State Plan to Prevent and Treat Diabetes

As Required by
Section 103.013
Texas Health and Safety Code

Texas Diabetes Council

TEXAS DIABETES COUNCIL

With support from
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TEXAS
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Executive Summary

Texas Health and Safety Code, Chapter 103, established the Texas Diabetes Council (TDC). Section 103.013 requires the TDC to develop and implement a state plan for diabetes treatment, education, and training.

Not later than November 1 of each odd-numbered year, the TDC shall submit the state plan to the state agency designated as the state health planning and development agency.

The TDC also developed an assessment of existing state programs for the prevention and treatment of diabetes to compliment the state plan, in accordance with Chapter 103. The assessment included a review of state agency programs that provide diabetes-related services, and can be found at http://dshs.texas.gov/Legislative/Reports-2017.aspx.

State plan opportunities were identified based on reviews and discussions of diabetes prevention and control, cost-savings studies, and evidence-based diabetes research studies. TDC members' professional experiences span collective decades and includes expertise in the treatment of diabetes, diabetes education and training, nutrition education, and public health policy. TDC and Committee meetings served as opportunities to review and discuss topics, which assisted in the identification of the five priorities:

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

1. Introduction

The Texas Diabetes Council (TDC) was established in 1983. It is composed of 11 members appointed by the governor, as well as nonvoting members from Health and Human Services (HHS) system agencies.

Texas Health and Safety Code, Chapter 103, requires the TDC to develop and implement a state plan for diabetes treatment, education, and training. Not later than November 1 of each odd-numbered year, the TDC shall submit the state plan to the state agency designated as the state health planning and development agency.

Section 103.013 requires the state plan to ensure that:

(1) individual and family needs are assessed statewide and all available resources are coordinated to meet those needs; and

(2) health care provider needs are assessed statewide and strategies are developed to meet those needs.

2. Background

The Epidemic of Diabetes in Texas

The prevalence of diabetes in Texas has increased 44 percent over the past decade and is projected to quadruple in the next 25 years.[1]

Today, more than 2.3 million (11.4 percent) of adult Texans have been diagnosed with diabetes. Another 1.3 million (7.5 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.[1]

That's just part of the story, because millions more Texans are likely to have prediabetes but aren't diagnosed.[2]

For pregnant women, the prevalence of diabetes is even higher: an estimated 11.5 percent of pregnant women in Texas develop gestational diabetes, compared to 1.9 percent who had diabetes before pregnancy.[3] The State Demographer projects

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[1] 2015 Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, for persons 18 years of age and older. Data include both type 1 and type 2 diabetes. Persons with diabetes include those who report that they have been told by a doctor or other healthcare professional that they have diabetes. Persons with prediabetes include those who have been told by a doctor or other healthcare professional that they have prediabetes or borderline diabetes. Women and girls who report diabetes or prediabetes only during pregnancy are not included in prevalence.

[2] Results of national studies indicate that as many as 37 percent of U.S. adults have prediabetes (diagnosed and undiagnosed), 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. Centers for Disease Control and Prevention. *Diabetes Report Card 2014*. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2015.

[3] Texas Department of State Health Services Diabetes Prevention and Control Branch. *Texas Pregnancy Risk Assessment Monitoring System (PRAMS) Estimate of Pre-existing and Gestational Diabetes, 2004-2009*. Texas Diabetes, the Newsletter of the Texas Diabetes Council, Spring 2011. Publication No. 45-11004. http://www.dshs.texas.gov/diabetes/PDF/newsletter/spring11.pdf

quadrupling of the number of adult Texans with diabetes to almost 8 million in the next 25 years.[4]

In 2012, the annual financial toll on Texas because of diabetes was $18.5 billion, including $12.3 billion in direct medical costs and $6.2 billion in indirect costs.[5] Texas was (and remains) among the 10 states collectively responsible for over 60 percent of the national cost of diabetes.[6] As the number of Texans with diabetes quadruples over the next 25 years, the annual cost to the state can be expected to increase as well.

The Texas Diabetes Council

The TDC was established to address the growing prevalence of diabetes in Texas and the accompanying cost. The TDC is a governor-appointed group of public member volunteers consisting of health care providers and consumers with expertise in diabetes issues.

The TDC chair may appoint committees and work groups to address specific charges. The TDC Chair appointed two committees, the Health Care Professionals Advisory Committee and the Advocacy and Outreach Committee. The Health Care Professionals Advisory Committee develops and reviews minimum practice recommendations for diabetes, which regulated health plans in Texas are required to offer. This committee was divided into two subcommittees: Medical Professionals Advisory Subcommittee (MPAS) and Outcomes Subcommittee. MPAS assembled leading Texas endocrinologists, nurses, dietitians, diabetes educators, and other diabetes experts to review the minimum practice recommendations and develop treatment guidelines, algorithms, and continuing medical education offerings that assist health care providers in adhering to standards of care. The Outcomes

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

[5] Texas Health and Human Services Commission. *Report on Direct and Indirect Costs of Diabetes in Texas as Required by S.B. 796, 82nd Legislature, Regular Session, 2011*. December 2012 https://hhs.texas.gov/sites/default/files/direct-indirect-costs-diabetes-texas.pdf

[6] American Diabetes Association. *Economic Costs of Diabetes in the U.S. in 2012*. Diabetes Care. 2013 Apr; 36 (4):1033-46. Epub 2013 Mar 6. http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html

subcommittee reviewed data from state agency programs, health systems, and special studies that can be used to assess the effectiveness of diabetes management in Texas.

The Advocacy and Outreach Committee brings together volunteers to develop TDC recommendations related to a variety of issues affecting persons with diabetes. Volunteers represent the American Diabetes Association, American Association of Diabetes Educators, health systems, and other stakeholders.

In January 2017, the TDC adopted a new mission statement: "Specific initiatives to improve outcomes and minimize barriers to impact diabetes care in Texas communities for improved delivery of care through system reforms that lead to increased access and high quality, affordable, effective, and efficient care for people with diabetes and coordination of state services." This prompted the TDC to reorganize its committees in July 2017, to better align with the new statement. MPAS members joined members of both the Advocacy and Outreach Committee and Outcomes Subcommittee, forming a new Health Professionals and Outcomes Committee. The new committee will meet for the first time in October 2017. It is charged to make recommendations and present to the TDC at quarterly council meetings. Periodically, the TDC may determine a need for medical professionals to hold ad hoc meetings to review and update minimum standards of care for diabetes and medical treatment algorithms.

Major recent accomplishments of the TDC include:

- State law regarding the care of students with diabetes in schools
- Updates to state laws regarding coverage of persons with diabetes under the Americans with Disabilities Act
- Legislation to enhance and coordinate state agency services for persons with diabetes, including Medicaid/CHIP
- Efforts to expand coverage of the National Diabetes Prevention Program for persons with prediabetes served by Texas Medicaid/CHIP and state Employee Retirement System (ERS) health benefits

Texas Diabetes Council Volunteers, which can be found in Appendix A, includes the 2016 list of TDC members and volunteers from across the state who advise and assist governor-appointed TDC members in executing legislatively required duties, developing the state plan for diabetes prevention and control, and supporting TDC initiatives across the state.

3. Texas Diabetes Action Plan

The TDC developed a Texas Diabetes Action Plan that consists of priorities for five focus areas that build on past accomplishments and use current national, state, and local efforts to improve diabetes education and management in Texas. Work in the priority areas that follow is dependent on the Legislature's continued funding and support of the Diabetes Prevention and Control Program at the Texas Department of State Health Services.

The five focus areas are:

- Diabetes Self-Management Education and Support 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

Diabetes Self-Management Education and Support (DSMES) Enrollment

Among the state services listed in this report, more than $144 million is spent treating diabetes and its complications, compared to $917,732 spent on prevention programs (see Assessment to Prevent and Treat Diabetes located at http://dshs.texas.gov/Legislative/Reports-2017.aspx).

DSMES is an evidence-based approach that improves clinical outcome measures related to blood glucose[7], blood pressure, cholesterol, and smoking status. DSMES has shown to be cost-effective by reducing hospital admissions and readmissions, as well as estimated lifetime health care costs related to a lower risk for complications.[8] In a retrospective study examining the medical records of more

7 A1c–a laboratory test that measures a person's average blood sugar over the last two to three months

8 Powers, M., Bardsley, J., Cypress, M., Duker, P., Funnell, M., Fischl, A., Maryniuk, M., Siminerio, L., and Eva Vivian, E. (2015). Diabetes Self-Management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. Diabetes Care, 38, 1-11. doi:10.2337/dc15-0730

than 33,000 patients, average annual health care costs were found to be 39 percent lower for patients who received educational information during their visit, compared to those who did not receive educational information ($6,244 vs. $10,258). Another study evaluated three-year claims data and found lower health care costs for people who received diabetes education for individuals with commercial insurance and with Medicare. Despite the value of DSMES, data on medical billing codes reflect very low utilization rates. Less than seven percent of those with private insurance and only five percent of Medicare beneficiaries received diabetes education during the first year after diabetes diagnosis.[9]

An assessment of statewide services showed that Managed Care Organizations (MCOs) contracted with Texas Medicaid/CHIP are required to provide disease management and education services. Initial surveys of Medicaid/CHIP MCOs indicate that fewer than half of the contracted MCOs automatically enroll patients with diabetes in self-management education, however, more information is needed to assess the reach and effectiveness of the services not currently available.

In order to ensure that DSMES standards are met, there is a need for more DSMES sites to be recognized by the American Diabetes Association (ADA) or accredited by the American Association of Diabetes Educators (AADE). For consistency, the same standards, information, and reporting should be required of DSMES offered by Medicaid/CHIP Managed Care contracts.

Priorities for the Texas Diabetes Council

Based on the proven effectiveness of DSMES, the TDC has identified the following priorities to address the enrollment gap in DSMES with the goal of reducing diabetes related hospital admissions and readmissions:

- Work with the Health and Human Services Commission (HHSC) to ensure that Medicaid/CHIP patients with diabetes are automatically enrolled in DSMES services and that HHSC continues to analyze outcomes data demonstrating health and economic impacts
- Continue TDC engagement in the Medicaid/CHIP learning collaborative organized during the 2016-17 biennium:
  - The Centers for Medicare and Medicaid/CHIP Services Diabetes Prevention and Management Affinity Group provided resources to state Medicaid/CHIP programs, including Texas, to develop actionable

[9] Powers, M., 2016 Health Care & Education Presidential Address: If DSME Were a Pill, Would You Prescribe It? Diabetes Care, 10.2337/dc16-2085 Published 1 December 2016.

approaches to diabetes prevention and control, including tools and strategies for working with MCOs, and performance improvement project templates tailored to diabetes
- Work with state agencies to ensure that state reporting systems beyond Medicaid/CHIP are evaluating DSMES outcomes to demonstrate effectiveness in improving health
- Increase access, referral, and reimbursement for AADE-accredited or ADA-recognized DSMES services that help prevent diabetes complications
- Increase engagement of certified community health workers to promote linkages between health systems and community resources for adults with type 2 diabetes

1115 Transformation Waiver Diabetes Prevention and Control Evaluation

In December 2011, HHSC received federal approval of the Section 1115 Texas Healthcare Transformation and Quality Improvement Program Waiver. The 1115 Transformation Waiver allows the state to expand Medicaid/CHIP managed care while preserving hospital funding, provides incentive payments for health care improvements, and directs more funding to hospitals that serve large numbers of uninsured patients. This waiver resulted in more than 260 Delivery System Reform Incentive Payment projects between Demonstration Years 2-5, focusing on diabetes prevention or treatment or improving diabetes-related outcomes. The following projects were evaluated through the 1115 Transformation Waiver in 2017:

- The Texas A&M Program on Healthy Aging is implementing evidence-based diabetes self-management education to address health care cost savings in a nine-county area (Regional Healthcare Partnership 17), including Brazos, Burleson, Grimes, Leon, Madison, Montgomery, Robertson, Walker and Washington counties.
- The University of Texas School of Public Health Brownsville Regional Campus continues to expand the Cameron County Hispanic Cohort started in 2003 to understand the burden of obesity and diabetes in the region while increasing screenings and diabetes self-management skills of participants. The cohort is currently at the 10-year mark of a diabetes risk study to better understand when participants convert from prediabetes to diabetes.
- The Global Diabetes Program and Parkland Health and Hospital System have built a patient centered-medical home for persons with diabetes through projects addressing blood sugar control, specialty access, vision screening, foot exams, readmission rates, blood pressure, and surgical infection rates.

The goal of the TDC is to build on the work of the 1115 Transformation Waiver and use the information obtained from the evaluations to support TDC priorities.

Priorities for the Texas Diabetes Council

The opportunity to evaluate different approaches to diabetes prevention and control in Texas has the potential to lead to identification and dissemination of lessons learned and best practices to effect change and improve prevention efforts. The TDC has identified the following priorities:

- Continue to review 1115 Waiver projects conducted by academic medical centers in Texas that support diabetes education and management through clinical and community-based approaches
- Continue a comprehensive evaluation of 1115 Waiver projects focused on targeting diabetes to determine if they lead to quantifiable improvements relating to quality of care, population health, and cost of care for patients with diabetes
- Continue to advise HHSC on quality improvement project/grants regarding assessment of organizations that receive grants, determination of outcomes that must be measured and reported, and efforts to disseminate resulting data (both successes and failures) to encourage implementation of best practices in clinical and community-based settings across the state
- Work with HHSC to ensure diabetes-related outcome data from Medicaid/CHIP delivery system reform incentive payment projects and all payer data from the Texas Health Care Information Council is available so the TDC can factor the information into decision making on both clinical and economic issues

Evidence-Based Prevention Program Engagement

Evidence-based programs are based on rigorous study of the effects or outcomes of specific interventions or model programs. They demonstrate reliable and consistent positive changes in important health-related and functional measures.

The National Diabetes Prevention Program (NDPP) uses evidence-based strategies to improve outcomes. The NDPP is an example of a public-private partnership of community-based organizations (such as the YMCA), private insurers, health care organizations, employers, and government agencies brought together to establish local evidence-based lifestyle change programs for people at high risk for type 2

diabetes. The community program costs less than $325 per participant[10], as compared to an average of $7,900 per year for the treatment of diabetes for one individual.[11] The Texas State Healthcare Innovation Plan recommends reimbursement for this one-year lifestyle change program by Medicaid/CHIP and state employee health plans, to achieve a projected reduction in risk for type 2 diabetes of 58 percent among individuals with prediabetes served by these health plans. This reduction in risk can be achieved by weight loss of five to seven percent of body weight by program participants.

The NDPP has been implemented to improve health outcomes for Texas State Employees. The TDC collaborated with the Texas Employee Retirement System (ERS), per ERS Rider 14 (2016-2017 General Appropriations Act, Article I, 84th Legislature, Regular Session), to assess the prevalence of prediabetes among the state employee population; develop an economic analysis related to providing an evidence-based prevention program; develop and implement a cost-effective type 2 diabetes prevention program for state employees; and report to the Legislature and governor by August 31, 2016. The resulting report is found at http://www.dshs.texas.gov/diabetes/preports.shtm.

The Employee Retirement System of Texas (ERS) reports that more than 60,000 (or 12.3 percent of) current and retired state employees and are affected by diabetes. Treatment of diabetes accounts for 26.6 percent of total annual health plan costs. See Appendix B: Annual Costs for Texas State Employees with and Without Diabetes.

Priorities for the Texas Diabetes Council

The TDC has identified the following priorities for evidence-based prevention program engagement in order to provide cost-saving potential for employers, insurers, and government agencies:

- Continue the *Real Appeal* diabetes prevention program initiated by ERS and United Health in April 2016 and review data to assess results. By April 2017, the program had enrolled more than 20,500 state employees. *Real Appeal* continues to be available to HealthSelect participants following the state

[10] Ackerman, R.T., Marrero, D.G., Adapting the Diabetes Prevention Program Lifestyle Intervention for Delivery in the Community: The YMCA Model, The Diabetes Educator 2007; 33;69.

[11] American Diabetes Association. op. cit. p. 1033

employee health coverage transitions to Blue Cross Blue Shield that occurred on September 1, 2017, and eligibility will be expanded to Medicare retirees. The *Naturally Slim* program became available on September 1, with coverage of the YMCA diabetes prevention program to follow in January 2018.

- Continue to support efforts of Texas Area Health Education Center East Greater Houston Region, the Cities Changing Diabetes Initiative, Houston Business Coalition on Health, and DSHS to implement a strategic plan to scale and sustain the NDPP in the Houston Area. The following objectives were addressed in a regional engagement meeting conducted by the National Association of Chronic Disease Directors in February 2017:
  - Increase insurance/employer coverage of the NDPP lifestyle change program
  - Increase clinical screening, testing and referral to recognized lifestyle change programs
  - Increase the availability of, and enrollment in, programs
- Work with the Texas Medicaid/CHIP, employer groups and health systems to promote coverage of the NDPP by Medicaid/CHIP, Medicare and private insurance. Use tools developed by the CDC to demonstrate return on investment and provide technical assistance based on national pilot projects implementing the NDPP across all insurance types.

Gestational Diabetes Screening and Follow-up

Gestational diabetes is a key challenge for Texas women. Women with gestational diabetes are at high risk for developing type 2 diabetes later in life, and the infant is at risk of becoming obese during childhood and developing type 2 diabetes as an adult. Women with gestational diabetes have a 35-60 percent chance of developing diabetes in the next 10-20 years.[12] In Texas, Medicaid/CHIP pays for over 50 percent of all births statewide.[13] A recent study of 2012 data by HHSC and the TDC concluded that nine percent of pregnant women participating in any Texas Medicaid/CHIP program developed Gestational Diabetes Mellitus (GDM) prior to

[12] Centers for Disease Control and Prevention: National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

[13] Texas Health and Human Services Commission. Gestational Diabetes in Medicaid: Prevalence, Outcomes, and Costs. As Required by Rider 75, Senate Bill 1 83rd Legislature Regular Session, 2013. https://hhs.texas.gov/sites/default/files//sb1-gestational-diabetes.pdf

delivery.[14] The study also concluded that birth certificate and hospital discharge data available prior to the study may have underestimated the prevalence of gestational diabetes by as much as 50 percent.

Approximately 40 to 50 percent of Texas women participating in the Medicaid or CHIP Perinatal program are screened for gestational diabetes.[15] Some screening may occur before these women participate in state programs; but there is still room for improvement to increase these screening rates. National guidelines recommend that all pregnant women should be screened for gestational diabetes at 24 weeks gestation, even if they have no symptoms. These guidelines are supported and set by the American Association of Clinical Endocrinologists, the American Diabetes Association (ADA), the American College of Obstetricians and Gynecologists (ACOG), and the United States Preventive Services Task Force. Additionally, the NDPP recommends that women who have been diagnosed with gestational diabetes receive a referral to lifestyle change programs.[16] These programs focus on weight loss that can reduce risk for developing type 2 diabetes and future high-risk pregnancies.

Priorities for Texas Diabetes Council

The TDC has identified the following priorities as ways to improve screening and follow-up for gestational diabetes and education as an important prevention effort for pregnant women and their newborns:

- Collaborate with HHSC to work to ensure that Medicaid/CHIP managed care plans screen all pregnant women they serve for gestational diabetes and, if diagnosed, receive appropriate management (medical nutrition therapy, self-management education, and supplies) and care to prevent complications, hospitalizations and potential neonatal intensive care unit costs for the newborn.
- Work with HHSC to identify solutions to decrease poor birth outcomes experienced by infants born to mothers with gestational diabetes due to lack of adequate diabetes management.

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[14] Texas Health and Human Services Commission. Gestational Diabetes in Medicaid: Prevalence, Outcomes, and Costs. As Required by Rider 75, Senate Bill 1 83rd Legislature Regular Session, 2013. https://hhs.texas.gov/sites/default/files//sb1-gestational-diabetes.pdf

[15] Ibid.

[16] https://www.cdc.gov/diabetes/prevention/lifestyle-program/deliverers/index.html

- Work with HHSC to ensure that women enrolled in Medicaid and CHIP Perinatal, that are diagnosed with gestational diabetes, are referred to a local evidence-based lifestyle change program, such as the NDPP, at time of delivery to help prevent or delay the onset of type 2 diabetes.

Provider Ability to Treat Diabetes Patients

In the 2018-19 biennium, TDC's Health Professionals and Outcomes Committee will focus on enhancing provider's ability to treat Medicaid/CHIP patients with diabetes and adhering to minimum standards of care. Initial conversations with HHSC leadership regarding the lack of endocrinologists and other physicians that accept Texas Medicaid/CHIP patients have led to the following priorities to improve outcomes and minimize barriers to care.

Priorities for the Texas Diabetes Council
The TDC has identified the following priorities to increase provider's ability to treat diabetes patients:

- Allow physicians to prescribe basic tools for diabetes management using the patient's pharmacy can eliminate paperwork and improve diabetes management. The Title XIX Home Health Durable Medical Equipment (DME)/Medical Supplies Physician Order Form is an administrative obstacle for physicians and a health literacy issue for Medicaid/CHIP patients. Glucose meters and strips used in testing blood sugar are prescribed for patients using the Title XIX form, and many patients do not understand that this prescription must be filled by a DME vendor rather than their regular pharmacy. Thus, the patient may be told by the pharmacy that their prescription cannot be filled, and they mistakenly assume that Medicaid/CHIP does not cover glucose meters and testing strips.
- Streamline the preauthorization process to reduce approval time. Confusion over formularies remains a persistent issue for endocrinologists and other providers represented on the TDC Health Care Professional and Outcomes Committee, particularly regarding Medicaid/CHIP managed care. Individuals enrolled in either traditional Medicaid/CHIP (fee-for-service) or Medicaid/CHIP managed care adhere to the same formulary, but some drugs on the formulary may require prior authorization. Pharmacy prior authorization services needed by Medicaid/CHIP managed care individuals are administered by that individual's managed care organization, while traditional Medicaid/CHIP prior authorizations are administered by the Texas Prior Authorization Call Center. In some cases, patients simply do not get the

medications prescribed. A consistent formulary and streamlined, accessible preauthorization process for all Medicaid/CHIP patients is needed. While physicians are encouraged to rely more and more on electronic health records (EMRs) to access prescribing information, the Medicaid/CHIP formulary and contact information for MCOs is not kept up-to-date by EMR vendors.

- Create a pathway for physicians to appeal for an exception so that Medicaid/CHIP can cover medically necessary treatments for patients. Currently, if the treatment is not on Medicaid/CHIP's approved formulary, therapy, or pre-authorization requirement lists, the only response is, "therapies not covered" (meaning the therapy is not covered and there is no alternative option for the patient to receive treatment). Successful treatment of diabetes is dependent on the ability of the medical team to individualize treatment of patients. In some cases, treatment will necessitate a course of action that falls under Medicaid/CHIP's, "therapies not covered," rejection category. The pathway to appeal denial of medications under Medicaid/CHIP is not readily available, and should be when accepted standards of care dictate use of certain treatments, and better patient outcomes may be demonstrated.
- Health care providers need a single credentialing process honored by all MCOs. The TDC supports efforts of the Texas Association of Health Plans and the Texas Medical Association to streamline the credentialing process for physicians to become Texas Medicaid/CHIP providers. Rather than being subject to each Medicaid/CHIP MCOs process, a single credentialing process honored by all MCOs is a significant advance in decreasing physician barriers to treating Medicaid/CHIP patients.
- Reduce use of emergency room for patients with poorly managed diabetes. A significant way to lower health care costs for Medicaid/CHIP patients with diabetes is quality improvement projects that give patients better disease management options and eliminate obstacles to accessing routine care outside of the emergency room. Patient navigator projects that pair patients who are elderly, mentally ill, or lack transportation with navigators who visit them in their home (as opposed to telephonically) have demonstrated results in reducing emergency room visits. The TDC continues to support review of 1115 waiver projects that have shown results in this area to promote best practices.

4. Conclusion

Given the 44 percent increase in diabetes prevalence in Texas over the past decade, and the projected quadrupling over the next 25 years, there is concern that escalating healthcare costs resulting from complications of poorly controlled diabetes will continue to inhibit affordability and sustainability of the health care delivery system. This poses a simultaneous threat at multiple levels: fiscally for the Legislature and Texas taxpayers, and to the health and quality of life for all Texans.

The Texas Diabetes Council is committed to identifying ways to simultaneously reduce overall expenditures while improving the delivery of evidence-based, cost effective prevention and health services that improve population health.

Appendix A. Texas Diabetes Council Volunteers

Texas Diabetes Council Membership Roster (Fiscal year 2016)

TDC Member	Position Held	Expertise
Kathy LaCivita, MD, FACP, FACE	Chair, Physician Member	Practicing Endocrinologist, Medical Director of Texas Diabetes Institute
Curtis Triplett, PharmD, CDE	Vice-Chair, Pharmacist Member	Pharmacist, Professor, Certified Diabetes Educator
Jason Michael Ryan, JD	Secretary, Consumer Member	Lawyer, Diabetes Advocate
Joan Colgin, RN, BSN, CDE	Registered Nurse Member	Texas Advocacy Chair for AADE, Certified Diabetes Educator
John Griffin, Jr., JD	Consumer Member	Lawyer, Diabetes Advocate
Carley Gomez-Meade, DO	Consumer Member	Pediatric Endocrinologist
William "David" Sanders	General Public Member	Diabetes Advocate
Don E. Yarborough	General Public Member	Diabetes Advocate
Maria Duarte-Gardea, PhD, RD, LD	Registered and Licensed Dietitian Member	Registered and Licensed Dietitian, Professor
Alicia Gracia	General Public Member	Diabetes Advocate
Aida "Letty" Moreno-Brown, RD, LD	General Public Member	Registered and Licensed Dietitian

State Agency Representatives (Non-Voting Members)

Vacant, Texas Department of State Health Services

Lisa Golden, Texas Workforce Commission

Rajendra C. Parikh, MD, MBA, CPE, Medicaid/CHIP Medical Director, Health and Human Services Commission

Advocacy and Outreach Committee

John Griffin, Jr., JD (Chair)

Jason Michael Ryan, JD

Don E. Yarborough

Joan Colgin, RN, BSN, CDE, American Association of Diabetes Educators

Veronica De La Garza, Advocacy Director, South Central Region, American Diabetes Association

Rick Hayley, Governor's Advisory Council on Physical Fitness, Coastal Bend Diabetes Initiative

Klaus Kroyer Madsen, Klaus Madsen Health Solutions

Health Care Professionals Advisory Committee

Outcomes Subcommittee

Maria Duarte-Gardea, PhD, RD, LD (Co-Chair)

Arthur Hernandez, PhD, NCSP, NCC (Co-Chair)

Ardis Reed, MS, RD, LD, CDE, TMF Health Quality Institute

Lisa Golden, Texas Workforce Solutions

Esparanza "Hope" Galvan, MS, RN, CVRN-BC, CDE

Ninfa Peña-Purcell, PhD, Texas AgriLife Extension Service

Shay L. Reichert, PharmD, BCPS, CDE

Medical Professionals Advisory Subcommittee

Craig W. Spellman, DO, PhD, Professor Medicine, Division of Endocrinology, Director of MCH Diabetes Center, Texas Tech University Health Sciences Center (Chair)

Kathy LaCivita, MD, FACP, FACE

Curtis Triplitt, PharmD, CDE, Professor, UT Health Science Center and Texas Diabetes Institute, University Health System

Ildiko Lingvay, MD, MPH, MSCS, Associate Professor, UT Southwestern Medical Center

Carley Gomez-Meade, DO

Shannon I. Brow, RN, CDE, FNP-C, Family Nurse Practitioner

Luby Garza-Abijaoude, MS, RD, LD, Diabetes Nutrition Consultant, Texas Department of State Health Services, Diabetes Prevention and Control Program

Lance Sloan, MD, FACE, Nephrologist, Director Texas Institute for Kidney and Endocrine Disorders

Barbara Walz, RN, BSN, CDE, University of Texas Health Science Center at San Antonio

Surendra K. Varma, MD, Texas Tech University Health Sciences Center (Pediatric Endocrinologist Consultant)

Appendix B. Annual Costs for Texas State Employees with and Without Diabetes

	People without diabetes	People with diabetes	Total population	Added costs for members with diabetes
Annual spend per participant	$3,654	$9,520	$4,377	$5,867
Annual drug spend per participant	$1,030	$2,509	$1,213	$1,479
Total spend per participant	$4,684	$12,030	$5,590	$7,346
Total plan costs	**$1,687,894,668**	**$610,189,277**	**$2,298,083,945**	**N/A**

Data Notes:

- Reporting period of July 1, 2014, through June 30, 2015 (with three-month runout of claims paid through September 30, 2015)
- Adult non-Medicare population enrolled in the HealthSelect self-funded plan. This data includes some retirees, but only those who are younger than 65.
- A person with diabetes is defined as any enrolled participant with a diagnosis of diabetes or a prescription fill for an antidiabetic drug since September 1, 2012.

Plan spending only, does not include member cost share