

Texas Diabetes Council
APPROVED: Meeting Minutes
Thursday, October 13, 2022
1:00 pm.

Microsoft Office Teams Live

Agenda Item 1: Welcome, logistical announcement, and roll call

The Texas Diabetes Council meeting was called to order by Dr. Feyi Obamehinti, Chair at 1:00 pm, at the physical meeting location in the John H. Winters Bldg., Public Hearing Room 125., First Floor. She welcomed committee members, staff and members of the public.

Ms. Jacqueline Thompson, Facilitator, HHSC, announced the meeting was being conducted in accordance with the Texas Open Meetings Act, conducted roll call, and noted that a quorum was present for the meeting.

Table 1: John Winters Building– Texas Diabetes Council
member attendance at the Thursday, October 13, 2022, meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Ms. Felicia Fruia-Edge		X	Ms. Maryanne Strobel	X	
Mr. Dirrell Jones	X		Dr. Christine Wicke	X	
Dr. Gary Francis	X				
Ms. Aida (Letty) Moreno-Brown	X		NON-VOTING MEMBERS		
Dr. Feyi Obamehinti, Chair	X		Ms. Lisa Golden	X	
Dr. Stephen Ponder, Vice-Chair	X		Dr. Kelly Fegan- Bohm	X	
Dr. Ninfa Pena - Purcell	X		Dr. Mitchel Abramsky		X
Ms. Ardis Reed	X		Ms. Diane Kongevick	X	
Mr. Jason Ryan	X		Ms. Umme Salama Oan Ali	X	

Yes: Indicates attended the meeting

No: Indicates did not attend the meeting

Dr. Feyi Obamehinti, Chair, announced this was the last quarterly meeting of the year. Dr. Obamehinti encouraged members to attend the January 2023 meeting in person.

Agenda Item 2: Consideration of July 14, 2022, draft meeting minutes

Ms. Jacqueline Thompson, Facilitator, HHSC, called for a motion to approve the minutes of the July 14, 2022, meeting.

Motion: Dr. Stephen Ponder moved to approve minutes with requested edits to agenda item #11. Dr. Obamehinti also requested edits to agenda item #11. The motion was seconded by Dr. Gary Francis. The motion to approve the July 14, 2022 meeting minutes with edits was approved by a unanimous roll call vote, with eight (8) approvals, no disapprovals, no abstentions, and three (3) members absent.

Agenda Item 4: Renalytix: CKD and Type 2 Diabetes: Early Risk Assessment

Dr. Obamahenti, chair skipped to agenda item #3 until speaker could join the meeting. Dr. Obamehinti introduced Dr. Allison Trucillo, Vice President, Medical Affairs, Renalytix. Dr. Trucillo delivered a presentation on chronic kidney disease (CKD) and Type 2 Diabetes. Presentation highlights included:

1. The Need for Risk Stratification in CKD
2. 15% of adult population in the U.S. have CKD.

3. CKD is a Costly and Growing Epidemic in the U.S.
 4. There is time to intervene prior to disease progression.
 5. Therapies to slow CKD Progression and Reduce Heart Failure Risk.
 6. Current Standard of Care for Diagnosing CKD
 7. Early Risk Assessment: The Evidence
 8. Knowing the Risk Early Starts with a Shift: Diagnosis to Bioprognosis™
 9. KidneyIntelX Bioprognostic™ Integrated IVD and Key Clinical Factors to Produce Patient -specific Risk Score for Progression of CKD
 10. KidneyIntelX Delivers Clinically Validated results
- It was pointed out by Dr. Stephen Ponder that this is a more complicated and comprehensive CKD test that they are asking physicians to implement but the basic tests aren't even being implemented yet.

Agenda Item 3: Glytec: Achieving Inpatient Glycemic Goals Utilizing Decision Support Software

Dr. Feyi Obamehinti, chair introduced Dr. Betsy Kubacka, Vice-President of Clinical Affairs, Clinical Partner Solutions. Before Dr. Kubacka proceeded with her presentation, Dr Feyi Obamehinti acknowledged Ms. Aida (Letty) Moreno-Brown joined the meeting. Dr. Kubacka presented "Achieving Inpatient Glycemic Goals Utilizing Decision Support Software". Highlights from the presentation included:

- Scope and Impact of Glycemic Control During a Hospitalization
- 37.3 million (11.3% of the U.S. Population) have diabetes
- 96 million have Pre-Diabetes
- \$1 in \$7 health care dollars is spent treating diabetes and complications related to diabetes
- The Impact of Glycemic Control
- Hyperglycemia
- Hypoglycemia
- Overburdened system
- Medication Errors
- Centers for Medicare & Medicaid Services (CMS) Quality Reporting Measures
- Treatment Goals for Inpatient Glycemic Management
- Standards of Medical Care in Diabetes – 2022
- Top Challenges Nurses Share treating patients with diabetes

Computerized Algorithms (eGMS) benefits:

1. Quicker time to target range
2. Longer maintenance of glucose in tighter target ranges
3. Lower glycemic variability
4. Fewer calculation errors
5. Data analysis
6. FDA-cleared
7. Cost is a consideration

Mimicking Physiologic Insulin Delivery

- Basal Insulin – Long-acting; meets patient's baseline metabolic insulin needs
- Prandial (Bolus) Insulin – rapid-acting; given with each meal to cover glucose spike from carbohydrate consumption
- Correction Insulin- rapid acting (or short-acting); given to correct hypoglycemia and bring blood glucose back into target range

Roadmap to Glycemic Management Success; People, Technology, and Process.

Glytec Presentation Discussion:

Dr. Ponder, Dr. Kelly Fegan-Bohm, and Dr. Feyi Obamehinti, all asked questions regarding the provider training, FDA clearance, and data collection measures of the company's insulin management software.

- It was noted that although some hospitals/nurses use calculators built into EMRs, they might not have FDA approval or clearance and sometimes the calculators are inaccurate
- Dr. Stephen Ponder pointed out that providers would all have to be educated on the Glytec system

Dr. Obamehinti thanked Dr. Betsy Kubacka for her presentation before moving on to the next agenda item.

Agenda Item 5: Discussion of State Plan Priorities

Dr. Obamehinti introduced Dr. Stephen Ponder, workgroup leader of the Health Professionals Outcome to share the workgroup's suggestions for the state plan. Highlights included the following:

- Increasing transparency and insulin and drug pricing for diabetes treatments to ensure medications for persons with diabetes are available and affordable. According to Dr. Ponder, the workgroup felt the focus should be shifted to drug affordability for all diabetes treatments in general and not just insulin. The workgroup felt this would improve this priority.
- Reducing Therapeutic interference in hospital settings from formularies, inhibiting patients access to medications described by their physicians. Since this is being dealt with in other areas, the workgroup felt it did not be forwarded to the next cycle.
- Telehealth and Telemedicine would remain a permanent priority with the intent of increasing access to healthcare and improve patient outcomes.
- Improving health equity for all persons with diabetes provide equal access to quality healthcare education, medication, and equipment, regardless of socio-economic factors.

Dr. Ponder noted the workgroup wanted to follow up on requested actions outlined in the state plan. The workgroup was uncertain whether several had been implemented.

Dr. Ponder noted one of the workgroup members advised that CMS is currently screening data relating to food insecurity which the workgroup believes is relevant and worthy of further discussion by the council.

- Finally, Expanding the use of automated diabetes technologies to increase access to and utilization of continuous glucose monitoring systems and other technological advancements to assist with diabetes self-management.

Dr. Ponder mentioned one of the workgroup members stated ECQM codes for hypo and hypoglycemia are scheduled to be rolled out in January 2023.

Dr. Ponder indicated diabetes management technology is here to stay and will continue to evolve over time. Therefore, the workgroup wants to maintain focus on technological advancements as a state plan priority.

Member Discussion regarding Dr. Ponder's workgroup presentation:

Dr. Ninfa Peña-Purcell expressed her thoughts regarding opportunities for the council to work collaboratively with people across the state whether in a medical setting or community outreach. Collective collaboration. Dr. Peña-Purcell used today's presentations as examples of what's trending as opposed to what is really happening.

Ms. Ardis Reed echoed the same concerns as Dr. Peña-Purcell. Ms. Reed made a motion to invite more healthcare professional associations going forward to future council meetings. Find out what is happening on the ground and how can the council support their members on this subject.

Ms. Reed stated that while technological advancements. It is important to hear from the people doing the work.

Dr. Feyi Obamehinti, chair advised council members companies are reaching out to the agency to present new products or technologies. Dr. Obamehinti emphasized the importance of hearing about technological breakthroughs and finding ways to spread the information with medical and community organizations.

Dr. Kelley Fegan-Bohm addressed an earlier statement made regarding a Diabetes Summit. Dr. Fegan-Bohm advised DSHS has not hosted or sponsored a Diabetes Summit. Dr. Fegan-Bohm also noted the agency must act of behalf of the Texas Diabetes Council. Therefore, if there are other groups or agencies the council would like to hear from, the agency would happily facilitate those invitations. Ms. Rachel Wiseman noted a Summit, or any other large-scale event would have to be presented to leadership before a commitment is made. Discussion continued for a few minutes.

- Nimisha Bhakta made a point that the presenters are all referred and suggested by council members and are approved by the Chair before they are placed on the agenda.

Motion:

Ms. Ardis Reed moved the council focus on hearing presentations from health care professional organizations, healthcare colleagues, a higher priority than corporate vendor presentations and pausing vendor presentations for at least year. The motion passed unanimously with a vote of 9 Ayes, 0 Nays, 0 Abstain, and 2 Absent.

Dr. Obamehinti recognized fellow council member Mr. Jason Ryan, workgroup leader, to address the recommendations of the Advocacy and Outreach workgroup.

Highlights from Mr. Ryan's presentation from the Advocacy and Outreach subcommittee. Some of the highlights from Mr. Ryan's presentation included:

- Add update on gestational diabetes. HHSC study several years ago showed about 40-50% of women enrolled in CHIP/Medicaid programs were screened for gestational diabetes
- 12-month coverage extension rather than 6 months for gestational diabetes
- Possibly add something to the state plan which would be based on the update received on gestational diabetes
- Mental health and eyecare are two additional items the workgroup plan to explore further before adding to the state plan
- The workgroup noted the possibility of revisiting past state plan recommendations if no action or activity since last recommendation.

Dr. Obamehinti acknowledge Mr. Dirrell Jones joined the meeting. There being no further questions or comments about the TDC 2023 state plan, Dr. Obamehinti stated the council would determine state plan priorities at the January 2023 council meeting.

- Dr. Stephen Ponder asked if there was an option for the TDC to have ideas or products that they "endorse" but haven't created. Dr. Feyi Obamehinti responded that that is essentially what they do when making the State Plan and present it to the Legislature.

Agenda Item 6: Discussion on Texas Administrative Code TDC Rules and TDC bylaws

Dr. Feyi Obamehinti noted the two documents council members should have received from Ms. Rachel Wiseman. Dr. Obamehinti explained TDC bylaws have not been updated for several years. Dr. Obamehinti recognized Ms. Rachel Wiseman, Director, Chronic Disease Prevention, DSHS to explain the two options available for addressing bylaws to the council.

Ms. Wiseman stated all committees and councils at DSHS and HHSC are required to have bylaws. Ms. Wiseman discussed the Bylaws template created by ACCO used by councils and governor

appointed committees. She further explained TDC does not have bylaws and the council currently uses operational procedures but no official bylaws. Ms. Wiseman also noted the Texas Administrative Code rules which created the council have not been updated since 1984. Two options presented:

- Allow council members to draft bylaws using the ACCO template
- Allow DSHS to draft bylaws on behalf of the council
- There also was a needed vote to either keep the current Texas Administrative Code (TAC) rules or for council to update them.
- There was some confusion about which documents were which and what the exact vote for each document was. Rachel Wiseman, Dr. Kelly Fegan-Bohm, and Dr. Amanda Hall all clarified for the council.

Motion:

Dr. Feyi Obamehinti made a motion to allow the council to draft the bylaws based on policies and procedures document and provide a draft to the agency for approval. The motion was seconded by Ms. Maryann Strobel. The motion passed unanimously with a vote of 9 Yeas, 0 Nays, 0 Abstentions, and 2 members absent.

Dr. Feyi Obamehinti made the motion to keep the existing rules document instead of going through the lengthy rules process. The motion was seconded by Council decided to keep the one-page document on the rules. The motion was made by Dr. Feyi Obamehinti and seconded by Dr. Ninfa Peña-Purcell. The motion passed unanimously by a vote of 9 Ayes, 0 Nays, 0 Abstentions, and 2 Absent.

Agenda Item 7: Updates from State Agency Representatives

- a. Department of State Health Services – Dr. Kelly Fegan-Bohm had no agency updates. Ms. Nalley Trejo, DSHS Manager provided an update on the diabetes rule repeal which went into effect on September 22, 2022. The rule was repealed to implement SB 970 passed during the 87th Reg. Legislative Session. No data had been submitted since 2011 to the diabetes registry. The repeal reduces administrative burden to DSHS.
- b. Health and Human Services Commission – Dr. Michael Abramsky, HHSC was not available. No agency updates were provided.
- c. Teacher's Retirement System of Texas – Ms. Umme Salama Oan Ali, Engagement Specialist discussed SB 827, 87th (R) which prevents a health plan from not imposing a cost for insulin that exceeds \$50 for a 30-day supply.
- d. Employee Retirement System – Diane Kongevic, Director of Group Benefits, ERS. Ms. Kongevic advised ERS had completed implementation of the insulin drug cap. The self-funded state health plan (health select) most employees are enrolled as of September 1st a cap of \$25 for a 30-day supply of insulin went into effect. The cap also applies to those enrolled in Consumer Directed high deductible plan does not have to meet deductible to receive \$25 /30-day price for insulin.
- e. Texas Workforce Commission - Ms. Lisa Golden, Vocational Rehabilitation Services Diabetes Specialist discussed the Beep Baseball World Series game in Beaumont, Texas. Ms. Golden also discussed White Cane Day which will take place on October 15, 2022. Events will take place on different days in Austin, Dallas-Ft. Worth, and El Paso. Ms. Golden also announced upcoming publication of curriculum on diabetes education designed for deaf and hard of hearing persons. Ms. Golden noted American Sign Language (ASL) glossary will be updated to include diabetes related terms. Lastly, Ms. Golden advised of recent activity at the federal level on HR 4853, Medical Device Nonvisual Accessibility Act.

Agenda Item 8: Updates from Workgroups

a. Advocacy and Outreach Workgroup Highlights:

According to Mr. Jason Ryan, the workgroup is seeking updates from HHSC on the following:

1. Update on HB 2658, 87th (R) Legislative session from HHSC.
2. General update on the incorporation of DSMES into Medicaid Managed Care guidelines.
3. Update from Employee Retirement System (ERS) on 2015 legislative act requiring them to implement a DPP program.

Update from Teacher's Retirement System (TRS) if they similar action to ERS exists.

b. Health Professionals and Outcomes Workgroup

Workgroup highlights presented by Dr. Mary Kate Sain and Dr. Stephen Ponder.

Highlights included:

1. Discussed content for newsletter.
2. Inviting members from various healthcare related organizations as mentioned in state plan recommendations.
3. Request for information regarding the utilization of Telehealth by Managed Care Organizations (MCO's) from HHSC.

- Dr. Ponder also asked about creating a TDC presentation that could be taken on the road to help gain awareness and gather input.

Agenda Item 9: Follow up on items from July TDC meeting and announcements

Follow up questions on Diabetes Council newsletter:

1. Develop a generic title for newsletter
 2. Develop all-encompassing title for "Tips" section of newsletter
 3. Article written by Dr. Ninfa Peña-Purcell contains graphics that do not meet agency requirements. Article will be published without graphics
 4. Next article will be written by Dr. Stephen Ponder and Dr. Sain
 5. Spring newsletter "Tips" corner author – Ms. Mary Ann Strobel
 6. Diabetes Care Management will be written by Ms. Ardis Reed and Dr. Stephen Ponder
 7. Mental Health for School Age Children program through TEA
 8. National Diabetes Month – Ms. Ardis Reed
- Ms. Ardis Reed sent Julia Robinson two document to send out to the TDC that were sent out the following week.

Agenda Item 10: Public Comment

No one registered online or in person for oral or written public comment.

Agenda Item 11: Date and topics for next meeting

Next meeting is January 12, 2023. Morten Bldg. Room 100

Key items for agenda:

- Vote of state plan priorities
- Bylaws will be discussed in workgroup meeting
- Texas Cares – HHSC
- Update from ERS and TRS
- Presentation - Dr. Ponder and Ms. Ardis Reed

Agenda Item 12: Adjournment

Dr. Feyi Obamehinti, chair adjourned the meeting at 4:28 p.m.

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Below is the link to the archived video of the October 13, 2022, Texas Diabetes Council will be available for viewing approximately two years from date meeting posted on website and based on the HHSC records retention schedule.

[Texas Diabetes Council](#)