

TAKING ON DIABETES

A Joint Initiative of the American Association of Health Plans and the American Diabetes Association

For more information about the Taking on Diabetes Initiative or to be placed on the Initiative mailing list, please contact us at 202/778-3222 or TOD@aahp.org. Additional information on the Initiative is also available through AAHP Online, www.aahp.org, under "Health Care Delivery."

FIRST NATIONAL CONFERENCE A SUCCESS

In Washington, DC, on August 4-5, 1999, AAHP, the American Diabetes Association (ADA), and the Health Care Financing Administration (HCFA) joined forces to present, *Taking on Diabetes: Care in the New Millennium*, the first in a series of innovative diabetes educational programs. The meeting, which was attended by 500 participants, focused on three elements of successful diabetes care: medical management, work-site health programs, and community partnerships.

The conference addressed a number of timely issues related to improving care for people with diabetes, including the changing roles of health systems and patients in treatment, the value that collaboration brings to quality care, and the importance of measurement and evaluation as drivers of quality improvement. The conference featured a distinguished faculty, representing expertise in health plans, academia, and the federal government. Speakers included:

- Edward Wagner, MD, MPH, FACP, Director of the W.A. (Sandy) MacColl Institute of Healthcare Innovation, Group Health Cooperative of Puget Sound;
- Roland Hiss, MD, Professor of Medicine, Professor and Chair of the Department of Medical Education, University of Michigan Medical School;
- Robert Berenson, MD, Director, Center for Health Plans and Providers, HCFA;
- Clark Sawin, MD, Acting Chief, Office of Performance and Quality, Department of Veterans Affairs; and
- Brent James, MD, Mstat, Executive Director, IHC Institute for Health Care Delivery Research.



The conference also featured a poster session offering attendees the opportunity to interact with over 30 presenters on an individual basis.

Conference materials, including proceedings and a videotape of the full conference will be available in the coming months. Information on ordering these publications will be provided in future issues of the newsletter. ❖

Compendium Reprints Available

Reprints of the Compendium of Best Practices that was developed for the *Taking on Diabetes: Care in the New Millennium* conference are now available. Every health plan that is a member of TOD will receive a complimentary copy, addressed to the initiative's designated health plan contact. Additional copies will be available for sale to both initiative members and non-members. To order copies of the compendium, contact AAHP's Publications Department at 800/631-2750. ❖

Taking on Diabetes Advisory Group Formed

*T*aking on Diabetes has formed an Advisory Group to oversee the Initiative's activities. The Advisory Group reflects the multi-faceted nature of diabetes. George Isham, MD, Medical Director/Chief Health Officer at HealthPartners, Inc. has agreed to serve as the Advisory Group chair. The other members of the Advisory Group are:

- Jackie LeeAnne Boucher, RD - HealthPartners, Inc.
- Jim Collins - Consumer representative from Farmington Hills, Michigan
- Frank DiTirro, PhD, MD - Blue Cross & Blue Shield of Kansas City
- Sam Ho, MD - PacifiCare Health Systems
- Byron Hoogwerf, MD - Cleveland Clinic Foundation
- Cathy Tibbetts, RN, MPH, CDE - Certified diabetes educator from Sperryville, Virginia
- Sam Weir, MD - Carolina Permanente Medical Group

In addition, Barbara Fleming, MD, Senior Medicare Advisor, Health Care Financing Administration and Faye Wong, MPH, RD, CDC - Division of Diabetes Translation will serve as government liaisons to the Group, offering their organizations' perspectives on the activities undertaken as a part of the Initiative.

The Advisory Group will work in concert with the project's Senior Staff Planning Committee, as well as the Best Practices, Community Partnerships, Measurement and Evaluation, and Worksite Education Workgroups, to ensure that the five-year Initiative meets its goals to reduce complications associated with diabetes. ❖

TOD Pursuing Potential Community Partnership Sites

*T*o fulfill its goal of promoting collaboration and partnership at the community-level, TOD staff members are currently identifying potential sites for community partnership programs. The goal of these partnerships is to encourage collaboration, communication, and common goal-setting with respect to diabetes education and awareness among the various members of the community. Site selection for the partnerships will reflect a number of considerations, including:

- Commercial, Medicare, and Medicaid managed care enrollment in the community
- Significance of the managed care penetration in the marketplace
- Presence of AAHP member plans in the community
- Geographic make-up of the area (i.e., urban vs. rural)
- Presence of racial/ethnic minority populations, including those that are traditionally under-served and over-represented in the diabetic population
- Respect for existing programs/partnerships

Based on these criteria, two pilot sites have been identified for potential community partnership development in 2000: Albuquerque, New Mexico and the Washington, DC metropolitan area. Both sites offer a mixture of commercial, Medicare, and Medicaid health plan enrollment, as well as active communities with a variety of medical, social, and academic institutions that will be invited to participate in the partnership.

Initial meetings to assess community interest in partnership development are planned for Fall 1999. At the first meeting, the health plans in each location

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WORK CONTINUES ON DEVELOPMENT OF BASELINE DATA, CRITERIA FOR PERFORMANCE EVALUATION

As part of their commitment to the TOD initiative, each member health plan agreed to participate in ongoing performance evaluation through the annual submission of data on diabetes-related performance measures. TOD staff continue to work with the Evaluation Workgroup, Advisory Group, Senior Staff Planning Committee, and outside consultants to determine how best to gather these data without imposing an undue burden on health plans. 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 data that capture the impact of the initiative represents a significant challenge.

To best accomplish this, a staged approach to data collection is most likely, especially given that health plan access to information varies greatly. The staged evaluation approach will allow all participating health plans the opportunity to submit data at the level of their current information systems, while promoting a growth process in data collection and analysis over the duration of the initiative. The goal is to encourage all health plans to provide Level One data initially while working towards submission of Level Two and Three data by the close of the initiative.

■ **Level One Data Elements** - These data elements will be required of all participating health plans. They are based on administrative data, which should be available to and accessible by all health plans/provider groups. Likely data elements include:

- Whether a retinal eye examination was conducted
- Whether a hemoglobin A1c (HbA1c) test was performed
- Whether a lipid test/profile was performed

■ **Level Two Data Elements** - These data elements will require a combination of administrative and medical-record data (largely because of the

presence of laboratory values). They include the measures in Level One, as well as additional measures drawn from those developed as a part of the Diabetes Quality Improvement Project (DQIP). The DQIP measures were jointly developed by the American Diabetes Association (ADA), the Foundation for Accountability (FACCT), the Health Care Financing Administration (HCFA), the National Committee for Quality Assurance (NCQA), the American Academy of Physicians (AAP), the American College of Physicians (ACP), and the Veterans Administration (VA). The measures include:

The three Level One measures:

- Whether a retinal eye examination was conducted
- Whether a hemoglobin A1c (HbA1c) test was performed
- Whether a lipid test/profile was performed

Four additional measures – the percentage of a population with:

- poor HbA1c control;
- lipids controlled;
- monitoring for diabetic nephropathy (kidney disease); and
- blood pressure controlled.

A DQIP abstraction toolkit, designed to assist health plans in data collection, is available from HCFA. The toolkit has been developed to help health plans and providers reliably collect and report the DQIP measures. It contains a video, user's guide, training records, and data abstraction software. The toolkit can be ordered from HCFA or downloaded by visiting HCFA's DQIP website at www.hcfa.gov/quality/3l.htm.

■ **Level Three Data Elements** - These long-term outcome measures will likely be based on medical record data and additional data sources. They will be designed to assess the rate of complications associated with diabetes in the four initiative

Community *continued from Page 2*

will be invited to discuss their interests and concerns regarding this development. Once the health plans in the community have agreed that partnership is desirable and actionable, local representatives of community organizations, health professionals, hospitals, and regional ADA offices will be invited to participate in partnership development and project implementation.

Throughout the five-year implementation of the TOD initiative, a variety of tools and opportunities will be available to assist health plans in their own community partnerships. As a member of the initiative these tools, as well as staff support, are available to assist you in your own community initiatives. While these two pilot programs will be a focal point for TOD's Year 2000 efforts surrounding the promotion of community partnership, they will not be the only focus. The initiative will also be in communication with existing partnership programs in communities around the country, including North Carolina, New York, and Michigan. If your health plan is involved in a community collaborative initiative, either among health plans or within the larger community, or if you would like to discuss the services and tools available through TOD for such development, please contact Jill Arent (contact information provided on the cover page of this newsletter). ❖

EVALUATION *continued from Page 3*

target areas defined above, as well as examine the impact of quality improvement activities within health plans. They are still in development, and are planned for roll out in year two (calendar year 2000) of the project.

The baseline data year for the initiative will be 1999. All TOD health plans will be contacted in early 2000 and provided with a data collection form that will be due in July 2000 (coinciding with the June 2000 due-date for HEDIS data). Additional details on data submission and required vs. requested data elements will be provided in the coming months. ❖

TOD to Produce a Monograph Detailing Successful Employer Programs

A AHP, in conjunction with the Employer's Managed Health Care Association (MHCA), will produce a monograph describing efforts to provide diabetes support, education, and screening within the purchaser community. MHCA members are large national employers dedicated to managed care as a means to drive quality, cost-effective, consumer-focused health care delivery.

The monograph will contain detailed descriptions of programs and initiatives developed and implemented by employers across the United States. MHCA will collect the information from a short survey of its members to identify any that have implemented diabetes initiatives. From this survey, MHCA will select approximately five employers whose programs or projects will be profiled in the monograph. The descriptions will include a variety of information, including: program goals; essential program elements; provider/staff involvement; evaluation and outcomes; and potential for replicability. Each program will offer contact information which readers can use to conduct additional follow-up.

The monograph will be available in late December 1999. Every health plan that is a member of TOD will receive a complimentary copy. Additional copies will be available for sale to both initiative members and non-members. Information about ordering will be provided in the Winter 2000 issue of the newsletter. ❖

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DIABETES

The American Association of Health Plans represents over 1,000 HMOs, PPOs, and other similar health plans that provide coverage for 140 million Americans.

The American Diabetes Association is the nation's leading voluntary health organization supporting diabetes research, information, and advocacy. Founded in 1940, the association supports affiliate offices in every region of the country, providing services in more than 800 communities.