



TEXAS

Health and Human Services

Texas Department of State
Health Services

2019 Spring Managed Care Organization Survey on Diabetes Self- Management Education and Support Services

Texas Department of State

Health Services

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1. Introduction

The statewide assessment of diabetes status in Texas shows that the prevalence of diabetes has increased 44 percent over the past decade and is on a projected course to quadruple in the next 25 years¹.

In 2017, more than 2.5 million (11.9 percent) adult Texans reported to be diagnosed with diabetes². In 2016, 5.7 percent of live births were to women with diabetes,³ which increased to 6.1 percent in 2017⁴.

Another 1.7 million (9.5 percent) Texans have prediabetes- a condition that makes them more likely to develop type 2 diabetes within the next 10 years, and more likely to have a heart attack or stroke. Millions more Texans are likely to have prediabetes but aren't diagnosed⁵.

The Texas Diabetes Council (TDC) advises the legislature on legislation that is needed to develop and maintain a statewide system of quality education services for all persons with diabetes. As TDC develops its state plan for diabetes treatment, education, and training, it is helpful to gain insight on diabetes self-management education and support (DSMES) resources offered to Medicaid enrollees. Input from Managed Care Organizations (MCOs) will help guide development of TDC priorities. In Texas there are 18 Medical MCOs. A list of MCOs and map of service areas is available in Appendix A.

¹ Texas, Office of the State Demographer, Texas State Data Center. Summary Report on Diabetes Projections in Texas, 2007 to 2040. Retrieved from http://demographics.texas.gov/Resources/Publications/2008/2008_SummaryReportDiabetes.pdf

² Texas Behavioral Risk Factor Surveillance System Public Use Data File, 2017. Center for Health Statistics, Texas Department of State Health Services, Austin, TX.

³ Kormondy, M. and Archer, N. 2018 Healthy Texas Mothers & Babies Data Book. Austin, TX: Division for Community Health Improvement, Texas Department of State Health Services, 2018.

⁴ Texas Health and Human Services Commission, Financial Services Division. (2014). Gestational Diabetes in Medicaid: Prevalence, Outcomes, and Costs. Retrieved from <https://hhs.texas.gov/file/13901/download?token=7znSOjYy>

⁵ Centers for Disease Control and Prevention. Diabetes Report Card 2017. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2018.

2. Methods

The Texas Department of State Health Services (DSHS) Chronic Disease Epidemiology (CDE) Branch worked with the Diabetes Prevention and Control Program (DPCP) and Texas Diabetes Council to develop the questionnaire to survey MCOs (Appendix B). The survey was administered in Qualtrics, an online survey platform, and consisted of 14 questions. All respondents were asked these 14 questions, and one question was asked to respondents depending on their previous answers. Six questions were multiple choice or multiple select, and eight questions were open ended.

The survey covered whether or not the respondents offer Diabetes Self-Management Education and Support (DSMES) services, and if they did, details about those programs. Questions also covered barriers that MCOs face when offering DSMES and questions about the MCOs' patient populations.

The survey was sent to 230 unique email addresses through the Health and Human Services Commission (HHSC) MCO Notices distribution list. It was sent via a link in an email on February 14, 2019. A survey reminder was sent to the HHSC MCO Notices distribution list on March 7, 2019. The survey closed on March 19, 2019.

The survey was started by 41 people, and 26 people completed the survey. Survey instructions specified that only one person from each MCO should complete the survey. Responses with only one question answered were excluded from the analysis (n=15). Not every respondent provided an answer to every question.

Results from the survey were analyzed using IBM SPSS Statistics Version 24.

3. Results

Managed Care Organization (MCO) DSMES Service Offerings

MCOs were asked about the populations they provide DSMES services to. Of the 23 respondents 20 currently offer DSMES for clients with diabetes and 12 also offer DSMES for clients with prediabetes. Table 1 shows that eighteen of the respondents offer DSMES or diabetes prevention education to pregnant women with gestational diabetes mellitus (GDM) and nineteen offer these services to children with pediatric diabetes. One respondent also offers DSMES and diabetes prevention education to clients with obesity. This means that nine respondents offer DSMES and diabetes prevention education to all four of the priority populations.

Table 1. Populations Provided DSMES or Diabetes Prevention Education (n=23)

Population	Number of Respondents	Percentage of Respondents
Adults with Diabetes	20	87.0%
Adults with Prediabetes	12	52.2%
Pregnant women with Gestational Diabetes Mellitus (GDM)	18	78.3%
Children with pediatric diabetes	19	82.6%
Adults with Obesity	1	4.3%

If a respondent did not provide DSMES and diabetes prevention education to any clients with any form of diabetes, they were asked about other information they provide to their clients with diabetes. One respondent answered this question and said that they have a partnership with another organization to provide DSMES services to their clients.

Two of the respondents are American Association of Diabetes Educators (AADE) accredited or American Diabetes Association (ADA) recognized DSMES service providers.

MCOs were also asked about the languages in which DSMES services were offered. Fifteen of the 18 respondents offer their DSMES and diabetes prevention education in both Spanish and English. Three respondents employ translation services and offer their education services in members' preferred language.

Curricula Used

Table 2 shows the DSMES curriculum that the MCOs use. Twenty-two respondents provided an answer to this question. The majority of respondents (n=18) only use one DSMES curriculum. Four of the respondents use two different DSMES curricula.

Name of Curriculum	Number of Respondents	Percentage of Respondents
AADE: A Guide to Successful Self-management (Chicago, IL)	3	14.3%
ADA: Living with diabetes (Alexandria, VA)	5	23.8%
Gateway Diabetes and Cardiovascular Guidelines (Laredo, TX)	3	14.3%
National Diabetes Prevention Program (DPP)	3	14.3%
Developed our own curriculum (<i>Names are below</i>)	6	28.6%
Other	4	19%

Six of the 22 respondents developed their own curriculum. Their responses on DSMES curricula are:

- Complex Care Management Program
- In conjunction with the local University experts at Texas A&M
- Based on ADA guidelines
- Healthwise.org-Internal Case Management tool for disease specific diagnosis. HealthTips-Written health tips on specific diagnosis that is mailed out to members.

Four of the respondents used a curriculum that was not listed (“other”). Their responses on DSMES curricula are:

- Depends on provider who is educating; we contract with providers to do this
- American Diabetes Association, My Plate.gov, NIH Diabetes Education
- Healthwise in Critical Care Advance System, Medline Plus
- Education is provided through our Disease Management Program

None of the respondents used the following curricula:

- DEEP: Diabetes Empowerment Education Program (Chicago, IL)
- SMRC: Diabetes Self-Management Program (Stanford, CA)
- Project Dulce (San Diego, CA)
- Pink Panther (Denver, CO)
- Sweet Success (Irvine, CA)

Format and Frequency of DSMES Program

MCOs were asked about the format and frequency they use when they offer DSMES classes. Table 3 shows the responses received. MCOs may use more than one type of format and frequency.

Table 3. DSMES Format (n=21)

Format	Number of Respondents	Percentage of Respondents
One-day format	2	9.1%
Once a month open meeting	1	4.5%
Weekly series	1	4.5%
4 weeks	3	13.6%
Other frequency or format	16	77.3%

The majority of respondents (16 of 21) use a frequency or format not listed in the options. Among them, several responded that they use a one-to-one format, or offer services on an as needed basis. Many said that the frequency is determined by the needs of the patient.

Of the options provided, none of the respondents reported using a two-day format, or a six- or eight- week long program.

Program Elements

MCOs were asked to indicate which program elements they incorporate into DSMES and diabetes prevention education. Table 4 shows the elements, the number and percentage of respondents who indicate that they incorporate that element. Respondents could choose more than one program element.

Table 4. DSMES Elements (n=21)

Elements	Number of Respondents	Percentage of Respondents
Individualized care plans	16	80%
Learning self-advocacy	11	55%
Psychosocial behavior changes to sustain self-management	10	50%
Individualized education plan for participant need	10	50%
Behavior Change and action planning	10	50%
Navigating the health care system	9	45%
Participatory format	7	35%
Interactive learning demonstrations	6	30%
Pathophysiology and treatment options including medications	5	25%
Slide deck and lecture format	5	25%
AADE7™ Self-Care Behaviors	4	20%
e-health education	4	20%

Dynamic, practical problem solving	3	15%
Didactic format	3	15%
2017 Standard 6 requirement topics	1	5%

Nearly all of the respondents to this question (16 of 21) use individualized care plans as part of DSMES and diabetes prevention education. Only one respondent uses the 2017 Standard 6 requirement topics.

Retention Rate

Retention rate is the measure of the percentage of clients who complete all sessions of DSMES and diabetes prevention education. The mean retention rate of the MCOs (n=12) was 46 percent. The highest retention rate was 85 percent (n=3) using the AADE: A Guide to Successful Self-management. The lowest retention rate was 10 percent (n=3) using the National Diabetes Prevention Program (DPP). However, these estimates were based on only three responses in each category (Table 2); given the small sample size, these retention rates may not be generalizable to DSMES and diabetes prevention education retention rates of other MCOs. Furthermore, these retention rates may be subject to response bias and not be truly reflective of all clients' fidelity to their program. Only eight respondents reported having a time-bound frequency or format (Table 3); the majority of the MCOs who reported offering services "as need" or when requested did not provide retention rates.

Number of Clients with Diabetes

MCOs were asked to provide the number and percentage of clients with each form of diabetes their providers see every month (Table 5). The respondents (n=13) reported seeing a total of 20,904 clients with diabetes each month, 67 percent of those being adults with diabetes. Only 7 percent of the clients seen had prediabetes.

Table 5. Number and Percentage of Clients with Diabetes (n=13)

MCO ID	Adults with Prediabetes		Adults with Diabetes		Pregnant women with GDM		Children with Pediatric Diabetes		Total
	n	%	n	%	n	%	n	%	
1	174	7%	795	32%	720	29%	795	32%	2,484
2	15	6%	220	87%	0	0%	18	7%	253
3	10	27%	11	30%	0	0%	16	43%	37
4	0	0%	100	100%	0	0%	0	0%	100
5	9	10%	35	41%	30	35%	12	14%	86
6	183	25%	168	23%	132	18%	249	34%	732
7	15	15%	62	60%	2	2%	24	23%	103
8	91	11%	247	30%	272	33%	214	26%	823
9	0	0%	125	42%	0	0%	175	58%	300
10	0	0%	40	80%	5	10%	5	10%	50
11	0	0%	30	30%	15	15%	55	55%	100

Table 5. Number and Percentage of Clients with Diabetes (n=13)

12	7	5%	49	34%	66	46%	21	15%	143
13	888	6%	12,121	77%	1651	11%	1,032	7%	15,693
Total	1,392		14,003		2,893		2,616		20,904

When comparing this information with data provided about whom respondents provide services to (Table 1), we find that an estimated 97 percent of clients seen each month with diabetes have a DSMES service available to them through their MCO.

Barriers to Implementing DSMES

All of the MCOs were asked about barriers they face implementing DSMES services at their organization. Of the twelve respondents, nine said that the biggest barrier is getting clients to engage with and comply with the DSMES program. Three also struggle with getting correct contact information from clients.

Lastly, MCOs were asked to provide additional comments they would like to share about their DSMES programs and its capacity. Twelve respondents provided information about their current programs, successes, and plans for the future. The majority of comments provided additional information about the DSMES programs the MCOs offer. Four of the respondents expanded on partnerships they have to provide the DSMES programs, including working with their parent company, offering the program through other providers, and working with community health workers. Two respondents expanded on the programs they provide and the modes of delivery. MCOs are using bi-directional referrals to ensure that doctors are getting information on their patients’ involvement in DSMES and referring patients to the programs as needed. Additionally, several respondents are identifying barriers they want to overcome in order to increase DSMES utilization. Complete answers to this question are in Appendix C.

4. Limitations

There are several limitations of the survey and the data collection. First, due to the content of the survey, MCOs that do not offer DSMES were probably less likely to answer the survey. This may be a source of response bias, as the results may not capture a comprehensive picture of all diabetes prevention and education programs being offered by MCOs.

Results should be interpreted with caution as the percentage of non-response varied for each question. For example, while there were 26 total survey respondents, only 13 (50%) responded to the question related to the number and percentage of clients with diabetes.

We are not able to determine how many total MCOs responded to the survey. While we requested respondents provide their affiliation and contact information, not all respondents did so. Similarly, although instructions stated that only one person from each MCO should respond, we are not able to confirm that each respondent was indeed from a unique MCO. As a result, a response rate could not be calculated.

Additionally, it is possible that reported retention rates do not accurately reflect the nature of all DSMES programs offered by the MCOs. DSMES programs that were described as being “as needed”, at the request of the patient, or in a one-to-one format would not necessarily have a retention rate associated, as their program structures are more flexible. This may have caused underreporting of patients’ fidelity to the programs.

5. Conclusion

Twenty-six respondents provided information about their DSMES and diabetes prevention education programs. The majority of the respondents cover DSMES for at least adults with diabetes, with many also providing services to adults with prediabetes, children with pediatric diabetes, and women with GDM. The MCOs use a variety of different DSMES curricula, with several choosing to create their own curriculum. The majority of the DSMES programs incorporate individualized care plans. MCOs reported having an average retention rate of 46 percent in their DSMES programs. However, due to the different program formats and small sample size, this finding may be biased and not accurately reflect client fidelity to their programs. The majority of respondents note that their greatest barrier to implementing DSMES programs is patient engagement. Further surveying and outreach should be done with other MCOs to better understand the nature of DSMES services offered by MCOs throughout the state.

6. Acronym List

AADE: American Association of Diabetes Educators

ADA: American Diabetes Association

CDE: Chronic Disease Epidemiology

DPCP: Diabetes Prevention and Control Program

DPP: Diabetes Prevention Program

DSHS: Department of State Health Services

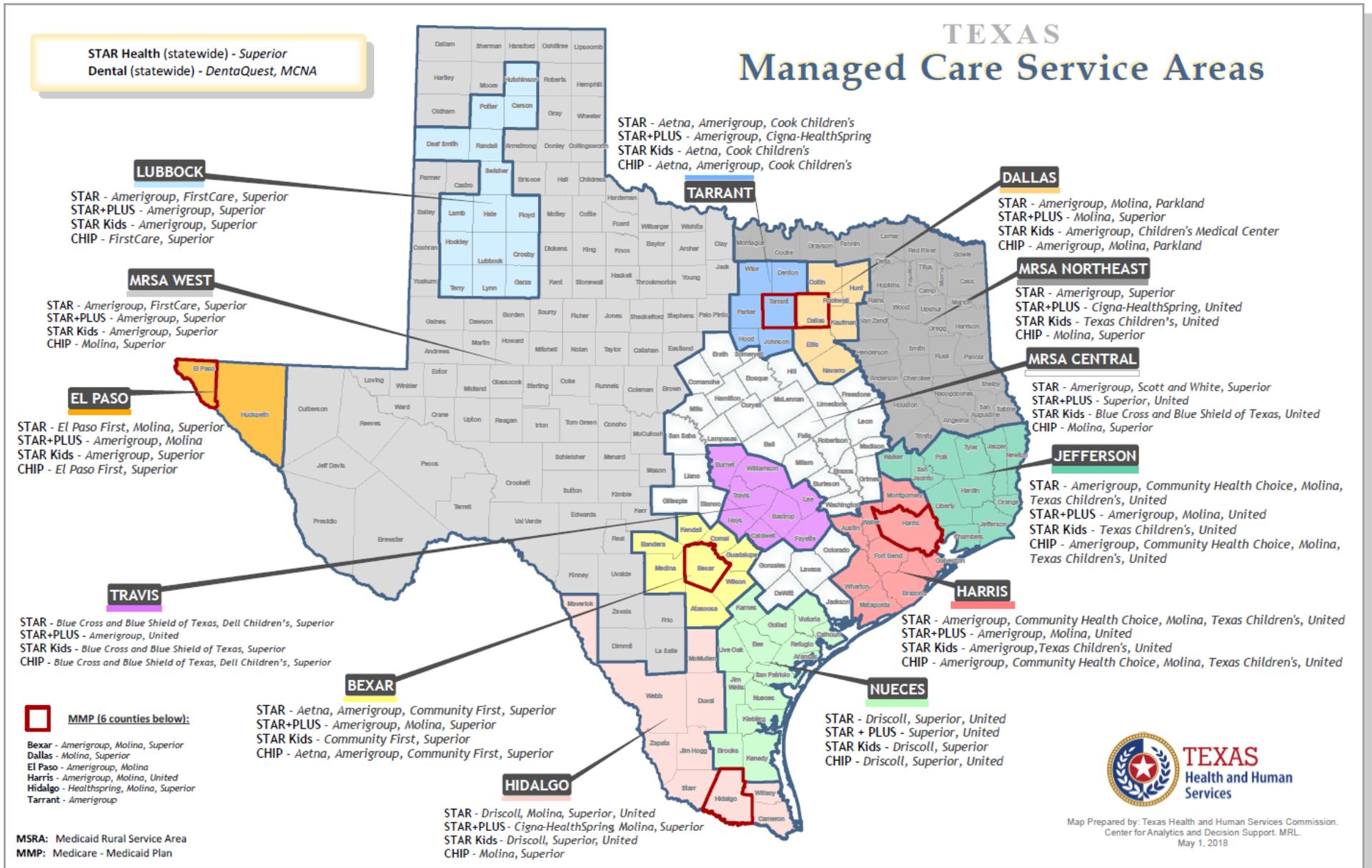
DSMES: Diabetes Self-Management Education and Support

GDM: Gestational Diabetes Mellitus

HHSC: Health and Human Services Commission

MCO: Managed Care Organization

Appendix A: Managed Care Service Areas Map



Appendix B: Survey Instrument

Managed Care Organization Survey

Q1 The Texas Diabetes Council is conducting this survey in order to better understand the Diabetes Self-Management Education and Support (DSMES) resources that are offered by your Managed Care Organization (MCO). This information will be used to assess current practices and DSMES services.

This survey is only intended for MCOs. Please have only one representative of your MCO complete this survey.

This survey will close on March 15, 2019. If you have any questions, please contact Dr. Maria Cooper at Maria.Cooper@dshs.texas.gov. Thank you.

Q2 Does your MCO provide DSMES for clients with adult diabetes and prediabetes?

	Yes	No
Adult Diabetes	<input type="radio"/>	<input type="radio"/>
Prediabetes	<input type="radio"/>	<input type="radio"/>

Q3 Are you an American Association of Diabetes Educators (AADE) accredited or American Diabetes Association (ADA) recognized DSMES service?

- Yes
- No
- Don't know

Q4 Do you provide DSMES or prevention education to: Select all that apply

- Adults with Diabetes
- Adults with Prediabetes
- Pregnant women with Gestational Diabetes Mellitus (GDM)
- Children with pediatric diabetes
- Other _____

Q5 In what languages do you provide instruction?

Q6 Which curriculum do you use? Select all that apply

- ADA: Living with diabetes (Alexandria, VA)
- AADE: A Guide to Successful Self-management (Chicago, IL)
- SMRC: Diabetes Self-Management Program (Stanford, CA)
- DEEP: Diabetes Empowerment Education Program (Chicago, IL)
- Gateway Diabetes and Cardiovascular Guidelines (Laredo, TX)
- Project Dulce (San Diego, CA)
- Pink Panther (Denver, CO)
- Sweet Success (Irvine, CA)
- National Diabetes Prevention Program (DPP)
- Developed our own curriculum: name of your curriculum _____
- Other _____

Q7 What is the format and frequency of your DSMES service(s)? Select all that apply

- One-day format
- Two-day format
- Once a month open meeting
- Weekly series
- 4 weeks
- 6 weeks
- 8 weeks
- Other frequency or format _____

Q8 Which of the following elements do your DSMES curriculum incorporate? Select all that apply

- 2017 Standard 6 requirement topics
- Dynamic, practical problem solving
- Psychosocial behavior changes to sustain self-management
- AADE7™ Self-Care Behaviors

- Pathophysiology and treatment options including medications
- Individualized education plan for participant need
- Navigating the health care system
- Learning self-advocacy
- e-health education
- Behavior Change and Action planning
- Didactic format
- Participatory format
- Individualized care plans
- Interactive learning demonstrations
- Slide deck and lecture format

Q9 What percent of your clients complete all sessions of their self-management education (retention rate)? _____

Q10 How many clients with diabetes (including prediabetes, adult diabetes, GDM, and pediatric diabetes) do your providers see each month? _____

Q11 Of the clients with diabetes that your providers sees every month, what percent have the following forms of diabetes?

Prediabetes : _____

Adult diabetes : _____

GDM : _____

Pediatric Diabetes : _____

Total: _____

Display This Question:

If Does your MCO provide DSMES for clients with adult diabetes and prediabetes? = Adult Diabetes [No]

And If: Does your MCO provide DSMES for clients with adult diabetes and prediabetes? = Prediabetes [No]

Q12 What information, if any, do you provide to clients with diabetes (including prediabetes, adult diabetes, GDM, and pediatric diabetes)?

Q13 What is the primary barrier to implementing DSMES services at your organization?

Q14 Please provide any additional comments you have about your DSMES programs or DSMES capacity.

Q15 Please provide your contact information so our team may reach out for any follow-up questions

Name
Position
MCO
Email
Phone Number

Appendix C: Additional Comments

1. This MCO has an arrangement with the *[redacted]* to provide diabetes related educational services and classes to our members. Diabetes Self-Management education also provided via our telephonic Diabetes Disease Management Program.
2. We answered the questions as honestly as we could, related to providers in the west Texas region. Our physicians order DSME classes as they feel is appropriate for their clients.
3. This MCO utilizes our parent company (county hospital facility) that offers group education classes and the *[redacted]* to supplement diabetes education.
4. The Health Plan Complex Case Management program case managers currently utilize the HealthWise application in CCA for some of our patient education, along with the external educational resource Medline Plus as well.
5. We have had very good success in improving members A1C levels and moving them toward good control. We also are able to collaborate with treating physicians to address gaps in care based on evidenced based guidelines. Members in our face to face home based programs receive a glucometer that uploads blood sugar readings to the nurse so that appropriate and timely intervention may be taken for hypo or hyperglycemic readings.
6. Members are identified through various means to include but not limited to predictive modeling strategies, member/provider referral, utilization management referral, customer service referrals. Once identified, members are reached out to and are enrolled into the DSMES program on a voluntary basis. The RightCare DSMES program focuses on member self-management and goal development to implement effective self-management strategies. Physicians are notified of enrollment and provided the DSMES care plan for review and input. Once enrolled, members are reached out to every 3 weeks for a total of 4 months by a registered nurse and will be graduated from the program once goals are met. Program effectiveness is routinely monitored through successful contact and enrollment rates, graduation rates, review of impact on ER visits/hospital admissions after program graduation and various other measures.
7. Community Health Workers provide in home diabetic education to our high risk diabetics.
8. Over the years, we have found that the social determinants of health often are the major drivers of health complexity for this population. We had incorporated an

assessment for SDOH into our DM programs and implementation interventions to address identified barriers to adherence to a member's treatment plan.

9. We offer the following self-monitoring programs through our member portal: Glucose Buddy Fast Food Calories Medi-Safe Aunt Bertha for classes & nutritionist
*We offer the following self-monitoring programs through our Case Management:
-Healthwise.org-Anthem's Internal Case Management tool for disease specific diagnosis -AmeriTips-the company's written health tips on specific diagnosis, mailed out to members -Aunt Bertha Resource Tool
10. We are working on restricting the Diabetes Curriculum for STAR Kids.
11. Our Healthcare Management Team has partnered with Davis Vision to reach out to our diabetic members who had not had their A1C or eye exam in 2018. A financial incentive was offered to encourage the members to schedule appointments with their providers and have their A1C checked and eye exams completed by the end of the year. Both teams offered to assist with scheduling appointments and coordinating care. Our pharmacy department also offers Living365 classes several times a year to provide diabetes education and resources at no cost. The classes are led by a Pharmacist and Dietician. The Dietician provides a "Healthy Eating" grocery store tour to help educate members on how to make better food choices and new ways to prepare meals. The members are also able to engage with the Pharmacist to discuss medications, clinical guidelines, monitoring blood glucose and discuss ways to incorporate physical activity into their lifestyle. The members can ask questions and receive free educational materials. Our Healthcare Management team has a diabetes focused program that reviews the importance of having a diabetes action plan, provides food and blood sugar logs, mails educational material from the National Diabetes Education Program and nutritional information from the USDA. The Healthcare Management team also helps connect the member to their PCP and Endocrinologist, reviews the importance of medication adherence and ensures they have sufficient supplies to monitor their diabetes. They also provide any additional resources available in their area.
12. We have bilingual licensed and non-licensed staff conducting DSME, we also have community representatives in all our service delivery areas that participate in the training interactions.