

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



SPRING 2011

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TDC Recognizes Three HMOs for HEDIS® Measures Related to Comprehensive Diabetes Care

Each year, the TDC recognizes Texas HMOs that exceed the state average for HEDIS® performance measures relating to comprehensive diabetes care. According to the *Guide to Texas HMO Quality: 2009*, three HMOs in five markets met the criteria for recognition, exceeding the state average for all measures presented in Figure 1.

- **Humana Health Plan of Texas, Inc.** (Austin and San Antonio/Corpus Christi markets)
- **Pacificare of Texas, Inc.** (Dallas/Austin and San Antonio markets)
- **Valley Baptist Health Plan** (Harlingen)

The Healthcare Effectiveness Data and Information Set (HEDIS®) consists of standardized performance measures designed for comparing

the quality of care in managed care organizations. This tool is used by a total of 979 health plans covering 116 million Americans, or 2 in 5 people. 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 (THCIC) at the Texas Department of State Health Services.

The Guide to Texas HMO Quality: 2009 reflects the experience of Texans in HMOs during 2008. The Texas Office of Public Insurance publishes the guide to assist employers and consumers in selecting HMO coverage.

<http://www.dshs.state.tx.us/thcic/publications/HMOs/HMOReports.shtm>. ■

Figure 1: Comprehensive Diabetes Care: HEDIS® Measures for Texas and U.S., 2009

Percentage of members 18 through 75 years of age with type 1 or type 2 diabetes using the HMO who...	Texas Average 2009	National Average 2009*
had one or more HbA1c tests conducted within the past year.	81.7%	89.0%
had their most recent HbA1c level greater than 9 percent during the past year.**	56.0%	28.4%
had an eye screening for diabetic retinal disease within the past year, or negative retinal exam the year prior.	32.1%	56.5%
had a LDL-C test done within the last two years.	79.9%	84.8%
had a LDL-C test done with a level reading of less than 100 mg/dL during the last year.	30.5%	45.5%
received medical attention for nephropathy or evidence of already having nephropathy within the past year.	75.0%	82.4%
had their most recent blood pressure reading at less than 130 mm Hg systolic and 80 mm Hg diastolic during the past year.	28.7%	33.4%

*National averages are presented as goals for the state.

**See Texas Diabetes Council A1c target recommendations at www.tdtoolkit.org. While higher percentages for other diabetes performance measures indicate improved performance, a lower percentage for this measure is favorable.

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TEXAS DIABETES COUNCIL

Prevalence and Outcomes of Pre-existing and Gestational Diabetes, 2004-2009 Texas Pregnancy Risk Assessment Monitoring System (PRAMS)

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a state-specific, population-based surveillance system funded by the Centers for Disease Control and Prevention (CDC). PRAMS was developed in 1987 with the goal of reducing infant mortality and low birth weight births. Thirty-seven states currently participate in PRAMS, and Texas has been a PRAMS state since 2002. The current Texas PRAMS survey includes 72 questions designed to identify and monitor selected maternal experiences before, during, and after pregnancy. Each year, approximately 2,400 new mothers in Texas are randomly selected to participate in PRAMS.

The PRAMS sample is collected and structured so that it is representative of all live births to women who are Texas residents; thus, the data can be generalized to represent the entire population of Texas.

The CDC sets a threshold response rate for epidemiologic validity of PRAMS data. For years 2006 and earlier, this threshold was 70 percent. Beginning in 2007, it was lowered to 65 percent. Texas did not meet the CDC's threshold response rate until 2009 (currently the most recent year of data available), with a response rate of 67 percent. Response rates for the previous seven years ranged from 54 percent to 67 percent. While lower response rates warrant caution when interpreting PRAMS data, this surveillance system offers insight into diabetes prevalence and the impact of pre-existing and gestational diabetes on births in the state.

According to Texas PRAMS, in 2009, 11.5 percent of women reported that they had gestational diabetes (95% CI: 9.4-13.7) and 1.9 percent reported that they had pre-existing diabetes (95% CI: 1.2-2.7). The estimated prevalence of combined pre-existing and

gestational diabetes was 12.9 percent (95% CI: 10.7-15.1). Negative health outcomes for both mother and baby were significantly more common for women with diabetes (pre-existing and gestational) than for those without diabetes (Figure 3).

Black and Hispanic respondents reported higher prevalence of diabetes (gestational and pre-existing) than white respondents. Prevalence of diabetes among Hispanic mothers (11.9%) was significantly higher than prevalence among white mothers (8.8%). Prevalence increased significantly with increasing maternal age, and women who were overweight or obese before pregnancy experienced significantly higher prevalence of diabetes when compared to women who were not overweight or obese.

Figure 1: Pre-existing vs. Gestational Diabetes, Texas PRAMS 2004-2009

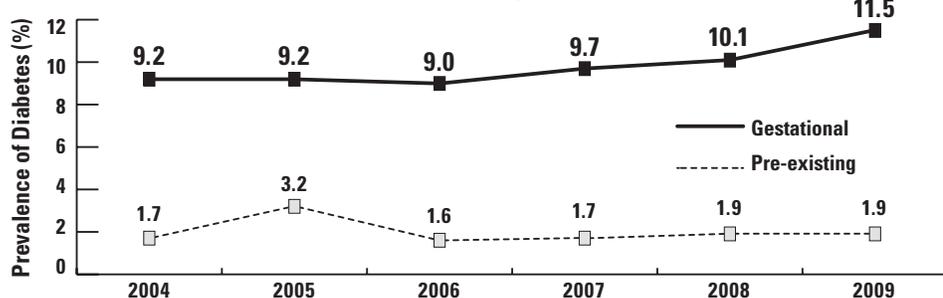


Table 1: Prevalence of Diabetes by Maternal Race/Ethnicity, 2004-2009 TX PRAMS

White	8.8%	(95% CI: 7.6-9.9)
Black	10.6%	(95% CI: 9.1-12.0)
Hispanic	11.9%	(95% CI: 10.5-13.3)

Table 2: Prevalence of Diabetes by Maternal Age, 2004-2009 TX PRAMS

<20	6.9%	(95% CI: 4.9-8.8)
20-24	6.1%	(95% CI: 4.9-7.3)
25-34	12.2%	(95% CI: 10.9-13.5)
35+	19.2%	(95% CI: 16.2-22.2)

Figure 2: Combined Pre-existing and Gestational Diabetes, Texas PRAMS 2004-2009

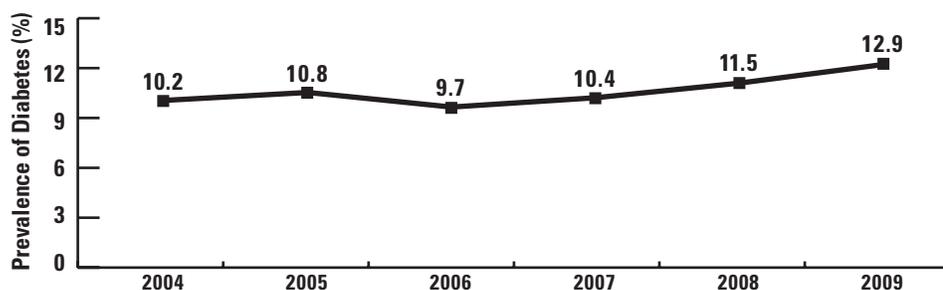
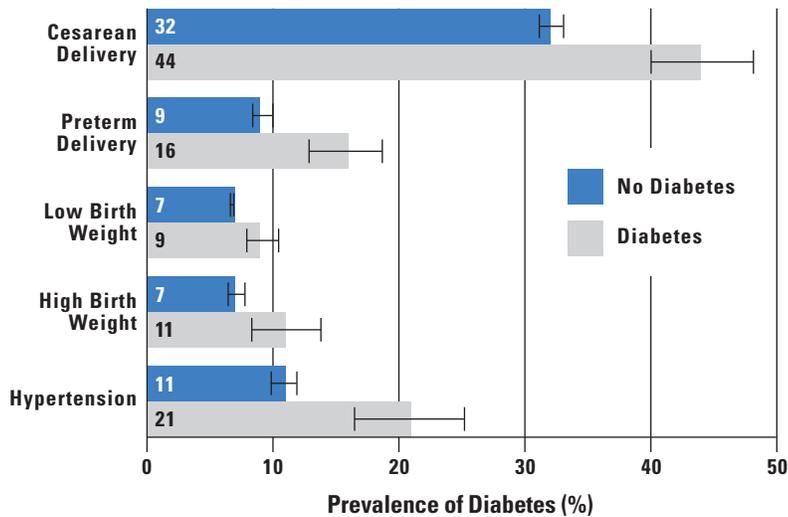


Table 3: Prevalence of Diabetes by Overweight/Obese, 2004-2009 TX PRAMS

Not Overweight/Obese (BMI<25)	7.1%	(95% CI: 6.4-8.1)
Overweight/Obese (BMI>25)	14.8%	(95% CI: 13.3-16.2)

Prevalence and Outcomes of Pre-existing and Gestational Diabetes, 2004-2009 Texas Pregnancy Risk Assessment Monitoring System (PRAMS) (continued)

Figure 3: Outcomes Stratified by Diabetes Status during Pregnancy, Texas PRAMS 2004-2009



LIMITATIONS:

It is important to note the limitations of PRAMS data, some of which may contribute to variations in prevalence when comparing PRAMS and other data sources, such as birth certificate data. Low participation rates in surveys can result in less than adequate sample sizes for certain groups, and therefore less precise estimates. PRAMS data do not capture all risk factors and adverse outcomes associated with diabetes (for example, family history of type 2 diabetes, or previous history of gestational diabetes). Additionally, the results presented here are unadjusted (i.e., not controlling for any other variables). Lastly, PRAMS data are self-reported and subject to recall bias and misinterpretation of questions. ■

TDC Member Elected National Chair of the Board of the American Diabetes Association

AUSTIN - On March 31, state legislators and diabetes advocates gathered at the Capitol to honor TDC member John Griffin Jr. A diabetes advocate for more than 20 years, Griffin's recent election as the National Chair of the Board of the American Diabetes Association (ADA) was recognized in both House and Senate chambers.

As a trial lawyer from Victoria and volunteer for the American Diabetes Association, Griffin successfully represented individuals with diabetes in discrimination cases and served as an active proponent of the Americans with Disabilities Act Amendments Act (ADAAA), signed into law by President Bush in September, 2008. The act restored important protections against discrimination for persons with diabetes and other chronic diseases.

Griffin served as the vice chairman of the ADA in 2009 and as the chairman elect in 2010. As National Chair, he maintains the ADA's commitment to research needed

to find a cure for diabetes, with a focus on prevention — curbing obesity in children and adults and protecting the rights of children with diabetes while at school. ■



John Griffin Jr., National Chair of the Board of the ADA

Governor Perry Reappoints Three to TDC

Three TDC members were reappointed in April for terms to expire February 1, 2017:

Maria Duarte-Gardea of El Paso is a registered dietician, professor and chair of the University of Texas at El Paso College of Health Sciences Department of Public Health Services.

John Griffin Jr. of Victoria is an attorney and managing partner of Marek, Griffin and Knaupp.

Don Yarborough of Garland is the former surgical hotel program director at Doctors Hospital at White Rock Lake in Dallas, and advocacy chair of the Dallas American Diabetes Association. ■

“Health for Life” initiative expands education opportunities for Hispanics and American Indians with diabetes

Community partnerships and clinical champions are invited to participate in health disparities project.

To address disparities in diabetes care among minority populations, TMF Health Quality Institute, a nonprofit health care consulting company, has launched a new initiative for the Centers for Medicare & Medicaid Services to improve health outcomes among Hispanics and Native Americans with diabetes.

The Salud por Vida/Health for Life diabetes initiative is seeking community and clinical partners to eliminate health disparities and increase opportunities for diabetes self-management education (DSME) for these populations. Health for Life has information on DSME programs

in communities with high numbers of Hispanics and/or Native Americans with diabetes. The classes are free to the community and focus on encouraging behavior changes among patients. TMF can provide free resources, educational materials and a link to local programs where you can refer your patients with diabetes.

Only through community partnerships, dedicated clinicians and supportive stakeholders can we ensure the success of this initiative, and make a difference for the thousands of Hispanics and Native Americans living with diabetes.



Living Better with Diabetes

Interested in learning more about this initiative? Please call 1-800-725-2633 or e-mail us at HealthForLife@tmf.org.

About TMF: TMF Health Quality Institute focuses on promoting quality health care through contracts with federal, state and local governments, as well as private organizations. For nearly 40 years, TMF has helped health care providers and practitioners in a variety of settings improve care for their patients. ■

Online Continuing Education for Professionals Type 2 Diabetes (T2DM) On Demand: Prevention, Intervention, Outcomes

In 2011, the Texas Diabetes Institute's (TDI) Continuing Education Program launched the first in a series of e-learning opportunities collectively titled "CEP: On Demand." *T2DM On Demand: Prevention, Intervention, Outcomes* includes five webcasts offering structured, self-directed, online learning designed for physicians, physician assistants, and other healthcare professionals on topics relevant to the prevention and treatment of diabetes. The online series expands access to content of live regional programs offered by the TDI Continuing Education Program, such as the upcoming Southwest Diabetes Symposium in San Antonio (October 29-30, 2011).

T2DM On Demand instructors include **Eugenio Cersosimo, MD, PhD; Ralph A. DeFronzo, MD; Nicolas Musi, MD; and Curtis L. Triplitt, PharmD, CDE.**

Objectives:

- Discuss the oral agents available to treat hyperglycemia in patients with type 2 diabetes
- Discuss medication available to treat type 2 diabetes
- Discuss cardiovascular effects of anti-hyperglycemic therapies
- Discuss the benefits of exercise
- Discuss the molecular effects of exercise
- Discuss how to develop an exercise prescription
- Understand the time of onset and progressive nature of type 2 diabetes
- Understand the treatment and prevention of beta cell failure in type 2 diabetes
- Understand the new advancements to reduce the progression of type 2 diabetes.

Access to On Demand webcasts and continuing education credit can be purchased at <http://eo2.commpartners.com/users/tdi/index.php>

CE ACCREDITATION STATEMENTS

Physicians (MD/DO) and Nurse Practitioners:

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of UT Health Science Center San Antonio School of Medicine (UTHSCSA SOM) and the Texas Diabetes Institute. UTHSCSA SOM is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UT Health Science Center San Antonio School of Medicine designates this enduring material for a maximum of 5.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Physician Assistants:

AAPA accepts certificates of participation for education activities designated for AMA PRA Category 1 Credit(s) from organizations accredited by ACCME or a recognized state medical society. Physician assistants may receive a maximum of 5.25 hours of Category 1 Credit for completing this program. ■

Also from the Texas Diabetes Institute:

2011 Southwest Diabetes Symposium

Saturday, October 29, 2011
& Sunday, October 30, 2011

Register today at
www.texasdiabetesinstitute.com/cme
or call (210) 358-7398

Diabetes Highlights from the 2010 AHRQ National Healthcare Quality Report

Since 2003, the US Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) has reported on opportunities for improving health care quality and reducing health care disparities. The National Healthcare Quality Report (NHQR) and National Healthcare Disparities Report (NHDR) are based on more than 250 measures categorized across six dimensions: effectiveness, patient safety, timeliness, patient centeredness, efficiency, and access to care.

Measures related to diabetes presented in the NHQR include:

- Adults age 40 and over with diagnosed diabetes who received all three recommended services for diabetes in the calendar year (A1c measurement, dilated eye examination, and foot examination);
- Hospitalization for short-term diabetes complications;
- Control of A1c, cholesterol, and blood pressure; and

- Hospital admissions for lower extremity amputations.

According to the 2010 NHQR:

- The percentage of adults age 40 and over with diagnosed diabetes who received three recommended services showed a significant decrease, from 43.2 percent in 2002 to 37.5 percent in 2007.
- Between 2004 and 2007, the overall rates of admission for adults who experienced short-term complications significantly increased, from 55.2 to 59.9 per 100,000 population.
- Between 2004 and 2007, adults ages 18-44 had a significant increase in the rate of admission for short-term complications while adults age 65 and older had a significant decrease in admission rates.
- In 2005-2008, only 54.1 percent of adults age 40 and over with diabetes had achieved control of their HbA1c level, 65.2 percent had their cholesterol under control, and 58.6 percent had their blood

pressure under control. Although the percentage of adults with controlled A1c and blood pressure does not differ markedly from that in the 2001-2004 period, a significant increase in the percentage who had their cholesterol under control was observed over time, from 48.5 percent in 2001-2004 to 65.2 percent in 2005-2008.

- From 1999-2001 to 2005-2007, the overall rate of hospital admissions for lower extremity amputations significantly decreased, from 5.6 per 1,000 population to 3.5 per 1,000 population. Looking at disparities, blacks had significantly higher rates of hospitalization for lower extremity amputations compared with white adults in 2002-2004 (5.9 vs. 3.1 per 1,000) and 2005-2007 (4.9 vs. 2.4 per 1,000).

Both the NHQR and NHDR can be downloaded at: <http://www.ahrq.gov/qual/qdr10.htm>. ■

Diabetes Reimbursement Webinar Recording Available through TMF

60-minute session focuses on reimbursement for the primary care setting.

TMF Health Quality Institute hosted a webinar on May 10, 2011, entitled "An Overview of Diabetes Reimbursement in a Primary Care Office", with presenter Patty Curoe Telgener, RN, MBA of Emerson Consultants. Diabetes self-management training is an important clinical tool that can effectively support improved outcomes for patients with diabetes. However, Medicare claims data show the service is under-utilized, and providers report the process for obtaining reimbursement is complex and unwieldy. If you missed this important webinar, you still have an opportunity to listen to the recorded session. For more information or to request the recording and handouts, contact Heidi Turpin, Project Resource Consultant at TMF Health Quality Institute, by e-mail at heidi.turpin@tmf.org or by phone at 1-800-725-2633.

Texas on the Edge of Nation's "Diabetes Belt"

In March, C-Span interviewed Centers for Disease Control and Prevention (CDC) Division of Diabetes Translation Director, Ann Albright, regarding a U.S. diabetes belt spanning 644 counties in 15 states.

<http://www.c-spanvideo.org/program/Diabetesi>

Texas lies on the western-most edge of the belt which extends predominantly through the Southeast (Louisiana, Mississippi, Georgia, and South Carolina) and northward into Appalachia. While the

majority of Texas is not included in the belt, a few of the state's eastern counties are.

Counties where prevalence of diagnosed diabetes is at least 11 percent make up the diabetes belt. Overall prevalence of diabetes in the belt was 11.7 percent, compared to prevalence of 8.5 percent in the rest of the country. Diabetes belt counties have larger African American populations and higher prevalence of obesity and sedentary lifestyle than the rest of the nation.

References:

- *American Journal of Preventive Medicine* 2011;40(4)
- http://www.cdc.gov/diabetes/news/docs/diabetes_belt.htm ■

2011 Diabetes Numbers At-a-Glance

The 2011 update of the National Diabetes Education Program's (NDEP's) popular *Numbers-At-a-Glance* pocket guide is now available. Based on American Diabetes Association clinical practice recommendations, this handy guide for healthcare professionals provides a list of current recommendations to diagnose and manage prediabetes and diabetes. The 2011 update includes modified blood pressure guidelines and additional information on individualized target levels. Order online from the NDEP at <http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=114>, or call 1-888-693-NDEP (6337).



TEXAS DIABETES
COUNCIL
www.texasdiabetescouncil.org

Texas Diabetes Council Members

Council members are appointed by the Governor and confirmed by the Senate. Membership includes a licensed physician, a registered nurse, a registered and licensed dietitian, a person with experience in public health policy, three consumer members, four members from the general public with expertise or commitment to diabetes issues, and five state agency representatives who are non-voting members.

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