



TEXAS DIABETES  
COUNCIL

## *Texas Diabetes*

### The Newsletter of the Texas Diabetes Council

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*Spring 2015*

#### **Diabetes Alert Day is March 24, 2015**

[American Diabetes Association Alert Day](#)<sup>®</sup> is observed annually on the fourth Tuesday in March, as a one-day wake-up call to inform the American public about the seriousness of diabetes. If left undiagnosed or untreated, diabetes can lead to significant health problems, including heart disease, stroke, blindness, kidney disease, amputation, and even death.

People can find out if they are at risk for type 2 diabetes by taking a Diabetes Risk Test:

- [American Diabetes Association \(ADA\) Diabetes Risk Test](#)
- [National Diabetes Education Program \(NDEP\) Diabetes Risk Test](#)

Visit <http://www.diabetes.org/are-you-at-risk/alert-day> and <http://www.YourDiabetesInfo.org/AlertDay2015> to find other type 2 diabetes prevention resources that you can use in your outreach efforts.



#### **TDC Recognizes Four HMOs for HEDIS<sup>®</sup> Measures Related to Comprehensive Diabetes Care**

Each year, the Texas Diabetes Council (TDC) recognizes Texas HMOs that exceed or are equivalent to the state average for at least three or more HEDIS performance measures relating to comprehensive diabetes care. According to [The Guide to Texas HMO Quality: 2013](#), four HMOs in five markets met the criteria for recognition presented in Figure 1.

Recognition criteria were established for standardization across HMO types and consist of two categories: non-commercial and commercial. Non-commercial is defined as an organization serving greater than 50 percent Medicare and/or Medicaid patients. Commercial is defined as an organization serving populations with greater than 50 percent utilization of group health insurance. Organizations exceeding the state average in three or more indicators were recognized. The following programs received recognition for exceeding state averages. Scott and White Health Plan received special recognition for exceeding both state and national averages:

- FirstCare (Amarillo market) non-commercial category
- Humana Health Plans of Texas (Austin and San Antonio markets) non-commercial category
- Community First Health Plans (San Antonio market) commercial category
  - Exceeded the national average in the blood pressure control measure
- Scott and White Health Plan (Central Texas market) commercial category
  - Exceeded the national average in six HEDIS measures for diabetes care

The Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) consists of standardized performance measures designed for comparing the quality of care in managed care organizations. Basic service HMOs with 5,000 or more members are required under Texas law to report HEDIS measures annually to the Texas Health Care Information Collection at the Texas Department of State Health Services.

[\*The Guide to Texas HMO Quality: 2013\*](#) reflects the experience of Texans in HMOs during 2012. The Texas Office of Public Insurance publishes the guide to assist employers and consumers in selecting HMO coverage.

**Figure 1: Comprehensive Diabetes Care: HEDIS<sup>®</sup> Measures for Texas and U.S., 2013**

<i>The percentage of members 18–75 years of age with Type 1 or Type 2 Diabetes who:</i>	<b>Texas Average</b>	<b>National Average</b>
	<b>2012</b>	<b>2013*</b>
Had one or more HbA1c tests conducted within the past year	86.2%	90.1%
Had their most recent HbA1c level greater than 9.0 percent during the past year**	47.8%	28.5%
Had their most recent HbA1c level less than 8.0 percent during the past year	40.7%	61.3%
Had their most recent HbA1c level less than 7.0 percent during the past year	27.3%	43.2%
Had a LDL-C test done within the last two years	83.8%	85.4%
Had a LDL-C test performed during the previous year with a level reading of less than 100 mg/dL	33.3%	48.4%
Had their most recent blood pressure reading at less than 140 mm Hg systolic and 80 mm Hg diastolic during the past year	31.5%	44.3%

\*National averages are presented as goals for the state.

\*\*See TDC A1c target recommendations at <http://www.tdctoolkit.org>. While higher percentages for other diabetes performance measures indicate improved performance, a lower percentage for this measure is favorable.



Michael Hawkins, MD, and Ken Phenow, MD, MPH, Scott & White Health Plan, accept Special Recognition for exceeding the national average in six HEDIS measures for diabetes care from TDC Chair, Victor Gonzalez, MD, at the TDC quarterly meeting on October 23, 2014.



Catherine Zambrano-Chavez, Director of Corporate Communications for Community First Health Plans, accepts an HMO Recognition Award from TDC Chair, Victor Gonzalez, MD, at the TDC quarterly meeting on October 23, 2014.



Cathy Becvar, LVN for Humana, accepts an HMO Recognition Award from TDC Chair, Victor Gonzalez, MD, at the TDC quarterly meeting on October 23, 2014.



Robin Fletcher, RN, MPH, QI manager for Firstcare, accepts an HMO Recognition Award from TDC Chair, Victor Gonzalez, MD, at the TDC quarterly meeting on October 23, 2014.

## TDC “Call to Action” for Legislative Session

The TDC approved its “Call to Action” for the 84<sup>th</sup> Legislature in October. The TDC noted four priority areas for addressing diabetes prevention and management in the state:

1. The **Texas Medicaid Transformation Waiver** (1115 waiver) has resulted in 111 projects across the state focusing on diabetes-related outcomes. This unprecedented opportunity to evaluate approaches to diabetes prevention and control in Texas should lead to identification and dissemination of lessons learned and best practices.
2. The **National Diabetes Prevention Program** (NDPP) is a public-private partnership of community organizations, private insurers, health care organizations, employers, and government agencies brought together to establish local evidence-based lifestyle change programs for people at high risk for type 2 diabetes.
3. **Diabetes Self-Management Education** (DSME) in Community Diabetes Projects – DSME improves clinical outcome measures related to blood sugar (A1c), blood pressure, cholesterol, and smoking status.
4. **Gestational Diabetes** – Women with gestational diabetes are at high risk for developing type 2 diabetes later in life, and the infant is at risk of becoming obese during childhood and developing type 2 diabetes as an adult. Women with gestational diabetes have a 35-60 percent chance of developing diabetes in the next 10-20 years.

The “Call to Action” serves as the Executive Summary for the TDC’s [\*Statewide Assessment of Existing Programs for the Prevention and Treatment of Diabetes\*](#).

## Gestational Diabetes Prevalence Underestimated

The TDC has reviewed new data related to women with gestational diabetes served by Texas Medicaid presented by the Health and Human Services Commission in the report, [\*Gestational Diabetes in Medicaid: Prevalence, Outcomes, and Costs\*](#). This report addresses the implications of untreated gestational diabetes and highlights new prevalence data that suggests that as many as nine percent of pregnant women served by Texas Medicaid are affected by the disease. Past

estimates have placed prevalence of gestational diabetes among all pregnant women in Texas at about six percent. According to the report, only 40 to 50 percent of women participating in the Medicaid or CHIP Perinatal program were screened for gestational diabetes during state fiscal year 2012.

Read the full report here: <http://www.hhsc.state.tx.us/reports/2014/SB1-Gestational-Diabetes.pdf>

A TDC work group developed recommendations for addressing gestational diabetes in the Medicaid population. These recommendations are published in an addendum to the report: <http://www.hhsc.state.tx.us/reports/2015/SB1-addendum-gestational-diabetes.pdf>

## Diabetes Care Articles Highlighted During the January 2015 Texas Diabetes Council Meetings

Texas Diabetes Council committee members noted the following articles, recently published in *Diabetes Care*, of interest to healthcare professionals:

- [“Approaches to Glycemic Treatment”](#)
- [“The Alarming and Rising Costs of Diabetes and Prediabetes: A Call for Action!”](#)
- [“The Economic Burden of Elevated Blood Glucose Levels in 2012: Diagnosed and Undiagnosed Diabetes, Gestational Diabetes Mellitus, and Prediabetes”](#)

## Diabetes Empowerment Education Program Peer Educator Training

On January 27-29, 2015, the Diabetes Prevention and Control Branch of the DSHS Health Promotion and Chronic Disease Prevention Section held Diabetes Empowerment Education Program (DEEP) training at the Rio Grande State Center in Harlingen. The training was co-facilitated by two Lead Trainers, Luby Garza-Abijaoude, MS, RD, LD and Sr. Phylis Peters, RN.



DEEP is a licensed diabetes self-management education (DSME) curriculum developed by the University of Illinois at Chicago, Midwest Latino Health Research, Training and Policy Center. It was developed to provide communities with tools to better manage diabetes and utilizes principles of empowerment and adult education. The curriculum is based on national diabetes care and diabetes self-management education guidelines and recommendations.

The purpose of the DEEP training is to train new educators to provide education in their communities. Eight modules, written in plain language, make lessons easy to teach and understand in English and Spanish.

- *Understanding the Human Body*
- *Risk Factors*

- *Blood Glucose Monitoring*
- *Physical Activity*
- *Management Through Meal Planning*
- *Complications*
- *Medications and Medical Care*
- *Mobilizing Your Family and Friends.*

Forty educators attended the Harlingen training – the sixth offered in Texas over the past two years. Other trainings have been held in Austin, Corpus Christi, Harlingen, and Wichita Falls.

To complete the training, all trainees were required to team teach a diabetes lesson with a small group, demonstrating their knowledge and teaching competencies. They were also required to take a post-test.

Each attendee will receive a certificate from the University of Illinois documenting that they are trained to use this program’s curriculum to provide diabetes education.

DEEP is currently used in many Texas cities and some other states, and will soon be offered in Puerto Rico, with the support of the TMF Health Quality Institute. DEEP is an approved curriculum of the “Everyone with Diabetes Counts” initiative. Through this initiative, DSME classes are taught by certified diabetes trainers and are comprised of weekly group sessions that typically last six to ten weeks. Participants are guided to effectively self-manage their diabetes by learning about nutrition, exercise, self-monitoring, diabetes medications and community resources and support, among other important topics. Visit <http://www.cmspulse.org/community-initiatives/everyone-with-diabetes-counts/index.html> to learn more.

## **NDEP’s New Practice Transformation Resource Helps Health Care Teams Change Systems of Health Care Delivery Around Diabetes**

NDEP’s refreshed “Practice Transformation for Physicians and Health Care Teams” (formerly known as “Better Diabetes Care”) is designed for health care professionals and administrators who want to change systems of health care delivery around diabetes.

Practice change is essential to provide evidence-based care recommended by the Patient-Centered Medical Home (PCMH) model and to manage issues related to diabetes and its complications. This free online resource provides models, links, and tools to help physicians and health care teams initiate and maintain quality improvements in their health care practice. Content featured on this site is based on current, peer-reviewed literature and evidence-based clinical practice recommendations.

“Practice Transformation for Physicians and Health Care Teams” is organized by the following key sections:

- **Engage Leadership & Assess Your Practice:** Helps users to review the tasks that effective leaders can undertake to ensure the successful transformation of a practice into a PCMH.

- **Provide Evidence-Based Care:** Provides an overview of ways an evidence base can guide clinical decision-making. Includes principles and limitations of evidence-based decision-making, differences in numeric presentation of results, and ways to integrate an evidence base into daily practice.
- **Use Information Systems:** Focuses on fundamental technological advances with known effectiveness in clinical systems for improving the process of care delivery and providing better clinical outcomes.
- **Improve Practice Quality:** Addresses how to go about transforming a practice into a PCMH. It provides practical information about the use in clinical settings of rapid cycle improvements that involve small-scale local tests of change in physician offices or health care organizations.
- **Use Clinical Decision Support:** Provides a wide selection of resources and tools that support diabetes prevention and management.
- **Practice Team-Based Care:** Discusses the benefits of team care and useful resources for effective team building.
- **Enhance Patient-Centered Interactions:** Presents seven dimensions of patient-centered care as they relate to people with diabetes, numerous resources to help transform a practice into a PCMH, effective ways to provide patient education and support, and suggestions to address health literacy and build cultural competency.
- **Improve Patient Care Coordination:** Addresses ways to improve coordination of care and to enhance community partnerships. Numerous resources are included.

Visit <http://www.YourDiabetesInfo.org/PracticeTransformation> to learn more.

## NDEP Publishes Guiding Principles for the Care of People With or at Risk for Diabetes

NDEP has published a set of 10 clinically useful principles that highlight areas of agreement for diabetes care in diabetes management and prevention. The result of a major collaborative effort between federal agencies and professional organizations, this resource is intended to assist with identification and management of the disease, self-management support for patients, physical activity and blood glucose control, among other topics. [View or download Guiding Principles here.](#)

## NDEP's Just One Step Tool

NDEP's Just One step tool can help you break down your goals for making modest but important lifestyle changes in small, achievable steps: [YourDiabetesInfo.org/JustOneStep](http://YourDiabetesInfo.org/JustOneStep).

## CDC Report on Use of Self-management Education and Training Programs

Data in the [Centers for Disease Control and Prevention \(CDC\) Morbidity and Mortality Weekly Report](#) indicate that less than seven percent of privately insured adults with newly diagnosed diabetes from 2009 to 2012 joined a self-management education and training program.

Researchers found that older adults and insulin-treated patients were more likely to join such initiatives.

## Help for Older Adults and People with Disabilities

Call 1-855-937-2372 to talk to a trained professional and connect to long-term care services in your area. To learn about the Department of Aging and Disability Services (DADS) long-term care services, visit this web page: <http://www.dads.state.tx.us/care/>.



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