



2000 Annual Report





Year Two Highlights

January 2000

- *Taking on Diabetes* (TOD) receives funding from the Prime Health Foundation to conduct a community Breakthrough Series on diabetes in Kansas City, Missouri.
- First meeting of the TOD Advisory Group.
- Monograph of large employer work site programs in diabetes available.

February 2000

- Baseline survey of health plan practices and benefits conducted.

March 2000

- The Commonwealth Fund provides grant to support Community Collaboratives.
- Introductory meeting of the Kansas City (KC) Collaborative on Diabetes.
- New Mexico Health Care Takes on Diabetes coalition finalizes core elements of common clinical practice guideline for diabetes.

April 2000

- TOD web site goes live (www.TakingOnDiabetes.org).

May 2000

- First annual performance measurement survey fielded to TOD member plans.

June 2000

- First Breakthrough Series Learning Session of the KC Collaborative.
- TOD featured in a forum and exhibition booth at the Annual AAHP Institute.

September 2000

- Second Breakthrough Series Learning Session of the KC Collaborative.
- Managed Health Care Association completes Needs Assessment of Employers for Taking on Diabetes.

October 2000

- National Exemplary Practice Awards presented at AAHP's Quality Conference.
- Westchester County New York Diabetes Coalition announces common clinical practice guideline.

November 2000

- New Mexico Health Care Takes on Diabetes announces common clinical practice guideline and office toolkit.
- TOD featured in a forum and exhibition booth at the annual American Public Health Association (APHA).
- TOD featured in a forum and exhibition booth at the 15th National Conference on Chronic Disease Prevention and Control.



Preface

In 1998, the Board of Directors of the American Association of Health Plans (AAHP) launched an ambitious campaign to help manage and improve the health of individuals who suffer from chronic illnesses. This project was formed with the idea of using partnerships with national organizations to leverage community-level efforts to bring about national-level changes in the approach to delivering chronic care.

In 1999, AAHP and the American Diabetes Association (ADA) joined forces to launch the first of these projects: *Taking on Diabetes*. And in 2000, this effort has gained momentum, making progress in the effort to identify and disseminate best practices, improve patient outcomes and reduce life-threatening complications associated with diabetes. Ultimately, we believe *Taking on Diabetes* has distinguished itself as a worthy prototype for future initiatives to address other chronic conditions, such as asthma and heart disease.

In an effort to bring uniform standards to the local level in 2000, the initiative worked to create community-wide partnerships—collaborations of health plans, state health departments, peer review organizations, professional medical societies and other related organizations. Two of our community collaborations—New Mexico Health Care Takes on Diabetes and Westchester County New York Diabetes Coalition—developed and disseminated community-wide clinical practice guidelines based on the best scientific evidence.

A separate component of our initiative focuses on workplace interventions. Working with the Employers' Managed Health Care Association, *Taking on Diabetes* conducted a needs assessment of employers and developed a directory of employer work-site programs. Soon, the initiative will unveil a new tool kit that will allow employers to participate more fully in the national effort to improve the health of individuals with diabetes.

Taking on Diabetes is made possible by generous grants from GlaxoSmithKline (formerly SmithKline Beecham) and Pharmacia (formerly Pharmacia & Upjohn).

This following report provides you with a snapshot of these current activities, and it outlines our future strategy for addressing chronic care. We will continue to update this comprehensive record on an annual basis, tracking progress toward the ambitious goals that were initially established.

We hope you will share with us your own experiences with this initiative. We thank you for your interest, and look forward to working with you in the effort to Take on Diabetes.

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

To promote information sharing and the rapid adoption of effective innovations, *Taking on Diabetes* focuses on best practices in the delivery of health care services to patients with diabetes. Health care organizations devote significant resources to developing and evaluating their care delivery programs. When programs are successful, that information should be shared with other organizations to raise the overall standard of quality care.

With the acknowledgment that efforts abound in the area of diabetes best practices, *Taking on Diabetes* aims to focus its efforts on best practices in the delivery of diabetes health care services. It is the particular strength of *Taking on Diabetes* to gather experts and health care leaders together to discuss strategies that have been demonstrably successful. By doing so, it is possible to spread innovation rapidly across a large number of organizations, driving quality of care improvements. The key to this type of dissemination is to identify programs that are not only successful, but also replicable, while recognizing and acknowledging the diversity of health care delivery systems.

In the year 2000, *Taking on Diabetes* achieved several key milestones in this area:

National Exemplary Practice Program Award

The American Association of Health Plans and the Employers' Managed Health Care Association (MHCA) developed the National Exemplary Practice Program to identify exemplary practices in the management of chronic conditions. The program office of *Taking on Diabetes* administers the award program. In 2000, AAHP and MHCA, for the first time, distinguished three separate categories of awards for evaluation: the chronic conditions of diabetes, cardiovascular disease, and asthma. The goal of the National Exemplary Practice Program is to encourage and reward the rapid adoption or adaptation of innovative ideas and approaches to chronic care delivery throughout the managed care industry.

“We applaud AAHP’s leadership role in encouraging so many of its member plans to reach out to people with diabetes through this much-needed educational program. Using the ADA’s knowledge about diabetes and its consequences and disease management techniques pioneered by managed care, ADA and AAHP hope to build on this important program and continue to improve the quality of life for diabetes patients across the United States.”

John Graham

Chief Executive Officer
American Diabetes Association



Searchable Database of Best Practices

The database provides health plans with the opportunity to access information on successful practices in diabetes management, treatment, education, and screening. The searchable database contains abstracts of published articles and federal quality improvement projects that were identified through a comprehensive literature and program review. It also contains descriptions of past AAHP award winning programs in chronic disease and Quality Improvement/Preventive Health Activity summaries (QIAs).

Users will be able to search by source, by plan participating in an activity, by geographic region, by type of activity (e.g., foot care, eye care), and by organizational types, among others. The searchable database will also link to full text articles, program descriptions, and other complete documents. An online submission form allows for electronic transmission of programmatic information. The database is set to go live in mid-2001.

The 2000 National Exemplary Practice Program Award Winner for Diabetes

The 2000 National Exemplary Practice Award Program winner for Diabetes is **Kaiser Permanente's Care Management Institute (CMI)** for their Integrated Diabetes Care Program (IDC).

The overriding objective of the Integrated Diabetes Care Program is to enhance the health of its members with diabetes, control diabetes disease progression, and prevent disability. Five key strategies are employed to effect successful implementation: feedback reports, in-reach reminders, patient-driven reminders, clinician educational methodologies, and patient educational methodologies. The evaluation of the IDC is conducted through CMI's annual National Outcomes Reports. These studies, beginning in 1996, identify more than 330,000 Kaiser Permanente members with diabetes and report on numerous clinical and process outcomes for these members, including case identification, glycemic screening and control, lipid screening and control, eye examination, renal screening and treatment, and hospital utilization. This intervention will be sustained over time through the continuing collaboration of Kaiser Permanente's multiple Regions, facilitated by the Care Management Institute, backed by national program leadership.

Contact Information:
Kendra Rothert, PhD
Care Management Institute
Kaiser Permanente



Community Partnerships

In each community many organizations are responsible for health care quality and outcomes. In the past, it was commonplace for organizations to compete on quality. By competing, the organizations were not able to develop as strong or consistent a message as they could together. In addition, as the provider networks became more similar across health plans, a common effort allowed the health plans economies of scale. The need for consistent, compulsive, and rigorous follow up of patients with chronic diseases, makes diabetes a particularly strong candidate for a community approach.

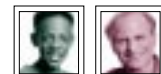
Taking on Diabetes convened community partnerships in several sites across the country, bringing together health plans, local ADA offices, physicians, hospitals, provider organizations, medical societies, peer review organizations and state departments of health to discuss common goals and the implementation of a plan to meet them. By thoughtfully observing collaboratives in diverse communities, *Taking on Diabetes* is identifying lessons for collaboration that can be replicated elsewhere to produce quality improvement strategies affecting the entire community.

Additional support for the community collaboratives is provided by a grant from The Commonwealth Fund. This grant provides support for an onsite coordinator in each site as well as evaluation of all three *Taking on Diabetes* community collaboratives.

New Mexico Health Care Takes On Diabetes

New Mexico Health Care Takes on Diabetes (NMHCTOD) assembled for its first meeting in November of 1999. At that meeting, *Taking on Diabetes* staff met with a core group of health plans to explore setting up a community wide partnership that would focus on improving the care of patients with diabetes in New Mexico. Now, just over a year after the initial meeting, twenty-two organizations support a community-wide guideline on clinical practice care and are collaborating to improve patient care and health outcomes.

Early on, NMHCTOD recognized that the group needed to agree upon clinical goals and procedures. Using the ADA's clinical recommendations as a foundation, the group agreed upon a comprehensive clinical practice guideline. The guideline was released on November 20, 2000 at a press conference in Albuquerque. The New Mexico Secretary of Health, J. Alex Valdez, headlined the event and was joined by representatives from all twenty-two supporting organizations. The guideline was distributed to more than 6000 practitioners, including all primary care physicians, specialists, nurse practitioners, physician assistants, and certified diabetes educators. It is available in an 8½ x 11-inch format as well as a laminated pocket-sized guide.



To compliment the guideline distribution to practitioners, an “Office Tool Kit” was developed for providers’ office staff. The staff is an integral part of the care delivery to patients with diabetes for it is through them that a patient’s care is organized and coordinated. The kit contains foot care posters in English and Spanish and chart markers. The posters are to hang in providers’ offices and the chart marker can be placed in patient medical records to remind practitioners of the guidelines for diabetic care. Both the guideline and the toolkit are available on the *Taking on Diabetes* web site, www.TakingOnDiabetes.org.

Future plans for NMHCTOD include evaluation of the effectiveness of guideline distribution and development of a mechanism for community profiling. In 2001, the partnership will also pilot test registries in three sites and will examine ways to expand the partnerships’ scope and range of activities.

“The good news in taking care of people with diabetes is that we know quite a lot about how to treat it. Our challenge is to make sure this knowledge is applied consistently for patients and throughout communities. I’m proud to say that New Mexico Health Care Takes on Diabetes is helping to do that for a large number of our citizens that have this disease.”

J. Alex Valdez
Cabinet Secretary
New Mexico Department of Health

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 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-Department of Family and Community Medicine • The University of New Mexico Health Sciences Center University Hospital • The University of New Mexico School of Pharmacy



Westchester County New York Diabetes Coalition

In October 2000, the Westchester County New York Diabetes Coalition, working with *Taking on Diabetes*, launched a county-wide diabetes education and awareness program aimed at improving diabetes care in Westchester County. At a press conference the same month, the Coalition unveiled a new "tool kit" designed to assist doctors and other health care providers and their patients who have diabetes. The toolkit, available on the *Taking on Diabetes* web site, www.TakingOnDiabetes.org, includes a common clinical practice guideline for diabetes care. As in New Mexico, the foundation of this guideline is the American Diabetes Association's comprehensive information on procedures and goals for diabetes care.

Westchester County New York Diabetes Coalition provided 1200 physicians with tool kits. The Coalition developed a coordinated process for follow-up with physicians to assess whether physicians are incorporating the materials into their practices.

The Westchester County New York Diabetes Coalition is a unique collaboration of managed care plans, provider organizations and state and county health officials. In addition to a grant from *Taking on Diabetes*, the Westchester County program received state funding in 2000 and applied for additional 2001 funding to expand throughout the rest of the state.

Kansas City Collaborative on Diabetes Care

During the second half of 2000, Kansas City-area health plans participated in an intensive, joint health plan and provider program called the Breakthrough Series. The program was funded in part by the Prime Health Foundation. 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. The diabetes Breakthrough Series is being held in partnership with the Institute for Improving Chronic Illness Care (ICIC), a national initiative funded by the Robert Wood Johnson Foundation. 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 are hallmarks of managed care.

"We know that 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



In the Kansas City Breakthrough Series, each participating health plan worked with a single practice setting to develop better systems of care for their diabetic patients. Each team participated in two learning sessions that alternated with “action periods” during which participants apply what they have 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.

The Breakthrough Series methodology has been embraced by health systems of all sizes (health plans, hospitals, group practices, and integrated delivery systems) and holds tremendous potential for helping Greater Kansas City-area health plans make significant improvements in diabetes screening and care.

In 2001, the teams will hold a third meeting as well as an Outcomes Congress that will highlight progress over the course of the entire Breakthrough Series.

New York Members

Aetna U.S. Healthcare • American Association of Health Plans • American College of Physicians–American Society of Internal Medicine, New York State Chapter • American Diabetes Association • Bronx-Westchester Chapter of the New York State Academy of Family Physicians • Empire BlueCross BlueShield • Fidelis Care New York • GENESIS Healthplan • 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 Health Plan Association Council • New York State Academy of Family Physicians • New York State Department of Health • Oxford Health Plans • PHS Health Plans • UnitedHealthcare • Westchester County Department of Health • Westchester County Medical Society

Kansas City Participants

Aetna U.S. Healthcare • American Association of Health Plans • American Diabetes Association • Coventry • Family Health Partners • FirstGuard Health Plan • International Diabetes Center–HealthMidwest • Kansas City Internal Medicine • Olathe Medical Center • Olathe Medical Services • Prime Health Foundation • Prime Health Medical Group • Swope Parkway Health Center • UnitedHealthcare of the Midwest • University of Kansas Medical Center–Family Practice Group



Building on the Employer—Health Plan Partnership

During 2000, *Taking on Diabetes*' work with the health care purchaser community to improve diabetes care through education and work site programs has broadened in scope and complexity. One of the main goals of this work is to disseminate information about innovative work site programs and help companies understand how they can adapt established programs for their own employees. By providing employers and health plans with information about models that work and strategies that have been successful, *Taking on Diabetes* offers inspiration for other industries to help create a healthier, more productive work force.

To enhance its outreach capabilities to employers, *Taking on Diabetes* joined forces 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. MHCA's mission is to drive high-quality, cost-effective, consumer-focused health care delivery systems. 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.

In the year 2000, a number of key milestones were reached:

Taking on Diabetes/MHCA Needs Assessment

MHCA surveyed its membership about the prevalence of diabetes programs or components of programs. The survey covered a broad range of chronic conditions and was conducted in conjunction with a cooperative agreement with the Centers for Disease Control and Prevention (CDC) to identify an array of areas for prevention, disability and chronic disease management. The broad list of conditions allowed identification of programs that may be components of effective diabetes management or link to diabetes as a complicating factor. A summary of the results from the needs assessment is available on the *Taking on Diabetes* web site, www.TakingOnDiabetes.org.

Diabetes at the Worksite: A Directory of Current Employer Programs

The information in the directory is based on the needs assessment MHCA conducted in 2000. For health plans, the directory provides information about the programs employers have implemented. This information provides health plans with insight into the kinds of additional resources and programs they can offer to help purchasers meet the needs of their employees, dependents, and retirees. Health plans also are able to discern which companies have partnered with health plans for assistance in implementing diabetes management programs. The directory is located on the *Taking on Diabetes* web site, www.TakingOnDiabetes.org.



Work Book for Employers

In our ongoing work with purchasers, *Taking on Diabetes* contracted with the Employers' Managed Health Care Association to produce a workbook for purchasers that allows them to assess their need for a program focused on diabetes. It is intended to be a printed document that will provide resources and tools for employers to use in any of the following ways:

- Assess the need for a program focused on diabetes.
- Understand the elements of a program.
- Learn from the experiences of peers with their diabetes programs.
- Evaluate a current program.
- Work with their health plan or vendor on a diabetes program.
- Develop and implement a program.
- Commence or improve communications about diabetes for employees.
- Provide resources for their employees and family members.
- Access information on worksite programs.
- Learn about resources available from American Diabetes Association, Centers for Disease Control and Prevention, AAHP, or other sources.

The workbook will include references to other materials to allow the document to be concise and focus on the material that will be most immediately useful for employers. Some of these materials will be drawn from the National Diabetes Education Program (NDEP).

Taking on Diabetes 2000 Baseline Survey Key Findings

> 90%

Report diabetes measures for HEDIS.

> 90%

Use claim or pharmacy data to identify people with diabetes.

> 80%

Provide clinical practice guidelines for diabetes care to clinicians.

> 70%

Have formal partnerships with community health resource or health intervention programs.

> 60%

Send reminders (e.g., medical tests) to both clinicians and enrollees with diabetes.

~ 60%

Assign case managers to people with diabetes who are at high risk for complications.



MEASUREMENT

Measurement

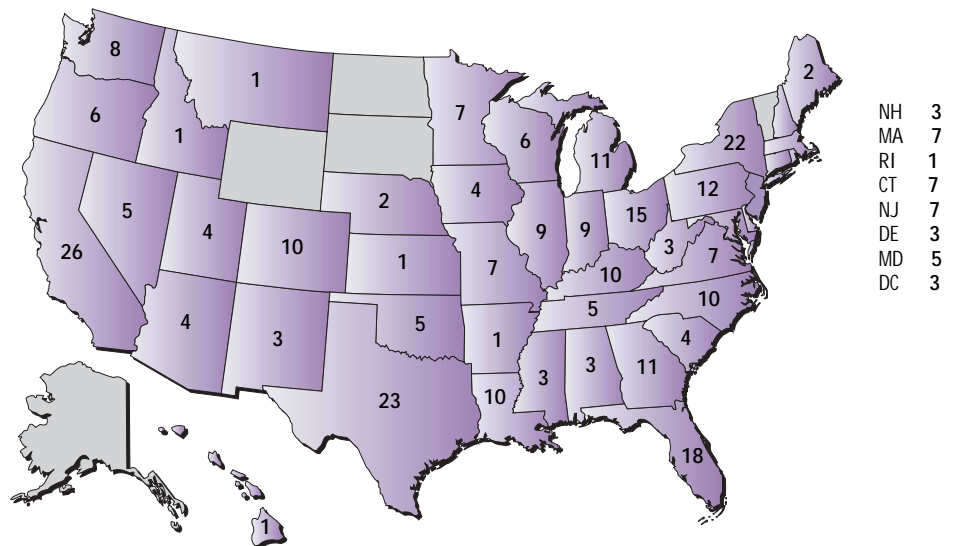
Each health plan in *Taking on Diabetes* agrees to participate in ongoing performance evaluation through the annual submission of data on diabetes-related performance measures. Because the goals of the initiative are tied to complex long-term health outcomes, i.e., the reduction of cardiovascular complications, amputations, onset of end stage renal disease, and vision loss, collecting quantitative data that capture the impact of the initiative represents a significant challenge. *Taking on Diabetes* has identified measures of the care process and of short-term outcomes to serve as indicators of the overall direction of health outcomes for people with diabetes. These measures are consistent with the measures developed by the Diabetes Quality Improvement Project (DQIP) and used nationally by the National Committee for Quality Assurance (NCQA) in their HEDIS program.

Additionally, to collect useful qualitative information, *Taking on Diabetes* developed a baseline survey of health plan programs, benefits, and services. The baseline survey was completed in year 2000. It collected information in the following categories:

- Community Outreach and External Reporting
- The Collection of Clinical Data
- Practice Guidelines
- Clinician Reminders about Care for Specific Patients
- Patient Reminders and Education
- The Process of Diabetes Care
- Patient Cost Sharing for Diabetes-Related Care

The data will provide a longitudinal picture of health plan programs throughout the duration of the Initiative, and will be used to target future programs in support of the Initiative's members.

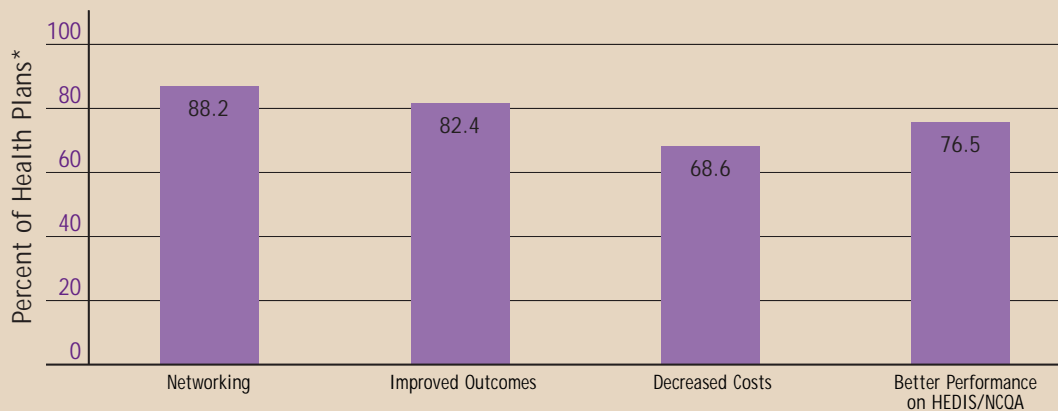
States with Health Plans Participating in Taking on Diabetes





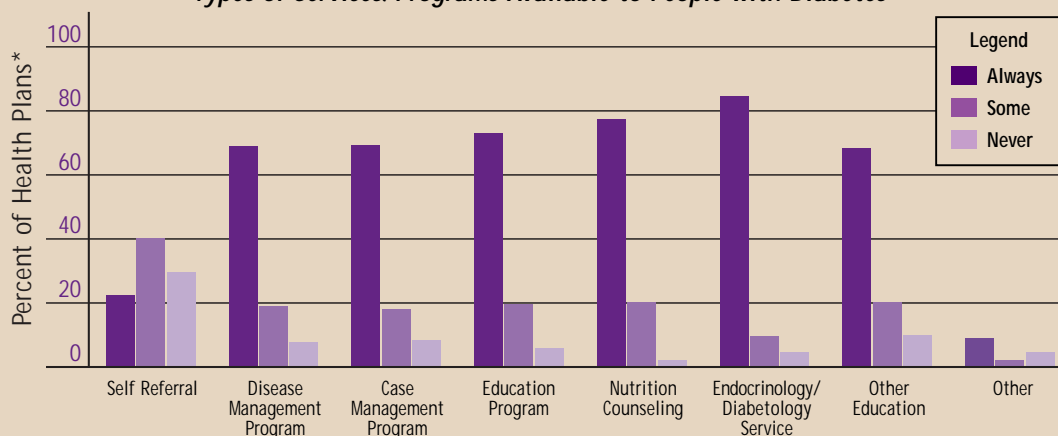
Taking on Diabetes

Expected Gain from Participation in the Initiative



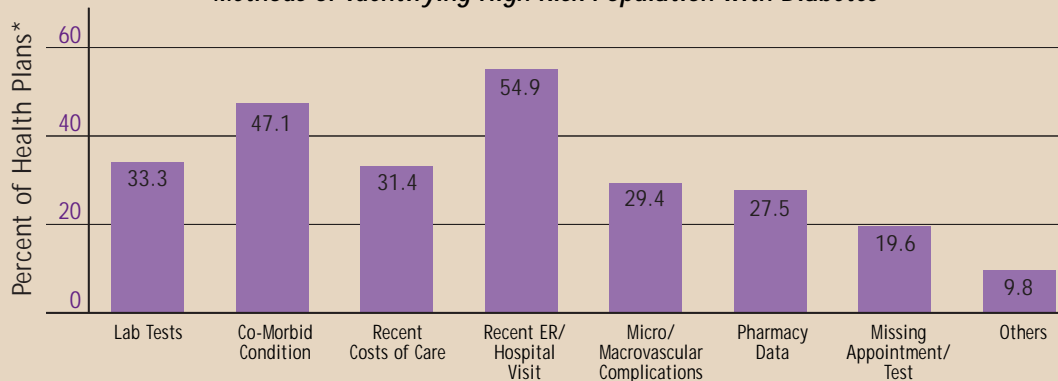
Process of Diabetes Care

Types of Services/Programs Available to People with Diabetes



Clinical Data Collection

Methods of Identifying High Risk Population with Diabetes



*Participating in Taking on Diabetes 2000 baseline survey.



Partners

The Centers for Disease Control and Prevention (CDC)

www.cdc.gov

The Centers for Disease Control and Prevention (CDC) is recognized as the lead federal agency for protecting the health and safety of people—at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

The Commonwealth Fund

www.cmwf.org

The Commonwealth Fund is a private 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, over 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

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.

National Rehabilitation Hospital Center for Health and Disability Research (NRH CHDR)

www.nrhchdr.org

The NRH CHDR researches major health economic and health policy issues that affect individuals with disabilities and the Institutions that render care to them, domestically and abroad. The NRH CHDR has conducted public domain, peer-reviewed research funded by federal and private organizations since 1985. Their primary policy interests include: disability and health; disability and income; disability and employment disability; and long-term care; and medical reimbursement for people with disabilities. Their primary research interest are: life experience of people with disability; market dynamics of medical rehabilitation; clinical outcomes in the areas of spinal cord injury, stroke, and diabetes; tele-rehabilitation; and primary care and preventing secondary conditions.

Prime Health Foundation

www.primehealthfoundation.org

Prime Health Foundation serves its community's health care needs primarily by funding projects that support delivery of quality health care through organized health care systems, and by spreading knowledge about health care concepts, practices and results. In addition, the Foundation funds opportunities that demonstrate potential for improving the health of our community.

Taking on Diabetes is a prime example of how partnerships between health care delivery systems and advocacy organizations benefit all Americans suffering from chronic disease. The strengths of each organization work in tandem to advance effective interventions. The partnership leads us closer to real improvements in the delivery of health care services to all Americans with diabetes."

Jeffrey P. Koplan, MD, MPH

Director

Centers for Disease Control and Prevention



Cornerstones of Success: Taking on Diabetes Workgroups

Taking on Diabetes relies on the expertise available in health plans. To gather this expertise, the Initiative has developed workgroups in each of its strategic focus areas. Each workgroup is composed of representatives from health plans and Initiative sponsors. Workgroups are responsible for reviewing *Taking on Diabetes* materials and providing input to the Advisory Group on the direction of the Initiative.

The Best Practices Workgroup studies, reviews, and sets criteria for reviewing diabetes interventions focusing on issues of the intervention's success, significance, and replicability. The workgroup develops criteria for selecting best practices and oversees creation of a dissemination vehicle to share its findings with other health plans.

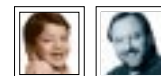
The Community Partnerships Workgroup fosters locally based partnerships designed to develop, promote and evaluate consistent diabetes programs and education messages for a local population. The Community Partnerships workgroup is a forum for identifying successful partnership models, including organizational structure and objectives for community partnerships.

The Measurement and Evaluation Workgroup evaluates the national success of *Taking on Diabetes*. The Workgroup is responsible for recommending measures to evaluate the Initiative's success and for assessing information requirements associated with those measures.

The Purchaser Relations Workgroup works to determine methods for enhancing health plan/employer relationships. The Workgroup also works collaboratively with the Employers' Managed Health Care Association (MHCA) to create, disseminate, and evaluate materials and interventions designed for implementation in the work setting.

"As a participant in the Taking on Diabetes Purchaser Relations Workgroup, I find many opportunities to network with other health plans. These opportunities to share experience and ideas help our team at Anthem in providing quality care to individuals with diabetes."

Deborah Marshall, RN, ScM, COHN-S
Manager, Health-Care Quality Improvement
Anthem Blue Cross Blue Shield



The Advisory Group

The Advisory Group oversees the Initiative's activities to ensure that it meets its goal of reducing complications associated with diabetes. The Group's composition reflects the combination of managed care, health professional, public health, and patient perspectives needed to improve diabetes care.

George Isham, MD

Medical Director/Chief Health Officer,
HealthPartners, Inc. – Chair

Jackie LeeAnne Boucher, RD

HealthPartners, Inc.

Jim Collins

General Motors

Sam Ho, MD

PacifiCare Health Systems

Byron Hoogwerf, MD

Cleveland Clinic Foundation

Cathy Tibbetts, RN, MPH, CDE

Matria Health Care

Sam Weir, MD

Carolina Permanente Medical Group

The following serve as liaisons to the Advisory Group, offering their respective organizations' perspectives on the activities undertaken as a part of the Initiative.

Barbara Fleming, MD

Health Care Financing Administration

Faye Wong, MPH, RD, CDC

Division of Diabetes Translation

Cheryl Neel, RN, MPH, CPHQ

Blue Cross and Blue Shield Association
(BCBSA)

Sponsorship

Taking on Diabetes would like to thank the following companies who have provided unrestricted educational grants 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.

Pharmacia

Pharmacia Corporation is a first-tier global pharmaceutical company with an industry-leading growth rate, a robust product portfolio, a high-potential research and development pipeline, and a dynamic agricultural subsidiary in Monsanto Company. Pharmacia Corporation is meeting the needs of key customers by harnessing cutting-edge science and technology, by attracting committed and motivated employees and by establishing themselves as an active community partner they operate.



Tools for Health Plans and Providers*

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.

TOD Conference Proceedings

On August 4-5, 1999, AAHP, the Health Care Financing Administration (HCFA), and the American Diabetes Association (ADA) joined forces to present an innovative diabetes educational program. The meeting focused on three elements of successful diabetes care: medical management, work site health programs, and community partnerships. The proceedings provide detailed descriptions of all conference sessions.

Compendium of Best Practices

The Compendium of Best Practices is a comprehensive document intended to offer guidance on successful practices in diabetes care and management. It includes peer-reviewed abstracts of published studies demonstrating improvement in diabetes health care, peer review organization (PRO) national projects on diabetes, and community and work site projects.

Diabetes Intervention Toolkit

The toolkit contains outreach tools targeting patients, providers, and the community, as well as organizational flowsheets and charts designed to assist providers and health plans in the provision of high-quality diabetes care.

Taking on Diabetes: What Employers Can Do

This report contains detailed descriptions of programs and initiatives developed and implemented at four large work sites across the United States. The descriptions include a variety of information, including: program goals; essential program elements; provider and staff involvement; evaluation and outcomes; and potential for replicability. Each program offers contact information which readers can use to conduct additional follow-up.

Report on WorkSite Programs

This publication summarizes the key findings from the Employers' Managed Care Association's (MHCA) assessment of four companies that have implemented diabetes management programs for their employees.

*Available in print and electronically unless otherwise noted.



Diabetes at the Worksite: A Directory of Current Employer Programs

The directory provides information about the programs employers have implemented. This information provides health plans with insight into the kinds of additional resources and programs they can offer to help purchasers meet the needs of their employees, dependents, and retirees.

Available only electronically on the *Taking on Diabetes* web site, www.TakingOnDiabetes.org.

Diabetes Management Solutions

Diabetes Management Solutions (DMS) explains current preventive services and treatments available for a variety of conditions: glycemic control, diabetic cardiovascular disease, diabetic eye disease, diabetic foot complications, diabetic kidney disease, and diabetes and pregnancy. Each of these condition-specific sections offers examples of actions that managed care organizations may take to improve the care of patients with diabetes, as well as a comprehensive listing of patient and professional publications available from the ADA. **Available in print only.**

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.

Healthplan Magazine Article Reprints

The January/February 2000 issue of *Healthplan*, AAHP's member publication, contained an article written by George Isham, MD, Chief Health Officer at HealthPartners in Minnesota and the Chair of the TOD Advisory Group. The article describes the origins and goals of the initiative.

Fact Sheet, Year One Timeline, Year Two Timeline, Year Three Timeline, Initial Press Release, List of Participating Health Plans

These materials describe the origins of the Initiative and provide background information on ongoing activities.

Diabetes by the Numbers

This collection of data is updated on an ongoing basis and includes statistics about diabetes in America as well as health plan programs for people with diabetes.

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.



Future Directions

As we take stock of the substantial progress of this program in the year 2000—the establishment of several community partnerships, the innovative care models designed by our visionary award winners and our ongoing work with employers—the positive impact of these programs on consumers' lives is clear. We also are reminded that *Taking on Diabetes* is an ongoing initiative, with the infrastructure in place to ensure continued quality improvement. This is a work in progress, and its full impact will be measured by a time span longer than a single year.

Over the last two years, our activities have laid a solid foundation for future work and accomplishments. In creating the *Taking on Diabetes* model, AAHP and ADA collectively committed to improving the health care of patients with diabetes. They began the process of collaborating across the entire spectrum of health care organizations, driving the improvement of practice patterns, empowering consumers, and effectively working with employers to raise the quality of care that their employees receive.

Now, the foundational work is complete, and already we are building on that progress, moving to the next phase in our effort to bring lasting improvements to the long-term health of Americans with diabetes.

In truth, our work has just begun.

- In the coming year, we hope to expand the number of community partnerships associated with *Taking on Diabetes*—both by helping to launch new sites and by providing support tools and other resources to already established partnerships or new ones that are just beginning. Toward the end of 2001, the first stage of our community partnership evaluation will be completed and we hope to draw from the lessons learned in existing partnerships to better serve future ones.
- In November and December, *Taking on Diabetes* will hold two regional meetings which will serve as primers on community-wide collaboratives and will explore the justification for setting up a collaborative, legal issues, and the scope of work, among other topics.
- We also look forward to completion and dissemination of a workbook for employers that will help employers assess the need for a diabetes worksite program and help determine the structure of an effective program that meets the needs of individual organizations.
- We will continue our work in developing practices that eliminate disparities in the types and quality of health care services received by racial and ethnic minorities and non-minorities.
- When our searchable database goes fully live in fall 2001, we will bring you instructive lessons from diabetes programs that are currently in existence. And because there is often as much to learn from the less successful programs as there is from the accomplished ones, we will share with you the challenges, barriers and lessons learned from those programs.

Using this initiative as the vehicle, we are committed to delivering some of the most innovative programs in diabetes care. We look forward to the continued collaboration of all types of health care organizations in the *Taking on Diabetes* initiative, improving the health of individuals across the country.



Order Form for Taking on Diabetes Materials

Qty	Item
	Taking on Diabetes 2000 Annual Report*
	Taking on Diabetes 1999 Annual Report*
	Taking on Diabetes Conference Proceedings*
	Compendium of Diabetes Best Practices*
	Diabetes Intervention Toolkit*
	Taking on Diabetes: What Employers Can Do*
	Report on Work Site Programs*
	Diabetes Management Solutions (ADA document)
	New Mexico Health Care Takes on Diabetes Materials
	Taking on Diabetes Healthplan magazine article
	Taking on Diabetes Fact Sheet
	Year One Timeline
	Year Two Timeline
	Year Three Timeline
	Taking on Diabetes Initial Press Release
	List of Participating Health Plans
	Diabetes by the Numbers

Qty	Newsletters
	Spring 2001
	Winter 2001
	Fall 2000
	Summer 2000
	Spring 2000
	Winter 2000
	Fall 1999
	Summer 1999
	Spring 1999
	Winter 1999

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

See pages 16-17 for detailed descriptions of the Taking on Diabetes materials.

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 202/778-8499.

Taking on Diabetes Participating Health Plans: Advantage Healthplan • Alliance Health Network • Allina Health System • American LIFECARE • Arnett Health Plans • AV-MED Health Plan • Benchmark Health Insurance Company • Blue Care Network of Michigan • Blue Cross and Blue Shield of Colorado • Blue Cross and Blue Shield of Louisiana • Blue Cross and Blue Shield of Minnesota • Blue Cross and Blue Shield of North Carolina • Blue Cross and Blue Shield of New Hampshire • Blue Cross and Blue Shield of New Mexico • Blue Cross Blue Shield of Florida • Blue Cross Blue Shield of Massachusetts • Blue Cross Blue Shield of Maine • Blue Cross of Idaho • Blue Shield of California • Bluegrass Family Health, Inc. • Capital District Physicians' Health Plan • Carelink Health Plans • CarePlus Health Plan • Central Minnesota Group Health Plan • Chinese Community Health Plan • Colorado Access • Community First Health Plans, Inc. • Community Health Network of Connecticut • Community Health Plan of the Rockies • Empire Blue Cross and Blue Shield • Fallon Community Health Plan • Family Health Plan of Michigan • Family Health Systems, Inc. • First Choice Health Plan • First Priority Health Plan • FirstGuard Health Plan • Foundation Health Systems, Inc. • George Washington University Health Plan, Inc. • Grand Valley Health Plan • Great Lakes Health Plan • Group Health Cooperative of Puget Sound • Group Health Cooperative of South Central Wisconsin • Group Health Northwest • Gunderson Lutheran Health Plan Inc. • Harvard Pilgrim Health Care • Health Alliance Plan • Health Care Horizons, Inc. • Health Care Plan, Inc. • Health Net • Health Partners Southeast, Inc. • Health Plan of Nevada (Sierra Health Services) • Health Plan of San Mateo • Health Plan of the Redwoods • Healthcare Management Alternatives • HEALTHCORP, Inc. • HealthGuard of Lancaster, Inc. • HealthPartners Health Plans, Inc. • HealthPartners, Inc. • HealthRight, Inc. • HIP Health Plan of Florida, Inc. • HIP Health Plan of New York • Horizon Blue Cross Blue Shield of New Jersey • Humana Health Care Plans – Arizona • Humana Health Care Plans – Florida • Humana Health Care Plans – Illinois • Humana Health Care Plans – Kentucky • Humana Health Care Plans – Missouri • Humana Health Care Plans – Nevada • Humana Health Care Plans – New York • Humana Health Care Plans – Ohio • Humana Health Care Plans – Puerto Rico • Humana Health Care Plans – Texas • Humana Health Care Plans – Wisconsin • IHC Health Plans • Independent Health • John Deere Health Care • Kaiser Foundation Health Plan – California • Kaiser Foundation Health Plan – Colorado • Kaiser Foundation Health Plan – Connecticut • Kaiser Foundation Health Plan – Georgia • Kaiser Foundation Health Plan – Hawaii • Kaiser Foundation Health Plan – Kansas City • Kaiser Foundation Health Plan – Massachusetts • Kaiser Foundation Health Plan – Mid-Atlantic • Kaiser Foundation Health Plan – New York • Kaiser Foundation Health Plan – North Carolina • Kaiser Foundation Health Plan – Northwest • Kaiser Foundation Health Plan – Ohio • Kaiser Foundation Health Plan – Vermont • Keystone Health Plan West, Inc. • M Plan • MDNY Health Care • MedSpan • Memorial Sisters of Charity Health Network • MethodistCare, Inc. • Midwest Health Plan • MVP Health Plan • Nationwide Health Plans • 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 New Jersey • One Health Plan of Texas • OSF Health Plans • Oxford Health Plans – Connecticut • Oxford Health Plans – Illinois • Oxford Health Plans – New Jersey • Oxford Health Plans – New York • PacifiCare of Arizona • PacifiCare of Asia Pacific • PacifiCare of California • PacifiCare of Colorado • PacifiCare of Nevada • PacifiCare of Ohio • PacifiCare of Oklahoma • PacifiCare of Oregon • PacifiCare of Texas • PacifiCare of Washington • Penn State Geisinger Health Plan • 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. • QualMed Plans for Health of Colorado • Regence Blue Cross Blue Shield of Oregon • Rocky Mountain HMO • SCAN Health Plan • Scott and White Health Plan • Secure Choice Health Plan, Inc. • SecureCare of Iowa • SelectCare • Sentara Health Management • Southeastern Indiana Health Organization • Summit Administrative Services, Inc. • The Bronx Health Plan • The Wellness Plan of North Carolina • The Wellness Plan • Trover Health Plans • Tufts Health Plan • UCare Minnesota • UHP Healthcare • UnitedHealthcare of Alabama • UnitedHealthcare of Arizona • UnitedHealthcare of Arizona – Tucson • UnitedHealthcare of Arkansas • UnitedHealthcare of California • UnitedHealthcare of Colorado • UnitedHealthcare of Florida • UnitedHealthcare of Florida – Tampa • UnitedHealthcare of Georgia • UnitedHealthcare of Illinois • UnitedHealthcare of Louisiana • UnitedHealthcare of Mississippi • UnitedHealthcare of New England • UnitedHealthcare of New Jersey • UnitedHealthcare of New York • UnitedHealthcare of Northern California • UnitedHealthcare of North Carolina • UnitedHealthcare of Ohio • UnitedHealthcare of Ohio – Cincinnati • UnitedHealthcare of Tennessee • UnitedHealthcare of Texas – Austin • UnitedHealthcare of Texas – Dallas/Ft. Worth • UnitedHealthcare of Texas – Houston • UnitedHealthcare of Mid-Atlantic • UnitedHealthcare of Midlands • UnitedHealthcare of Midwest • UnitedHealthcare of Upstate New York • UnitedHealthcare of Utah • UnitedHealthcare of Wisconsin • WellCor America, Inc. • Western Health Advantage • Yellowstone Community Health Plan

This annual report is published by Taking on Diabetes, a joint initiative of the American Association of Health Plans (AAHP) and the American Diabetes Association (ADA). Unrestricted educational grants have been provided to the Taking on Diabetes Initiative by the following:

