

TAKING ON DIABETES

2001 Annual Report



HIGHLIGHTS



Year Three Highlights

January 2001

- Selected NRH Center for Health & Disability Research, MedStar Health, to evaluate the community partnerships.
- Directory of employers' diabetes worksite programs made available on website.
- New Mexico Health Care Takes on Diabetes (NMHCTOD) issued Diabetes Practice Guidelines and provider toolkit.

March 2001

- Westchester Diabetes Coalition identifies future activities including registries, guidelines, and consumer information.
- Casals & Associates, Inc. selected to conduct focus groups with employers to evaluate the NDEP Employer Worksite Kit.

May 2001

- Final report of the DEMS-Lite pilot project presented at the NMHCTOD meeting.
- New York Health Plan Association endorsement of the Westchester County New York Diabetes Coalition guidelines.

June 2001

- Kansas City Quality Improvement Collaborative met to discuss the proposed practice guidelines and role of the *Taking on Diabetes* program.
- *Taking on Diabetes* staff participates in ADA press conference initiating the campaign, *Be Smart about Your Heart: Control the ABCs of Diabetes*.

July 2001

- NMHCTOD finalizes community-supported practice guideline and toolkit dissemination strategy.

August 2001

- NDEP material evaluated by focus groups in Pittsburgh and Denver.

October 2001

- Learning Sessions II & III of the Breakthrough Series held in Kansas City, Missouri.
- Four New Mexico health plans began the Breakthrough Series on diabetes.
- Community partnerships model presented at the annual meeting of the APHA.
- Final learning sessions conducted at the Kansas City Quality Improvement Collaborative meeting.

November 2001

- Released public service announcement (PSA) on eye retinal exams for individuals with diabetes at press conference on Capitol Hill with leaders of the Congressional Diabetes Caucus.

December 2001

- NMHCTOD finalized "Diabetes: A 60-Second Guide," for dissemination.

Preface

Since 1999, the American Association of Health Plans, in partnership with the American Diabetes Association, has carried out an ambitious campaign designed to reduce the long-term complications confronting people with diabetes.

This initiative takes advantage of the special strengths of health plans, such as their ability to track patient care and outcomes in order to identify opportunities for improvement, and the extensive knowledge and experience of the ADA to achieve the highest standards of care. To date, more than 250 health plans providing coverage for more than four million people with diabetes are participating in this effort. In addition, GlaxoSmithKline makes *Taking on Diabetes* possible through a generous grant.

In 2001, *Taking on Diabetes* built on the successes of the first two years of the initiative continuing to manage and improve the health and well being of individuals living with diabetes. Great strides were made in identifying and disseminating best practices, improving patient outcomes and reducing life-threatening complications associated with diabetes. Major highlights of the past year include:

- The national launch of a public service announcement (PSA) encouraging individuals with diabetes to get eye exams;
- The development of community guidelines through the unique collaboration in Kansas City of health plans, community organizations and the UAW/Ford Kansas City Quality Improvement Collaborative;
- The publication of *Diabetes and the Workplace: How Employers Can Implement Change* and;
- Focus group testing of business and managed care materials from the National Diabetes Education Program.

This report provides an overview of the past year’s activities, tracks progress toward the ambitious goals embraced by America’s health plans, and outlines our future strategy for combating the debilitating effects of diabetes.

As you will see, *Taking on Diabetes* has distinguished itself as a worthy prototype for future initiatives to address other chronic conditions. We welcome your own experiences with this initiative and look forward to working with you as we continue this venture.



Karen Ignagni
President and Chief Executive Officer
American Association of Health Plans



Richard Kahn, PhD
Chief Scientific and Medical Officer
American Diabetes Association



Best Practices

The identification and dissemination of best practices in the delivery of diabetes health care services is one of three primary strategies of *Taking on Diabetes*. From the beginning of the initiative, AAHP and ADA have been committed to promoting information sharing and the rapid adoption of effective innovations.

Diabetes Registries

In 2001, *Taking on Diabetes* achieved key milestones in advancing best practices through the use of diabetes registries. Diabetes registries help health plans and their providers identify individuals with diabetes and monitor the health care they receive. These electronic databases provide powerful tools to help improve the health status of people living with this chronic illness.

New Mexico

Three group practices in New Mexico piloted an abbreviated version of an electronic patient registry known as Diabetes Electronic Monitoring System (DEMS-Lite) with the goal of increasing efficiency and effectiveness in diabetes management. GlaxoSmithKline provided funding to help the group practices with the initial data abstraction and entry of patient data into the registries. In the three-month pilot, 616 patients were registered in the database and results were excellent, demonstrating an increase in the number of HbA1c tests and lipid profiles performed. Further, in one month after contacting patients who did not appear to have an annual eye examination, one clinic received 50 reports from eye professionals documenting that the examinations had been performed. All three sites reported that they would continue to use the registry, as the database has been beneficial for identifying and monitoring patients that need more rigorous outreach.

Kansas City

In Kansas City, two area health plans participating in the Institute for Healthcare Improvement's (IHI) Breakthrough Series developed patient registry databases.

The Aetna Inc./University of Kansas Family Practice team developed a PC-based database that identifies the diabetes population and tracks progress toward established targets for appropriate tests and services. The UnitedHealthcare/Truman Medical Centers team developed a database to track the diabetes population in their primary care site and assess adherence to pre-determined targets for patients with diabetes.

"Taking on Diabetes is a very important and exciting program and the ADA is very happy to collaborate with AAHP on it. Clinical guidelines, once developed, need to be implemented. Taking on Diabetes represents a very productive approach in this regard. We look forward to its expansion to other areas of the country in the coming year."

Dr. Nathaniel Clark, MS, RD, MD

*Vice President, Clinical Affairs
American Diabetes Association*

The 2001 National Exemplary Practice Program Award Winner for Diabetes

The program office of *Taking on Diabetes* received a record number of submissions for the 2001 Exemplary Practice Program Award competition.

IHC Health Plans of Salt Lake City, Utah was the 2001 winner for its Diabetes Care Management System. This system was designed to improve diabetes clinical and service outcomes while reducing the overall costs of providing care to patients with diabetes. Specific goals established for the care management systems included the rates of HbA1c testing and control, LDL cholesterol testing, and dilated eye exams, as a comprehensive population based disease management system the program includes:

- performance feedback to physicians;
- clinical quality performance incentives for physicians;
- tracking of physician behavior change and patient compliance with diabetes therapy;
- patient incentive programs; and
- reminder systems to encourage compliance with best care process models.

Recognizing the complexity of the diabetes treatment process and to promote continuity and coordination across the system, a multifaceted intervention and education program was chosen. This was based on the health plan's experience that multiple approaches and interventions are needed to improve care related to chronic conditions.

Community Partnerships

The second of *Taking on Diabetes*' three primary strategies is the development and promotion of community partnerships. In each community in the United States, many different organizations influence health care quality and outcomes. While in the past competition among these organizations might have hindered joint efforts to address critical health care issues, efforts to bring together health plans, hospitals, physicians, medical societies, peer review organizations, state departments of health, and other related entities have been increasingly successful. There is a growing understanding that cooperation helps all players provide better care to patients and ultimately can improve the health status of an entire community. Diabetes care, because it requires such consistent and ongoing follow-up, is a strong candidate for a community approach.

Each of the three *Taking on Diabetes* community partnerships has flourished, providing an opportunity for real change and measurable progress in the entire state of New Mexico, the city of Kansas City (Kansas and Missouri), and Westchester County, New York.

New Mexico Health Care Takes on Diabetes

Twenty-two health care organizations in New Mexico have joined forces under the umbrella of New Mexico Health Care Takes on Diabetes to support a community-wide guideline on clinical practice care and to collaborate in other ways to improve patient care and health outcomes. The supporting organizations include all of the health plans in the state of New Mexico, the New Mexico peer review organization, the New Mexico Department of Health, local chapters of national medical societies, the local and national ADA and others.

Implementation of a Diabetes Data Registry

In early 2001, the New Mexico Medical Review Association (NMMRA) received a contract for a diabetes registry project from New Mexico Department of Health. Three sites participated in the DEMS-Lite pilot from April to June 2001: Albuquerque Medicine (private practice, 128 patients in registry), Lifecourse Internal Medicine (group practice affiliated with a health plan, 450 patients in registry), and First Nations Community Healthsource (federally qualified health care facility with 38 patients in registry). The pilot project results—demonstrating an increase in the number of HbA1c tests and lipid profiles performed—were shared with all stakeholders at the May meeting of New Mexico Health Care Takes on Diabetes.

“New Mexico Health Care Takes on Diabetes is bringing together community and health care partners to address grassroots diabetes care. It is the first coalition of its kind that has developed broad and meaningful tools for consumers, providers, and professionals.”

Mary Frerichs, RN, MS

*Program Manager, Diabetes Prevention & Control Program
New Mexico Department of Health*

DEMS-Lite has been established and implemented in 10 New Mexico clinics, eight of which are participating in New Mexico Health Care Takes on Diabetes. Four other community partnership members are using a different patient registry system. More than 2,000 patients are tracked in either the DEMS-Lite or another registry used by partnership members.

Quarterly Newsletter

In the summer of 2001, the Toolkit Workgroup determined that an effective way to disseminate messages about diabetes care to individual physicians and consumers would be through a quarterly newsletter that focuses on a specific topic (e.g., retinal eye exams, lipid profiles, HbA1c control, and self-management strategies, including diet, exercise, and medication.) The first newsletter, developed in the fall of 2001, focused on diabetic retinopathy and included information about the magnitude of diabetes-related blindness in New Mexico, relevant recommendations from the practice guideline, and eye exam resources for providers.

Public Service Announcement

In conjunction with the November national release of the public service announcement (PSA) on diabetic retinopathy, the New Mexico coalition was successful in placing the retinal eye exam PSA in several media outlets including television, radio and print advertisements.

Evaluation of New Mexico Diabetes Guideline Effectiveness

Activities to test and validate HEDIS® data took place throughout 2001 and set a baseline for reliable trending of HEDIS score improvement in all three-product lines: Medicare, Medicaid, and commercial. The Data Workgroup developed specifications for health plan data reporting and distributed them to health plans in February 2001. In late June, New Mexico Medical Review Association collected HEDIS data from the health plans and distributed drafts of aggregated data during the latter half of the year. The final report of HEDIS measures will be distributed to the collaborative in early 2002.

New Mexico Health Care Takes on Diabetes

- American Association of Health Plans •
- American Diabetes Association • American Diabetes Association, New Mexico Area Office
- Blue Cross and Blue Shield of New Mexico and HMO New Mexico • Cimarron/Health Care Horizons Health Plan • Indian Health Services • LifeCourse Health Plans • Lovelace Health Systems • Medical Assistance Division, New Mexico Human Services Department • New Mexico Academy of Family Physicians • New Mexico Chapter Council, American College of Physicians–American Society of Internal Medicine • New Mexico Department of Health
- New Mexico Diabetes Advisory Council • New Mexico Integrated Services Network • New Mexico Hospitals and Health Systems Association • New Mexico Medical Society • New Mexico Medical Review Association • New Mexico Primary Care Association • Presbyterian Health Plan • The University of New Mexico Health Sciences Center

Breakthrough Series

AAHP sponsored two staff members from the New Mexico Medical Review Association (NMMRA) to be trained as trainers for the Breakthrough Series. In October 2001, all four health plans participating in the New Mexico coalition began the process of the Breakthrough Series on diabetes. AAHP and *Taking on Diabetes* sponsored the attendance of one health plan representative from each of the four health plans. The Breakthrough Series is a process developed by the Institute for Healthcare Improvement (IHI) and is designed to foster innovation in health care delivery systems using rapid cycle quality improvement. It allows rapid testing of improvements. The diabetes Breakthrough Series is being done in partnership with the Institute for Improving Chronic Illness Care (ICIC). ICIC has developed a model for chronic illness that focuses on managing the care of a population, promoting the use of evidence-based medicine, delivering care in the right setting, and conducting screening, early intervention, and secondary prevention. All of these features are hallmarks of health plans.

“We know that the high quality practice of chronic illness care requires collaboration among many players—this is true whether the focus is on individual medical practices and their health plans or on an entire community. The *Taking on Diabetes* community collaboratives demonstrate how health plans can come together successfully and affect positive change for patients with diabetes.”

Ed H. Wagner, MD, MPH, FACP

*Director
Improving Chronic Illness Care*

Westchester County New York Diabetes Coalition

The Westchester County New York Diabetes Coalition started independent of *Taking on Diabetes* in December, 1999 as a project of the New York State Health Plan Association (NYHPA). When AAHP and ADA rolled out *Taking on Diabetes*, NYHPA expressed interest in becoming a community site. After discussion, Westchester County—just outside New York City—was selected. Westchester County has a high incidence of diabetes and a large number of people enrolled in health plans, which made it an ideal site for the *Taking on Diabetes* model.

In 2001 the guidelines developed by the Westchester coalition were accepted for use statewide by the state health plan association. The Westchester County New York Diabetes Coalition also distributed the community diabetes guideline, including posting it on coalition members' websites. In order to develop interventions for improved care that would be successful, the coalition agreed that it needed to address both patients and physicians. To facilitate development of targeted interventions, the coalition chose to explore the use of focus groups of patients, primary care physicians and specialists as a method for gathering information on barriers, opportunities and concerns that could be addressed through a coordinated quality improvement activity. Design of the interview guide and identification of a vendor were completed in late 2001 with the plan for the focus groups to be held in early 2002.

Recognizing the value of registries, the coalition began to explore the range of registries available and how they could be used by the practice models in Westchester. Preliminary discussions were held with some of the larger group practices about the use of registries and how they could be used with the group's existing practice management or medical record systems.

The coalition invited representatives from community health centers who had participated in the Breakthrough Series to describe their experiences. At the present time, it appears that this model will be difficult to implement in individual physician practices, but may be pursued by some of the group practices.

Kansas City Diabetes Collaborative

2001 collaborative activities in Kansas City revolved around two separate projects, the Breakthrough Series and the employer driven UAW/Ford and Kansas City Quality Improvement Coalition.

Breakthrough Series

Two Kansas City-area health plans (Aetna, Inc. and UnitedHealthcare) completed the IHI Breakthrough Series on diabetes.

In the Kansas City Breakthrough Series, each participating health plan worked with a group practice setting to develop better systems of care for their patients with diabetes. Each team participated in three learning sessions that alternated with “action periods” during which participants applied what they had learned to their respective organizations. Activities focused on coordinating services among providers, expanding educational opportunities for patients, and streamlining billing and other paperwork, among others. One group recognized that they emphasized treating patients on an episodic basis. However, as a result of the series they began working with patients to establish pro-active self-management goals.

In addition, a monthly “Diabetes Day” was established for each of these group practices that allows for a single focus on the needs of patients with diabetes. Diabetes days include preventive exams, diabetes education and medication review for chronic disease management. The finale of the series known as an “Outcomes Congress” will be held in February 2002.

Westchester County, New York Diabetes Coalition

Aetna, Inc. • American Association of Health Plans • American College of Physicians–American Society of Internal Medicine, New York State Chapter • American Diabetes Association • Bronx/GENESIS Health Plan • Bronx-Westchester Chapter of the New York State Academy of Family Physicians • Empire BlueCross BlueShield • Fidelis Care New York • HealthNet • HealthSource/Hudson Health Plan • HIP Health Plan of New York • Independent Health • IPRO (Island Peer Review Organization) • Medical Society of the State of New York • New York College of Physicians and American Society of Internal Medicine • New York Health Plan Association Council • New York State Academy of Family Physicians • New York State Department of Health • Oxford Health Plans • UnitedHealthcare of New York, Inc. • Westchester County Department of Health • Westchester County Medical Society

Kansas City Participants Breakthrough Series

Aetna U.S. Healthcare • American Association of Health Plans • American Diabetes Association • Truman Medical Center-Hospital Hill and Lakewood • University of Kansas Medical Center-Family Group Practice

Kansas City Quality Improvement Coalition

Acting on a desire to improve chronic care in Kansas City, the Kansas City Quality Improvement Coalition (KCQIC) convened concerned health care professionals to collaborate on strategies to strengthen resources across the health care community and ensure a coordinated effort to address chronic disease. In May 2001, *Taking on Diabetes* joined a collaboration between UAW/Ford and the KCQIC, a coalition comprised of the regional medical societies, health plans and peer review organizations. The KCQIC has focused on drafting a common community practice guideline for diabetes, as well as other chronic diseases such as asthma and coronary artery disease.

A *Taking on Diabetes* program staffer is a member of the Measurement Workgroup which is identifying performance measures that can be used at both the health plan and provider level. Other workgroups within KCQIC include physician education, patient education, and promotion. In addition, KCQIC received funding for an educational meeting for physicians to be held in April 2002 to focus on the guidelines.

Evaluation of the Community Partnerships

With funding from The Commonwealth Fund, *Taking on Diabetes* contracted with researchers from the NRH Center for Health & Disability Research, an affiliate of the National Rehabilitation Hospital and the MedStar Research Institute, to conduct an evaluation of the three community partnerships.

The central research question was, "Can competing health maintenance organizations (HMOs) and preferred provider organizations (PPOs) collaborate on interventions to address disabling chronic conditions such as diabetes?" The study's objectives were to describe the market characteristics of each community partnership, the organizational characteristics of each, as well as identify the characteristics that are necessary to establish and sustain each partnership.

The researchers gathered data from a variety of sources including structured interviews with each participating medical director and on-site coordinator, document content analysis, an oral history from staff from each participating organization, site visits, and federal, state and private sector data repositories.

The results of the study included identification of features associated with the successful establishment of a community partnership and additional features needed to successfully *sustain* a partnership. In contrast to findings from other community health partnerships, market characteristics played a relatively minor role in successful establishment and sustainability. However, they do play a more important role in the successful execution of the intervention selected by the partnership.

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Community Partnerships

Features Associated with Successful Establishment of a Community Partnership Include:

- Identification of unbiased facilitators and funding to bring the group together and get it going.
- An active on-site coordinator to support the group and follow up on its work plan.
- Contributions by each participant (in-kind or financial) to become invested in the project.
- Strong local champions so the project was “invented here”; consensus built from the ground up.
- Agreement that there is a clear need for a community-wide intervention.
- Willingness by participants to work on mutual objectives.
- Relatively stable health care market.
- All key participants comprise small core group (e.g., an executive committee).

Features Associated with Sustaining a Community Partnership

- Accomplishment of a visible, clearly beneficial, low-cost intervention within 12 months (e.g., community-wide practice guidelines).
- Retain a local site coordinator dedicated to the partnership.
- Use of expert outside assistance when needed.
- Evaluation plan built into the project.
- Long-range plan with intermediate goals that provide early success.

Characteristics of a Successful Intervention

- The initiative is congruent with goals of other health care quality stakeholders (e.g., peer review organization, state department of health, purchasing coalition or medical society).
- The intervention builds inter-organizational links and fosters group cohesiveness.
- Leverage is gained from existing interventions to minimize incremental administrative and financial burdens.

Employer Relations

Recognizing that the workplace is a key venue for reaching people with diabetes, *Taking on Diabetes*' third critical strategy is working with employers. To reach employers, *Taking on Diabetes* began a fruitful collaboration in 1999 with the Employers' Managed Health Care Association (MHCA), an organization representing more than 100 companies that are working to foster a more productive, accountable, and cost-effective health care delivery system.

Important milestones in 2001 included publishing a guide on how employers can implement a worksite diabetes program and effectively use health plan and National Diabetes Education Program (NDEP) materials.

Diabetes and the Workplace: How Employers Can Implement Change

Published in September 2001, the workbook *Diabetes and the Workplace: How Employers Can Implement Change* is the final MHCA product for *Taking on Diabetes*. Designed as an interactive tool, it is a comprehensive document outlining what employers need to do before implementing a diabetes management program, how they can work to sustain such a program, and what they can do to ensure its success. Further, the workbook outlines a clear business case for implementing such a program.

As more and more studies are being completed, it is becoming increasingly clear that controlling blood sugar either through medication or lifestyle changes can prevent the onset and progression of complications associated with diabetes. Many companies have established programs to improve employees' blood sugar control through diabetes management programs. This workbook provides guidance on every aspect of program design and implementation, making it easier for other employers to adopt or adapt appropriate programs for their needs.

Diabetes and the Workplace: How Employers Can Implement Change is available at www.TakingOnDiabetes.org and www.emhca.org

"After implementing our diabetes management program, we were able to demonstrate a \$44.09 PMPM savings after the first year."

Ann Gebhard
Anheuser-Busch Co.

Pilot Testing of National Diabetes Education Program Materials

The Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) are jointly sponsoring a national effort to promote health education. Central to this effort is the National Diabetes Education Program (NDEP) which, through the Business and Managed Care Work Group, developed web-based materials for businesses to use in initiating and administering diabetes education programs to their employees. The website will be available in early 2002 at: www.diabetesatwork.org.

The CDC contracted with AAHP to conduct focus groups with representatives of large and small employers to assess the practicality of the NDEP business materials to employers and employees. In the summer and fall of 2001, AAHP's subcontractor, Casals & Associates, Inc., held five focus groups. The focus groups were designed to ensure adequate representation of large and small employers as resources of information regarding the feasibility of establishing a diabetes program at work, potential barriers and opportunities. Large-employer and small-employer focus groups were held in Denver, Colorado and Pittsburgh, Pennsylvania. A fifth group was held in Washington, DC.

Focus group participants provided excellent feedback on the component parts of the materials, including the lesson plans, fact sheets, and assessment tool as well as on key ideas and dissemination. The feedback was used by NDEP to revise the clarity of materials and increase the relevance to people at work.

Sponsorship

Taking on Diabetes would like to thank GlaxoSmithKline who has provided an unrestricted educational grant to support the initiative and its goal of quality improvement through collaboration.

GlaxoSmithKline

GlaxoSmithKline (GSK) is a world-leading research-based pharmaceutical company with a powerful combination of skills and resources that provides a platform for delivering strong growth in today's rapidly changing healthcare environment. GSK's mission is to improve the quality of human life by enabling people to do more, feel better and live longer. Headquartered in the UK and with operations based in the US, the new company is one of the industry leaders, with an estimated seven percent of the world's pharmaceutical market.

Measurement

Between the years 1999 and 2000, health plans submitting data to the Health Plan Employers Data and Information Set (HEDIS®) demonstrated an improvement in the percentage of people with diabetes receiving HbA1c testing, testing for nephropathy and lipid screening. Further, the percentage of this population showing better control of their blood glucose and lipids has increased. The focus on improving diabetes care and heightening the awareness of people with diabetes to seek these necessary services and to decrease the risk of death and disability has been critical for realizing the goals of the *Taking on Diabetes* and national public health efforts.

During the past year, the partnerships have embarked on calculating the baseline percentages of the HEDIS measures that are specific to their population. With these baseline scores, health plans and their partners are able to prioritize the aspects of care that need intervention and develop strategies accordingly. The public service announcement (PSA) addressing retinal eye examinations is an example of a measurement driven intervention. The New Mexico partnership, having identified a low rate of retinal eye examinations in their diabetes population, highlighted the need for action. As a result, the PSA was proposed as an intervention that could capture the attention and heighten the awareness of a significant portion of their population. New Mexico's experience with low rates of retinal eye exams also was found to be similar to those in the Kansas City and Westchester partnerships. An intervention that is data driven allows for analysis of subsequent measurements in the context of that particular activity and makes it easier to determine if the progress towards goals was directly due to the intervention.

In 2002, the second year of measurement, HEDIS scores will be calculated again to determine progress towards the stated goals. The measures that are being tracked as a percentage of people with diabetes receiving recommended services or fall within recommended targets of good disease management include:

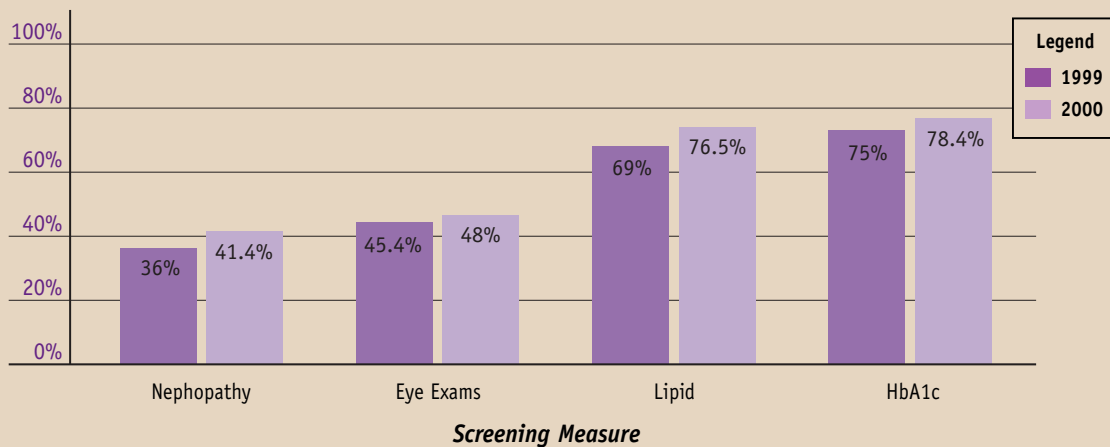
- Retinal eye examinations
- HbA1c testing
- HbA1c in poor control (level greater than 9.5%)
- Microalbuminuria testing
- Lipid screening
- Lipids in good control (cholesterol level less than 130)



HEDIS[®] Measures 2001

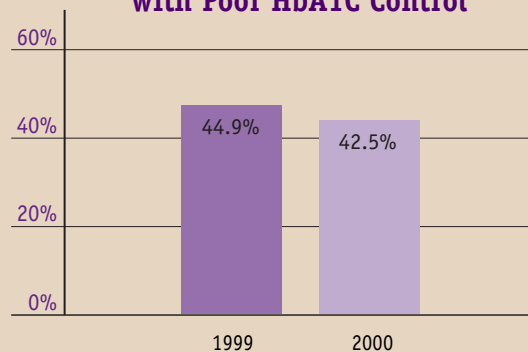
The following graphs illustrate HEDIS scores for the calendar year 2000 as reported in the National Committee for Quality Assurance's *State of Managed Care 2001*.

Diabetes Quality Improvement Measures



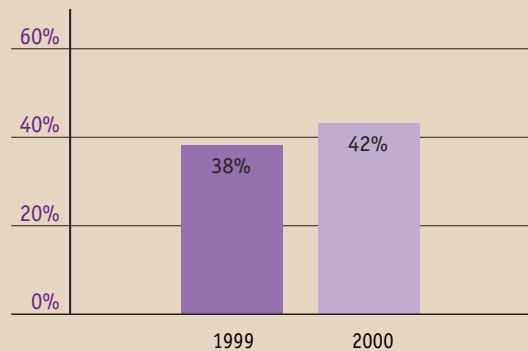
For this measure, the percentage should *decrease* indicating an increasing number of people with diabetes having good glucose control.

Percentage of Patients with Poor HbA1C Control



For this measure, an increase in the percentage indicates a growing number of patients with diabetes having well-controlled cholesterol levels.

Percentage of Patients with Cholesterol Levels in Control



Partners

The Commonwealth Fund

www.cmwf.org

The Commonwealth Fund is a private nonpartisan foundation that supports independent research on health and social issues and makes grants to improve health care practice and policy. The Fund is dedicated to helping people become more informed about their health care, and improving care for vulnerable populations such as children, elderly people, low-income families, minority Americans, and the uninsured. The Fund's two national program areas are improving health insurance coverage and access to care and improving the quality of health care services. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries. In its own community, New York City, the Fund makes grants to improve health care and enhance public spaces and services.

Employers' Managed Health Care Association

www.emhca.org

A group of large, national, private sector employers formed the Employers' Managed Health Care Association (MHCA) in 1989. The purpose was to create a forum for bringing together their experiences and learning from each other about the value of managed health care as a strategy for cost containment. Although managed care has proven to be a solid method for meeting this challenge, the large employers involved in MHCA found that managed care offered a lot more opportunity to measure and improve the quality of health care.

Today, almost ten years later, MHCA's mission has evolved to that of an organization driving a high-quality, cost-effective, consumer-focused health care delivery system. MHCA and its members pursue their leadership agenda through semiannual education programs, the sharing of pragmatic tools, and the dissemination of information on issues of mutual interest and concern.

Improving Chronic Illness Care

www.improvingchroniccare.org

Improving Chronic Illness Care (ICIC), a national program of the Robert Wood Johnson Foundation, is dedicated to the idea that United States health care can do better. The 99 million Americans who suffer from diabetes, depression and other chronic conditions can lead healthier lives. Providers who care for chronically ill patients can be



better supported with guidelines, specialty expertise and information systems. Overall health care costs can be lowered through better care delivery. All this is possible by transforming what is currently a reactive health care system into one that keeps its patients as healthy as possible through planning, proven strategies and management.

National Diabetes Education Program

www.ndep.nih.gov

The National Diabetes Education Program is a federally sponsored initiative, involving public and private partners, to improve the treatment and outcomes for people with diabetes, to promote early diagnosis, and ultimately, to prevent the onset of diabetes. The goal of the program is to reduce the morbidity and mortality associated with diabetes and its complications.

The National Diabetes Education Program's objectives are:

- To increase public awareness of the seriousness of diabetes, its risk factors, and potential strategies for preventing diabetes and its complications.
- To improve understanding about diabetes and its control and to promote better self-management behaviors among people with diabetes.
- To improve health care providers' understanding of diabetes and its control and to promote an integrated approach to care.
- To promote health care policies that improve the quality of and access to diabetes care.

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) are jointly sponsoring the development of the program.

The Foundation of the American Academy of Ophthalmology

www.aao.org

The American Academy of Ophthalmology (AAO) is the largest national membership association of ophthalmologists—the medical eye physicians and surgeons who provide comprehensive eye care. Its mission is to advance the lifelong learning and professional interests of ophthalmologists to ensure that the public can obtain the best possible eye care. Membership in the AAO is comprised primarily of ophthalmologists, but also includes other physicians and scientist concerned with clinical and basic scientific disciplines of the eye and related structures. A variety of quality programs helps members stay abreast of important developments in ophthalmology and fulfill continuing education requirements. In addition to responding to the educational needs of ophthalmologists, the Academy develops programs and services to respond to their representational and professional needs.

Tools

Diabetes and the Workplace: How Employers Can Implement Change

This workbook is the most recent of the *Taking on Diabetes* initiative. The publication was designed to make the business case for workplace diabetes management programs and to encourage employers to consider implementing a diabetes management program. In addition, the workbook provides step-by-step instructions on how to develop an effective workplace diabetes program.

Public Service Announcement

Taking on Diabetes introduced a public service announcement (PSA) campaign on diabetic retinopathy developed by AAHP in coordination with the national office of the ADA and the Foundation of the American Academy of Ophthalmology. This campaign was designed to encourage people with diabetes, particularly minorities, to receive annual retinal eye exams and was introduced on November 28, 2001 on Capitol Hill with representatives of the Congressional Diabetes Caucus and Congressional Black Caucus. The campaign includes video, audio and print PSAs, a tool for employers, and a referral form. The campaign materials are available to health plans as well as the other partnership members. Health plan representatives in New Mexico, Kansas City, Missouri, Westchester County, New York, and San Antonio, Texas have been actively placing the television, radio and print spots with various media outlets. The PSA has also played in the Washington, DC metropolitan area.

Community Practice Guideline

The community practice guidelines developed by each of the three partnerships are available to health care professionals on partnership websites as well as in hard copy. The guidelines are based on the recommendations of the American Diabetes Association. The guidelines provide an easy-to-read synopsis of the schedule for tests and services people with diabetes should receive. For more information including full documentation of ADA Clinical Recommendations consult the ADA website at www.diabetes.org.

“Patients with diabetes are 25 times more likely than the general population to go blind. It is critical that patients with diabetes follow the American Academy of Ophthalmology’s recommendation of getting annual dilated eye exams. Together, we can prevent up to 24,000 people from losing their eyesight to diabetic retinopathy each year.”

C.P. “Pat” Wilkinson, MD

Ophthalmologist and Academy Board of Trustees member

2001, 2000 and 1999 Annual Reports

The annual report is a glossy brochure containing a descriptive overview of yearly activities conducted under the initiative. An annual report will be prepared for each of the five program years.

New Mexico Health Care Takes on Diabetes Materials

Materials include a guideline for diabetes care, a bookmark version of the guideline, a pocket version of the guideline, and a poster in two versions—English and Spanish.

Quarterly Newsletter

The *Taking on Diabetes* newsletter is a quarterly publication designed to provide updates on the initiative, as well as information on other diabetes-related programs and projects.

Taking on Diabetes Website

www.takingondiabetes.org

This website provides the latest information on the activities of the community partnerships and other diabetes-related programs of interest to health plans and providers. In addition, the PSA, newsletter and other materials produced by *Taking on Diabetes* are available on the website. Links to other organizations working on diabetes issues are also available on the website.



Taking on Diabetes introduced a public service announcement campaign on diabetic retinopathy developed by AAHP in coordination with the national office of the ADA and the Foundation of the American Academy of Ophthalmology. This campaign was designed to encourage people with diabetes, particularly minorities, to receive annual retinal eye exams.

Future Directions

The maturation of the three community partnerships and the identification of short and long-term goals marked the progress made during 2001. In this year, the *Taking on Diabetes* model demonstrated its validity and effectiveness as a model of community partnerships that can be effective, active and coordinated. Through the analysis of the model, *Taking on Diabetes* now has an evidence base that includes the keys to what works in such an effort and guidance on the barriers that need to be addressed before partnerships move forward.

Taking on Diabetes has distinguished itself as a worthy prototype for future initiatives to address other chronic conditions. We welcome your own experiences with this initiative and look forward to working with you as we continue this venture.

Health plans, community health organizations and physician groups have not often sat down together to develop strategic activities for addressing a chronic health problem that afflicts all groups within a population. The community partnership model that includes consensus building, a forum for an exchange of ideas and concrete goals that can be realized through already established infrastructures has been key to the current partnerships. Validation of this model has been given through other organizations outside of the AAHP/ADA *Taking on Diabetes* that are now using this model for their efforts. An example is the Network to Improve Community Health, an organization recently established in the Washington, DC metropolitan area which has formed to address the burden of diabetes related morbidity and mortality in the region.

As the *Taking on Diabetes* project continues, issues of disparities in health among racial and ethnic groups is one of importance to the program. Further, with a set of effective tools developed for health care professionals, it is important to develop consumer-centric materials for people with diabetes. Although, there is a plethora of information directed towards consumers from many national organizations, including the ADA, *Taking on Diabetes* is exploring the areas of low literacy and limited language proficiency that may not effectively be addressed through current consumer information. In addition, as part of its strategic plan for 2002, *Taking on Diabetes* will develop a compendium of best practices related to diabetes care in racial/ethnic minorities and tools that would be beneficial to health plans for delivering culturally appropriate and sensitive care.

The value of long-term initiatives, such as *Taking on Diabetes*, is that with each passing year lessons learned can be applied to move the project along with a continuing fresh approach. We look forward to the new aspects that will be built into the project and the important collaboration with our health plan, community and strategic partners in this initiative.



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	Taking on Diabetes 2001 Annual Report
	Taking on Diabetes 2000 Annual Report
	Taking on Diabetes 1999 Annual Report
	Compendium of Diabetes Best Practices
	Diabetes Intervention Toolkit
	Taking on Diabetes: What Employers Can Do
	Report on Work Site Programs
	Diabetes and the Workplace: How Employers Can Implement Change
	Diabetes Management Solutions (ADA document)
	Taking on Diabetes Healthplan magazine article
	Taking on Diabetes Fact Sheet
	Taking on Diabetes Initial Press Release
	List of Participating Health Plans
	Diabetes by the Numbers

Qty	Newsletters
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