

# TAKING ON DIABETES

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

## TOD WORKGROUPS SET PRIORITIES, DIRECTION FOR THE INITIATIVE

The Taking on Diabetes Initiative (TOD) relies on the expertise of its participating health plans. To gather this expertise, to define the needs of the health plans, and to develop strategies for meeting those needs, the Initiative has developed workgroups in four areas:

- ❖ collecting and disseminating best practices,
- ❖ building community partnerships,
- ❖ developing worksite educational materials, and
- ❖ evaluating the success of the initiative.

Each Workgroup is composed of representatives from health plans, the American Diabetes Association (ADA), and Initiative sponsors. Workgroups are responsible for reviewing TOD materials and providing input to the Initiative's advisory committee.

The Workgroups held their first conference calls in June. Brief descriptions of each Workgroup conversation follow. For additional information on the Workgroups or to join a Workgroup, please contact Jill Arent, senior analyst, medical affairs, at 202/778-3234 or [jarent@aahp.org](mailto:jarent@aahp.org).

*Continued—See Workgroups on Page 2*

### Polaroid's Diabetic Support Group

#### *Meeting the Needs of Employees*

*\*This article is adapted with permission from the Position Statement on the Polaroid Diabetic Support Group.*

Because of the widespread occurrence of diabetes in the American population, especially among the working population, employers are becoming increasingly interested in developing programs designed to mitigate the effects of this and other chronic health problems faced by their employees. Polaroid has developed one such innovative program.

Initiated by the Polaroid Medical Department in October 1993, the Polaroid Diabetic Support Group provides employees and retirees with educational information about diabetes and its complications and encourages them to adopt healthier, more productive lifestyles. The program is run by volunteers within the company who conduct quarterly educational meetings for employees and offer them access to videotapes of educational presentations. The program also offers a handbook on diabetes for managers and supervisors, produces a regular newsletter, and sends periodic mailings and updates to employees.

*Continued on Page 4*

### TOD Develops a Searchable Database of Best Practices

The Taking on Diabetes Initiative has developed a new resource that will offer TOD participating health plans the opportunity to access information on successful practices in diabetes management, treatment, education, and screening. This searchable database currently contains abstracts of published articles identified through a literature review. The literature review was originally conducted to develop the compendium of best practices in quality improvement, community partnerships, and worksite programs, which will be distributed at the Taking on Diabetes: Care in the New Millennium conference, August 3–5, 1999 in Washington, DC.

Ultimately, the database will include not only published articles but also information on validated, unpublished health plan and collaborative programs. An online submission form will be developed by year-end, which will allow for electronic transmission of programmatic information. All submissions will be evaluated using criteria similar to those used for selecting the compendium abstracts (see the following article). These criteria will be applied by the TOD Best Practices Workgroup. ❖

## WORKGROUPS

### BEST PRACTICES WORKGROUP

The Workgroup discussed the searchable database of best practices that will be developed (see page 1). The Workgroup emphasized that the information contained in the database should focus on the delivery of health care services. Workgroup members expressed a desire that the database be searchable by various plan features, including model type, size, and location so that interested health plans will be able to identify programs that have been successful in a variety of settings. Initially, database queries will be conducted by AAHP staff for interested member plans. The database ultimately will be available on the Internet, to allow members to conduct searches directly.

To facilitate submission of best practices, plans participating in the Initiative will be provided with a form designed to consistently and briefly describe key features of their programs. An electronic version of the submission form will be available on the AAHP website ([www.aahp.org](http://www.aahp.org)).

The Workgroup asked TOD staff to begin working on the development of the database and electronic submission form. A draft will be available for the Workgroup's evaluation at its next meeting, Thursday, August 5, during the lunch break of the Taking on Diabetes: Care in the New Millennium conference, in Washington, DC.

### COMMUNITY PARTNERSHIPS WORKGROUP

The Workgroup felt that the Taking on Diabetes Initiative could play an important role in aiding communities by bringing together various health plans to endorse common guidelines, which would begin to unify the community around common goals and strategies for improvements in care delivery. Furthermore, the development of a consistent guideline can lead to common data collection strategies, providing another point of unification.

The Workgroup also discussed the elements that facilitate the development of community partnership programs:

- ❖ Health plans and others interested in collaborative work should determine what they, internally, hope to achieve from the partnership.
- ❖ These desires must then be communicated to the other stakeholders and potential program partners so that some common ground can be reached.
- ❖ Program champions within the community must be identified early on, as they are essential to generating buy-in from the various and often disparate stakeholders.

Plans and providers should be made aware that, by collaborating at the community level, it is possible to reduce or avoid adverse selection of plans, to promote economies of scale, and to ensure the provision of a consistent health care

message/philosophy to patients across the community. AAHP will develop a resource guide for health plans interested in developing community partnership programs for the treatment, screening, and education of diabetes. The guide will link health plans to currently available information and resources (e.g., the ADA or the Centers for Disease Control and Prevention [CDC]).

Taking on Diabetes would like to sponsor two pilot community partnership programs in areas where multiple health plans have committed to participate in the Initiative. The Taking on Diabetes program would serve as a partnership facilitator and would provide ongoing assistance and evaluation of the program. Ultimately, Taking on Diabetes will apply the lessons learned from these pilot projects in additional communities across the country. Workgroup members supported this idea.

### MEASUREMENT AND EVALUATION WORKGROUP

Health plans pledged to not only work to improve the quality of care delivered to their members with diabetes, but also to monitor and evaluate their performance throughout the duration of the Initiative. The Measurement and Evaluation Workgroup supported adopting the Diabetes Quality Improvement Project (DQIP) measures because most health plans will already be collecting these data to meet HEDIS and accreditation requirements.

However, there was also discussion about the need for additional outcomes measurement, based on the expressed goals of the Initiative: to reduce diabetes complications such as blindness, kidney failure, new foot ulcers, and amputations. Because DQIP does not address outcomes evaluation for all of these complications, the Workgroup discussed the possibility of developing additional measures, for example, to address loss of vision (by tracking the number of individuals with diabetes who are legally blind) and onset of dialysis as baseline measures. There was some concern about the feasibility of additional patient surveys to assess performance. The availability of administrative data elements to address the gaps in DQIP was also questioned.

The Workgroup agreed that the HEDIS diabetes measures provide the best opportunity for establishing baseline data for the initiative for commercial, Medicare, and Medicaid populations.

Through the Initiative, AAHP and the ADA also will seek to apply algorithms based on existing research that translate process measurement results (e.g., eye exams) into outcome improvements (e.g., reduced loss of vision). A draft algorithm will be presented to the Workgroup for discussion in August.

*Continued on Page 4*

## COMPENDIUM OF BEST PRACTICES TO BE PRESENTED AT THE ANNUAL TOD CONFERENCE

As a benefit of attending, each individual at the first annual Taking on Diabetes: Care in the New Millennium conference, August 3–5, 1999 in Washington, DC, will receive a comprehensive document intended to offer guidance on successful practices in diabetes care and management. This compendium of “best practices” will include peer-reviewed abstracts of published studies demonstrating improvement in diabetes health care, peer review organization (PRO) national projects on diabetes, and community and worksite projects.

The Taking on Diabetes program office will contact participating health plans in the coming months with additional information about submitting abstracts and accessing the database.

### LITERATURE REVIEW OF COMMUNITY AND WORKSITE PROGRAMS

The community and worksite abstracts were prepared by the American Association of Health Plans (AAHP). AAHP conducted a search of the published literature and reviewed articles to identify effective community and worksite diabetes intervention strategies. The literature review included publications from the past 10 years. The searches were refined and articles were evaluated for appropriateness and soundness of methodology before inclusion in the compendium.

All article abstracts and evaluation forms were reviewed by AAHP staff and a representative of the ADA for appropriateness and thoroughness. Articles were evaluated based on the following questions:

- ❖ Was the project population well described (by time, place, and person)?
- ❖ Were there selection bias issues that should be considered when the results are evaluated?
- ❖ Was the intervention well described (including what was accomplished, how, where, and who was targeted)?
- ❖ Were the quality indicators valid and reliable process or outcomes measures?
- ❖ Was appropriate statistical analysis conducted?
- ❖ Did the study control for design effects in the statistical model?
- ❖ Were there problems with data analysis that should be considered when the results are evaluated?
- ❖ Did the authors identify and discuss potential biases or unmeasured confounders?
- ❖ Are there any other issues that limit the ability to interpret the results of the study or that should be considered in an evaluation of the results?

In addition to providing information about replicable programs, these articles also have been selected to offer details about the planning and development of collaborative community and worksite interventions.

Because the initial stages of development are crucial to the long-term success of these types of initiatives, several articles were

included that provide insight on pre-implementation organizational structure and the elements of successful project planning.

Copies of the compendium will be available to individuals who do not attend the conference. Information on obtaining copies will be available in late summer 1999.

### FEDERAL QUALITY IMPROVEMENT PROJECTS

The compendium also includes abstracts describing quality improvement projects conducted by Medicare PROs, the Indian Health Service (IHS), and the Department of Veterans Affairs (VA). Abstracts from the IHS and the VA were written by staff from those organizations. Measures reported in the abstracts relate to the measures of the national Diabetes Quality Improvement Project (DQIP). Those measures address glycemic control, hypertension, lipid management, eye care, nephropathy, and foot care.

The PRO projects were reviewed by TMF staff using a standardized tool. Criteria for inclusion in the compendium were:

- ❖ The project must have been completed, i.e., post intervention data must have been collected and analyzed.
- ❖ The project must have had significant improvement in at least one measure that is related to one of the national DQIP measures. These measures address glycemic control, hypertension, eye exams, foot exams, lipid management, and diabetic nephropathy.
- ❖ The project must have valid measures, reliable data collection methods, and appropriate statistical analysis.
- ❖ Each PRO’s HCFA project officer must approve inclusion in the compendium.

### LITERATURE REVIEW OF QUALITY IMPROVEMENT STUDIES

The quality improvement studies were identified by a literature search conducted by the Center for Health Studies at Group Health Cooperative of Puget Sound. The Health Care Financing Administration (HCFA) and its Clinical Area Support Peer Review Organization (CASPRO) for diabetes, the Texas Medical Foundation (TMF), recruited an expert panel to review the studies for inclusion in this compendium.

Inclusion/exclusion criteria were based on a study’s methodology, including:

- ❖ appropriate study design;
- ❖ sampling methods and sample size;
- ❖ controlling or describing bias and confounders;
- ❖ validity of measures;
- ❖ reliability of measurement;
- ❖ appropriate statistical methods; and
- ❖ statistically significant and meaningful results. ❖

## Worgroups *Continued from page 2*

### WORKSITE EDUCATION WORKGROUP

The Workgroup discussed the value of creating background information and an assessment tool to help employers estimate the significance of diabetes in the workplace. The tool should allow an employer to describe a company's demographics that are relevant to diabetes: age, ethnicity, and gender. In addition to identifying risk levels for diabetes, the Workgroup felt that information on the ethnic diversity of the workplace could be used to provide culturally appropriate interventions. Workgroup members highlighted the importance of using this tool as a way of demonstrating the return on investment an employer could expect from a worksite education and screening program.

The Workgroup also discussed alternative screening methods based on worksite questionnaires and blood tests, including computerized risk assessment instruments. The Workgroup recommended reviewing the current literature regarding available screening tools. To enhance coordination of care, the Workgroup recommended that results of the worksite screening should be shared with the employee's primary care physician, after obtaining the employee's consent.

The Workgroup discussed worksite opportunities for promoting self-management in people with diabetes. Activities such as including newsletter items on diabetes, forming employee peer groups, and constructing exercise and nutrition programs were suggested. The members of the Workgroup stressed the importance of developing a menu of activities for employers to select from according to their resources and level of familiarity with worksite health programs.

Workgroup members agreed to provide AAHP with sample risk assessment tools and communications that could be used in the worksite. AAHP will work to identify tools that help employers gauge the costs of diabetes in the workplace and the potential benefits of programs to address the complications of 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.*

*Taking on Diabetes* is an industry-wide initiative jointly sponsored by the American Association of Health Plans and the American Diabetes Association. By joining *Taking on Diabetes*, health plans pledge to reduce vision loss, foot amputations, kidney disease, and complications from cardiovascular disease for people with diabetes. *Taking on Diabetes* will help health plans meet these objectives by focusing on four areas of improvement in diabetes care: the identification and dissemination of best practices; the promotion of community partnerships; the development of worksite education and wellness initiatives; and the evaluation of treatment efforts. ❖

## Polaroid's Group *Continued from page 1*

Polaroid believes that this innovative wellness program provides a variety of benefits both to employees and to the company. It provides conveniently available and accessible information about the value of health promotion and disease prevention activities to employees while they are at work. The increased employee awareness leads to improved quality of life and increased longevity, which leads to decreased absenteeism and increased employee productivity. In the words of John Semeraro, MD, medical advisor to the Polaroid Diabetic Support Group, "A company-sponsored diabetic support group is a win-win situation for both employees and the company. It requires only a handful of dedicated volunteers. It is cost-effective. It is within the capabilities of most companies."

For additional information on the Polaroid Diabetic Support Group, contact the Polaroid Medical Group at 781/386-0978 or via mail at 1265 Main Street, Waltham, MA 02254. See also "Good Company," by Patty Walsh, pages 44-46 of the September 1996 issue of *Diabetes Forecast*. ❖

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