



1999 Annual Report

Year One Highlights

- June 1998** Taking on Diabetes (TOD) initiative approved by AAHP Board of Directors.
- October 1998** AAHP and ADA announce joint partnership to form TOD.
- November 1998** Initiative sponsors confirmed: Pharmacia & Upjohn, Schering Plough, and SmithKline Beecham.
- January 1999** 250 health plans pledge to participate in TOD.
- March 1999** Partnership developed with the National Program for Improving Chronic Illness Care to promote the national IHI Breakthrough Series on diabetes.
- June 1999** TOD partners with MHCA to develop purchaser relations and worksite resources.
- August 1999** *Taking on Diabetes: Care in the New Millennium* conference presented, cosponsored by TOD and HCFA.
- September 1999** Albuquerque, New Mexico selected as a community partnership site.
- October, 1999** AAHP/MHCA National Exemplary Practice Award selects HealthPartners Medical Group's diabetes program as winner.
- November 1999** First meeting of Albuquerque community partnership.
- December 1999** *Taking on Diabetes: What Employers Can Do* report available.

Preface

In June 1998, AAHP's Board of Directors endorsed an ambitious program to improve the health of people with chronic illness. When fully developed, this program will include quality improvement projects directed at the chronic care needs of people with diabetes, asthma, and cardiovascular disease. In 1999, the American Association of Health Plans (AAHP) and the American Diabetes Association (ADA) joined forces on the first of these projects—Taking on Diabetes. Taking on Diabetes is an ambitious, five-year project aimed at reducing the long-term complications confronting people with diabetes. Through this initiative, we combine the knowledge and experience of the ADA in working with patients and health care providers with the special strengths of health plans to achieve the highest standards of care. To date, more than 250 health plans providing coverage for more than 70 million Americans—and more than four million people with diabetes—have committed to participate in this effort. Taking on Diabetes is made possible by generous grants from Schering Plough, SmithKline Beecham, and Pharmacia & Upjohn. The first year of the program sets us on an ambitious and exciting course. Our first national conference on diabetes management, the convening of several community collaboratives, the compilation of best practices in health services delivery, and the initiation of a relationship with employers through the Employers' Managed Health Care Association, signal the scope and design of the project. This report will provide you with a snapshot of our current activities and our vision for the future. We are committed to ensuring that with each successive year of the Initiative, we will assemble a comprehensive record that meets the ambitious goals established this first year. We thank you for your interest, and look forward to working with you to take on diabetes!

If you have any questions about the initiative or would like to join us in our efforts, please let us know. The Taking on Diabetes Program Office has a variety of additional materials and resources available.

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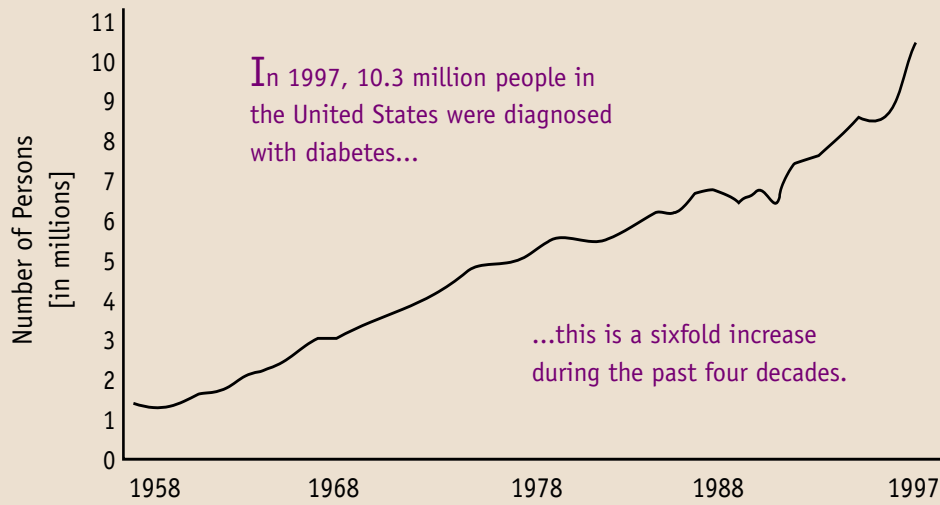
Web:
www.TakingOnDiabetes.org

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

Richard Kahn
Chief Scientific and Medical Officer
American Diabetes Association



Number of People in the United States Diagnosed with Diabetes



Source: American Diabetes Association, 2000.

How Diabetes Affects People

According to the American Diabetes Association (ADA), there are 10.3 million people in the United States who have been diagnosed with diabetes. An additional 5.4 million Americans are estimated to have diabetes without a diagnosis. The Centers for Disease Control and Prevention (CDC) reports that diabetes is the leading cause of new cases of blindness, kidney failure, and lower extremity amputations, and increases the risk of heart attack and stroke two- to four-times. Diabetes is the sixth-leading cause of death by disease in the United States.

Diabetes is also one of the most costly health problems in America. According to the ADA, the total annual economic cost of diabetes in 1997 was estimated to be \$98 billion. That includes \$44.1 billion in direct medical and treatment costs and \$54 billion for indirect costs attributed to disability and mortality.

What Health Plans Are Doing

Diabetes is a chronic illness, with complications that typically develop many years after the identification of early symptoms. Complications from diabetes are avoidable through early identification, effective treatment, and patient self-care—strategies that health plans have long emphasized for their members. Patient education is critical to this—people with diabetes can reduce their risk for complications if they are educated about their disease, learn and practice the skills necessary to better control their blood glucose levels, and receive regular checkups from their health care team.

Through comprehensive disease management programs, health plans promote continuity of care and encourage patients to be actively involved in their own health care. Because people with diabetes have a chronic disease that affects multiple parts of the body, a team approach to treating and monitoring this disease serves the best interests of the patient.

The prevalence of diabetes among African Americans is about 70% higher than among white Americans, and among Hispanics is nearly double that for white Americans. The prevalence of diabetes among American Indian and Alaska Natives is more than twice that for the total population.

Source: National Center for Chronic Disease Prevention and Health Promotion, 1999.

The per capita costs of health care for people with diabetes amounted to \$10,071 while health care costs for people without diabetes amounted to \$2,699 in 1997.

Source: American Diabetes Association, 2000.

Tools for Health Plans and Providers

Taking on Diabetes Newsletter

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

TOD 1999 Conference Proceedings

AAHP, the Health Care Financing Administration, and the American Diabetes Association joined forces in August, 1999 to present an innovative diabetes educational program. The meeting focused on three elements of successful diabetes care: medical management, worksite health programs, and community partnerships. The proceedings provide detailed descriptions of all conference sessions.

The Compendium of Diabetes Best Practices

This comprehensive document offers guidance on successful practices in diabetes care and management. It includes abstracts of published studies demonstrating improvement in diabetes health care, peer review organization (PRO) national projects on diabetes, and community and worksite projects.

The Diabetes Intervention Toolkit

This book provides 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 worksites across the United States. The descriptions highlight program goals, essential program elements; provider/staff involvement, evaluation and outcomes, and potential for replicability.

Taking on Diabetes Website

The website [www.TakingOnDiabetes.org] offers electronic versions of all initiative materials, as well as tools for diabetes management and a searchable database of best practices.

Diabetes Management Solutions (DMS)

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.

Healthplan magazine article reprints

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

Diabetes by the Numbers

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

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

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

Because health plans operate as delivery systems with an underlying structure that supports information sharing, data collection, and feedback to practitioners, they are able to support the coordination of physicians and health care teams in the provision of high quality care. Health plans distribute practice guidelines to reinforce the practice of consistent, evidence-based medicine. These guidelines are developed by teams of physician leaders with experience caring for people with diabetes. Data reports are given to physicians describing how their patients are doing relative to the guideline treatment elements, thereby reinforcing the message of the guideline and providing a tool to assess and improve performance.

How Taking on Diabetes is Helping...

The three primary strategies that Taking on Diabetes uses to help health plans meet their quality improvement objectives for diabetes are:

- identification and dissemination of best practices in the delivery of health services;
- promotion of health plan partnerships to improve quality in communities; and
- enhancement of purchaser relations and worksite education and wellness initiatives.

Each of these three areas can build on existing efforts that are underway in health plans today.

Through Taking on Diabetes, health plans demonstrate their commitment to providing the best health care resulting in the best outcomes for people with diabetes. Specifically, by participating in Taking on Diabetes, health plans pledge to reduce the:

- incidence of irreversible vision loss through early detection and intervention for people with diabetes;
- development of End Stage Renal Disease (ESRD) for people with diabetes;
- loss or partial loss of lower extremities from the loss of blood circulation and foot ulcers for people with diabetes; and
- incidence of cardiovascular complications in people with diabetes.

“Taking on Diabetes is a strong effort by health plans to improve diabetes care. What is exciting is the progress plans are making in systematically improving care for chronic disease. A systematic approach to improving diabetes care builds on the know-how developed in providing better preventive care. Diabetics will live longer and have a better quality of life because of the care improvements being implemented in Taking on Diabetes.”

— George Isham, MD
Medical Director/Chief Health Officer,
HealthPartners, Inc.

1999 Exemplary Practice Award Winner

In 1999 the AAHP/Employers' Managed Health Care Association (MHCA) National Exemplary Practice Award was awarded to **HealthPartners Medical Group** in Minneapolis, Minnesota, for their Diabetes Care Program.

HealthPartners Medical Group (HPMG) uses a collaborative, patient-centered team to care for its population of patients with diabetes and those at risk of developing the disease. Applying the chronic care model developed by HPMG, individuals with diabetes are identified and personal risk is assessed to allow more focused care. Care delivery is proactive and collaborative with an emphasis on self-management support and clinical decision making based on scientific guidelines and protocols. Prevention of diabetes through lifestyle modification based on readiness to change is also stressed. Data on the population are continuously monitored and updated. Performance feedback to care team members is an essential aspect to the care process used at HPMG.



Theresa Bunkers-Lawson of HealthPartners accepts the 1999 Exemplary Practice Award from Phil Nudelman, AAHP Chairman of the Board.

Strategic Area #1: Best Practices Dissemination

One of the most successful strategies health plans use to promote high-quality health care is the identification and dissemination of best practices. Organizations devote tremendous 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. 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 August 1999, Taking on Diabetes, in collaboration with the Health Care Financing Administration (HCFA), brought together over 500 leaders in the field of diabetes management, treatment, and policy development to share their ideas and successes at a national meeting. That two-day conference, *Taking on Diabetes: Care in the New Millennium*, was the first in a series of innovative diabetes educational programs that will be conducted under the auspices of the initiative over the next five years. The meeting focused on three elements of successful diabetes care: medical management, worksite health programs, and community partnerships. This focus on systemic issues allowed conference attendees to discuss effective approaches to restructuring the organization and delivery of services for people with diabetes. The program also addressed key issues in developing diabetes improvement programs including how to make the business case for quality, measuring quality, and forming effective partnerships.

AAHP and the Employers' Managed Health Care Association (MHCA) focused their joint National Exemplary Practice Program on the treatment of diabetes, cardiovascular disease, and asthma. The Exemplary Practice Program seeks to identify model programs in the management of chronic conditions by asking health plans to identify and describe their benchmark practices. The goal of the program is to encourage the rapid adoption and adaptation of these proven strategies in the treatment and management of chronic conditions throughout the managed care industry. Applicants are evaluated on clarity and intent of the intervention, methodological approach, evidence of superior results, and replicability. The information collected through the application process is compiled annually to create a database on exemplary practices in diabetes management and treatment.



Conference attendees had the opportunity to interact with colleagues during interactive discussion sessions.

The Albuquerque Partnership:

Health Care Horizons/Cimarron • Presbyterian Health System • Lovelace
• Blue Cross Blue Shield of New Mexico • The University of New Mexico
Health Sciences Center • The University of New Mexico University Hospital
• New Mexico Medical Review Association (NMMRA) • New Mexico Department of Health • Duran Central Pharmacy • ADA New Mexico Regional Office • The University of New Mexico Department of Family and Community Medicine • The University of New Mexico School of Pharmacy • Indian Health Service

Members of the Kansas City Collaborative:

Coventry Health Care of Kansas • Family Health Partners • FirstGuard Health Plan • Health Midwest Comprehensive Care • HealthNet • Heartland Health • Kaiser Permanente • Kansas City Internal Medicine • Prime Health Medical Group • United HealthCare of the Midwest

Strategic Area #2: Community Partnership Development and Promotion

Another support mechanism that drives quality improvement is collaboration. Health care markets are composed of multiple health care organizations including health plans, hospitals, and clinics. These organizations typically rely on overlapping groups of physicians to provide care to patients. The connection between the health plans, physicians, and patients in a community offers a strong foundation for forming community-wide collaborations. By coming together and collaborating at the community level, it is possible for health plans to coordinate efforts, share resources and provide a consistent health care message to patients and providers.

Taking on Diabetes has convened community partnerships in several sites across the country, bringing together health plans, local ADA offices, physicians, hospitals, and other health care organizations to discuss common goals and the implementation of a plan to meet them. By observing the consensus-building process in diverse communities, Taking on Diabetes will identify lessons for collaboration that can be replicated elsewhere to produce quality improvement strategies affecting the entire community. Criteria for site selection of the community partnerships sponsored by Taking on Diabetes included:

- geographic diversity of the sites;
- diversity of health plan market share, size of managed care organizations, and type of organization model;
- a mixture of commercial, Medicare, and Medicaid health plan enrollment; and
- presence of active medical, social, and academic institutions that could be potential partners.

“The National Diabetes Education Program is a partner in the work-site and community components of the TOD Initiative. Partnering has allowed us to leverage limited resources, technical expertise and networks. Together, we are reaching people with diabetes and those who are in their lives with consistent messages and strategies for improved diabetes care and control of this disease.”

— Faye Wong, MPH, RD
Associate Director for Diabetes Education,
Division of Diabetes Translation, Centers
for Disease Control and Prevention

Pharmaceutical Companies Step Up to Support Taking on Diabetes

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.

Pharmacia & Upjohn is a research-based company dedicated to meeting healthcare challenges on a global basis by offering a wide range of solutions—through the discovery and development of innovative medicines as well as the provision of other important life-science related products and services.

Schering Plough is a worldwide pharmaceutical company committed to discovering, developing and marketing new therapies and treatment programs that can improve people's health and save lives. The company is also a recognized leader in biotechnology, genomics and gene therapy. Pharmaceutical product lines are complemented by health management programs, a growing worldwide animal health business, as well as leading consumer brands of sun care, foot care and over-the-counter products.

SmithKline Beecham is one of the world's leading healthcare companies. SB discovers, develops, manufactures, and markets pharmaceuticals, vaccines, over-the-counter (OTC) medicines, and health-related consumer products, and provides healthcare services, including disease management and clinical laboratory testing. SB is a leading healthcare company focused on pharmaceuticals and consumer healthcare while maintaining access to valuable data to support the future of these businesses.

The first site, **Albuquerque, New Mexico**, was chosen using these criteria in November 1999. Health plans operating in Albuquerque were convened to discuss their interest in a collaborative quality improvement initiative. The health plans affirmed the value of working collaboratively and established the following goals:

- Develop community-wide care delivery standards – The health plans aim to develop a single guideline to be disseminated to all physicians providing diabetes care in New Mexico. Plans and health professionals felt this was important in order to eliminate confusion regarding multiple guidelines provided by multiple health plans.
- Agree on a shared set of performance measures – These common, mutually agreed upon performance measures will be collected across all health plans in the community.
- Design a community profiling mechanism – A provider performance profiling tool will be developed that uses pooled data to create more thorough and consistent reports for physicians on care practices and patient outcomes over time.
- Develop and disseminate a toolkit for professional practice – The toolkit will contain validated tools designed to assist in the achievement of the mutually agreed upon performance and treatment goals.

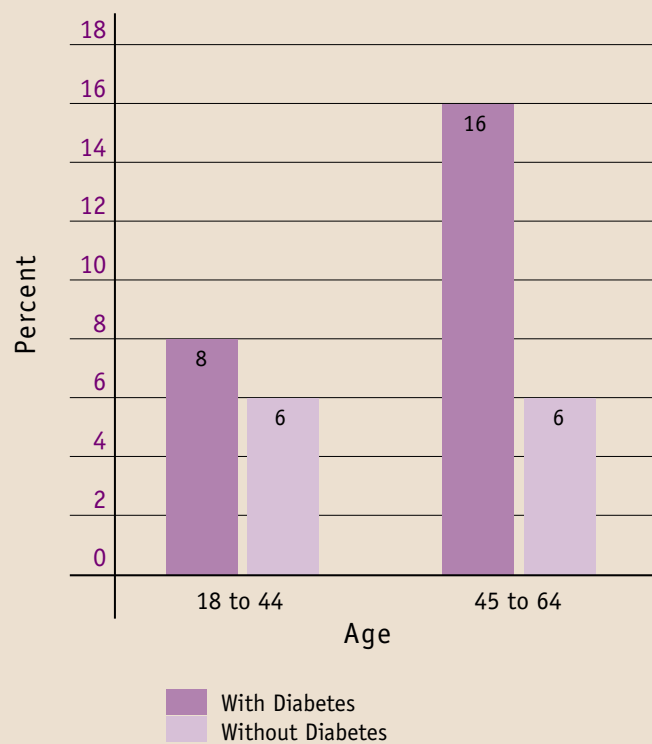
The second partnership, in **Kansas City, Kansas/Missouri**, offers the opportunity for health plans and group practices to participate in a collaborative on diabetes based on a rapid-cycle change model. In the Kansas City Collaborative, health plans will participate in three two-day learning sessions that alternate with “action periods” during which participants apply what they have learned in their respective organizations. This tested 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 care. The AAHP Foundation received additional funding in support of this project from the Prime Health Foundation and The Robert Wood Johnson Foundation’s National Program for Improving Chronic Illness Care.

Other sites for collaboration will be identified and projects developed throughout the five-year initiative.

“What started as a relatively small collaboration among three member health plans and AAHP has now grown into a statewide effort... It is truly delightful to be a part of a what has now become a major endeavor, primarily due to the willingness of competing health plans to put aside their differences in order to improve the lives of the citizens of our state.”

— Steve Ryter, MD
 Corporate Medical Director/
 Chief Medical Officer
 Cimarron/Health Care Horizons

Proportion of workers missing one day or more of work in a two-week period.



Source: National Academy on Aging Society analysis of data from the 1994 National Health Interview Survey.

Strategic Area #3: Enhancing Collaborative Relationships with Health Care Purchasers

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 to prevent the development of serious complications. In the process, employees also become smarter health care consumers.

One of the main goals of this strategic focus area is to enable other companies to learn about innovative programs and consider how they can adapt them for their own employees. By providing models that work and strategies that have been successful, Taking on Diabetes hopes to provide business leaders with the tools they need to work with their employees and their health plans to create a healthier, more productive work force.

To enhance its outreach capabilities to employers, Taking on Diabetes has joined forces with the Employers' Managed Health Care Association (MHCA). MHCA is an organization representing more than 100 companies that are working to foster a more productive, accountable, and cost-effective health-care delivery system. The aim of the partnership is to identify corporations developing diabetes management programs for their employees and to design resources that support employers.

MHCA and Taking on Diabetes produced a report, *What Employers Can Do*, to provide information about the activities employers are engaged in and to spread innovation among employers through the sharing of best practices. The report features case studies of four large, national employers: General Motors Corporation, IBM, NCR Corporation, and Parker Hannifin that are supporting their employees with diabetes.

In addition to its work with MHCA, Taking on Diabetes has been an active participant in the National Diabetes Education Program (NDEP) Business and Managed Care Workgroup. Through coordination with the NDEP, Taking on Diabetes and MHCA can further extend the range of diabetes-related products and services available to employers.

“Our relationship with Taking on Diabetes has provided us with a platform to showcase the good work being done by employers who have implemented diabetes management programs. Providing tools and resources to all of our members should increase the utilization of these programs, creating a healthier, more productive workforce.”

— Pamela Kalen
Executive Director, Employers'
Managed Health Care Association

A Demonstration of National Leadership

In its first year, Taking on Diabetes brought together a variety of national organizations, agencies, and offices to promote high-quality diabetes care through different projects related to the initiative.

Year One partners included:

Agency for Healthcare Research and Quality

Centers for Disease Control and Prevention

Department of Veterans Affairs

Employers' Managed Health Care Association

Health Care Financing Administration

Improving Chronic Illness Care,
a national program of The Robert Wood Johnson Foundation

National Diabetes Education Program,
a program of the Centers for Disease Control and Prevention
and the National Institutes of Health

Pharmacia & Upjohn

Schering Plough

SmithKline Beecham

Measurement: The Key to Success

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 has developed a baseline survey of health plan programs, benefits, and services. The survey will collect 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.

“Taking on Diabetes is a stellar example of an industry stepping up to the plate to tackle chronic illness and demonstrates what can be done when partners in the public and private sector with a commitment to improving health care leverage their resources and work together for improvement.”

— Barbara Fleming, MD
Senior Medicare Advisor, Health Care Financing Administration

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 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 the elements of 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 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.

What the Future Holds...

As the initiative moves into Year Two, our objectives and activities become increasingly ambitious. Year Two will see the implementation of further community partnership development—in Kansas City and Albuquerque, and new partnerships in New York and Florida. Support has been received from the Commonwealth Fund to provide substantial on-site management, technical assistance, and evaluation support to these partnerships through the hiring of a community partnership manager in each location and an overall evaluation consultant.

Employer relations activities continue to advance as a part of Taking on Diabetes under the leadership of the Employers’ Managed Health Care Association (MHCA). MHCA will develop and field test a chronic care toolkit and an employer needs assessment. A primer on building the business case for quality improvement is in development. This document will define and measure the value that long-term chronic care quality improvement brings to health plans and employers.

A searchable database of quality improvement programs is currently under development which will provide health plans with the most current best practices in health service delivery. This database—accessible through the Taking on Diabetes website—will include evaluated programs from peer-reviewed journals as well as innovative care processes submitted by health plan participants of the initiative and independently validated as effective by a panel of experts.

A white paper on translating progress in improving the process of care into the likely improvements in associated outcomes of care is in development. This paper will not only serve as an evaluative tool for Taking on Diabetes, but will also help health plans evaluate the success of their own programs over time against a national average.

By working collaboratively with all stakeholders—health plans, providers of care, patients, and employers—Taking on Diabetes will have a positive impact on the lives of people with diabetes. As the initiative moves forward, we hope that you will continue to follow its progress and work with

“This is an unprecedented effort in terms of its scope and potential to fight the disease and improve the quality of life for people with diabetes.

To steal a basketball analogy—it amounts to a national, full-court press against diabetes and its consequences.”

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

Taking on Diabetes 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

Advisory Group Chair
HealthPartners, Inc.

Sam Ho, MD

PacifiCare Health Systems

Jackie LeeAnne Boucher, RD

HealthPartners, Inc.
(diabetes educator)

Byron Hoogwerf, MD

Cleveland Clinic Foundation

Cathy Tibbetts, RN, MPH, CDE

Matria Health Care

Jim Collins

General Motors
(consumer representative)

Sam Weir, MD

Carolina Permanente Medical Group

The following individuals serve as liaisons to the Advisory Group, offering their 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)

Order Form for Taking on Diabetes Materials

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| | Taking on Diabetes 1999 Annual Report* |
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| | Taking on Diabetes Healthplan magazine article |
| | Diabetes by the Numbers |
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| | List of Participating Health Plans |

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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 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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:



Pharmacia
& Upjohn



SB
SmithKline Beecham
Pharmaceuticals