs
- Others?

Prevalence of Diagnosed Diabetes (types 1 and 2) among CT Adults (18+y), 2012-



Race and Ethnicity

Diabetes Self-Management Education and Support (DSME)

“DSME is a critical element of care for all people with diabetes and those at risk for developing the disease. It is necessary in order to prevent or delay the complications of the disease”
(ADA Clinical Practice Recommendations)

It is the ongoing process of facilitating the knowledge, skill and ability necessary for (pre-diabetes and) diabetes self-care.

DSME topics addressed with participants

American Association of Diabetes Educators 7:

Healthy Eating

Being Active

Monitoring

Taking Medications

Problem Solving

Healthy Coping

Reducing Risks

Diabetes Education: Reducing complications and costs

Reduced health care costs:

DSME for Medicaid recipients with diabetes demonstrated a reduction in health care use within in one year (Balumarugan, Diabetes Ed. 32 (6) 893-900, Nov-Dec 2006)

Fewer hospitalizations: Patients with DSME had 34% decrease in hospital readmission and 5.7% reduction in cost in one year and 12% decrease in 3 years. (Duncan Diabetes Ed Vol 35 #5, Oct 2009)

DSME : Systematic review of effect on glycemic control

- Review included 118 interventions
- Overall reduction in A1c=.74 for intervention and .17 for control group.
- Average absolute reduction in A1c of .57
- Combination of group and 1:1 resulted in largest decrease (.88)
- Conclusion: “Systematic review found robust data demonstrating that engagement in DSME resulted in statistically significant decrease in A1c”

C.A. Chrvala et al Pt Ed and Counseling 99(6) Nov 2015

Diabetes Self-Management Education and Support: Available CT Resources

- 26 ADA Recognized/AADE Accredited Education Programs
- Covered by Medicare
- Covered by CT based insurance
- Not covered by CT Medicaid
- Medicaid covers DSME in 33 states (AADE 2012 survey)

Clinical Quality Measures

- National Quality Forum (NQF) 59
 - The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.
 - In wide-use
- No NQF measure for type 2 diabetes prevention

Department of Public Health Data on NQF 59

- Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had HbA1c > 9.0%

Aggregate data: 2015:

- 5 sites reported and the NQF 59 value was 36.1%.
- 3,182 / 8,824
- Source: 1305 SHAPE grant Regional Extension Center data

State Innovation Model: Proposed Initiatives to focus on Diabetes

- NQF 59 inclusion on commercial and Medicaid scorecards and for value-based payment
- Ensure Community Health Workers are trained in diabetes prevention and control
- Value-based insurance design incents self-management
- Obesity and other upstream measures included in Community Health Scorecards
- Prevention Service Centers works to ensure that community-based interventions (DPP, DSMP) are easily accessible and available.

3 Workgroups

- Diabetes Prevention for type 2
- Diabetes Self-management education and support
- Clinical Quality Measure

DAC Time Line

Sept 28th DAC

- New Content
- Clarification of Work Group Charge

October 20th DAC

- Workgroup progress report out
- Additional content presentation as needed

Nov 15th DAC

- Review of proposed recommendations
- Additional items for full council review

October

- Work Groups Meet
- DPH staff supports each

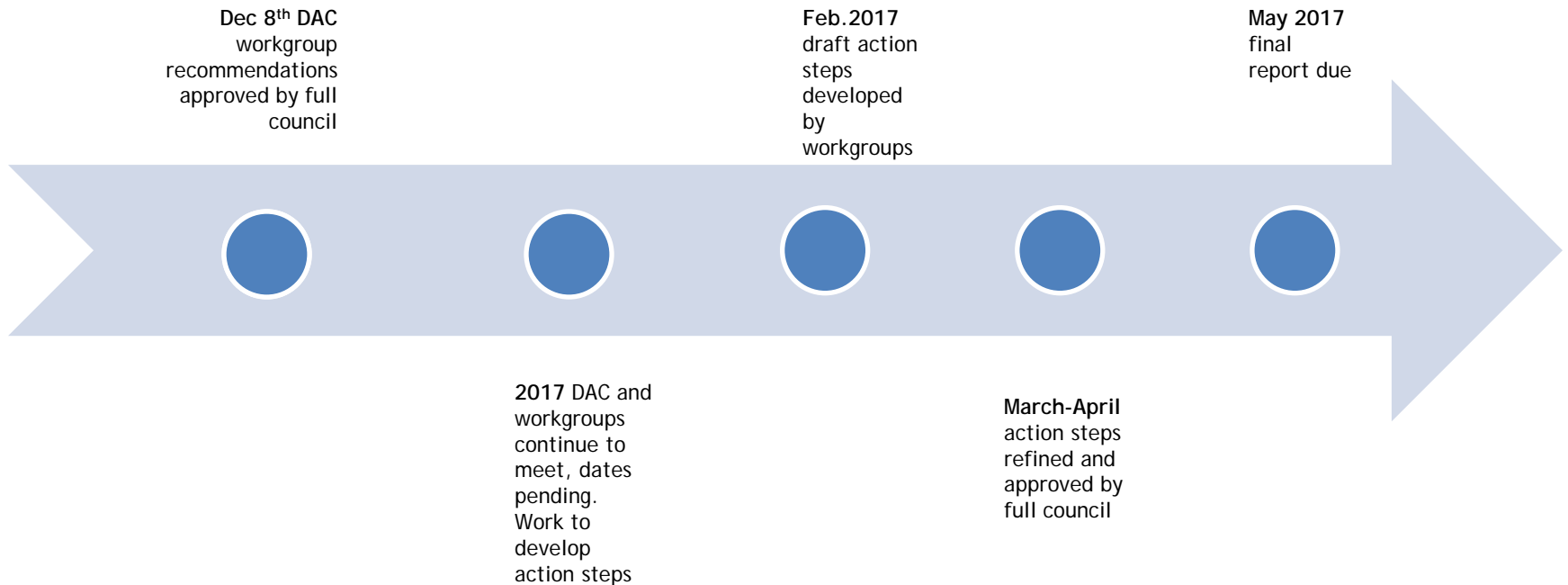
Oct-Nov

- Each workgroup meets and drafts and submits 3 proposed recommendations

Nov-Dec

- Workgroups refine recommendations and related language

DAC Time Line



Final report

- Final report with Action Steps :
- May 1, 2017 “to the joint standing committee of the General Assembly having cognizance of matters related to public health”

Workgroup process

Develop report to include:

- Background: overview of the problem
- Recommendations: Broad
- Action plan to address the issue

Links to other Diabetes Action Plans

<https://dph.georgia.gov/sites/dph.georgia.gov/files/Diabetes%20Action%20Plan%20FINAL%20DEC%202015.pdf>

<http://msdh.ms.gov/msdhsite/static/resources/6180.pdf>

<http://www.idph.state.il.us/diabetes/pdf/IllinoisDiabetesStatePlan2013-2018.pdf>

DAC webpage

- <http://www.ct.gov/dph/cwp/view.asp?a=3137&Q=585540&PM=1>.

Thank you!

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Connecticut Department of Public Health
Keeping Connecticut Healthy

