



# **2018 Response to the Texas Diabetes Council**

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**As Required by  
Texas Health and Safety Code  
Section 103.013**



**TEXAS**  
**Health and Human  
Services**

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**Texas Department of  
State Health Services**

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## Executive Summary

As directed by [Texas Health and Safety Code, Section 103.013](#), this report is submitted in response to the Texas Diabetes Council (TDC) *State Plan to Prevent and Treat Diabetes* (Texas Diabetes Action Plan), published November 2017, which can be found at [dshs.texas.gov/legislative/2017-Reports/TDC-StatePlan-HPCDS.pdf](https://dshs.texas.gov/legislative/2017-Reports/TDC-StatePlan-HPCDS.pdf). The information in this report is provided by the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC) to address the five priority areas identified by the TDC.

- Diabetes Self-Management Education and Support (DSMES) enrollment
- 1115 Transformation Waiver diabetes prevention and control evaluation
- Evidence-based prevention program engagement
- Gestational diabetes screening and follow-up
- Provider ability to treat diabetes patients

DSHS and HHSC provide programs and services related to DSMES, which include contracting with community-based organizations to provide DSMES, disseminating educational materials, and offering DSMES services as a covered benefit under Texas Medicaid. Both agencies maintain an external-facing webpage designed to increase referrals to accredited/recognized DSMES programs and work with community health workers to improve diabetes management.

HHSC manages the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver (1115 Transformation Waiver) to incentivize hospitals and other providers to transform their service delivery practices through projects that focus on improvements in quality, health outcomes, patient experience, coordination, and cost-effectiveness for Texas Medicaid patients. HHSC collects data on the progress of DSRIP providers in achieving diabetes-related outcome measures. HHSC will continue to share this information with the TDC.

DSHS engages partners in diabetes prevention activities consistent with the National Diabetes Prevention Program. This includes contracting with local business groups on health to engage their employers through recognized diabetes prevention programs. DSHS and HHSC are two agencies within the Employee Retirement System of Texas that provide diabetes prevention programs to employees covered by HealthSelect and Medicare retirees.

DSHS and HHSC recognize the role of gestational diabetes in poor maternal health and birth outcomes and the challenges associated with screening. HHSC offers various levels of diabetes screening and treatment for women who are pregnant or postpartum through Texas Medicaid, Primary Health Care Services, Title V Prenatal, Healthy Texas Women, and the Family Planning Program. DSHS disseminates diabetes prevention materials and shares resources with HHSC programs.

HHSC assists with provider education and has streamlined the credentialing process in an effort to support providers and their ability to treat patients with diabetes.

# 1. Introduction

By November 1 of each even-numbered year, each state agency affected by the [\*State Plan to Prevent and Treat Diabetes\*](#) (Texas Diabetes Action Plan) shall report to the Texas Diabetes Council (TDC), the Legislative Budget Board, and the Governor's Office of Budget and Planning the information determined in the response and each deviation from the TDC's proposed plan, including an explanation for any deviation. [Health and Safety Code, Section 103.013\(e\)](#) requires each state agency affected by the action plan to

- determine what resources would be required to implement the portions of the action plan affecting that agency, and
- determine whether that agency will seek funds to implement that portion of the action plan.

In November 2017, the TDC submitted the Texas Diabetes Action Plan to the Texas Legislature, the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC). The Texas Diabetes Action Plan is based on the TDC's review and discussion of diabetes prevention and control, cost-savings studies, and evidence-based diabetes research studies. The Texas Diabetes Action Plan identifies five priority areas that build on past accomplishments and use current national, state, and local efforts to improve diabetes education and management in Texas.

- Address the enrollment gap in Diabetes Self-Management Education and Support (DSMES) with the goal of reducing diabetes-related hospital admissions and readmissions.
- Continue to evaluate approaches to diabetes prevention and control identified through projects associated with the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver.
- Support evidence- and community-based prevention programs, such as the National Diabetes Prevention Program, that can provide cost-saving potential for employers, insurers, and government agencies.
- Focus on screening and follow-up for gestational diabetes and education as a prevention effort for pregnant women and their newborns.
- Enhance provider ability to treat Texas Medicaid/Children's Health Insurance Program (CHIP) patients with diabetes.

Continued work in the identified priority areas is dependent on the Legislature's continued funding and support of DSHS' Diabetes Prevention and Control Program and HHSC's Medicaid Program. Both agencies have existing public health and client services programs that focus on diabetes prevention and management. This report will highlight the existing programs and services available and how they align with the five priority areas identified by the TDC. There are no additional resources required for these activities and no deviations are expected.

## 2. Background

The Department of State Health Services (DSHS) Diabetes Prevention and Control Program was established in 1979 and currently oversees federal and state programs related to public and professional education about type 2 diabetes and its risk factors for the adult population. The overarching goals of the DSHS Diabetes Prevention and Control Program are to

- prevent type 2 diabetes in persons at high risk for developing the disease;
- prevent or delay the onset of type 2 diabetes in persons with prediabetes, gestational diabetes, and other risk factors;
- prevent or delay complications in persons with diabetes; and
- assist persons with diabetes to manage their disease and its complications.

To achieve these goals, DSHS

- administers grant-funded initiatives and contracted services;
- provides technical assistance to community-based diabetes prevention and self-management programs; and
- disseminates educational materials to the public and healthcare providers.

Additionally, DSHS supports the Texas Diabetes Council (TDC) in developing a plan for diabetes prevention and control in Texas, and provides staff support to the TDC quarterly meetings. DSHS also engages the TDC to promote diabetes screening, education, and treatment affordability.

DSHS receives funding through state general revenue and a cooperative agreement with the United States' Centers for Disease Control and Prevention. The DSHS Diabetes Prevention and Control Program collaborates with other DSHS and HHSC programs to leverage resources and submit proposals for federal funding opportunities.

HHSC administers a variety of client services programs that offer resources, screening, and care for individuals with diabetes. These programs include Texas Medicaid, the Healthy Texas Women Program, Title V Prenatal, the Primary Health Care Program, and the Family Planning Program.

## 3. Response to the Texas Diabetes Action Plan

The Texas Diabetes Council (TDC) developed the State Plan to Prevent and Treat Diabetes (Texas Diabetes Action Plan) in 2017. The Texas Diabetes Action Plan consists of five priorities to improve diabetes education and management in Texas.<sup>1</sup> The state agencies affected by the action plan are the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC). Each agency has contributed to this response to give an overview of existing programs that support the TDC's five priority areas.

### Diabetes Self-Management Education and Support Enrollment

DSHS and HHSC each have existing programs and activities that focus on addressing the enrollment gap in Diabetes Self-Management Education and Support (DSMES) to reduce diabetes-related hospital admissions and readmissions.<sup>2</sup> Collaborative efforts between DSHS and HHSC include the Texas Medicaid Workgroup and the use of community health workers (CHWs) to educate and inform patients with diabetes.

The Texas Medicaid Workgroup was established by the [General Appropriations Act, House Bill 1, 84th Legislature, Regular Session, 2015 \(Article II, Health and Human Services Commission, Rider 84\)](#), and consists of government agencies, healthcare providers, and insurance groups with the goal of finding ways to increase diabetes screening and enrollment in DSMES programs among Medicaid patients.

To date, the Texas Medicaid Workgroup has produced a website with resources for both Medicaid patients and providers. This website features patient tools to find local DSMES sites, and ideas for Medicaid/Children's Health Insurance Program (CHIP) Managed Care Organizations (MCOs) on how to promote referrals to

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<sup>1</sup> More information on the Texas Diabetes Council can be found at [dshs.texas.gov/diabetes/](https://dshs.texas.gov/diabetes/)

<sup>2</sup> Diabetes Self-Management Education and Support is the process of helping patients develop the knowledge, skills, and abilities needed to manage their diabetes.

DSMES.<sup>3</sup> The website can be accessed at [www.diabetesintexas.org](http://www.diabetesintexas.org) or [www.diabetesintexas.com](http://www.diabetesintexas.com).

CHWs are trusted members of the community and serve as a resource to healthcare teams in supporting patients in diabetes management through behavior change and care coordination. The use of CHWs increases program participation and improves program outcomes. To support this work, DSHS trains and certifies CHWs.

In 2017, DSHS worked with CHW training organizations to hold workshops for CHWs on diabetes prevention and self-management with the goal of enabling participants to provide population-specific education, outreach, support, and evaluation in communities. Workshops equipped CHWs with necessary skills such as communication, interpersonal, service coordination, capacity building, advocacy, teaching, and knowledge-based competencies. CHWs facilitated DSMES in community settings and measured the health outcomes of participating clients.

HHSC surveyed the state's Medicaid/CHIP MCOs and found that 80 percent of the MCOs noted use of CHWs to improve services and access to care. HHSC's contractor for Texas Health Steps (Children's Medicaid) and enrollment broker operations employs CHWs as outreach counselors.

## **Texas Department of State Health Services**

### **Education Material Developed for DSMES**

In 2016, DSHS and TDC created new materials to help healthcare providers empower diabetic patients through DSMES. The new materials help facilitate patient-provider discussion of and enrollment in DSMES, with the goal of reducing diabetes-related hospital admissions and readmissions. Materials include a poster for physician offices, informational cards and fact sheets for patients, and patient referral forms to refer patients to a DSMES program. These materials can be found at [dshs.texas.gov/diabetes](http://dshs.texas.gov/diabetes).

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<sup>3</sup> A Medicaid or CHIP Managed Care Organization (MCO) is a group of providers or facilities that the state has contracted with to provide Medicaid benefits and to manage costs, utilization, and care quality.

## **Community Diabetes Education Programs**

DSHS contracts with four local health departments and community-based organizations to provide diabetes prevention and control activities through the Community Diabetes Education Program (CDEP). These programs support positive lifestyle changes in individuals and families to help prevent or self-manage diabetes and its complications, in addition to reducing hospital admissions and readmissions.

CDEPs help Texans who have limited access to healthcare services and are disproportionately affected by diabetes or prediabetes. CDEPs work to establish bi-directional referral systems with healthcare providers, systems, and clinics to ensure communication across the system for better patient outcomes.

Supporting CDEPs helps to increase enrollment into American Diabetes Association (ADA) recognized and American Association of Diabetes Educators (AADE) accredited DSMES, as well as enrollment in lifestyle change programs recognized by the United States' Centers for Disease Control and Prevention (CDC).

## **Texas Health and Human Services Commission**

MCOs under contract with Texas Medicaid must offer a disease management program to patients diagnosed with diabetes. Currently, education and other related services for children and eligible adults with diabetes are provided through regular physician consultation for clients enrolled in the Texas Medicaid Fee-for-service (FFS) program and by the MCOs as a required program.<sup>4</sup>

Group clinical visits, a model enabling several patients to meet with the same physician at the same time for educational counseling, are a Texas Medicaid benefit for clients with diabetes and pregnant individuals with diabetes. Group clinical education must include a nationally approved curriculum such as the one available through the AADE and must promote self-management of the chronic disease.

Eligible adults with diabetes may be referred to group clinical visits for educational counseling with a qualified health professional (e.g. a diabetes educator) in disease management. Children served by Texas Medicaid are eligible for any healthcare

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<sup>4</sup> Fee-for-service is a method of healthcare payment where each service is paid for separately.

service that is medically necessary and for which federal financial participation is available.

## **1115 Transformation Waiver Diabetes Prevention and Control Evaluation**

In December 2011, the Centers for Medicare and Medicaid Services (CMS) approved the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver (1115 Transformation Waiver).<sup>5</sup> The 1115 Transformation Waiver allows Texas to

- expand Medicaid managed care while preserving hospital funding;
- provide incentive payments through the Delivery System Reform Incentive Payment (DSRIP) program, for healthcare improvements; and
- direct more funding to hospitals that serve large numbers of uninsured patients.

DSRIP incentivizes hospitals and other providers to transform their service delivery practices through projects to improve quality, health outcomes, patient experience, coordination, and cost-effectiveness for Texas Medicaid patients.

The TDC has identified that projects associated with the 1115 Transformation Waiver can be used to evaluate approaches to diabetes prevention and control, as well as to identify and share lessons learned and best practices to improve prevention efforts. DSHS engages DSRIP recipients by inviting them to attend the TDC quarterly meetings where they can share lessons learned and best practices.

### **Texas Health and Human Services Commission**

HHSC applies for and manages the 1115 Transformation Waiver. On December 21, 2017, CMS approved a five-year extension to the 1115 Transformation Waiver from October 2017 through September 2022. The extension continues Texas Medicaid managed care statewide and maintains funding pools for uncompensated care and the DSRIP program. DSRIP funding pool has been extended for four years, through September 30, 2021.

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<sup>5</sup> More information on the Texas Medicaid 1115 Waiver can be found at [hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver](https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver)

Although the DSRIP program did not have a specific project type for diabetes prevention and control during Demonstration Years 2-6, many projects did focus on diabetes prevention, treatment, or improving diabetes-related outcomes.

HHSC collects data on the progress of DSRIP providers in achieving diabetes-related outcome measures. HHSC will continue to share this information with the TDC. There will also be opportunities for stakeholder input on refreshing the measure bundles and lists of measures for Demonstration Years 9-10.

## **Evidence-Based Prevention Program Engagement**

DSHS has existing programs that promote the use of strategies that, based on rigorous study, have consistently shown improvements in diabetes prevention and management.

In these efforts, DSHS supports and uses the strategies identified in the National Diabetes Prevention Program (NDPP).<sup>6</sup> DSHS currently uses NDPP strategies in a regional pilot program based in Houston and through a state-based program in collaboration with the Employee Retirement System of Texas (ERS).

DSHS supports the continued use of diabetes prevention programs (e.g. Real Appeal and Naturally Slim) for HealthSelect state employee health coverage and Medicare retirees. Real Appeal and Naturally Slim are online weight loss and lifestyle improvement programs that focus on nutrition and exercise to aid in weight loss and type 2 diabetes prevention. Approximately 12 percent of HealthSelect participants have diabetes but spending on this group represents 34 percent of all HealthSelect costs. DSHS facilitates the sharing of ERS data and updates to TDC through quarterly meetings.

DSHS communicates regularly with partners to ensure successful planning and execution of NDPP in the Greater Houston area. Eight employers in Greater Houston were recruited by the Houston Business Coalition on Health to participate in a multi-year pilot study beginning in early 2018. Using the eligibility criteria set by the NDPP, each employer will screen employees for prediabetes. The pilot is

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<sup>6</sup> National Diabetes Prevention Program (NDPP) is a framework developed by the CDC to unite public and private organizations to prevent type 2 diabetes. More information can be found at [www.cdc.gov/diabetes/prevention/index.html](http://www.cdc.gov/diabetes/prevention/index.html).

expected to result in more employers providing NDPP to their employees with prediabetes.

DSHS will continue to support employers through the Houston Business Coalition on Health in this project. DSHS plans to expand the program statewide in future years.

## **Gestational Diabetes Screening and Follow-up**

Medicaid pays for over 50 percent of all births in Texas. A recent analysis by HHSC and TDC found that in 2012, nine percent of all pregnant women in the Texas Medicaid program were diagnosed with gestational diabetes (diabetes affecting pregnant women). Based on the findings from this study, it appears that birth certificate and hospital discharge data may underestimate the prevalence of gestational diabetes by as much as 50 percent.<sup>7</sup>

DSHS recognizes the role of gestational diabetes in poor maternal health and birth outcomes and the challenges associated with screening for this condition. DSHS and HHSC remain committed to providing education and services to increase screening rates and referral for treatment.

## **Texas Department of State Health Services**

DSHS shares information on gestational diabetes through the following channels.

- A newsletter sent to healthcare professionals and other stakeholders, which can be found online at [dshs.texas.gov/diabetes](https://dshs.texas.gov/diabetes).
- The Prevent Type 2 campaign features videos and quick facts on gestational diabetes, as well as information on NDPP and DSMES. The campaign is promoted via the TDC newsletter, the DSHS website, social media, and state/county medical societies. Physicians are encouraged to disseminate resources to their patients. Campaign information is available online at [dshs.texas.gov/diabetes](https://dshs.texas.gov/diabetes).

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<sup>7</sup> Analysis of Certain Healthcare Data; Health and Human Services Commission Department of State Health Services, Employees Retirement System of Texas Texas Department of Criminal Justice, Teacher Retirement System. As Required by Article IX Rider, Section 10.06. 2018-19 General Appropriations Act <https://hhs.texas.gov/sites/default/files//documents/laws-regulations/reports-presentations/2018/leg-presentations/analysis-of-certain-healthcare-data.pdf>

DSHS conducted a gap analysis focused on women’s health both before and between pregnancies. The gap analysis will be used to see what improvements can be made to health programming and services for women of childbearing age and their partners. DSHS also continues to provide resources and engage the Healthy Texas Women (HTW) program to assess their ability for providing screening and referral to diabetes prevention and education resources.

## **Texas Health and Human Services Commission**

A variety of programs overseen by the HHSC offer diabetes screening and treatment for women who are pregnant or postpartum.

- Women diagnosed with gestational diabetes, who are Texas Medicaid-eligible and have limited access to care, can receive telehealth, telemedicine, and telemonitoring services.<sup>8</sup>
- For Texas residents who do not qualify for other state or federal health care assistance programs, the [Primary Health Care \(PHC\) Services](#) ensures access to primary healthcare services. Diabetes screening, treatment, and education are provided by contracted providers for all individuals, whether pregnant or not.
- [Title V Prenatal](#) provides pregnant women with services both during and after their pregnancy. All clients are screened for gestational diabetes, with those who test positive receiving nutrition counseling and referral for treatment.
- The [HTW Program](#) provides family planning services and other women’s health services to improve birth outcomes. This includes screening for gestational diabetes, nutrition counseling, and medications. If a client needs services that are not provided by HTW, the client must be referred to other resources for care.
- The [Family Planning Program \(FPP\)](#) provides family planning and reproductive healthcare services to those eligible. Contractors must assist clients to meet all identified healthcare needs either directly or by referral. FPP clients receive diabetes screening as appropriate for age and risk factors.

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<sup>8</sup> Telehealth is a group of methods that use telecommunications to enhance healthcare. This includes telemedicine to connect providers and patients, and telemonitoring to aid in sharing clinical data.

## **Provider Ability to Treat Diabetes Patients**

HHSC supports efforts to improve the ability of providers to treat Texas Medicaid/CHIP patients with diabetes and to promote standards of care. Specifically, HHSC has assisted with provider education and in simplifying their credentialing process.

Currently Texas Medicaid provides the following benefits related to diabetes: labs for diagnosis and monitoring of diabetes; diabetes equipment and supplies for monitoring and treatment; comprehensive disease management program; and continuous glucose monitoring.

HHSC and its subcontractor conduct a yearly review of the medications used by providers. Medical claims and pharmacy claims are reviewed to identify prescribing providers of Texas Medicaid FFS with diabetic patients for future provider education activities.

The Texas Association of Health Plans (TAHP) in collaboration with the Texas Medical Association (TMA), contracted MCOs, and HHSC launched a joint effort in April 2018 to reduce credentialing burdens for all Texas providers. TAHP and the MCOs are working with a contractor, Aperture, to be the credentialing verification organization (CVO) for all MCOs. Under this initiative, providers will not need to submit a credentialing application to each MCO. Aperture will act as a liaison between the providers and the MCOs to streamline the contracting process. The simplified process will positively impact practices and providers, particularly those who contract with multiple MCOs. Specifically, it will help reduce administrative time spent on credentialing application submission to multiple MCOs and align credentialing dates across MCOs.

## 4. Conclusion

State agencies implement many key programs and services that address the five priorities identified by the Texas Diabetes Council (TDC) in their [State Plan to Prevent and Treat Diabetes](#). DSHS and HHSC work independently and collaboratively on efforts to provide and improve education and services for Texans with diabetes.

DSHS works with partners to increase awareness of diabetes and disseminate information to the public and providers. DSHS administers contracts with local health departments and community-based organizations to provide Diabetes Self-Management Education and Support (DSMES), diabetes prevention, and outreach activities. DSHS also works with the Employee Retirement System of Texas and business groups to provide diabetes prevention programs as a covered benefit.

HHSC offers diabetes screening and treatment services to Medicaid recipients and requires Medicaid Managed Care Organizations to offer a disease management program to their members diagnosed with diabetes. HHSC also provides various levels of diabetes screening and treatment for women who are pregnant or postpartum through Primary Health Care Services, Title V Prenatal, Healthy Texas Women, and the Family Planning Program. HHSC administers the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver to incentivize hospitals and other providers to transform their service delivery system through project to improve care quality, health outcomes, patient experience, coordination and cost-effectiveness for Texas Medicaid patients. HHSC has also streamlined the credentialing process for providers in an effort to support their ability to treat patients with diabetes.

TDC and HHSC have worked together to develop an online resource for patients and healthcare providers to find DSMES and diabetes resources.

DSHS and HHSC are committed to implementing programs and services that aim to prevent and treat diabetes in Texas. Activities are aligned with the TDC state plan priorities when feasible.

## List of Acronyms

Acronym	Full Name
AADE	American Association of Diabetes Educators
ADA	American Diabetes Association
CDC	United States Centers for Disease Control and Prevention
CDEP	Community Diabetes Education Program
CHIP	Children's Health Insurance Program
CHW	Community Health Worker
CMS	Centers for Medicare and Medicaid Services
CVO	Credentialing Verification Organization
DSHS	Department of State Health Services
DSMES	Diabetes Self-Management Education and Support
DSRIP	Delivery System Reform Incentive Payment
ERS	Employee Retirement System of Texas
FFS	Fee-For-Service
FPP	Family Planning Program
HHSC	Health and Human Services Commission

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HTW	Healthy Texas Women
MCO	Managed Care Organization
NDPP	National Diabetes Prevention Program
PHC	Primary Health Care
TAHP	Texas Association of Health Plans
TDC	Texas Diabetes Council
TMA	Texas Medical Association