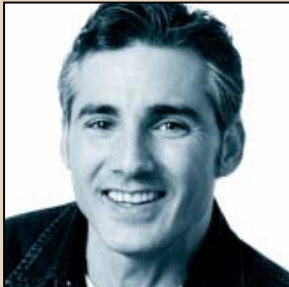


# 2002 Annual Report





## Year Four Highlights

### January 2002

- New Mexico Health Care Takes on Diabetes (NMHCTOD) distributes inaugural quarterly publication about diabetic retinopathy to over 5,000 providers.
- *Taking on Diabetes* translates public service announcement (PSA) on diabetic retinopathy into Spanish and shares with the Hispanic Caucus on Capitol Hill.

### February 2002

- Kansas City Regional Collaborative on Diabetes Outcomes Congress highlights the results of the Kansas City Breakthrough Series.
- Learning Session II of the New Mexico Breakthrough Series focuses on self-management goal setting, smoking cessation, and medication management.
- NMHCTOD Collaborative website goes “live”.

### April 2002

- Westchester New York Diabetes Coalition (WNYDC) sponsors three focus groups (primary care physicians, endocrinologists, and people with diabetes) to identify what interventions could be implemented to improve diabetes management and care in the county.
- Kansas City Quality Improvement Consortium disseminates new clinical practice guidelines to local physicians for review and adoption.

### May 2002

- NMHCTOD releases updated practice guidelines based on American Diabetes Association’s (ADA) 2002 recommendations.
- WNYDC promotes the use of diabetes registry software for area physicians through educational meetings.

### June 2002

- WNYDC receives IPRO’s (Island Peer Review Organization—the federal quality improvement organization in New York) Project Team Award in recognition of significant contribution to IPRO’s HealthCare Quality Improvement Program.

### September 2002

- Learning Session III of the New Mexico Breakthrough Series focuses on diabetes prevention through diet and exercise.

### October 2002

- Press event announces significant improvements in diabetes care achieved by New Mexico Health Care Takes on Diabetes.

### November 2002

- WNYDC promotes standard eye referral form and updated guidelines, and presents the Spanish PSA on diabetic retinopathy at *La Salud Hispana*, a Latino educational medical symposium.
- New Mexico Collaborative Outcomes Congress summarizes the findings of the collaborative and presentations from the participating teams.

### December 2002

- *Taking on Diabetes* tests searchable database to simplify information on “models that work”.

## Preface

**D**iabetes is a chronic, life-altering disease that affects millions of Americans each year and has no known cure. Individuals diagnosed with diabetes find themselves at a higher risk for blindness, amputations, heart disease, and stroke. These complications, however, are preventable and through the combined efforts of health care providers and health plans, people with diabetes are living longer, healthier lives.

To promote the highest quality of health care for people with diabetes, the American Association of Health Plans (AAHP) and the American Diabetes Association (ADA) are working together on a joint initiative, *Taking on Diabetes*. To date, nearly 250 health plans providing coverage for almost 80 million Americans—and almost five million people with diabetes—have committed to participate in this national effort.

This initiative represents a long-term commitment to improve the lives of people with diabetes by dramatically reducing the often problematic health consequences associated with the disease. At both the national and local levels, the project combines the knowledge and experience of the ADA with the special strengths of health plans to promote screening, early intervention and state-of-the-art treatment for the populations they serve.

This partnership comes at a time when the human and economic costs of diabetes in the United States are rising, and when effective management of diabetes can make an impact on both the outcomes for people with diabetes and the cost of health care. The ADA reports that in 2002, diabetes cost the United States \$132 billion in lost productivity and medical expenses. The cost in the future could become even higher due to the growing number of people being diagnosed with Type 2 diabetes. *Taking on Diabetes*, and the work of the community partnerships is targeted to improve the overall care of those with diabetes and reduce the risk of kidney and heart disease, lower-extremity amputation and blindness.

*Taking on Diabetes* is supported by an unrestricted educational grant from GlaxoSmithKline, and it is through their generosity that this initiative has had the opportunity to achieve success for the last five years.

During 2002, *Taking on Diabetes* continued to build on its prior successes, with a continued emphasis on education, promoting evidence-based guidelines, and improving the health of people with diabetes. Several events stand out:

- Significant national and local improvements were seen in the HEDIS® measures that reflect the care given to patients with diabetes in the *Taking on Diabetes* community partnerships. New Mexico Health Care Takes on Diabetes announced dramatic improvements in care received by people with diabetes, including an almost 10% increase in A1C testing;
- *Taking on Diabetes* implemented a nationwide campaign focusing on eye exams and targeting the Spanish-speaking community; a public service announcement translated into Spanish was widely disseminated and displayed at Hispanic/Latino sponsored events; and
- Online resources were expanded by working with the National Diabetes Education Program (NDEP) to further educate employers about diabetes and linking the work done by NDEP with *Taking on Diabetes* on [www.diabetesatwork.org](http://www.diabetesatwork.org).

*Taking on Diabetes* has continued to set high standards for all initiatives that address chronic conditions, and those involved look forward to continued achievements in the future.



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



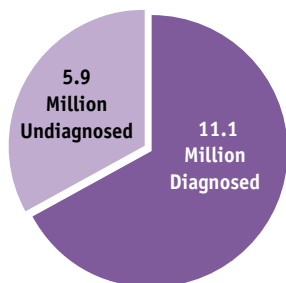
Richard Kahn, PhD  
Chief Scientific and Medical Officer  
American Diabetes Association



# Models That Work

Approximately 17 million people in the United States, or 6.2% of the population, have diabetes. While an estimated 11.1 million have been diagnosed, unfortunately, 5.9 million people (or one-third) are unaware that they have the disease.

**Americans with Diabetes in 2000**



Source: American Diabetes Association, 2002

**T**aking on Diabetes has focused on three primary strategies: highlighting and sharing health care delivery “models that work;” working with community partnerships to develop tools to more effectively treat and improve the outcomes of patients with diabetes; and partnering with employer groups to meet the needs of employees with diabetes.

One of three primary strategies of *Taking on Diabetes* is identifying new and effective innovative “models that work” that are being implemented today. It is through the sharing of successful strategies that diabetes health care delivery can be adopted by others. By identifying and then sharing these “models that work,” health care organizations can more effectively help physicians care for patients with diabetes.

## **Taking on Diabetes Searchable Database**

Work began late in 2002 on a searchable database, located on the *Taking on Diabetes* website, as an easy to use reference tool for diabetes providers, health plans, and other interested parties. The database will contain examples of programs or initiatives (e.g., “models that work”) that demonstrate that they have been effective in improving outcomes for patients with diabetes. The database will present the programs in summary form, as well as the demographics of the plan, such as its size and location. The results also identify what types of individuals (e.g., age group, product line) are targeted by the program. As 2002 came to an end, the database was being tested by staff in preparation for its public availability in 2003.

## **Diabetes Registries**

Diabetes registries are electronic databases used to identify and monitor people with diabetes to ensure that they receive the best possible care. During the last few years, all of the *Taking on Diabetes* community partnerships have explored the use of registries in their local areas, and two of the partnerships have implemented registries. In 2002, *Taking on Diabetes* continued to implement and expand models of diabetes registries.

### **New Mexico**

The registry project in New Mexico expanded to include more than 12 medical practices. Many practices in New Mexico continued to use the Diabetes Electronic Management System (DEMS-Lite), a database application designed to assist care providers and management to track the quality of care provided to patients with diabetes. Some practices also began using another version of the DEMS software, CV-DEMS (Cardiovascular Diabetes Electronic Management System), which also can be used to track patients with cardiovascular conditions. Participants in the November 2002 Outcomes Congress acknowledged the value of the registries and the need for more clinics to implement these electronic databases. As a result of the recent popularity of

diabetes registries and the success in the clinic sites, many other sites in New Mexico are interested in expanding the use of the diabetes registries.

### **Westchester County, New York**

In 2002, members of the Westchester New York Diabetes Coalition engaged local medical groups to discuss the potential implementation of a registry of patients with diabetes. To help local providers understand the value of registries, WNYDC organized discussions with medical groups in New Mexico that had successfully implemented DEMS-Lite software. As 2002 came to a close, the WNYDC applied for a grant from the New York State Department of Health to assist in a pilot registry project with four local medical practices.

### **Kansas City, Missouri and Kansas**

In 2002, the two health plans that had implemented electronic registries through the Institute for Healthcare Improvement's (IHI) Breakthrough Series continued using these systems to improve care for their patients with diabetes. The Aetna Inc./ University of Kansas Family Practice team continued to use the database that they created in 2001. The UnitedHealthcare/ Truman Medical Center team doubled the size of their registry in 2002 by joining a diabetes collaborative with MissouriPRO (Missouri Peer Review Organization) during the summer 2002. The registry now includes information for over 100 patients.

## **The 2002 National Exemplary Practice Program Award Winner for Diabetes**

The American Association of Health Plans received numerous outstanding submissions for the 2002 National Exemplary Practice Program Award competition. This award is provided in partnership with the Washington Business Group on Health (WBGH) and was developed to identify exemplary practices in the management of chronic conditions. The goal of the National Exemplary Practice Program is to encourage the rapid adoption or adaptation of innovative ideas and approaches to chronic care delivery throughout the health plan industry.

QualChoice was the 2002 winner for its *K.N.O.W. (Knowledge and New Opportunities for Wellness) Diabetes Program*. This program is an internally developed initiative established to increase compliance with measures of diabetes care that are known to reduce associated long-term consequences, and by doing so, enhance the health and well-being of members with diabetes. The program encompasses numerous comprehensive interventions that are targeted toward member, practitioner, and health plan processes. Interventions include: a focus on member self-care skills with continued support provided by outbound tele-management; practitioner involvement and development of practice tools, as well as the modification of referral processes to open and accommodate improved access to care. Interventions were based on results of barrier and root cause analysis that have led to statistically significant improvements in 17 of the measures used for evaluating both process and outcomes of the program. As a result of this comprehensive approach, the health plan has realized steady improvement in their overall management of members with diabetes.

# Community Partnerships

“The data released today are encouraging, because in the long-term, we’ll see fewer of the severe health complications associated with this terrible disease. Care for people with diabetes is most successful when it’s built around a health care system where physicians, plans, and patients work together. New Mexico is setting a good example.”

**Karen Ignagni**  
*President and CEO*  
*American Association of Health Plans*

The second of *Taking on Diabetes*’ three primary strategies is the development and promotion of community partnerships. Community support can play an enormous role in improving health care quality and health outcomes.

Collaborations between different organizations can increase the positive effects of community involvement by combining resources and talent to address the health status of a local area. The need for consistent, on-going care makes diabetes an ideal condition that would benefit from this approach.

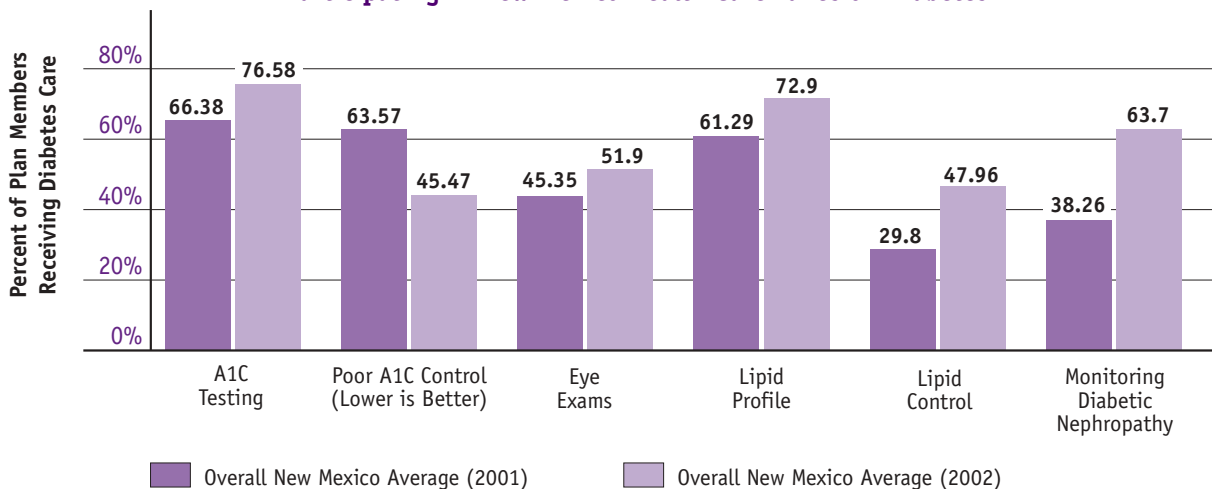
All of the *Taking on Diabetes* community partnerships have seen marked progress towards improving care for people with diabetes during the course of the project, and specifically within the last year. There has been measurable progress in all three community partnerships: the state of New Mexico, the city of Kansas City (Kansas and Missouri), and Westchester County, New York.

## New Mexico Health Care Takes on Diabetes (NMHCTOD)

### Press Event

In October 2002, NMHCTOD held a press event in Albuquerque, New Mexico to announce the dramatic improvements in care for New Mexico residents with diabetes who are members of local health plans. These data, based on the National Committee for Quality Assurance’s (NCQA) Health Plan Employer Data and Information Set (HEDIS®) routinely collected by health plans, showed significant improvements in many diabetes measures and outcomes, such as an improvement in eye exams for

**HEDIS® 2001 and 2002 Results for Health Plans Participating in New Mexico Health Care Takes on Diabetes**



Data for NMHCTOD participating plans include Blue Cross Blue Shield of New Mexico/HMO New Mexico, Cimarron Health Plan, Lovelace Health Systems, Inc. and St. Josephs.

people with diabetes. Thirty-seven representatives from various congressional offices and health care organizations from the Albuquerque area were in attendance, as well as many New Mexico coalition members. Presentations by coalition members were well received and were followed by a question and answer session. Three local television stations covered the event, interviewing coalition members about the accomplishments. The event was an opportunity for the New Mexico coalition to showcase the results of their work and efforts to improve the care and lives of individuals with diabetes.

### **Quarterly Publications**

NMHCTOD continued work on the *Diabetic Toolkit* project by developing quarterly publications that can be used by clinicians who care for people with diabetes. The publications are quick “60-second” guides on different issues affecting people with diabetes. The initial publication focused on diabetic retinopathy and was mailed in January 2002 to over 5,000 providers. The subsequent publications released in 2002 focused on the “ABCs of Diabetes” as developed by the National Diabetes Education Program (NDEP). These themes provide an easy way for clinicians to remember the key factors in controlling the morbidity caused by diabetes and focus on managing A1C, blood pressure, and cholesterol levels. Two additional publications were distributed on A1C control and blood pressure, and work began on the third addressing cholesterol levels.

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**“I** am especially gratified to be a partner with a group that is demonstrating such remarkable success in such a short period of time for patients with diabetes.”

### **Senator Pete Domenici (R-NM)**

*Statement released at the press event held by NMHCTOD in October 2002*

## **New Mexico Health Care Takes on Diabetes**

American Association of Health Plans • American Diabetes Association • American Diabetes Association–New Mexico Area • Albuquerque Area Indian Health Service • Blue Cross and Blue Shield of New Mexico and HMO New Mexico • Cimarron Health Plan • Lovelace Health Systems • MedicarePlus • New Mexico Chapter of American Academy of Family Physicians • New Mexico Chapter of the American Heart Association • New Mexico Chapter of the American Stroke Association • New Mexico Department of Health • New Mexico Medical Review Association • New Mexico Medical Society • New Mexico Optometric Association • New Mexico Primary Care Association • New Mexico Tribal Alliance • St. Joseph Senior Care–PACE • The University of New Mexico Health Sciences Center

# Community Partnerships

## Westchester County New York Diabetes Coalition (WNYDC)

The Westchester County New York Diabetes Coalition started independently of the national *Taking on Diabetes* initiative in December 1999 as a project of the New York State Health Plan Association (NYHPA). When AAHP and ADA first began the *Taking on Diabetes* initiative, NYHPA expressed interest in becoming a community site. Westchester County was selected due to the large number of people with diabetes enrolled in local health plans.

### Focus Groups

In late 2001, the Coalition chose to explore the use of focus groups to gather information on barriers, opportunities, and concerns in diabetes. Three focus groups were held: one with primary care physicians (PCPs), one with endocrinologists, and one with community members with diabetes. The focus groups were conducted in April 2002 by an independent market research consultant. The findings were presented in July 2002 to members of the coalition.

Opinions and thoughts gathered from the focus groups varied between the physician groups and the patients. The following summarizes the findings:

- An increasing trend in younger patients presenting with diabetes; influencing factors include: increased obesity and a sedentary lifestyle, as well as increased patient awareness and education about the disease (self-diagnosis);
- Both groups of physicians reported making treatment decisions based on experience, rather than following evidence-based guidelines;
- Patients seemed to understand the risks associated with diabetes, indicating that circulatory disease, eye disease, and amputation are likely outcomes if diabetes is not kept under control;
- Both patients and providers agreed that diabetes is a “patients’ disease,” meaning that in order to live successfully with diabetes, the patient needs to take an active role in controlling the disease; and
- Disease management programs were seen by both groups as consistent care models to assist with diabetes control.

Based on these findings, the Coalition is considering a focus on consumer needs for 2003, to complement initiatives that already exist with physicians.

### Standard Eye Form and Revised Guidelines Presented

Based on the need to improve screening for retinopathy, and feedback from physicians that improved communication is necessary between providers caring for patients, the WNYDC produced a standard eye form that can be used by eye care professionals to report examination outcomes to primary care physicians. After consultation and review with local PCPs and specialists, the eye form was printed as a pad and slated for distribution in early 2003 to physicians in Westchester County.

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“The Westchester New York Diabetes Coalition is a collaboration of health plans, health care focused agencies, community organizations, and professional societies dedicated to improving the health of people who live with diabetes through community awareness, early diagnosis, education, and the provision of management tools”.

#### Westchester Diabetes Coalition Mission Statement

*Adopted November 2002*

The Westchester coalition also revised the *Guidelines for Adult Diabetes Care* in 2002, based on recommendations and changes made earlier in the year by the international Expert Committee on the Diagnosis and Classification of Diabetes Mellitus, sponsored by the ADA. Both of these new items were presented to attendees of the American Diabetes Association Community Forum in December, as well as the *La Salud Hispana* event in November, an educational medical symposium targeting the Latino community.

### **Kansas City Diabetes Collaborative**

2002 collaborative activities in Kansas City remained focused on two main projects: the completion of the IHI Breakthrough Series and the development of new community practice guidelines in partnership with the UAW (The International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America)/Ford and Kansas City Quality Improvement Coalition (KCQIC).

### **Kansas City Quality Improvement Coalition (KCQIC)**

In April 2002, the KCQIC presented evidence-based practice guidelines and participated in a formal review and discussion of the guidelines with local physicians at a program entitled “Make a Difference in Patient Outcomes: Integrating Guidelines into Clinical Practice”. The goal of KCQIC is to end the distribution of redundant guidelines and promote a common evidence-based guideline while enhancing care and improving clinician feedback. The objectives of the event included participants being able to:

- Apply evidence-based medicine in the mainstream of their practices;
- Understand why steps were needed to improve community approaches to best practices;
- Discuss tools that help produce change; and
- Have an easier time understanding and using local health plan and quality improvement organization guidelines.

Guidelines were presented to program attendees for diabetes, as well as asthma, coronary heart failure (CHF), and depression.

## **Westchester County, New York Diabetes Coalition**

Aetna, Inc. • Affinity Health Plan • American Association of Health Plans • American College of Physicians–New York Chapter • American Diabetes Association • Bronx–Westchester Academy of Family Physicians • Diabetes Care Center of Westchester • Fidelis Care New York • Health Net • HealthSource/Hudson Health Plan • HIP Health Plan of New York • IPRO (Island Peer Review Organization) • Medical Society of the State of New York • 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, Inc. • American Association of Health Plans • American Diabetes Association • Truman Medical Center–Hospital Hill and Lakewood • University of Kansas Medical Center–Family Group Practice • UnitedHealthcare

# Community Partnerships

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**T**he goal of the Kansas City Area Community Healthcare Initiative is to improve the overall health status of the Kansas City area community. Partners include United Auto Workers (UAW), Ford Motor Company (Ford), General Motors (GM), and DaimlerChrysler Corporation (Chrysler), who initiated a national program to improve health care systems in communities where auto employees live and work.

**UAW's "Community Initiative"**  
[www.kchealth.org](http://www.kchealth.org)

## ***Outcomes Congress***

The final session of the Kansas City IHI Breakthrough Series—the Outcomes Congress—was held in February 2002, bringing together participating health plans, community organizations, and providers to share the results achieved by the Breakthrough Series. During the Breakthrough Series, each participating health plan worked with a local physician group practice to improve systems of care for their patients with diabetes, attended learning sessions, and then applied their new knowledge in their own practices. The 2002 Outcomes Congress included presentations by participating health plans, including reports of the following accomplishments:

- Creation of diabetes specific databases;
- Initiation of a Diabetes Steering Committee & Metabolic Health Committee;
- Development and dissemination of a health record book for patients with diabetes by physician group practices; and
- Distribution of educational materials for patients with diabetes.

The Aetna Inc./Kansas City University Family Practice team reported that participating in the IHI Breakthrough Series initiated development and implementation of Ophthalmology fax forms to assist people with diabetes receiving timely eye exams from a qualified health care professional. This team also worked to distribute A1C and microalbumin kits to facilitate timely lab results. The presentation at the Outcomes Congress signified the end of this team's participation in the initiative, after several successful years and the development of many worthwhile tools.

During the last year, the UnitedHealthcare/Truman Medical Center team took steps to further expand on some of the accomplishments reported at the Breakthrough Series Outcomes Congress in February 2002. Since February 2002, the group has restructured the provider organization to follow a chronic care model, allocating more resources to the staff and hiring a dedicated endocrinologist. They have continued educating patients with diabetes by conducting monthly classes that focus on providing general diabetes information, as well as more specific classes addressing diet and exercise. UnitedHealthcare/Truman also has established a Metabolic Committee consisting of physicians and other clinicians who are working to implement a treatment protocol to assess patients who are recently diagnosed with diabetes. In 2003, the medical center intends to submit an application to the ADA to be recognized nationally as a diabetes self-management education program, a response from the ADA is expected later in 2003.

### **Certified Diabetes Educator Scholarships**

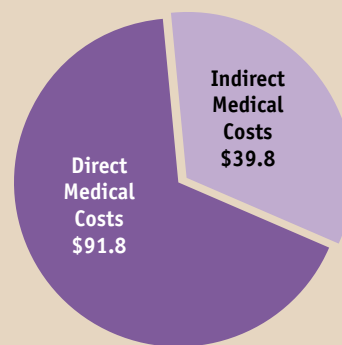
The *Taking on Diabetes* staff launched a pilot project in the Kansas City area to encourage health care workers to become Certified Diabetes Educators (CDE) by offering to sponsor two qualified individuals who agreed to serve their local market. This CDE credential demonstrates that the health care professional possesses a distinct and special knowledge that is used to promote quality care for people with diabetes. In 2002, the *Taking on Diabetes* initiative accepted applications from interested individuals who wanted to pursue this credential, and teach self-management skills to those with diabetes. Although several individuals expressed interest in the program, *Taking on Diabetes* was unsuccessful in awarding the scholarship to an appropriate individual due to the inability of the applicants to adhere to the time commitment. This program remains important to the initiative and may be something that is revisited in the future.

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**F**ord, GM, Chrysler, and the UAW recognize that the realization of the vision for the “Community Initiative” model is dependent upon being adopted and embraced by local communities across the country. Kansas City was selected because it was a plant city where UAW/Ford can partner with other employers and area community leaders to jointly design and deliver a health care initiative that is community-owned.

According to the ADA, the economic costs associated with diabetes in the U.S. is growing yearly as more people are diagnosed. Direct medical costs include those attributed to chronic complications, nursing home or home health care, inpatient care, and the cost of insulin or oral agents needed to manage the condition. Indirect medical costs include lost workdays, restricted activity days, mortality, and permanent disability. It is estimated that the number of people diagnosed with diabetes could increase to over 17 million by 2020, with an attached price-tag of \$192 billion. These costs and diagnoses have the potential to spiral out of control in the future, attributable to increasing health care costs and the obesity epidemic that increases the risk for the development of type 2 diabetes.

**Economic Costs of Diabetes in the U.S. in 2002 (in billions)**



Source: *Diabetes Care*, March 2003

# Employer Relations

The third strategy of the *Taking on Diabetes* initiative is working with employers. To reach employers, *Taking on Diabetes* began a relationship in 1999 with the Employers' Managed Health Care Association (MHCA),<sup>1</sup> an organization representing more than 100 companies that foster a more productive, accountable, and cost-effective health care delivery system. Through the years, *Taking on Diabetes* has worked with many other employer groups to further increase the awareness of employers with regard to employees living with diabetes.



*Diabetes at Work* is an online diabetes and health resource kit to help businesses and health plans assess the impact of diabetes in the workplace. It provides easy-to-understand information for employers to help their employees manage their diabetes and take steps toward reducing the risk for diabetes-related complications.

## Launch of Diabetes at Work Website

In the fall of 2002, the National Diabetes Education Program (NDEP) collaborated with the American Association of Health Plans, the Washington Business Group on Health, and the National Business Coalition on Health to provide employers with a comprehensive online resource for assessing and managing diabetes in the workplace. This unique online resource is designed for the use of human resource and benefit managers, as well as employees, and occupational health care providers. Many tools and resources are available on the website, including:

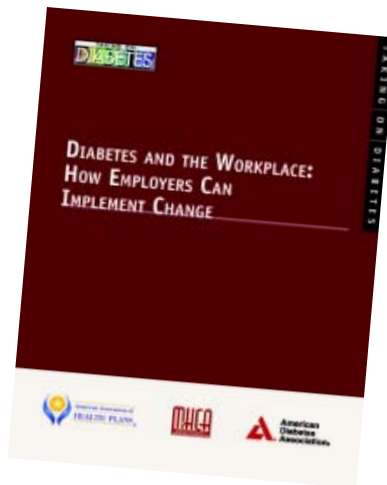
- A planning guide designed to help users find the materials that best meet their needs for understanding or managing diabetes and other health education programs;
- A cost assessment tool designed to enable companies to assess their need for diabetes education at the worksite;
- Recommendations and strategies for choosing health plans that offer extensive diabetes or health education programs; and
- Information on the impact of worksite programs with regard to increased productivity and reduced complications.

The information is available on the initiative's website at [www.diabetesatwork.org](http://www.diabetesatwork.org), and can be used to assist employers in improving the health and well being of their employees with diabetes, as well as increasing productivity and lowering medical costs.

<sup>1</sup> Employers' Managed Care Association (MHCA) ceased operations in 2002. *Taking on Diabetes* transitioned its work from MHCA to the Washington Business Group on Health (WBGH) in late 2002.

To help people with diabetes gain a better understanding of their disease and find ways of managing it, many employers have implemented diabetes management programs. Through these programs, employees with diabetes can learn how to take better care of themselves so that serious complications do not develop. In the process, employees also become smarter health care consumers.

Since its publication in 2001, *Diabetes and the Workplace: How Employers can Implement Change* has continued to be a useful, interactive tool that outlines what employers need to do before implementing a disease management program, how they can work to sustain a program and what can be done to ensure its success. This publication is available at [www.takingondiabetes.org](http://www.takingondiabetes.org).



## 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 (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 company is one of the industry leaders.

# Improving Outcomes

**H**ealth plans' annual HEDIS data from 2001\* continued to demonstrate improvements in the percentage of people with diabetes receiving appropriate tests, such as A1C testing, testing for nephropathy, and lipid screening. Improvements also were seen in the percentage of the population that receives eye exams to screen for retinopathy. These improvements show that targeted initiatives, such as *Taking on Diabetes*, as well as collaborative national public health efforts directed at diabetes contribute to improving the care and increasing the awareness of potential complications for people with diabetes.

In 2002, the *Taking on Diabetes* partnerships continued to review HEDIS measures that are specific to their populations. The partnerships also have continued to address specific areas that need improvement and lack tools for interventions. The need to increase the rate of retinal eye examinations remained a priority. As a result, a public service announcement (PSA) that had been created to address the importance of receiving retinal eye examinations was translated into Spanish to meet the needs of people with diabetes within the Spanish-speaking community. According to the ADA, two million (10.2%) of all Latino Americans have diabetes, and the prevalence of type 2 diabetes is twice as high among Latinos as compared to non-Latino whites. In addition, the Westchester New York Diabetes Coalition finalized and distributed a standard eye referral form that will be used by eye doctors, primary care providers, and patients with diabetes to coordinate the necessary eye care. Interventions, such as the eye form and PSA are evaluated through data reporting, and as data continue to be collected, the partnerships can assess the impact of their strategies.

## HEDIS® Measures 2002

The following maps illustrate HEDIS scores by state as reported by the National Committee for Quality Assurance for Medicare+Choice health plans compared with Fee For Service Medicare rates for the same indicators, as cited in the January 2003 issue of the *Journal of the American Medical Association* (Jencks, SF, Huff ED, Cuerdon TC. Change in the Quality of Care Delivered to Medicare Beneficiaries, 1998-1999 to 2000-2001. *JAMA*. 2003;289:305-312).

The scores demonstrate that *Medicare+Choice (M+C) plans outperform Medicare fee-for-service (FFS)* in key diabetes-related quality of care measures—lipid (Low-density lipoprotein cholesterol) profiles every two years and an A1C test every year. The *national median* for both measures are *higher in a majority of states and the District of Columbia* in the M+C plans as compared with FFS. Specifically,

- The median percentage of people with diabetes enrolled in M+C plans who had low-density lipoprotein (LDL) cholesterol testing every two years was higher in 36 states and the District of Columbia than those enrolled in FFS; and
- The median percentage of people with diabetes enrolled in M+C plans who received an A1C test every year was higher in 33 states and the District of Columbia than those enrolled in FFS Medicare.

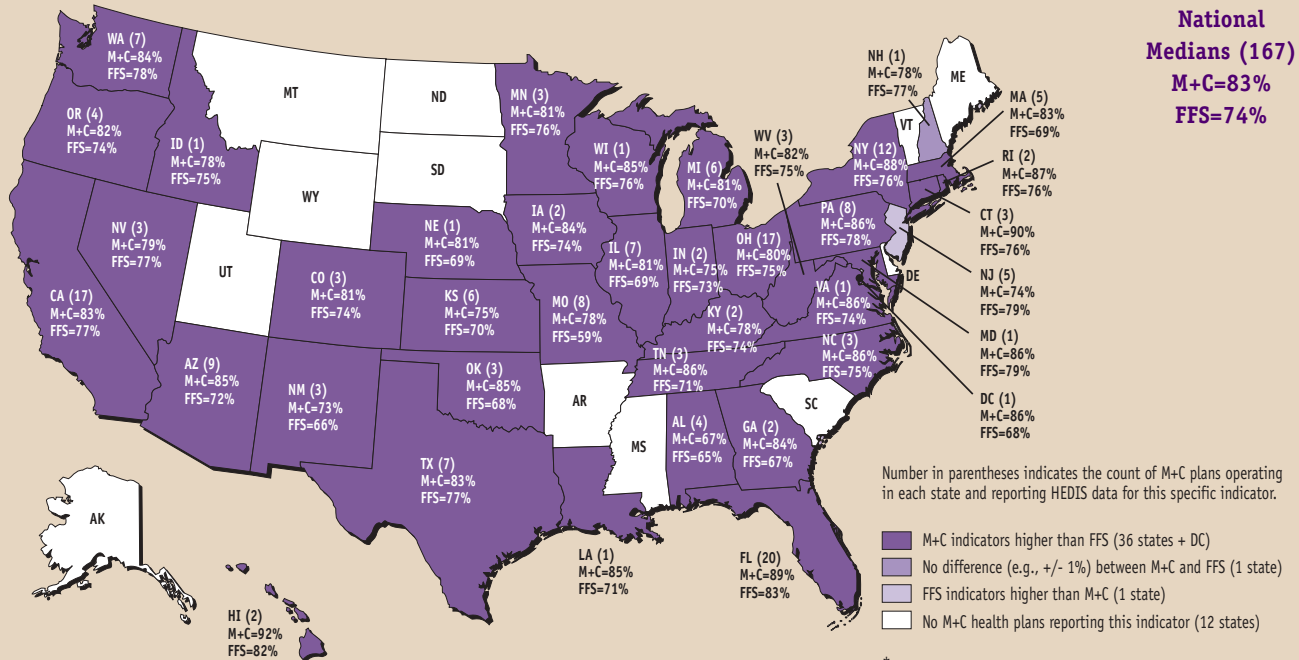
These data highlight and support the high quality of care offered by Medicare+Choice plans.

\*HEDIS 2002 reports are based on 2001 data.



## Diabetes Care: Lipid Screening

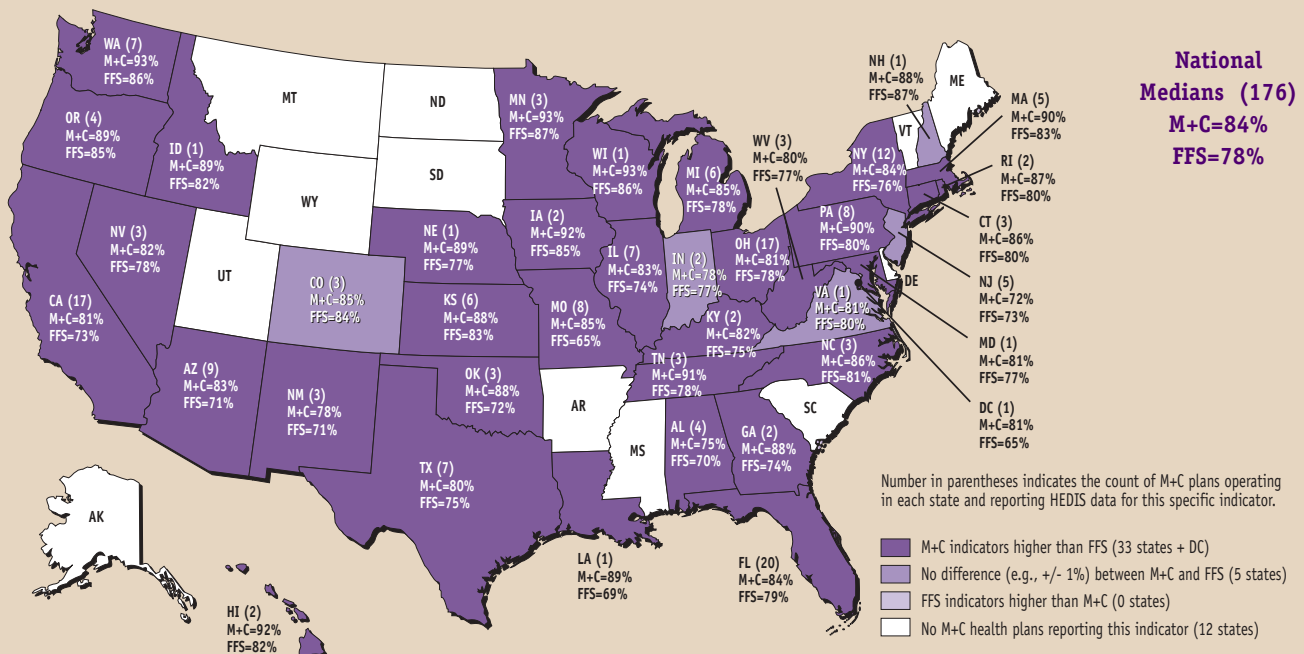
Medicare+Choice HEDIS 2001 Measures vs. Medicare Fee-for-Service 2000-2001 Measures  
Median percentages of people with diabetes who had Lipid (LDL-C) profile tests every two years



\* Medicare+Choice: Medicare+Choice HEDIS 2001 Data FFS: Jencks, et al. JAMA (1/2003)

## Diabetes Care: A1C Testing

Medicare+Choice HEDIS 2001 Measures vs. Medicare Fee-for-Service 2000-2001 Measures  
Median percentage of people with diabetes who received a Hemoglobin A1C test every year



\* Medicare+Choice: Medicare+Choice HEDIS 2001 Data FFS: Jencks, et al. JAMA (1/2003)

## **American Association of Health Plans**

[www.aahp.org](http://www.aahp.org)

The American Association of Health Plans (AAHP) is the nation's principal association of health plans, representing more than 1,000 plans that provide coverage for approximately 170 million Americans nationwide. Member plans include health maintenance organizations (HMOs), preferred provider organizations (PPOs), other similar health plans and utilization review organizations (UROs).

AAHP's mission is to advance health care quality and affordability through leadership in the health care community, advocacy and the provision of services to member health plans.

## **American Diabetes Association**

[www.diabetes.org](http://www.diabetes.org)

The American Diabetes Association is the nation's leading nonprofit health organization providing diabetes research, information and advocacy. The mission of the organization is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

To fulfill this mission, the American Diabetes Association funds research, publishes scientific findings, provides information and other services to people with diabetes, their families, health care professionals and the public. The association also is actively involved in advocating for scientific research and for the rights of people with diabetes.

## **Employers' Managed Health Care Association<sup>2</sup>**

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 health plans as a strategy for cost containment. Although health plans have proven to have the infrastructure in place to meet this challenge, the large employers involved in MHCA found that managed care offered a lot more opportunity to measure and improve the quality of care.

<sup>2</sup> Employers' Managed Care Association (MHCA) ceased operations in 2002. *Taking on Diabetes* transitioned its work from MHCA to the Washington Business Group on Health (WBGH) in late 2002.

## National Diabetes Education Program

[www.ndep.nih.gov](http://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; and
- To promote health care policies that improves 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 this program.

## The Foundation of the American Academy of Ophthalmology

[www.aao.org](http://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 composed primarily of ophthalmologists, but also includes other physicians and scientists 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.

## ***Taking On Diabetes Website***

[www.takingondiabetes.org](http://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.



A public service announcement campaign to encourage people with diabetes, particularly minorities, to receive annual eye exams continued into 2002 by AAHP, the ADA and the Foundation of the American Academy of Ophthalmology. The 2002 campaign included video, radio and print spots, which were translated in Spanish to target minority populations who are particularly at risk for diabetes and its complications. This PSA was funded partially through an unrestricted educational grant from GlaxoSmithKline.

## ***Diabetes at Work Website***

[www.diabetesatwork.org](http://www.diabetesatwork.org)

In the fall of 2002, the National Diabetes Education Program (NDEP) collaborated with the American Association of Health Plans, the Washington Business Group on Health, and the National Business Coalition on Health to give employers a comprehensive online resource for assessing and managing diabetes in the workplace. This unique online resource is designed for use by benefit and human resource managers; as well as employees, occupational health care providers, and top-level managers.

The information can be used to assist employers in improving the health and well being of their employees with diabetes, as well as increasing productivity and lowering medical costs.

## **Public Service Announcement**

In 2002, the campaign materials on diabetic retinopathy became available in Spanish as well as English, and continue to be available to health plans as well as the other partnership members. *Taking on Diabetes* had previously introduced a public service announcement (PSA) campaign developed by AAHP in coordination with the national office of the ADA and the Foundation of the American Academy of Ophthalmology in 2001. This campaign is designed to encourage people with diabetes, particularly minorities, to receive annual eye exams. The campaign includes video, audio and print public service announcements in both English and Spanish, a tool for employers, and a referral form.



## Community Practice Guidelines

The community practice guidelines developed by each of the three partnerships have been updated in 2002 and are available to health care professionals. The guidelines provide an easy to read synopsis of the schedule for tests and services people with diabetes should receive.

## Quarterly Newsletter

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

## Westchester New York Diabetes Coalition Eye Referral Form

The Westchester New York Diabetes Coalition has produced an eye referral form that can be used by patients with diabetes, primary care physicians, and eye care providers to ensure that the appropriate exams are taking place to check for diabetic retinopathy and that they are documented appropriately. The eye form has been printed as a pad, and physicians are welcome to make copies for use with their patients.

**NEW MEXICO DIABETES PRACTICE GUIDELINE 2002**

This guideline has been developed by the New Mexico Health Care Task Force on Diabetes, a joint coalition of New Mexico's diabetes care professionals, from Mexico Health Plan, the New Mexico Department of Health, and the New Mexico Medical Service Association, with technical and administrative support from the American Association of Diabetes Educators (AADC).

This guideline is not meant to be comprehensive. It is designed to quickly summarize minimum, but, at a minimum, should be considered in the care plan of every person with diabetes. The organizations listed on the left support this guideline for use by the New Mexico health care community.

Frequency	Procedure/ Test	Action or Goal
Every Visit	Medical history	Review glucose reading log, hypoglycemic episodes, current medications
	Blood pressure	< 130/90 mmHg
	Weight	2 lb/mo weight gain
	Foot exam	Inspect skin for signs of pressure sores and breakdown
Quarterly or More Often	A1C	Time < 4 when you're good < 7%
At Least Once Each Year	Review patient knowledge of diabetes, nutrition, and self-management skills	Review patient needs and bring up for counseling or refer to self-management educator or nutrition counseling
Annually	Eye, EKG assessment	Check pulses, monitor manifestations of DM
	Hypothyroid screening	If not already diagnosed with hypothyroidism, screen for hypothyroidism by TSH level < 2.0 mIU/L (typical values)
	Lipid profile	LDL < 100 mg/dL HDL > 40 mg/dL Triglycerides < 150 mg/dL
	Retinal eye exam	Obtain retinal exam by ophthalmologist or qualified optometrist

Approved by the New Mexico Health Care Task Force on Diabetes, 2002. Revised based on the American Diabetes Association's Clinical Practice Recommendations of 2002. Additional resources are available through the Taking on Diabetes website: www.takingondisabetes.org/communitarianity

This guideline is based on the recommendations of the American Diabetes Association (ADA). For more information, including full documentation for the above clinical recommendations, contact the ADA website at [www.diabetes.org](http://www.diabetes.org) or contact the ADA at 1-800-DIABETES.

This guideline should not be considered a replacement for standards of care nor should it be considered a substitute for individualized evaluation and response based on clinical presentation.

New Mexico Health Care Takes on Diabetes updated their community practice guidelines in 2002 to reflect the current recommendations of the American Diabetes Association. The guidelines provide a quick summary of the schedule of tests and services people with diabetes should receive.

The Westchester New York Diabetes Coalition produced an eye referral form that can be used by patients with diabetes, primary care physicians, and eye care providers to ensure that the appropriate exams are taking place to check for diabetic retinopathy and that they are being documented properly.

**Westchester New York Diabetes Coalition Eye Examination Report for Diabetes**  
 OJANIKAS... ANÁLISIS DE OJOS PARA DIABETES

Paciente: Please complete the top portion of this form and bring it to your eye examination appointment.  
 Pacientes: Favor de llenar la parte superior de este formulario y traerlo a su consulta.  
 Eye Care Provider: Please complete the right portion of this form with your identifying information and return it to the Primary Care Provider.

**Primary Care Provider Information:**  
 Name/Nombre: \_\_\_\_\_  
 Address/Direccion: \_\_\_\_\_  
 Phone/Telefono: \_\_\_\_\_  
 Patient Health Insurance Plan/Plan de Seguro: \_\_\_\_\_

**Diabetic Information:**  
 Patient/for patient's Relative: \_\_\_\_\_  
 Date of Birth/Fecha de nacimiento: \_\_\_\_\_  
 Address/Direccion: \_\_\_\_\_

Patient received a diabetic fundus examination with the following results:  
 No diabetic retinopathy was observed.  
 Background retinopathy was observed, but only requires monitoring. No treatment is indicated.  
 Proliferative requiring further testing and/or treatment was detected. See comments below.

Comments/Recommendations: \_\_\_\_\_

Please list if additional information is needed: \_\_\_\_\_

Patient is to return for re-evaluation in \_\_\_\_\_ months.

Print Name of Eye Care Provider: \_\_\_\_\_ Date of exam: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Eye Care Provider Information:**  
 Name of Eye Care Provider/Nombre: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
 Fax: \_\_\_\_\_

The American Diabetes Association recommends patients with diabetes receive annual retinal exams unless their diabetes is well controlled. The purpose of this form is to facilitate communication between eye care and primary care providers. La Asociacion Americana de Diabetes recomienda que los pacientes con diabetes reciban exámenes anuales de fondo de ojo a menos que sus niveles de azúcar en sangre estén bien controlados. El propósito de este formulario es de facilitar la comunicación entre el oftalmólogo y el médico general.

# Lessons Learned

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It was an exceptional year for *Taking on Diabetes*—every aspect of the initiative produced measurable accomplishments in 2002. Such successes strongly reinforce previous findings that the *Taking on Diabetes* model raises the bar for other chronic care practices. The *Taking on Diabetes* community partnerships continue to excel in innovation and outreach beyond the initial goals of the initiative.

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*“Taking on Diabetes is a model for anyone who cares deeply about how science is put into practice to prevent the devastating consequences of chronic conditions and improve the lives for people with diabetes.”*

**Nathaniel Clark, MS, RD, MD**

*National Vice President  
American Diabetes Association*

The community partnerships continue to be an active and effective means of addressing diabetes management. The collective work of the members of each community partnership in 2002—attending learning sessions, implementing and maintaining diabetes registries, and creating functional tools—produced resources that both providers and individuals with diabetes can use to effectively manage the disease. Such interventions had a positive impact on HEDIS® rates, which showed continual improvements in many diabetes measures. After four years, the community partnerships continue to thrive and remain committed to pursuing long-range goals and, at the same time, accomplishing intermediate goals. As *Taking on Diabetes* enters its fifth and final year, the partnerships will continue to build on what has been learned and implemented, while also establishing new areas of focus.

The future of *Taking on Diabetes* is full of possibility and will include an increased focus in priority issues, such as low literacy and culturally competent care. The partnerships and the *Taking on Diabetes* program staff will continue to work together to explore, create, and disseminate tools and materials that will address these important issues. In the next year, the community partnerships also will face the challenge of becoming independent and self-sufficient—with the goal of continuing and expanding the quality work of *Taking on Diabetes* as the formal national initiative transitions to local efforts.

As *Taking on Diabetes* moves beyond 2002 into its final year, lessons learned from the past ultimately will shape the future of the initiative, as the community partnerships and others involved continue their efforts to improve the quality of care and reduce preventable complications for people living with diabetes.



# Order Form for Taking on Diabetes Materials

Qty	Item
<input type="text"/>	Taking on Diabetes 2002 Annual Report
<input type="text"/>	Taking on Diabetes 2001 Annual Report
<input type="text"/>	Compendium of Diabetes Best Practices
<input type="text"/>	Diabetes Intervention Toolkit
<input type="text"/>	Taking on Diabetes: What Employers Can Do
<input type="text"/>	Diabetes and the Workplace: How Employers Can Implement Change
<input type="text"/>	Diabetes Management Solutions (ADA document)
<input type="text"/>	Taking on Diabetes Fact Sheet

Qty	Newsletters
<input type="text"/>	Spring 2003
<input type="text"/>	Spring 2002
<input type="text"/>	Winter 2002
<input type="text"/>	Summer/Fall 2001
<input type="text"/>	Spring 2001
<input type="text"/>	Winter 2001

Please contact the TOD Program Office at 202/778-3222 for information on requests of quantities over 25.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Check here if you would like to be added to the Taking on Diabetes mailing list.

Please fax this form to 202/778-3287 or email requests to [tod@aahp.org](mailto:tod@aahp.org).

## Taking on Diabetes Participating Health Plans:

Advantage Healthplan • Aetna, Inc. • Affinity Health Plan • Allina Health System • Arnett Health Plans • AvMed Health Plan • Blue Care Network of Michigan • Blue Cross and Blue Shield of Louisiana • Blue Cross and Blue Shield of Minnesota • Blue Cross and Blue Shield of North Carolina • Blue Cross Blue Shield of Florida • Blue Cross Blue Shield of Maine • Blue Cross Blue Shield of Massachusetts • Blue Cross of Idaho • Blue Shield of California • Bluegrass Family Health, Inc. • Capital District Physicians' Health Plan • CarePlus Health Plan • Chinese Community Health Plan • Community First Health Plans, Inc. • Community Health Network of Connecticut • Community Health Plan of the Rockies • Empire BlueCross BlueShield • Fallon Community Health Plan • Family Health Plan of Michigan • First Priority Health Plan • FirstGuard Health Plan • Geisinger Health Plan • Grand Valley Health Plan • Great Lakes Health Plan • Group Health Cooperative of Puget Sound • Group Health Cooperative of South Central Wisconsin • Group Health Northwest • Gundersen Lutheran Health Plan Inc. • Harvard Pilgrim Health Care • Health Alliance Plan • Health Care Horizons, Inc. • Health Net • Health Plan of Nevada (Sierra Health Services) • Health Plan of San Mateo • HealthGuard of Lancaster, Inc. • HealthPartners Health Plans, Inc. • HealthPartners, Inc. • Highmark Blue Cross and Blue Shield • HIP Health Plan of Florida, Inc. • HIP Health Plan of New York • Horizon Blue Cross Blue Shield of New Jersey • Humana, Inc. • IHC Health Plans • Independent Health • John Deere Health Care • Kaiser Foundation Health Plans • M Plan • MDNY Health Care • MedSpan • MethodistCare, Inc. • MVP Health Plan • Nationwide Health Plans • New Alliance Health Plan • Ochsner Health Plan • OmniCare Health Plan • One Health Plan of California • One Health Plan of Colorado • One Health Plan of Georgia • One Health Plan of Illinois • One Health Plan of Texas • OSF Health Plans • Oxford Health Plans • PacifiCare Health Systems, Inc. • PersonalCare Insurance of Illinois, Inc. • PHP Companies, Inc. • Physician Health Services • PreferredOne • Presbyterian Health System • Priority Health Care Inc. • Providence Health Systems • QualChoice Health Plan, Inc. • QualChoice of North Carolina, Inc. • Rocky Mountain Health Plans • SCAN Health Plan • Scott and White Health Plan • SecureCare of Iowa • SelectCare • Sentara Health Management • Southeastern Indiana Health Organization • The Wellness Plan of North Carolina • The Wellness Plan • Tufts Health Plan • UCare Minnesota • UHP Healthcare • UnitedHealthcare • Western Health Advantage

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