

# TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



## Partnership Between UnitedHealth Group and YMCA Sets the Stage for a National Diabetes Prevention Program

On April 14, the New York Times featured UnitedHealth Group's partnership with YMCA "lifestyle coaches" in seven U.S. cities. The health plan will reimburse YMCAs for a model diabetes prevention program proven to replicate the results of the landmark Diabetes Prevention Program (DPP) study – a 58 percent reduction in type 2 diabetes among persons at risk. (<http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram/>)

The same day the article hit newsstands, Ann Albright, PhD, RD, Director of the Centers for Disease Prevention and Control (CDC) Division of Diabetes Translation, kicked off the 2010 CDC Diabetes Translation Conference in Kansas City, announcing this historic partnership between a payer and community-based organization to state diabetes prevention and control programs from across the nation. Albright focused on the CDC's support of this national Diabetes Prevention Program model and how the Patient Protection and Affordable Care Act is making its expansion possible.

### Development of a National Model

The Diabetes Translation Research Center (DTRC) at Indiana University School of Medicine developed the UnitedHealth Group model with the YMCA of Indianapolis. A study site for the original Diabetes Prevention Program, the DTRC has developed a group intervention that can be delivered for about 75 percent less than the cost of the original DPP – an annual cost of less than \$300 per patient. According to a YMCA press release, the goals of the program are to help people with prediabetes achieve and maintain weight loss of at

least seven percent by eating healthy and increasing physical activity to 150 minutes per week. A trained lifestyle coach works with a group of participants for 16 core sessions, with monthly follow-up for up to a year for support in maintaining progress.

### Role of Healthcare Reform

U.S. Senators Al Franken (D-Minn.) and Richard Lugar (R-Ind.) introduced an amendment to the Patient Protection and Affordable Care Act which authorizes the CDC to expand this model program. According to Albright, the amendment establishes a national Diabetes Prevention Program focusing on four key "levers" involving community-based organizations that have necessary infrastructure, health payers, public health, academia, and others:

- Level 1:** Training the work force that can implement the program cost effectively
- Level 2:** Implementing a recognition program that will contribute to assuring quality, lead to reimbursement by payers, and allow for development of a registry of CDC-recognized programs
- Level 3:** Implementing sites that will build the infrastructure and provide a laboratory for additional refinement of this prevention system
- Level 4:** Increasing referrals and utilization of the prevention system through health marketing and other strategies.

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TEXAS DIABETES  
COUNCIL

**TDC Chair, Victor Gonzalez, MD, congratulates HMOs at the April quarterly meeting:**



Luis Calo, MD, Chief Medical Officer, Valley Baptist Health Plan



Harvey J. Balthaser, MD, Medical Director for Central Texas, UnitedHealthcare/PacifiCare



(From left) Christine M. Paz, LVN, Manager of Quality Accreditation; Judy Clements, RN, Frontline Leader, Quality and Accreditation; Janis Agrette, RN, Manager of Quality and Accreditation; Scott Simpson, MD, Medical Director, Humana Health Plan of Texas

# TDC Recognizes State HMOs for HEDIS® Measure Performance

Basic service HMOs with 5,000 or more members are required under Texas law to report Health Plan Employer Data and Information Set (HEDIS®) measures annually to the Texas Health Care Information Collection (THCIC) at the Texas Department of State Health Services. Findings from chart reviews conducted by the HMOs indicate the standard of care provided persons aged 18 to 75 years who have diagnosed diabetes.

The Texas Diabetes Council recognizes Texas HMOs exceeding the state average for all HEDIS® performance measures relating to comprehensive diabetes care. According to the *Guide to Texas HMO Quality: 2008*, four HMOs in six markets met this requirement of the TDC's HMO Recognition Program:

- **Humana Health Plan of Texas (San Antonio/Corpus Christi and Austin markets)**
- **Scott & White Health Plan**
- **UnitedHealthcare/PacifiCare (San Antonio/Houston and Dallas/Austin markets)**
- **Valley Baptist Health Plan**

The *Guide to Texas HMO Quality: 2008* reflects the experience of Texans in HMOs during 2007. 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., 2008**

<b>Percentage of members 18 through 75 years of age with type 1 or type 2 diabetes using the HMO who...</b>	<b>Texas Average 2008</b>	<b>National Average 2008*</b>
had one or more HbA1c tests conducted within the past year	79.2%	83.2%
had their most recent HbA1c level greater than 9 percent during the past year**	70.3%	43.4%
had an eye screening for diabetic retinal disease within the past year, or negative retinal exam the year prior	32.2%	46.9%
had a LDL-C test done within the last two years	77.2%	79.5%
had a LDL-C test done with a level reading of less than 100 mg/dL during the last year	22.2%	35.0%
received medical attention for nephropathy or evidence of already having nephropathy within the past year	71.9%	74.1%
had their most recent blood pressure reading at less than 130 mm Hg systolic and 80 mm Hg diastolic during the past year	28.5%	28.5%

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

\*\*See Texas Diabetes Council A1c goals at [www.tdctoolkit.org](http://www.tdctoolkit.org). (Select "Algorithms & Guidelines") While higher percentages for other diabetes performance measures indicate improved performance, a lower percentage for this measure is favorable.

# Continuing Education Update: Type 2 Diabetes: Prevention, Intervention, Outcomes. (T2DM)

**Saturday, September 25, 2010 – South Padre Island**

<b>Type 2 Diabetes:</b>			<b>Texas Diabetes Institute</b>	
Prevention.	Intervention.	Outcomes.	University Health System	
<b>Saturday, September 25, 2010</b> Isla Grand Beach Resort 500 Padre Boulevard South Padre Island, Texas 78591				

The Texas Diabetes Institute's Continuing Education Program (CEP) is dedicated to improving diabetes care in Texas by providing education activities that enhance the knowledge, skills and performance of healthcare professionals. Bridging diabetes research and clinical practice, the CEP presents its latest offering for physicians, physician assistants, nurses, dietitians, social workers, pharmacists and other allied health professionals who require comprehensive continuing education in the field of diabetes care and treatment.

On Saturday, September 25, 2010, the CEP returns to the Isla Grand Beach Resort in South Padre Island, Texas, for a full-day seminar: Type 2 Diabetes: Prevention, Intervention, and Outcomes (T2DM). Revised for 2010, this program offers a comprehensive clinical update on evidence-based approaches and outcomes for persons with diabetes. This full day of professional interaction provides an intensive and practical approach to the treatment of diabetes with topics focusing on neuropathy, dyslipidemia, treatment and reducing the risk of diabetes in vulnerable populations.

## COURSE FEES:

<i>Early Bird Registration</i> (On or before Tuesday, August 31, 2010) . . . . .	\$250
<i>Late Registration</i> (After Tuesday, August 31, 2010). . . . .	\$300
<i>Course Materials</i> . . . . .	\$30

*Texas Diabetes readers are eligible for an "Early Bird" registration rate of \$200. In order to redeem this offer, please apply coupon code TWDMTDC10 online at [www.regonline.com/tdi](http://www.regonline.com/tdi). This offer will expire on Tuesday, August 31, 2010.*

Visit [www.texasdiabetesinstitute.com/cme](http://www.texasdiabetesinstitute.com/cme) for registration information. Questions about upcoming offerings should be directed to Jeannie M. Hahl, Coordinator of the Continuing Education Program, at (210) 358-7398, or via email at [Jeannie.hahl@uhs-sa.com](mailto:Jeannie.hahl@uhs-sa.com).

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## Current Implementation

UnitedHealth Group will introduce the program in Cincinnati, Columbus OH, Dayton OH, Indianapolis, Minneapolis, Phoenix and Tuscon, while the CDC is working to expand the program to ten additional cities.

Building upon Albright's "levers," Minnesota is moving the YMCA model forward by training lifestyle coaches, promoting state healthcare policy that supports prevention, educating residents about prediabetes and creating readiness for lifestyle intervention programs. The Minnesota Department of Health's "Baskets of Care" steering committee has worked to define collections of health care services designed to treat particular health conditions or episodes of care, including prediabetes. Recommendations for prediabetes include referral to lifestyle intervention, referencing the Diabetes Prevention Program 16-session Core Curriculum (<http://www.health.state.mn.us/healthreform/baskets/diabetes.html>).

Read more about Minnesota's education and outreach efforts related to prediabetes at [www.icanpreventdiabetes.org](http://www.icanpreventdiabetes.org).

## Small Steps. Big Rewards

*Your GAME PLAN to Prevent Type 2 Diabetes is now available in Spanish.*

This three-booklet package helps people assess their risk for developing diabetes and implement a program to prevent or delay the onset of the disease. The package includes a booklet on diabetes prevention, an activity tracker, and a fat and calorie counter. (Please note that the fat and calorie counter is only available to order by mail).

Visit the National Diabetes Education Program website at <http://ndep.nih.gov/am-i-at-risk/TakeSmallSteps.aspx> and click on "GAME PLAN booklet."

# Pre-Existing Condition Insurance Plan (PCIP) now accepting applications for coverage

The Texas Department of Insurance (TDI) online Federal Health Care Reform Resource page presents a timeline for upcoming insurance changes resulting from the **Patient Protection & Affordable Care Act** scheduled to occur between now and 2020. Of particular interest to patients with diabetes who have not had health coverage in the past six months are the following questions and answers related to the federal high risk pool, or Pre-Existing Condition Insurance Plan (PCIP), which goes into effect this summer.

## Q: Is there a provision for an interim federal health risk pool that will provide coverage for preexisting conditions? When does it begin?

**A:** Yes. The law creates a federal high-risk program to provide coverage for people who have been uninsured for six months and have a preexisting condition. This new federal risk pool, called the Pre-Existing Condition Insurance Plan (PCIP), is now accepting applications for coverage effective August 1, 2010. For more information, go to [www.pcip.gov](http://www.pcip.gov) or call 1-866-717-5826. PCIP will provide insurance coverage until 2014, when insurance companies can no longer deny coverage based on health. Premium costs for participants will be comparable to what an individual without preexisting conditions would pay to purchase insurance from the commercial insurance market. Although at a higher rate, the Texas Health Insurance Pool currently offers health insurance to Texans who have preexisting conditions. People enrolled in the Texas Health Insurance Pool are not eligible for PCIP because they do not meet the requirement that individuals must be uninsured for at least six months to qualify. The federal risk pool will be administered by Government Employees Health Association (GEHA), a private not-for-profit benefits administrator.

## Q: What are the eligibility requirements for the Pre-Existing Condition Insurance Plan? How can I obtain coverage?

**A:** To be eligible for this coverage, an individual must:

- be a U.S. citizen or national, or in the United States legally,

- not be covered by health insurance for six months prior to applying for coverage through the federal high-risk pool, and
- have a preexisting medical condition as determined by the U.S. Department of Health and Human Services

To apply for coverage, complete the application on the PCIP website at [www.pcip.gov](http://www.pcip.gov).

## Q: Will the Pre-Existing Condition Insurance Plan replace or modify the Texas Health Insurance Pool, the high-risk pool established by the state of Texas?

**A:** No. The Texas Health Insurance Pool is a high-risk pool established by the State of Texas and follows the requirements set out by state law. This state pool will continue to provide health coverage to all eligible Texans, including HIPAA-eligible

individuals. PCIP will follow different requirements set out by federal law.

## Q: How long may I stay in the Pre-Existing Condition Insurance Plan?

**A:** PCIP will be operational from 2010 through 2013. It is projected to terminate on January 1, 2014, the date on which state health benefit exchanges will be established. Members enrolled in PCIP and the Texas Health Insurance Pool will be transitioned into plans offered through the state health benefit exchanges at that time.

## Visit the TDI and Texas Health Insurance Pool web sites for future insurance updates:

- <http://www.tdi.state.tx.us/consumer/cpmhealthcare.html#Questions>
- [www.txhealthpool.org](http://www.txhealthpool.org)

HealthCare.gov | Return to HealthCare.gov | www.pcip.gov

### Pre-Existing Condition Insurance Plan

HOME | LEARN MORE | ELIGIBILITY | FIND YOUR STATE | APPLY | Q&A | CONTACT US | En Español

#### HEALTH REFORM and AMERICANS with PRE-EXISTING CONDITIONS

The Pre-Existing Condition Insurance Plan was created to make health insurance available to you, if you have had a problem getting insurance due to a pre-existing condition.

The Pre-Existing Condition Insurance Plan:

- Will cover a broad range of health benefits, including primary and specialty care, hospital care, and prescription drugs.
- Doesn't charge you a higher premium just because of your medical condition.
- Doesn't base eligibility on income.

Apply Now

#### Your Questions Answered

Q: What are the eligibility requirements for the Pre-Existing Condition Insurance Plan?

A: There are two requirements to meet before you can enroll in the Pre-Existing Condition Insurance Plan:

- You must have been uninsured for at least six months before you apply for coverage.
- You must have a pre-existing medical condition.
- You must be a U.S. citizen or national, or in the United States legally.

More Questions and Answers

#### Get Informed

Go to HealthCare.gov and take the time to learn about your health insurance options under the Affordable Care Act. It's important to make an informed decision before enrolling in any program.

# Everyday People Solving Everyday Problems: Community Health Workers in Action

Community Diabetes Projects in Texas offer local education and support for managing and preventing diabetes. Many of the projects train and employ community health workers to provide services such as exercise and cooking classes, support groups, and diabetes outreach/home visits. For a listing of projects, visit [www.dshs.state.tx.us/diabetes/tdcaecs.shtm](http://www.dshs.state.tx.us/diabetes/tdcaecs.shtm)

Community health workers or “promotores” are lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments, usually sharing ethnicity, language, socioeconomic status and life experiences with the community they serve. They create a bridge between providers of health, social and community services and underserved populations in their community. As a Texas promotora described her role, “Promotoras are wisdom figures in the community who are in the business of helping others.”

Eight core competencies identify the skills necessary for promotores or community health workers:

- **Communication skills**
- **Interpersonal skills**
- **Service coordination skills**
- **Capacity-building skills**
- **Advocacy skills**
- **Teaching skills**
- **Organizational skills**
- **Knowledge base**

In 2001, Texas became the first in the country to offer state certification for individuals in this field. State certification recognizes community health workers’ diverse skills, training, and work experience and acknowledges them as an effective workforce in the community. Texas law requires certification for community health workers receiving compensation for services provided. A nine-member Advisory Committee advises the Department of State Health Services (DSHS) and the Texas Health and Human Services Commission (HHSC) on training and certification. Members include certified community health workers, professionals who work with community health workers, higher education faculty with teaching experience in community health, and public members.

*The Promotor(a) or Community Health Worker Training and Certification Program* at DSHS certifies community health workers, as well as instructors and

training programs who provide initial and continuing education opportunities. Certification is based on completion of a 160-hour competency-based training program certified by DSHS, or through experience (1000 cumulative hours of community health work service within specified dates). Certified workers renew their certification every 2 years by completing at least 20 hours of continuing education. As of June 2010, there were more than 740 certified community health workers or promotores in Texas.

For more information:

[www.dshs.state.tx.us/chpr/chw/default.shtm](http://www.dshs.state.tx.us/chpr/chw/default.shtm)

Contact – [chw@dshs.state.tx.us](mailto:chw@dshs.state.tx.us)  
512-458-7111 ext. 3500

## Youth Diabetes Prevalence in Texas

The Diabetes Prevention and Control Program at the Department of State Health Services implemented the Behavioral Risk Factor Surveillance System (BRFSS) Childhood Diabetes Module in Texas in 2007. The annual phone survey now

includes two questions addressing diabetes prevalence among youth. After establishing that a child or adolescent is part of the household, surveyors ask the following questions:

- 1. Has a doctor, nurse, or other health professional EVER said that this child has diabetes?**
- 2. Does this child have type 1 or type 2 diabetes?**

While survey response to the second question regarding diabetes type has not yielded an adequate sample to provide reliable estimates of prevalence by type, the following statements can be made regarding overall diabetes prevalence among youth:

- **Estimated diabetes prevalence among youth (18 years and under) for Texas was 0.4% in 2007 and 2009. For 2008 it was 0.3%.**
- **During 2007 – 2009, prevalence by gender fluctuated between .0.3% and 0.5%.**
- **Slight variation existed in prevalence by race/ethnicity in 2007 and 2008.**
- **While blacks had the highest prevalence in 2009 (1.0%), it was not significantly higher than other races/ethnicities.**

### Diabetes Prevalence for Persons Eighteen Years of Age and Under, Texas, 2007-2009\*

	2007	2008	2009	2007-2009
	Prevalence (%)	Prevalence (%)	Prevalence (%)	Prevalence (%)
<b>All</b>	<b>0.4</b>	<b>0.3</b>	<b>0.4</b>	<b>0.3</b>
<b>Gender</b>				
Male	0.5	0.3	0.3	0.3
Female	0.3	0.3	0.5	0.4
<b>Race/Ethnicity</b>				
White	0.3	0.3	0.4	0.3
Black	0.3	0.3	1.0	0.5
Hispanic	0.4	0.3	0.3	0.4
Other	0.0	0.1	0.0	0.0

Note: All reported rates are weighted for Texas demographics and the probability of selection

\*Data include both type 1 and type 2 diabetes. Persons with diabetes include those who have ever been told by a doctor that they have diabetes. Diabetes reported only during pregnancy is not included in prevalence.

## New Resource from NDEP

### Online Transition Resource for Teens and Young Adults with Diabetes

Transition from pediatric to adult health care can be a challenge for teens and young adults with diabetes, their parents and pediatric and adult health care providers. NDEP's new Transition Resource provides tools to help with the transition process. This resource contains a Checklist, Patient Clinical Summary Page, and Resource List.

- **The Checklist** includes a timeline to guide the diabetes transition planning process and suggests key action steps for completing various aspects of the transition process.
- **The Patient Clinical Summary** is an at-a-glance document to support the new adult care team and provides helpful information such as a list of the patient's current medical problems, insulin types, self-monitoring, history of DKA, and patient/family comments.
- **The Resource List** offers additional online resources such as videos, message boards, social networks, workbooks, checklists, guides, and books.

Visit the Transition Resource at <http://ndep.nih.gov/transitions/index.aspx>.

## Texas Diabetes Council Members

**C**ouncil 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.

For information on the Texas Diabetes Council/Program, contact:

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TEXAS DIABETES  
COUNCIL

[www.texasdiabetescouncil.org](http://www.texasdiabetescouncil.org)

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