



TEXAS DIABETES
COUNCIL

Texas Diabetes

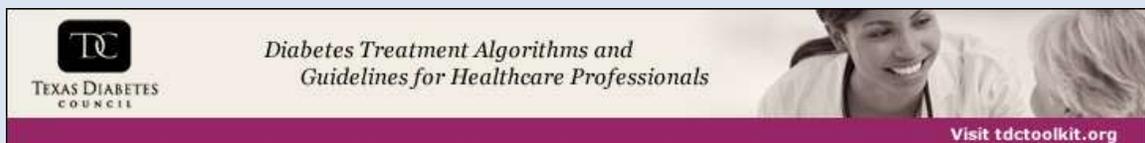
The Newsletter of the Texas Diabetes Council

Summer 2012

Diabetes Tool Kit Updates

From January, 2012, through August, 2012, the Texas Diabetes Council (TDC) approved or revised the diabetes treatment algorithms and guidelines listed below. These and other tools, developed and reviewed by the TDC Medical Professional Advisory Subcommittee, are found in the Diabetes Tool Kit at www.tdctoolkit.org. Click on “Algorithms and Guidelines” for a complete listing.

- [Hypertension Algorithm for Diabetes in Adults](#), Revised January 26, 2012
- [Minimum Standards for the Initiation, Evaluation and Management of Insulin Pump Therapy](#), Approved April 26, 2012
- [Diabetes Minimum Practice Recommendations for Children and Adults](#), Revised August 9, 2012
- [Prevention and Delay of Type 2 Diabetes in Children and Adults](#), Revised August 9, 2012



Regional Diabetes Quality Improvement Initiatives Featured at August TDC Meeting

The Texas Diabetes Council's Outcomes Subcommittee hears presentations from state healthcare systems striving to improve outcomes for patients with diabetes. The agenda for the August 8, 2012, meeting in Austin included five initiatives conducted by healthcare coalitions, federally qualified health centers, clinics for the underserved, the state's Medicare quality improvement organization, and a health maintenance organization (HMO).

Diabetes Education and Resource (DEAR) Coalition – Dallas

In 2010, Parkland Health & Hospital System experienced more than 35,000 diabetes related encounters. Community-oriented primary care services offered through twelve clinics in Dallas County include eight diabetes self-management education (DSME) programs serving 2,000 patients per year. Local diabetes educators formed the DEAR Coalition to improve access to DSME for the underserved of Dallas County, identifying where DSME is needed and creating a directory of available free or low-cost programs. Coalition outcomes have included identification of diabetes education resources within the community, such as AgriLife Extension's "[Do Well, Be Well with Diabetes](#)" program, and the Community Council of Greater Dallas which offers the [Stanford DSME model](#). Identified resources were encouraged to add their services to the Diabetes Local resource directory (www.diabeteslocal.org). Future plans include the involvement of a public health intern to build an inventory of low-cost DSME programs, identify areas of need and make recommendations. DEAR also participates in the larger "North Texas Takes on Diabetes" committee.

Texas Association of Community Health Centers

Federally qualified community health centers (FQHCS) in Texas have implemented a series of quality improvement efforts related to diabetes and other chronic diseases for more than a decade. The Health Resources and Services Administration (HRSA) initiated the "Breakthrough Series" and Health Disparities Collaboratives in the late 90s to expand access to high quality, culturally and linguistically competent primary and preventive care for underserved, uninsured, and underinsured Americans. Community health centers were able to apply for funding to assist in the identification, care and management of patients with chronic conditions such as diabetes, hypertension, asthma, and depression. In 2005, the Texas Department of State Health Services (DSHS) began collaborating with the Texas Association of Community Health Centers (TACHC) to further support these efforts through a Capacity and Infrastructure Development (CID) initiative. Alongside CID, HRSA's Bureau of Primary Health Care recognized the overlap between diabetes and cardiovascular disease and encouraged alignment of the conditions, shifting away from individual disease registries to a population-focused approach to care. In 2007, DSHS supported a pilot program to track CVD measures as practice changes were implemented to remove unnecessary waits and delays for patients, and redesign

the clinical care delivery system to maximize health outcomes for patients. This approach, known as OC³ (Optimized Comprehensive Clinical Care), is currently TACHC's recommended model of care for community health center transformation to medical homes.

<http://www.tachc.org/programs-services/clinical-affairs/optimizing-comprehensive-clinical-care-oc>

J.O. Wyatt Clinic, Amarillo Hospital District

The J.O. Wyatt Clinic was established to provide indigent care for Amarillo Hospital District. The clinic is owned and managed by Northwest Texas Hospital and currently serves about 5,100 patients through six primary care providers (two internal medicine physicians, three family practitioners, and one nurse practitioner). Using a medical home model, J.O. Wyatt has decreased its total cost for patient management per year, and dramatically decreased hospital emergency room visits between 2002 and 2011. The clinic attributes its success to a “one stop shop” approach to diabetes management that incorporates all services within the clinic:

- Certified Diabetes Educator
- Foot Exam – Toenail Clinic, Certified R.N., Podiatrist
- Eye Exam – Slit Lamp and Funduscopy Exam with Photograph by Optometrists
- Nephrologist
- Dietitian
- Licensed Professional Counselors
- Social Worker

In addition to use of standing orders to trigger referrals and exams, J.O. Wyatt monitors and shares outcomes data using [NCQA Diabetes Recognition Program](#) measures. Their diabetes management team reviews data with clinic physicians and identifies opportunities for improvement. Alignment with hospitalists allows the team to identify and address needs of high risk hospital patients.

Integrated Care Collaboration (ICC), Central Texas

The ICC is a nonprofit alliance of health care providers in Central Texas dedicated to the collection, analysis and sharing of health information with the goal of improving health care quality and cost efficiency across the continuum of care. ICC members are health and social services providers, payers and purchasers, including hospital systems, health care networks, community health centers, clinics, government agencies, nonprofit organizations, individual providers and others. Between July, 2009, and June, 2010, ICC's analytics committee assessed diabetes quality indicators in five clinic systems through chart audits and offered provider feedback through the ICC's health information exchange.

<http://icc-centex.org>

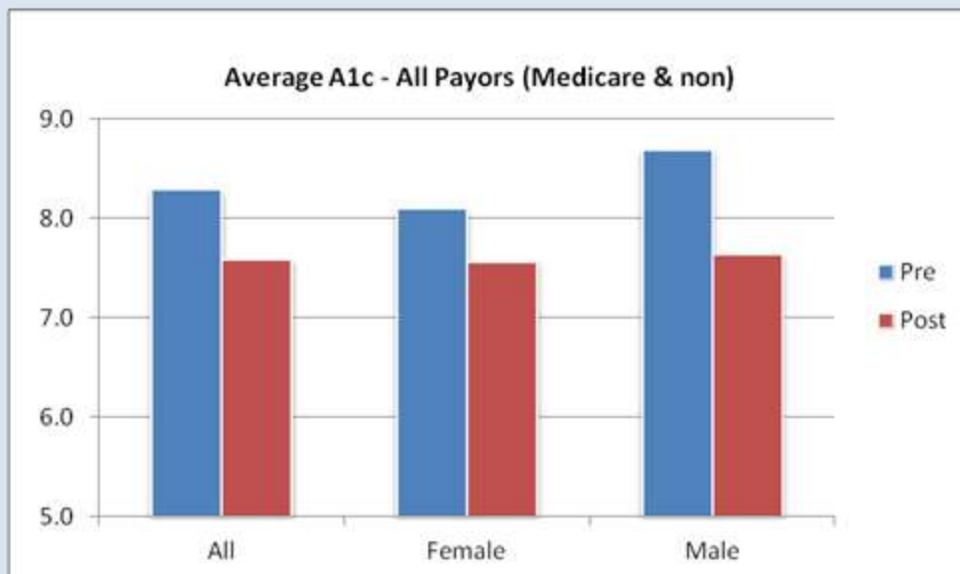
BlueCross BlueShield of Texas (BCBSTX) Bridges to Excellence Programs

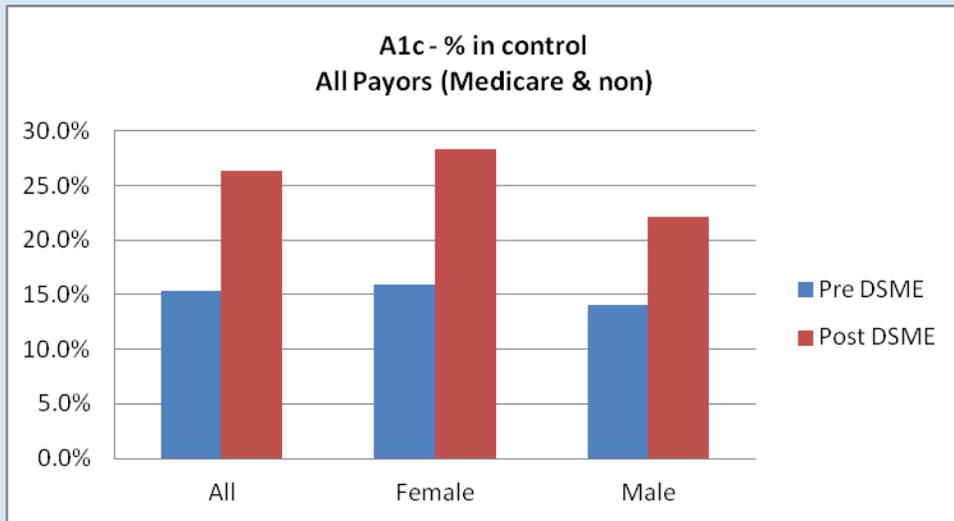
[Bridges to Excellence \(BTE\)](#) programs recognize and reward clinicians who deliver superior patient care, with emphasis on managing patients with chronic conditions. BlueCross BlueShield of Texas invites physicians who treat persons with diabetes or cardiac disease to become [BTE recognized](#), and have an opportunity to earn annual incentives for providing excellent care based on BTE guidelines. BCBSTX will pay a BTE recognized physician \$100 per BCBSTX selected patient, per program year. The BCBSTX Diabetes Care Program was initiated in June 2009 with 80 physicians. By mid 2012, there were 498 recognized physicians in Texas. Approximately 15,000 members have been treated by BTE Diabetes Care physicians, resulting in estimated cost savings of \$1,200 per member per year in 2010, and \$800 in 2011.

TMF Health Quality Institute Salud por Vida/Health for Life Project

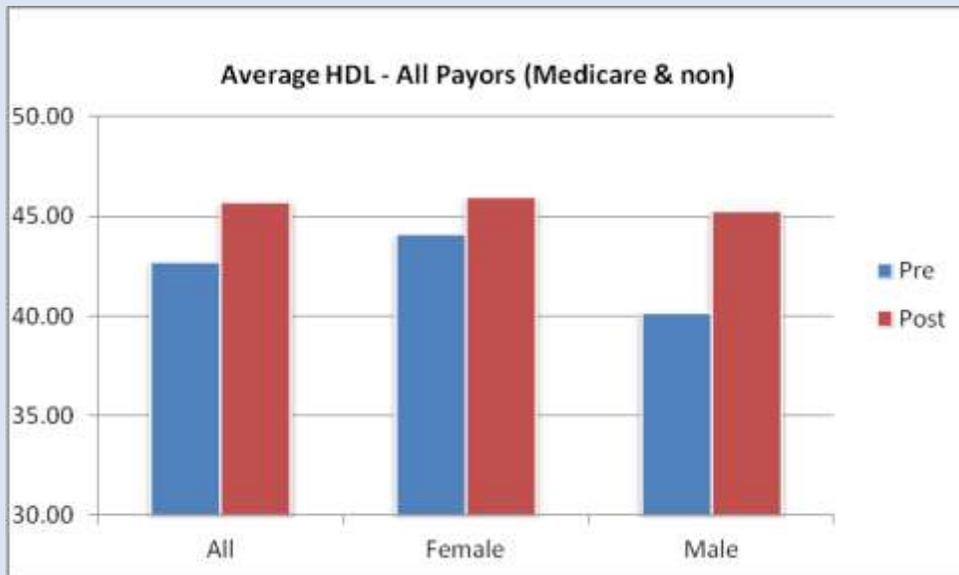
TMF conducted the Centers for Medicare & Medicaid Services (CMS) project, *Salud por Vida/Health for Life*, from October, 2010, through March, 2012. The initiative exceeded its goal of enrolling more than 10,000 persons with diabetes in diabetes self-management education classes (11,607 enrolled), engaging 93 health care providers to increase referrals, improve care processes and create sustainable systems changes that improve patient care. Target communities included those with high numbers of Hispanic Medicare beneficiaries with diabetes (San Antonio, El Paso, Laredo and the Lower Rio Grande Valley) and three federally recognized Native American tribes in Texas: the Alabama Coushatta, the Tigua of Ysleta del Sur Pueblo and the Kickapoo Tribe, as well as two urban health care centers in Dallas and Houston that treat many Native American patients.

Pre- and post-DSME clinical analysis showed improvement in HbA1c and lipid testing measures among participants:

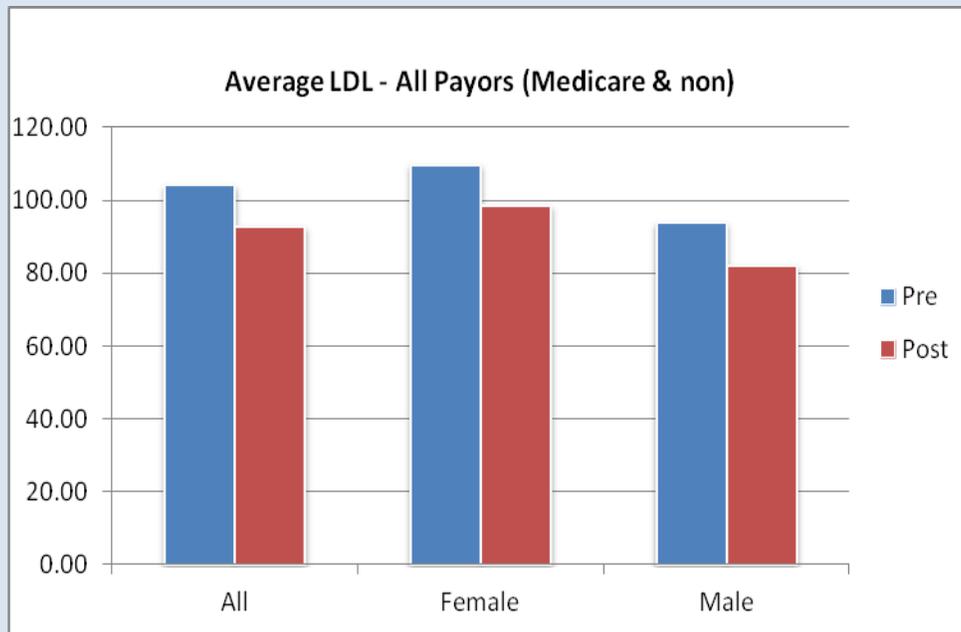




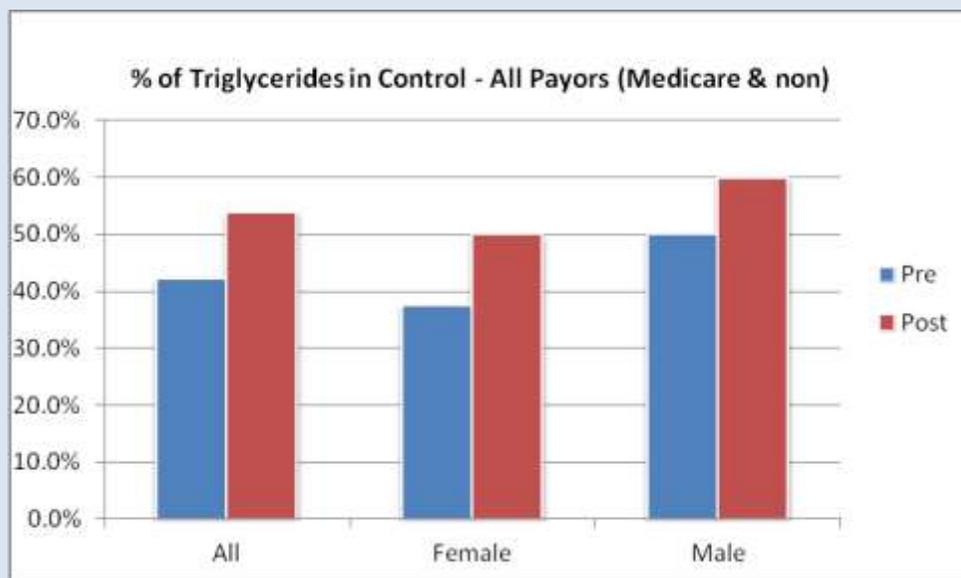
*In control: A1c < 7.0%**



*In control: HDL > 40 mg/dl**



*In control: LDL < 100 mg/dl overall, <70mg/dl if CVD**



*In control: < 150 mg/dl**

** ADA Standards for Medical Care for Diabetes 2012, approved by the American Diabetes Association (ADA) Multidiscipline Professional Practice Committee, and the Texas Diabetes Council.*

To sustain progress achieved, TMF offered the following support:

- Training to staff on DSME curriculum (see curricula below)
- Training on the [Diabetes and Healthy Eyes Toolkit](#)
- Templates for recording data (AADE7 enhanced system)

- Durable educational tools and resource list for replacement pieces
- Promotion of local DSME program in [statewide health services call center](#) (2-1-1 Texas)
- Training on Medicare reimbursement and processes
- Technical assistance for diabetes program accreditation (AADE)
- Facilitative support for licensed professionals to prepare for the certified diabetes educator (CDE) exam, assisting 26 new CDEs in Texas
- Resources for continuing education
- Bilingual, low literacy, diabetes education handouts

TMF Facilitated Train the Trainer Program
Salud for Vida / Health for Life
Approved Curricula

[Diabetes Empowerment Education Program \(DEEP\)](#)

Midwest Latino Health Research and Policy Center, University of Illinois at Chicago

[Do Well, Be Well with Diabetes](#)

Texas Agri-life Extension Services

[Guiding Patients to Successful Self-management, AADE7 Self Care Behaviors](#)

American Association of Diabetes Educators

[Gateway Diabetes and Cardiovascular Education Program](#)

Gateway Community Health Center, Laredo, Texas

[Balancing your life with Diabetes](#)

Indian Health Services

[Stanford Chronic Disease Self-management Program and Diabetes Self-Management Program](#)

Stanford University Patient Education Research Center

New National Standards for DSMES

The *National Standards for Diabetes Self-Management Education and Support* (DSMES) were recently revised, as they are every five years. The revised standards are published in the American Association of Diabetes Educator's [The Diabetes Educator](#) and in the American Diabetes Association's [Diabetes Care](#) in September/October, 2012.



Food Day – October 24, 2012

The Texas Department of State Health Services Health Promotion and Chronic Disease Prevention Section recognizes Food Day, October 24, 2012. Food Day is a national campaign created by the Center for Science in the Public Interest (CSPI) to celebrate healthy, affordable foods produced in humane, sustainable ways.

The campaign seeks to improve food systems by:

- Reducing obesity and diet-related disease through promotion of safe, healthy foods
- Supporting sustainable family farms and cutting subsidies to agribusiness
- Ending urban and rural “food deserts” by providing access to healthy foods
- Protecting the environment and farm animals by reforming factory farms
- Promoting children’s health by curbing junk-food marketing aimed at kids
- Obtaining fair wages for all workers in the food system

The Food Day website (www.FoodDay.org) includes a media guide and other resources to assist chronic disease prevention programs and communities in promoting the campaign and observing Food Day:

- [Poster](#) and [signage](#) templates for Food Day events
- A [film screening guide](#) with suggestions for video screenings that relate to the Food Day campaign
- [One-pagers](#) with suggestions on how schools, campuses, restaurants and farmer’s markets can participate in Food Day
- Food Day [recipe cards and cookbook](#) for use as promotional materials at events

Visit www.foodday.org to download these resources and more!



What is Diabetes Local?

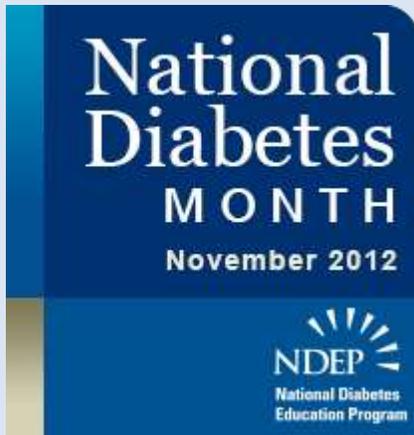
[DiabetesLocal](#) is an online, reviewed resource guide focusing on locally accessible resources for individuals impacted by diabetes and healthcare professionals. Resources may be found by using either a guided search based on the framework of the American Association of Diabetes Educators' *AADE 7 Self-Care Behaviors and Education* or by using a word search.

[DiabetesLocal](#) is a non-branded website and wellness initiative of the Diabetes Research and Wellness Foundation (DRWF), a 501(c)3 with headquarters in Washington, DC. Resources can be added to the database by individuals using an online form to post information at www.diabeteslocal.org. After review and approval by a health care professional, the resource is made available to the public.

The Texas Diabetes Prevention and Control Program at the Texas Department of State Health Services encourages organizations in Texas that offer education and support to persons with diabetes to visit www.diabeteslocal.org and add or recommend their community resources. Items such as support groups, diabetes-related classes, exercise classes, nutrition classes, walking programs, weight-loss programs, etc., are all perfect additions to the database.

Community organizations control the information that is shared. The site allows organizations to add, edit, or remove resources as necessary. Once a resource is added, it may take a few days before it appears on the website. Resources can be listed under multiple categories. To add a resource:

1. Go to www.DiabetesLocal.org
2. On the right side of the screen, click on "Add a Resource to Our Library"
3. Follow user-friendly instructions



National Diabetes Month November 2012

In observance of National Diabetes Month in November, the National Diabetes Education Program (NDEP) and its partners are changing the way diabetes is treated by working together to help people better understand HOW to make the necessary changes in their day-to-day life in order to prevent type 2 diabetes, manage their diabetes to prevent complications, and live healthier lives.

One way the NDEP and its partners are changing the way diabetes is treated is by providing tools to help people make a plan to stay healthy and outline steps they can take to reach and maintain their goals. Many people know WHAT to do to improve their health; it's figuring out HOW to do it and fit it into their daily routine that's challenging.

The NDEP provides online tools to help people better understand HOW to make changes in their day to day life to help them stay healthy:

- NDEP's online library of behavior change resources, [Diabetes HealthSense](#), provides users with a searchable database of research, tools, and programs to address the wide array of psychosocial and lifestyle-change challenges associated with diabetes self-management. Resources included in **Diabetes HealthSense** have been reviewed by a team of leading independent experts on psychosocial issues with specific expertise in the science of behavior change.

Learn more at YourDiabetesInfo.org/diabetesmonth



The School Day Just Got Healthier Toolkit

Improving child nutrition is the focal point of the [Healthy, Hunger-Free Kids Act of 2010](#). The legislation authorizes funding and sets policy for USDA's core child nutrition programs: the [National School Lunch Program](#), the [School Breakfast Program](#), the [Special Supplemental Nutrition Program for Women, Infants and Children \(WIC\)](#), the

[Summer Food Service Program](#), and the [Child and Adult Care Food Program](#). The Healthy, Hunger-Free Kids Act allows USDA, for the first time in over 30 years, opportunity to make real reforms to the school lunch and breakfast programs by improving the critical nutrition and hunger safety net for millions of children.

New standards resulting from the Act will

- ensure students are offered both fruits and vegetables every day of the week;
- substantially increase offerings of whole grain-rich foods;
- offer only fat-free or low-fat milk varieties;
- limit calories based on the age of children being served to ensure proper portion size; and
- increase the focus on reducing the amounts of saturated fat, trans fats and sodium.

[The School Day Just Got Healthier Toolkit](#) is a collection of resources including brochures, fact sheets, FAQs, fliers, school lessons, templates and much more, to help prepare everyone for the changes to school meals this school year.

Visit <http://www.fns.usda.gov/cnd/healthierschoolday/> for more information.

New Resource Available from the Centers for Disease Control and Prevention (CDC):

CDC Guide for Partnering with Pharmacists

The Division for Heart Disease and Stroke Prevention and the Division of Diabetes Translation (DDT) at CDC, in collaboration with the National Association of Chronic Disease Directors, are pleased to announce that *A Program Guide for Public Health: Partnering with Pharmacists in the Prevention and Control of Chronic Diseases* is now available at

http://www.cdc.gov/dhdsp/programs/nhdsp_program/docs/Pharmacist_Guide.pdf.

Programs addressing chronic diseases in state health departments and communities can build team relationships through public and private partnerships. The guide serves as a starting point to build these relationships with pharmacists and other strategic stakeholders.

CDC's Division of Nutrition, Physical Activity, and Obesity Prevention Releases Health Equity Resource Toolkit to Address Obesity Disparities

CDC's Division of Nutrition, Physical Activity, and Obesity Prevention recently released the *CDC Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities*. The Toolkit is designed to help state health departments and their partners work with and through communities to implement effective responses to obesity in populations that are facing health disparities.

The Toolkit can be downloaded at http://www.centertrt.org/?p=equity_toolkit.

Expansion of the AHRQ Registry User Guide

The Agency for Health Research and Quality (AHRQ) publication, "[Registries for Evaluating Patient Outcomes: A User's Guide](#)" was first published in 2007 as a source of practical information on the design, operation, and analysis of patient registries. In 2010, the User's Guide was updated with guidance on collecting information to assess patient outcomes.

This new project will expand the User's Guide to address 11 new topics in registry methodology and will update existing chapters to cover new legislation and other changes in registry science. It will also include real-world contemporary case examples to illustrate key principles of registry design, operation, and evaluation, and to demonstrate different strategies and perspectives to address common challenges.

The project is one of four secondary goals of a larger project, [Developing a Registry of Patient Registries](#). The primary goal of this overarching project is to engage stakeholders in the design and development of a searchable database of existing patient registries in the United States with a number of important features that will enable searching, information sharing, and patient recruiting. [Learn more about this project and its other secondary goals](#) designed to support the efficient use of high-quality registries for clinical research.

The Patient Centered Medical Home-Closing the Gap: Revisiting the State of Science

AHRQ, through its Evidence-based Practice Centers, sponsors the development of evidence reports and technology assessments to assist public- and private-sector organizations in their efforts to improve the quality of health care in the United States. As part of AHRQ's *Closing the Quality Gap: Revisiting the State of the Science* series, this systematic review sought to identify completed and ongoing evaluations of the comprehensive patient-centered medical home (PCMH), summarize current evidence for this model, and identify evidence gaps. Published studies of PCMH interventions often have similar broad elements, but precise components of care vary widely. The PCMH holds promise for improving the experiences of patients and staff, and potentially for improving care processes. However, current evidence is insufficient to determine effects on clinical and most economic outcomes. Ongoing studies identified through the "horizon scan" have potential to greatly expand the evidence base relating to PCMH.

To access the full report, go to:

<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=1178&ECem=120703>



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