

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



FALL 2008

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Texas Diabetes Prevalence Continues to Rise

Texas Diabetes Fact Sheet Update

Each fall, the Texas Diabetes Program updates diabetes prevalence and mortality statistics based on responses to the Texas Behavioral Risk Factor Surveillance System (BRFSS) survey for the previous year and currently available vital statistics data. Unless otherwise indicated, the figures presented below are estimates based on 2007 BRFSS survey response and include mortality data up to 2005. Persons with diabetes include those who report that they have been told by a doctor they have diabetes. Women who report diabetes only in pregnancy are not included in prevalence estimates.

Survey estimates of diabetes prevalence rose from 8% in 2006 to 10.3% in 2007. The 2007 BRFSS survey had a substantially larger sample size than previous years; therefore, it could have provided a more accurate estimate of prevalence, which is steadily increasing in the state and nation. The increase could also be the result of increased screening and awareness of diabetes. In this case, the actual number of persons with diabetes may not have increased as much, but the number of people who are aware that they have diabetes has.

2007 Diabetes Prevalence

Prevalence of Diagnosed¹ Diabetes in Persons 18 and Older

An estimated 1.8 million persons aged eighteen years and older in Texas (10.3% of this age group) have been diagnosed with diabetes. Nationwide, 18.3 million persons eighteen years of age and older have been diagnosed with diabetes (9.0% of this age group).

Prevalence of Undiagnosed² Diabetes in Persons 18 and Older

Another estimated 460,040 persons aged eighteen years and older in Texas are believed to

have undiagnosed diabetes (based on 1999-2000 NHANES age-adjusted prevalence estimate of 2.5% of persons twenty years of age and older). The total for both diagnosed and undiagnosed diabetes is 2.2 million.

Prevalence of Diagnosed¹ Diabetes by Sex in Persons 18 and Older

Male	853,751 (9.9%)
Female	942,698 (10.8%)

Prevalence of Diagnosed¹ Diabetes by Race/Ethnicity in Persons 18 and Older

White, non-Hispanic	751,235 (8.5%)
Black, non-Hispanic	244,590 (12.9%)
Hispanic	721,779 (12.3%)
Other	88,524 (11.8%)

Prevalence of Diagnosed¹ Diabetes by Race/Ethnicity and Age Group in Persons 18 and Older

Age Group	White, non-Hispanic	Black, non-Hispanic	Hispanic	Other
18 - 44	3.0%	3.7%	6.8%	3.8%
45-64	10.9%	17.6%	20.2%	21.1%
65+	17.5%	36.5%	34.4%	34.1%
Overall	8.5%	12.9%	12.3%	11.8%

Prevalence of Diagnosed¹ Diabetes by Age Group in Persons 18 and Older

18-29 Years	2.7%
30-44 Years	5.5%
45-64 Years	14.5%
65+	23.2%

Prevalence of Diagnosed¹ Diabetes by Educational Level in Persons 18 and Older

No High School Diploma	15.8%
High School Graduate	11.3%
Some College	10.0%
College +	6.9%

Continued on page 2

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Texas Diabetes

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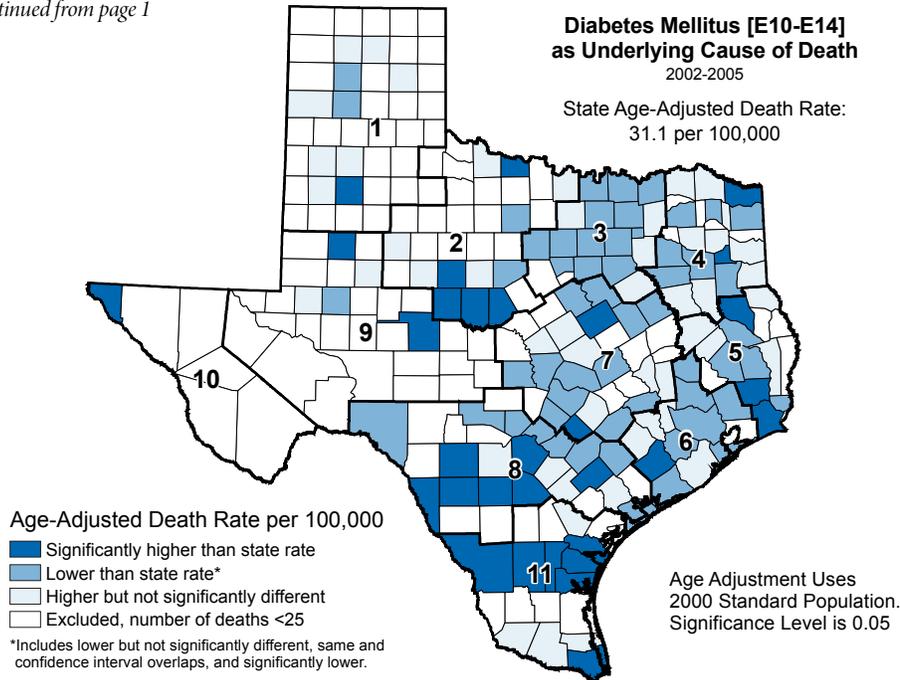
Richard Kropp, Editor



TEXAS DIABETES
COUNCIL

“Texas Diabetes Prevalence” (continued)

Continued from page 1



Source: Center for Health Statistics, Texas Department of State Health Services

Diabetes Mortality³

Deaths Among Persons with Diabetes

Diabetes was the sixth leading cause of death in Texas in 2002 through 2005. In 2005, 5,593 deaths were directly attributed to diabetes. Diabetes was also the sixth leading cause of death nationally in 2002 through 2004, and seventh in 2005. Diabetes is believed to be under-reported on death certificates in Texas and the nation, both as a condition and as a cause of death. The map above shows the age-adjusted mortality rates per 100,000 persons for Texas by county for the years 2002 through 2005, with diabetes as the underlying cause of death. The state rate for the four years is **31.1 per 100,000**. More of the counties in Health Service Regions 8 and 11 fall into the “significantly higher than state rate” and “higher than state rate, but not significantly different” categories. Many counties along the eastern part of our state fall into the “higher than state rate, but not significantly different” category.

Diabetes Mortality³ Rate (Per 100,000) by Race/Ethnicity, Texas, 2005

The 2005 diabetes mortality rate for Texas was 30 deaths per 100,000 persons. Mortality

rates for each race/ethnicity were applied to the 2005 population by race/ethnicity:

- ◆ 21 per 100,000 whites (non-Hispanic)
- ◆ 52 per 100,000 Hispanics
- ◆ 55 per 100,000 blacks (non-Hispanic)
- ◆ 15 per 100,000 persons who fall in the “Other” category

The 2005 mortality rates (per 100,000) for blacks (non-Hispanic) and Hispanics were more than double that of whites (non-Hispanic). ■

¹Source: 2007 Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, for persons who are eighteen years of age and older. Data include both type 1 and type 2 diabetes. Prevalence data for 2008 will be available in fall of 2009. (Prevalence data are available for the year prior to the current year.)

²Persons 20 years of age and older. Centers for Disease Control and Prevention. Prevalence of Diabetes and Impaired Fasting Glucose in Adults, United States, 1999-2000. MMWR. September 5, 2003; 52(35);833-837.

³Texas Department of State Health Services, Texas Vital Statistics. Data include male and female, and all ages.

NDEP Clinical Diabetes Management Podcast Series

The National Diabetes Education Program (NDEP) recently produced a series of new podcasts for health care professionals titled *Clinical Diabetes Management*. The podcasts interview specialists from pharmacy, podiatry, optometry, and dental (PPOD) professions on preventing diabetes complications and working as part of the diabetes care team. Each interview has a corresponding summary podcast. Taken singly or as a series, these free digital recordings promote the team approach to comprehensive diabetes care and provide simple care recommendations to clinicians about making cross-disciplinary referrals.

The series includes 10 podcasts that cover topics such as periodontal disease, preventing vision loss, living with vision loss, preventing amputation, and the pharmacist’s role in diabetes.

Accessing the podcasts is easy: Go to www.cdc.gov/podcasts. Click on the “Browse” tab. Scroll down to “By Series.” Select “Clinical Diabetes Management” and click “Go.”

Texas Diabetes Burden Report Now Online

In addition to the *Texas Diabetes Fact Sheet*, the Texas Diabetes Program publishes *The Burden of Diabetes in Texas*, a 30-page report highlighting statistics on

- ◆ prevalence
- ◆ risk factors
- ◆ mortality
- ◆ complications
- ◆ diabetes control/HEDIS data
- ◆ economic burden
- ◆ projections of burden for the state

Updated September 2008 at <http://www.dshs.state.tx.us/diabetes/tdcdata.shtm> ■

Statehealthfacts.org has recently added new and updated data on Demographics and the Economy, Health Coverage & Uninsured, Medicare, and Providers & Service Use. A list of all recent updates can be viewed at <http://statehealthfacts.org/cgi-bin/healthfacts.cgi?action=whatsnew>.

Cost of Diabetes-Related Services Under Medicaid and CHIP

In preparing its Plan to Prevent and Control Diabetes in Texas, the Texas Diabetes Council collects information on state agency expenditures for diabetes-related services. **Recent estimates of Texas Medicaid reimbursement for diabetes-related services in 2006 reached almost \$443 million, and Children's Health Insurance Plan (CHIP) payments for 2007 were an estimated \$3.6 million.**

The majority of Medicaid-eligible adults with diabetes receive services through Medicaid **Fee-For-Service (FFS)** and **Primary Care Case Management (PCCM)**. Between state fiscal years 2003 and 2006, the percentage of Medicaid-eligible adults receiving diabetes-related services¹ under FFS and PCCM rose from 18.4% to 21.2%. During the same period, the total dollars paid per adult with diabetes and the total dollars paid per diabetes-related claim decreased. A total of \$1,816 was paid per adult in 2003 compared to \$1,652 paid per adult in 2006. A total of \$179 was paid per claim in 2003 compared to \$144 paid per claim in 2006.

Medicaid services offered through **managed care organizations** include the **STAR** and **STAR Plus** programs. STAR Plus provides

acute and long-term services and support for Medicaid recipients over age 65 and those with disabilities. Diabetes costs paid per adult with diabetes under STAR increased from an estimated \$829 in 2003 to \$1,275 in 2006. STAR Plus clients, who are much more likely than other managed care clients to receive diabetes-related services, accounted for estimated costs of \$3,559 per client in 2003 and \$3,152 in 2006.

Between 2003 and 2006 the percentage of children receiving diabetes-related services under FFS/PCCM and managed care remained relatively stable at less than 1%. The largest portion of the amount paid by CHIP for diabetes-related services was for clients with type 1 diabetes (83%).

Client identification systems for CHIP and Medicaid are different, so costs and numbers served by each program are examined separately. Looking at only numbers served by Medicaid (excluding CHIP), about 247,857 adults and 12,717 children received diabetes-related services in 2006. ■

Additional analysis can be found online at www.dshs.state.tx.us/diabetes/tdcdata.shtm

Medicaid FFS/PCCM and Managed Care Reimbursement for Adult Diabetes Services, 2006

Type of Coverage / Adults	Diabetes Clients	Percent of Total Clients	Reimbursement Paid
FFS / PCCM (Age 21+)	238,116	21.2%	\$393,270,158.00
STAR over 20 ²	4,457	3.0%	\$5,684,861.00
STAR Plus ²	7,873	11.5%	\$24,812,533.00
Note: Data sources for FFS/PCCM and managed care (STAR/STAR Plus) are maintained separately. Within a given time period, individual clients may transfer between more than one type of Medicaid; therefore, the sum of the Diabetes Clients column in this table does not represent an unduplicated number of Medicaid clients with diabetes. Percent of Total Clients is the percentage of total clients with diabetes enrolled in the corresponding type of coverage			\$423,767,552.00

Medicaid FFS/PCCM and Managed Care Reimbursement for Youth Diabetes Services, 2006

Type of Coverage / Youth	Diabetes Clients	Percent of Total Clients	Reimbursement Paid
FFS / PCCM (20 years and younger)	9,689	0.4%	\$15,164,890.00
STAR under 21 ²	3,559	0.3%	\$3,834,545.00
Note: Data sources for FFS/PCCM and managed care (STAR) are maintained separately. Within a given time period, individual clients may transfer between more than one type of Medicaid; therefore, the sum of the Diabetes Clients column in this table does not represent an unduplicated number of Medicaid clients with diabetes.			\$18,999,435.00

CHIP Payments for Diabetes Services by Type of Diabetes, 2007

	Number of Encounters	Number of Members	Estimated Amount Paid ⁵
Type 1 Diabetes ³	18,647	1,147	\$2,730,589.00
Type 2 Diabetes ⁴	7,777	1,724	\$834,832.00
			\$3,565,421.00

Footnotes:

¹Diabetes-related services is defined as claims with **any** diagnosis of ICD-9-CM250 (not limited to primary diagnosis). Age is based on the age of the client on the date of service.

²HMOs participating in Medicaid Managed Care in Texas are paid on a capitation basis and not on a fee-for-service basis. Therefore, any dollar amounts provided for Managed Care are estimates only.

³Type 1 Diabetes is defined as any diagnosis of ICD9-CM code 250.*1 or 250.*3.

⁴Type 2 Diabetes is defined as any diagnosis of ICD9-CM code 250.*0 or 250.*2.

⁵Estimated cost information was not provided for all claims. CHIP healthplans are paid on a capitated basis and not on a fee for service basis. Therefore, the estimated amount paid reported by healthplans is not the amount paid by Texas.

Data Sources:

- Texas Medicaid and Health Partnership (TMHP) Ad Hoc Query Platform (AHQP) Claims Universe

- Texas Medicaid Managed Care Encounter Database, Institute for Child Health Policy

- Texas CHIP Encounter Database (ICHP)

Data prepared by: Research Team, Strategic Decision Support, Texas Health and Human Services Commission, September 2008.

Jefferson County Community Diabetes Project Promotes Awareness of Medicare Benefits

The Jefferson County Family Focused Diabetes Project, centered in Beaumont, in collaboration with the National Association of University Women, was recently chosen as one of ten organizations nationally to receive \$2,500 for grassroots promotion of Medicare's free diabetes screening benefit.

Of the 35 million American seniors in Medicare (ages 65 or older), as many as 17 million have undiagnosed diabetes or pre-diabetes. Medicare covers free annual screening for beneficiaries at risk for diabetes. However, initial data from the Centers for Medicare and Medicaid Services (CMS) suggest that these benefits are under-utilized, with less than 10% of beneficiaries screened in 2005. A National Institutes of Health clinical trial (Diabetes Prevention Program, 2001) showed that people ages 60 and older with pre-diabetes could lower their risk of developing diabetes by 71% with modest changes in diet and physical activity.

With a Community Diabetes Project grant from the Texas Diabetes Program, Dr. Debra Williams, Jefferson County

project facilitator, has worked in the Beaumont/Port Arthur area to implement the *Do Well Be Well with Diabetes* education program developed by AgriLife Extension at Texas A&M. The Medicare screening grant offers additional resources to provide further outreach to those 65 and older.

"It's important that we work with health care providers and patients to make sure those at risk are screened to detect diabetes early on," said Williams. "For those identified with diabetes or pre-diabetes, we offer community education classes and information about other diabetes management services available through Medicare to prevent onset of the disease and its complications."

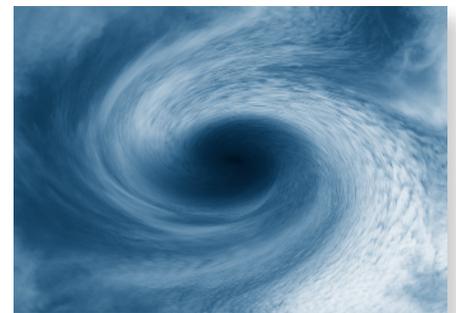
The Medicare Diabetes Screening Project is a national coalition of patient, provider, business, government, and private sector organizations, co-chaired by the American Diabetes Association, Healthcare Leadership Council, and Novo Nordisk, Inc. The ten awards for this grassroots outreach effort are provided to the MDSP by Novo Nordisk, Inc. ■

San Antonio AADE Chapter Develops Resource for Disaster Response

Diabetes Disaster Response Toolkit

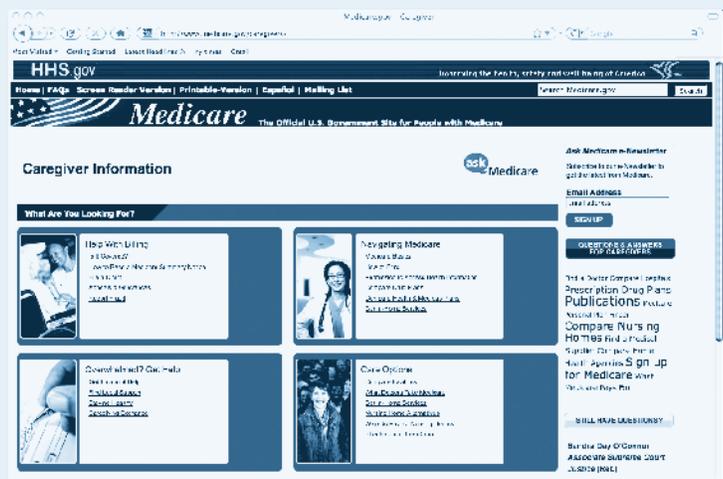
The Diabetes Disaster Response Toolkit developed by the **Alamo Association of Diabetes Educators** (San Antonio) can be found on the American Association of Diabetes Educators (AADE) web site. The toolkit includes information for health care professionals involved in emergency diabetes clinic set-up, staffing, chart documentation, policies and procedures, case management, and patient education. Links to important information for persons with diabetes affected by hurricanes is included in the patient education section.

www.diabeteseducator.org/ProfessionalResources/Library/Disaster_Response_Toolkit.html



"Ask Medicare" web site launched

Medicare recently introduced "Ask Medicare," a free online resource to help Medicare applicants and beneficiaries navigate the government claims system. The new, more user-friendly site consolidates Medicare information into several portals, directing Medicare users to specifics about their Medicare coverage and to networking tools like caregiving message boards, discussion groups, and newsletters. For more information, visit www.medicare.gov/caregivers.



New Online Videos and Brochures Teach Basics of Managing Type 2 Diabetes

COULD YOU HAVE DIABETES?
(A QUIZ)

More than 400,000 Texans have type 2 diabetes and don't know it. Take this easy test and find out if you could be at risk.*

Risk for type 2 diabetes

- African American, Hispanic, Native American, Asian American or Pacific Islander
- Sister, brother, parent, grandparent, aunt, or uncle with diabetes
- High or low blood sugar
- Overweight (20% or more over ideal weight)
- Fairly inactive or exercise less than 3 times per week
- Age 45 or older
- Previous diabetes during pregnancy or had a baby weighing more than 9 pounds at birth
- Blood pressure is 140/90 or higher
- High cholesterol

* Diabetes means having too much sugar in your blood. High blood sugar can damage the heart, arteries, eyes, nerves, and kidneys and lead to serious health problems.

LIVING WITH DIABETES
(A GUIDE)

If you're among the 1.5 million Texans who have diabetes, here is some advice you can live with. Regular check-ups, exercise, controlling your blood sugar, and healthy eating can help you prevent or delay complications from type 2 diabetes.

NOTA: Todas las personas con diabetes deben aprender cómo cuidarse.

Registro de Salud para la Diabetes

Nombre: _____
 PROFESOR DE CUIDADO DE SALUD PARA LA DIABETES: _____
 TELÉFONO DEL PROFESOR DE CUIDADO DE SALUD PARA LA DIABETES: _____

TENGO DIABETES

NO ESTOY BORRACHO(A). Si pierdo el conocimiento actúo en forma extraña, podría ser porque me bajo el nivel de azúcar en la sangre.

TRATAMIENTO DE EMERGENCIA – Necesito azúcar inmediatamente.

Si estoy en condiciones de tragar, dame jugo de fruta, un refresco que no sea de dieta, un dulce o azúcar.

Si no estoy en condiciones de tragar o si no me recupero en 15 minutos, llámenme al 9-1-1 para pedir ayuda médica y informarme que tengo diabetes.

Hable sobre los temas siguientes con regularidad con su proveedor de cuidados para la diabetes:

- Monitorización de la glucosa en la sangre
- Hipoglucemia (azúcar baja)
- Hiperglucemia (azúcar alta)
- Colesterol
- Presión sanguínea
- Medicamentos
- Control de peso
- Revisiones dentales de los pies
- Actividad física
- Cuidado diario durante enfermedades
- Control del estrés
- Terapia de nutrición médica
- Aconsejamiento para dejar de fumar
- Aconsejamiento anterior al embarazo
- Cuidados durante el embarazo
- Complicaciones

Controle la diabetes con el Registro de Salud para la Diabetes

Toda la persona con diabetes deben participar activamente para controlarse la diabetes. El Registro de Salud para la Diabetes le ayudará a recordar las pruebas y los análisis básicos que necesita y la frecuencia con que los necesita. Nota: Es posible que necesite pruebas adicionales que no están en la lista.

Este Registro de Salud para la Diabetes se basa en las recomendaciones clínicas adoptadas por el Texas Diabetes Council (Consejo de Diabetes de Texas), así como en los *Standards of Medical Care in Diabetes – 2008* (Normas de la atención médica para la diabetes de 2008) de la American Diabetes Association (Asociación Americana de Diabetes).

Para obtener más información sobre las normas correspondientes a la atención de la diabetes, visite el sitio en Internet del Texas Diabetes Council en www.texasdiabetescouncil.org. Puede obtener copias adicionales del Registro de Salud para la Diabetes llamando al (512) 458-7400.

Ver al dorso

TEXAS Department of State Health Services
 TEXASDIABETES COUNCIL

NOTE: All people with diabetes need to learn self-care skills.

Diabetes Health Record

NAME: _____
 DIABETES CARE PROVIDER: _____
 DIABETES CARE PROVIDER TELEPHONE: _____

I HAVE DIABETES

I AM NOT DRUNK. If I am unconscious or acting strangely, I may have low blood sugar.

EMERGENCY TREATMENT – I need sugar immediately.

If I am able to swallow, give me fruit juice, a non-diet soft drink, candy, or table sugar.

If I cannot swallow or do not recover within 15 minutes, call 9-1-1 for medical help and tell them I have diabetes.

Discuss these topics regularly with your diabetes care provider:

- Blood Glucose Monitoring
- Sick Day Care
- Hypoglycemia (low sugar)
- Managing Stress
- Hypertension (high sugar)
- Medical Nutrition Therapy
- Cholesterol
- Smoking Cessation Counseling
- Blood Pressure
- Pre-pregnancy Counseling
- Medications
- Pregnancy Management
- Daily Foot Checks
- Complications
- Physical Activity

Take Charge of Your Diabetes with the Diabetes Health Record

All people with diabetes need to be actively involved in managing their diabetes. The Diabetes Health Record will help you keep track of the basic tests you need and how often you need them. Note: You may need other tests that are not listed.

The Diabetes Health Record is based on practice recommendations adopted by the Texas Diabetes Council, as well as the American Diabetes Association's "Standards of Medical Care in Diabetes – 2008," and the Advisory Committee on Immunization Practices (ACIP).

For more information about standards for diabetes care, visit the Texas Diabetes Council web site at www.texasdiabetescouncil.org. Additional copies of the Diabetes Health Record can be obtained by calling (512) 458-7400.

See other side

TEXAS Department of State Health Services
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Texas Diabetes Council Offers Updated Brochures and Diabetes Health Record for Mass Distribution

If you're planning a health fair or other educational offering that requires concise, easy-to-read handouts in bulk, the TDC has updated three titles that can be ordered free of charge in quantities up to 100 through the Texas Department of State Health Services warehouse.

- ◆ **Could You Have Diabetes** includes information on risk factors and symptoms of diabetes. Stock # 10-27 (English) and 10-27A (Spanish)
- ◆ **Living With Diabetes** helps persons with diabetes keep track of doctor visits and lab tests/results, and serves as a checklist for their diabetes management plan. Stock # 10-28 (English) and 10-28A (Spanish)

- ◆ The **Diabetes Health Record** tracks recommended health tests, including treatment goals and an immunization record, all in a folding wallet-sized card. Stock # 10-25 (English) and 10-25A (Spanish)

Ordering instructions can be found online at: www.dshs.state.tx.us/diabetes/patient.shtm

A free-standing cardboard brochure holder is available for displaying *Could You Have Diabetes* and *Living With Diabetes* brochures in your clinic waiting room, pharmacy, or other areas where people may be interested in free health information. Brochure holders can be ordered by sending an email to tdc.web@dshs.state.tx.us with your name, organization, shipping address (street address only), phone number, and quantity requested. Please type "Free Brochure Holder" in your email subject line.

Special Report – What is Type 2 Diabetes?

The National Diabetes Education Program has partnered with the Agency for Healthcare Research and Quality to bring you three online videos about type 2 diabetes. Produced for people who might be at risk or have been recently diagnosed with type 2 diabetes, the videos feature informational interviews with people who live with type 2 diabetes and use graphics to explain the science behind the disease, such as how blood glucose operates in the body. They also address symptoms and risk factors for type 2 diabetes, emphasize the importance of physical activity and making healthy food choices, and point out how health care professionals can help people with diabetes manage their disease.

The videos can be viewed at www.healthcare411.org. Search on "diabetes" and choose parts 1-3 of *Special Report – What is Type 2 Diabetes?* ■

TMF Health Quality Institute launches diabetes and chronic kidney disease (CKD) quality improvement initiative for Medicare providers.

Early detection, along with appropriate interventions, can substantially delay kidney failure. While kidney damage is irreversible, slowing the disease and building awareness of the illness can help patients preserve their kidneys.

For a limited time, TMF is administering a statewide project that collaborates with primary care practices, nephrologists and other specialty physicians. The project's goal is to make gains in early diagnosis and management through free on-site consulting on the following:

- ♦ Assistance in identifying internal process changes that can lead to improved health outcomes and increased patient and staff satisfaction
- ♦ Assistance with identification of CKD quality measures to target for improvement

- ♦ Personal, on-site coaching and continuing staff education on quality improvement methodology and CKD-related issues

On-site consulting and other educational activities will focus on improving the following CKD quality measures:

- ♦ Timely testing of urine microalbumin to identify early kidney disease due to diabetes
- ♦ Prescription of an ACE inhibitor and/or angiotensin receptor blocking (ARB) agent to slow the progression of CKD in hypertensive patients with diabetes
- ♦ Increased use of arteriovenous fistula (AV fistula) as first choice for individuals who elect hemodialysis as their treatment for kidney failure

For more information on this project, call 1-866-439-8863 or e-mail KidneyHealth@tmf.org. Additional information is posted at <http://KidneyHealth.tmf.org>. ■

ALSO FROM TMF HEALTH QUALITY INSTITUTE:

If you're ready to use your electronic health record (EHR) as more than a documentation tool...

You may qualify for free on-site consulting services from TMF Health Quality Institute. Experienced EHR consultants from TMF will work with select practices to assess care management workflow, optimize alerts and reminders, and monitor selected performance measures for disease management and preventive services. This service is offered in conjunction with a three-year Centers for Medicare & Medicaid Services quality improvement project.

Interested in optimizing your EHR? Call 1-866-439-8863 or visit <http://physicians.tmf.org>. E-mail can be sent to poqi@tmf.org.

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The Newsletter of the Texas Diabetes Council

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