

D **T E X A S** DIABETES

The Newsletter of the Texas Diabetes Council 

Summer 2016

TDC Recognizes Four HMOs for HEDIS® 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 the Healthcare Effectiveness Data and Information Set (HEDIS®) performance measures relating to comprehensive diabetes care. According to [The Guide to Texas HMO Quality: 2014 \(PDF\)](#), four HMOs in seven 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 measures related to the ABCs of diabetes (A1c, blood pressure control, cholesterol) were recognized.

The following programs received recognition for exceeding state averages:

- Community First Health Plans (San Antonio market) commercial category
 - Exceeded the national average in the blood pressure control measure
- FirstCare (Abilene and Waco markets) non-commercial category
- Humana Health Plans of Texas (Corpus Christi, Houston, and San Antonio markets) non-commercial category
 - Exceeded the national average in the LDL-C screening measure in the Corpus Christi and San Antonio markets
- Scott and White Health Plan (Central Texas market) commercial category
 - Exceeded the national average in six HEDIS measures for diabetes care

HEDIS 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: 2014](#) reflects the experience of Texans in HMOs during 2013. The Texas Office of Public Insurance publishes the guide to assist employers and consumers in selecting HMO coverage.

Figure 1: Comprehensive Diabetes Care: HEDIS® Measures for Texas and U.S., 2014

<i>The percentage of members 18–75 years of age with type 1 or type 2 diabetes who:</i>	Texas Average 2014	National Average 2014*
Had one or more HbA1c tests conducted within the past year	87.0%	89.9%
Had their most recent HbA1c level greater than 9.0 percent during the past year**	49.2%	30.5%
Had their most recent HbA1c level less than 8.0 percent during the past year	42.0%	58.9%
Had their most recent HbA1c level less than 7.0 percent during the past year	29.7%	39.8%
Had an LDL-C test done within the last two years	83.9%	84.9%
Had an LDL-C test performed during the previous year with a level reading of less than 100 mg/dL	33.6%	46.7%
Had their most recent blood pressure reading at less than 140 mm Hg systolic and 80 mm Hg diastolic during the past year	21.9%	43.0%

*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.



Darren Bean, Quality Project Manager for Community First Health Plans, accepts an HMO Recognition Award from TDC Chair, Kathy LaCivita, MD, at the TDC quarterly meeting on April 28, 2016.



Robin Fletcher, RN, MPH, Clinical QI Analyst for FirstCare, accepts HMO Recognition Awards.



Cathy Becvar, LVN for Humana, accepts HMO Recognition Awards.



Michael Hawkins, MD, Interim Chief Medical Officer for Scott & White Health Plan, accepts Special Recognition for exceeding the national average in six HEDIS measures for diabetes care.

Empower Your Patients with Diabetes Self-Management Education

Diabetes education works. But less than 60 percent of people with diabetes have had formal diabetes education. Physicians can increase that number by referring their patients with diabetes to Diabetes Self-Management Education (DSME).

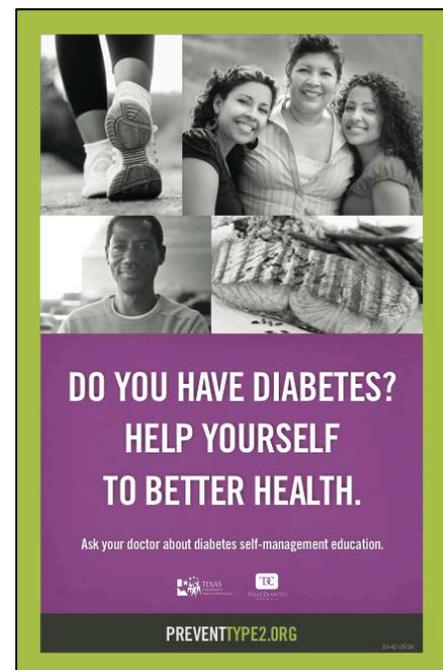
Research shows that people who have received diabetes education are more likely to:

- Use primary care and preventive services
- Take medications as prescribed
- Control their blood glucose, blood pressure, and cholesterol levels
- Have lower health costs

The Texas Diabetes Council and the Texas Department of State Health Services have created new materials for providers to empower their patients with diabetes through DSME. The message to patients is, "Do you have diabetes? Help yourself to better health."

Physicians and healthcare providers can access the updated Texas Diabetes Council tool kit, download or order free educational materials, and locate local DSME programs at www.tdctoolkit.org. Materials include:

- A poster for display in physician offices
- An informational card and fact sheet for distribution to patients
- A patient referral form in tear-off pads for physicians to refer patients to a DSME program. The form also features an algorithm that defines four critical times to assess, provide, and adjust DSME



Patients can also find diabetes management and prevention information, in English and Spanish, at www.preventtype2.org.

DSME is a benefit covered by Medicare and most health plans when provided by a diabetes educator within an accredited/recognized program.

Support the National Effort to Raise Awareness of Prediabetes

1 in 3 Adults in America have prediabetes and are at risk for serious health consequences

An estimated 37% of adults in Texas have prediabetes

The American Diabetes Association (ADA), American Medical Association (AMA), and Centers for Disease Control and Prevention (CDC) have recently partnered with the Ad Council on the first national prediabetes awareness campaign. The campaign is designed to help people learn their risk and take steps to reverse the condition. The message is simple but strong: **no one is excused from prediabetes**. The campaign encourages people to take a short online test at DoIHavePrediabetes.org to learn their risk for prediabetes. The website features lifestyle tips and connects visitors to the CDC-led National Diabetes Prevention Program.

How You Can Help

Get Social:

- Promote the campaign to your followers (Facebook, Twitter, etc.): encourage them to take the prediabetes risk test and make lifestyle changes to help reverse the condition.
- **Example:** It takes less than one minute to find out if you have prediabetes. Visit DoIHavePrediabetes.org to know where you stand.
- **Link:** Check out all of the social media resources here: Prediabetes Social Toolkit.

Video PSAs on DoIHavePrediabetes.org



Digital Promotion:

- Show your support for the campaign by linking to DoIHavePrediabetes.org on your webpage.

Engage Employees/Co-workers:

- Include posters and risk test flyers in breakrooms, kitchens/cafeterias, or in other places where employees gather.
- Promote the texting program to employees through email newsletters, including links to Public Service Announcement (PSA) content and the campaign website DoIHavePrediabetes.org.
- Host an office hour where employees can stop by a conference room to learn more about the campaign and take the short risk assessment test on a computer or mobile device.
- Encourage employees to know where they stand by taking the prediabetes risk test through the campaign mobile program. Employees can text **RISKTEST** to **97779** to take the short test over the phone or mobile device.

KNOW WHERE YOU STAND

DoIHavePrediabetes.org

(It'll only take a minute!)



Updated NDEP Resource Provides Tools to Improve Delivery of Diabetes Care

NDEP has updated a web-based resource that provides models and processes of care delivery to transform and improve patient-centered diabetes care in various health care settings. [Practice Transformation for Physicians and Health Care Teams](#) is based on current, peer-reviewed literature, and evidence-based clinical practice recommendations.



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