



Directory of Employer Programs Released

Taking on Diabetes has recently released, *Diabetes at the Worksite: A Directory of Current Employer Programs*. To produce this new product, the Taking on Diabetes initiative teamed up with the Employers' Managed Health Care Association (MHCA), creating a resource that describes employer-based diabetes management programs. For the first time, essential information about these programs is listed online for your immediate access.

The information in the Directory is based on the needs assessment MHCA conducted last year to determine which members currently have diabetes management programs in place. With a 70 percent response rate, MHCA learned that:

- ◆ 61 percent of respondents do not have a diabetes management program
- ◆ 39 percent of respondents do have a diabetes management program
- ◆ 35 percent of those with such programs have them through their health plan or pharmacy management company

HOW CAN YOU USE THE DIRECTORY?

For health plans, the Directory provides information about what programs employers have implemented. In many of these descriptions, there is information about why companies are interested in diabetes management programs, what program elements usually are included, and the overall goals of the program. This information can give health plans insight into what additional resources and programs they can offer to help purchasers meet the needs of their employees, dependents, and retirees. Health plans also can see which companies have turned to their major health plan for assistance in implementing a diabetes management program.

All users of the Directory have the option of calling the contacts listed so that specific questions can be addressed. By having the Directory online, it is easy to add new companies and update information for those companies already listed. This feature ensures that the Directory will have the most current descriptions of each program. So be sure to log on frequently. The information you need may be only a click of the mouse away.

WHERE IS THE DIRECTORY LOCATED?

Look for the Directory at the Taking on Diabetes Web site: www.TakingonDiabetes.org or on MHCA's Web site: www.emhca.org ❖

Awards and Grants: Opportunities to Celebrate Achievements in Diabetes

AAHP's grants and awards program supports health plans in developing new strategies for quality improvement, recognizes their exemplary practices, and highlights their contribution to their communities. The program consists of grants and awards. The grants provide up-front funding to help health plans advance the state of the art by developing and testing innovative practices. The exemplary practice awards recognize plans that have demonstrated their commitment and ability to achieve superior results. For plans that extend their quality efforts beyond their own enrollees, AAHP offers the Community Leadership Award to celebrate the contribution these plans make to the health and well being of the general population.

Plans can use the AAHP grants and awards program to progress from an untested idea funded by the grants, to a program with proven results recognized by an exemplary practice award and ultimately to a program that encompasses the community at large, deserving the Community Leadership Award. Plans can also participate in the grant or award program that best matches their current needs, regardless of prior participation in an AAHP grant or award.

Grants for Innovation in Quality Improvement

The Medical Affairs Department at AAHP strives to promote innovation in health care provision, and advances this commitment through three Grants for Innovation in Quality Improvement. Grant winners are provided with resources to implement programs that promote quality and advance e-health. With sponsorships from prominent companies like Pfizer, Inc. and Abbott Laboratories, Inc., AAHP member plans will receive grant funds that will enable them to carry out innovative programs that promote high-quality health care services throughout the communities they serve.

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Medicare Announces Expanded Coverage of Training for Beneficiaries in Self-Managing Diabetes

On December 28, 2000, the Health Care Financing Administration (HCFA) announced the final rule for expanded Medicare coverage enabling beneficiaries with diabetes to get training from qualified providers in the self-management of their disease. Under the regulation, published in the Federal Register on December 29, 2000, any provider who is already eligible to bill Medicare, and who meets quality standards for this benefit, can provide the training for Medicare beneficiaries eligible for the service. The regulation will take effect 60 days after publication in the Federal Register. To qualify for this training, a beneficiary must either be newly diagnosed with diabetes, or not have received training at the time of diagnosis, or be at significant risk for complications from the disease.

"Teaching Medicare beneficiaries with diabetes about managing their disease will allow them to live longer and lead more productive lives," Acting Deputy HCFA Administrator Robert Berenson said. "The expanded coverage also will save taxpayers money by helping reduce the number of doctor visits and medical procedures needed to treat the serious complications that may result from the disease."

Currently, 819 diabetes self-management training programs across the country already meet quality standards set by the final rule. HCFA expects other programs will also become available as they meet the final rule's requirements. Beneficiaries can contact their local Medicare carrier for information about the existing programs.

Medicare beneficiaries with diabetes will initially receive one hour of individual training or assessment and nine hours of group training. The regulation also allows two hours of annual follow-up training that can be given on an individual basis. For beneficiaries with special needs such as reduced vision or hearing, physicians will be able to order individual training for all sessions.

Beneficiaries will be trained by a team that includes, at a minimum, a certified diabetic educator (or a registered nurse with training as a diabetic educator) and a registered dietitian. The training will provide information on diabetes and important topics for diabetic patients, including diet, exercise, medication, behavior modification, as well as prevention, detection and treatment of acute and chronic diabetic complications.

Diabetes is highly prevalent among elderly Medicare beneficiaries. National data has indicated it is the seventh leading cause of death in the United States. Numerous clinical studies point to the necessity of maintaining good control of the disease to reduce the risk of diabetic complications and diabetes-related hospitalization.

"Diabetes has reached epidemic proportions in different segments of the Medicare population, particularly among Native Americans, African-Americans, and Hispanics," said Dr. Jeff Kang, HCFA Chief Clinical Officer. "We hope that wider access to diabetes self-management training will enhance the quality of life of all Medicare beneficiaries by reducing the severity and number of complications that many diabetics experience."

A 1997 General Accounting Office report concluded that Medicare beneficiaries with diabetes were not receiving the quality of care needed. The Balanced Budget Act of 1997 expanded coverage, allowing these patients to acquire the skills needed to improve their disease management. The law anticipates the expanded coverage will increase access for beneficiaries to quality diabetes self-management training and will eventually result in both improved health for Medicare beneficiaries with diabetes and significant Medicare savings.

HCFA is also studying other aspects of providing care for beneficiaries diagnosed with diabetes to ensure that Medicare beneficiaries are receiving the best care available. A certified national accreditation organization must approve a self-management training program before the program can receive Medicare reimbursement. To gain this recognition from Medicare, a certified national accreditation organization must submit an application and supporting materials for HCFA review. HCFA will approve those accreditation organizations that meet or exceed HCFA's quality standards, or use the national standards that are recognized in the 1997 budget law and are administered by the American Diabetes Association, and also can assure HCFA the programs they accredit furnish quality services to beneficiaries. A Federal Register (Vol. 65, No 251/Friday, December 29, 2000) notice was also published that outlines the requirements for national accreditation organizations. ❖

*Note: For other HCFA Press releases and Fact Sheets please visit
HCFA's Press Release and Fact Sheet search engine at: <http://www.hcfa.gov/pubaffr.htm>*

New "Feet Can Last a Lifetime" Kit: An All-in-One Resource Designed to Help Prevent Diabetes Foot Problems

A new, updated edition of the "Feet Can Last a Lifetime" kit is now available, free, and online from the National Diabetes Education Program, a joint initiative of the National Institutes of Health and the Centers for Disease Control and Prevention. Designed especially for busy health care providers, this comprehensive kit contains all of the tools you need to help prevent diabetes foot problems.

Reference materials, ready-to-use foot exam forms, Medicare certification forms for therapeutic footwear, and reproducible patient education materials are all available in this easy-to-use kit. Download the kit at <http://ndep.nih.gov> and click on "Health Care Provider Reference Tools," or simply click on our link to the "Feet Can Last a Lifetime" ❖

Awards and Grants *continued from page 1*

For the past five years, Pfizer, Inc. has been a proud partner with AAHP in the AAHP/Pfizer Grants for Innovation in Quality Improvement by providing two deserving programs with two-year grants each for the implementation of innovative approaches for improving patient care. Last year, AAHP announced a new grant program that focuses on specific areas where plans are working to improve the quality of care they provide to their members. This new grant is the AAHP/Abbott Focus Grant for Patient-Centered Health Care in the e-Health Era, sponsored by Abbott Laboratories, Inc.

National Exemplary Practice Program Award

The 2001 National Exemplary Practice Program Awards call for entries will be available in late March. The American Association of Health Plans (AAHP) 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 goal of the National Exemplary Practice Program is to encourage the rapid adoption or adaptation of innovative ideas and approaches to chronic care delivery throughout the managed care industry.

The Exemplary Practice Program has selected the chronic conditions of diabetes, cardiovascular disease, and asthma for evaluation in 2001. The program offers the award winner a cash prize to support the continuation and evaluation of their exemplary program.

A successful practice:

- ◆ Ensures continuity, coordination, and monitoring of the disease condition;
- ◆ Provides care that contributes to superior clinical outcomes and enhances quality of life; and
- ◆ Results in a satisfying experience for the member and an economical expenditure of resources for the plan.

The intervention should address a significant portion of the care management process for the clinical condition, and should demonstrate improvement in outcomes.

Community Leadership Award

The annual AAHP Ellis J. Bonner Community Leadership Award, selected by a panel of experts noted for their own humanitarian endeavors, is given for excellence demonstrated by a health plan in addressing community problems. Excellence is exhibited by a health plan's innovation in identifying a specific problem in the community, establishing creative paths to address the problem, and successfully leading community partnerships toward collaborative solutions.

The Community Leadership Award is awarded in two categories based on six specific criteria: Leadership, Commitment, Impact, Innovation, Replication, and Acceptance. A member health plan that has 200,000 enrollees or less and is not a subsidiary or affiliate of another corporation may submit a program application for the "Small/Independent" award category. All health plans that do not fit into this category may submit an application for the "Large/Affiliated" award category. This award distinction allows applicant programs and projects to compete with similar types of health plans.

Each year, the member plans selected to receive the prestigious AAHP Ellis J. Bonner Community Leadership Award are honored during special ceremonies at the AAHP Managed Care Institute and Display Forum. Five finalists from each of the two categories will be named, and a winner from each will be awarded the distinctive AAHP Community Leadership Award trophy. Additionally, each of the two winners will receive a cash award to support the winning community project, in addition to public recognition of the health plan's achievement.

Complete information about the range of AAHP's grants and awards is available through our web site, www.aahp.org. In addition, you can contact AAHP with questions or comments about any of the grants or awards by calling (202) 778-3222 or e-mailing grants-awards@aahp.org. ♦

Update on Community Collaboratives

New Mexico Health Care Takes on Diabetes Reaches Out to Providers and Office Staff

New Mexico Health Care Takes on Diabetes released the New Mexico Diabetes Practice Guideline at a press conference on November 20, 2000. In January, the guidelines were distributed to more than 6000 practitioners. This included all primary care physicians and specialists who care for diabetics in New Mexico. The guideline was also distributed to nurse practitioners, physician assistants, certified diabetes educators, and residents at the University of New Mexico.

To complement the guideline mailing, an "Office Tool Kit" was developed. It contains foot posters in English and Spanish and chart markers. The posters are to hang in each examination room and the chart marker can be placed in patient medical records to signal that the patient has diabetes and remind practitioners of the guideline's recommendations.

Distribution of the tool kit was kicked-off with a breakfast presentation for provider representatives from the managed care organizations participating in New Mexico Health Care Takes on Diabetes and pharmaceutical representatives from its sponsor, GlaxoSmithKline. The presentation provided information about New Mexico Health Care Takes on Diabetes, development of the Diabetes Care Guideline, guideline mailing to providers and use of the foot posters and chart markers. Response to attend the kick-off educational session/breakfast has been inspiring. Additional sessions will be held as needed. The Provider representatives will assist in the dissemination of the toolkit to practitioners.

Future plans for New Mexico Health Care Takes on Diabetes include evaluation of the effectiveness of guideline distribution and development of a mechanism for community profiling. The partnership is currently in the process of developing goals for 2001.

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Study Linking Cost Savings and Improvements in Care for Patients with Diabetes

In an article published in the January 10, 2001 issue of the *Journal of the American Medical Association (JAMA)*, researchers reported the effects of improved glycemic control on health care costs and utilization. The historical cohort study was conducted in a staff-model health maintenance organization in western Washington. The study included all patients aged 18 years or older who were continuously enrolled between January 1992 and March 1996 and had HbA1c measured at least once per year between 1992-1994. Patients whose HbA1c decreased 15 or more between 1992 and 1993 and sustained the decline through 1994 were considered improved. All other patients were classified as unimproved. The researchers data suggest that a sustained reduction in HbA1c level among adult diabetic patients is associated with significant cost savings within 1 to 2 years of improvement.

Wagner, Edward H. MD, MPH et al "Effect of Improved Glycemic Control on Health Care Costs and Utilization." *JAMA*, January 10, 2001. 285: pp.182-9. ♦

WHAT TO LOOK FOR IN FEBRUARY AND MARCH...

National Exemplary Practice Program—Call for Applications due out March 2001; Annual Report—March 2001

All items will be available on the Taking on Diabetes web site www.TakingonDiabetes.org or by contacting TOD at (202) 778-3222.

Westchester County Collaborative: Provider Response from Tools and Guidelines is Positive

The Westchester collaborative recently released results of a survey following up on the Fall 2000 mailing of their toolkit. Empire Health Advisors conducted the telephone survey that was directed at physicians who received the toolkit in October 2000.

The sample included 100 percent of the offices that requested additional materials and a random sample of five percent of the offices that had not requested additional materials to date but had received the initial mailing. Two sets of questions were asked based on whether the physician had requested additional materials.

For the physician offices that had requested additional materials, the following findings were reported:

- ◆ The physicians were very satisfied with the toolkit.
- ◆ These offices served a large group of diabetic patients.
- ◆ There was interest expressed in participation in focus groups at a later time.

Of the 51 randomly selected physician offices that had not requested additional materials, the survey found that:

- ◆ 72 percent did not remember receiving the materials.
- ◆ When informed of the information previously sent, 52 percent requested we re-send the toolkit to the office manager's attention.
- ◆ Of the 28 percent who did remember receiving the materials, many found them to be very useful.
- ◆ One office utilizing the guideline found it most helpful and would like to be included in future mailings.

In addition, the Westchester, NY collaborative also recently completed a second mailing that was directed to physicians who did not receive materials initially, to nurse practitioners, and to community health centers.

The next meeting of the collaborative is March 22, 2001. Members have invited other diabetes coalitions and programs in Westchester County to discuss future partnerships and new collaborations.

Kansas City Plans Reach Halfway Mark in the Breakthrough Series

In Kansas City, two area plans have reached the halfway mark in the Institute for Healthcare Improvement's (IHI) Breakthrough Series.

The Aetna US Healthcare/ University of Kansas Family Practice team has developed a PC-based database that identifies the diabetes population and tracks progress toward established targets for appropriate tests and services. This team is also formatting and distributing educational materials to identify optimal approaches for improving patient self-management. Improvements in coordination and continuity of care will be investigated with the use of fax-back forms from specialists to primary care providers.

The United HealthCare/Olathe Medical Services team is also developing a patient registry database to track the diabetes population in their primary care site and assess adherence to pre-determined targets for diabetic patients.

The Outcomes Congress which marks the end of the teams year of training in the Break Through Series is scheduled for September 2001.

The collaborative uses a clearly defined performance improvement methodology to achieve rapid improvements in clinical care and administrative processes. Teams are formed with representatives from a health plan and at least one primary care practice site to identify and test changes in the delivery of chronic care. The collaborative participants will track the impact of those changes on target measures of diabetes care over time.

Kansas City health plans are also meeting in late February to explore the possibility of a beginning a project focused on community-wide collaboration to improve diabetes care. ❖

Workbook for Employers in Development

Taking on Diabetes contracted with the MHCA to produce a workbook for employers. The workbook, scheduled to be available in May 2001, provides resources and tools for employers to use in establishing a diabetes program. It will help purchasers assess the need for a program focused on diabetes, develop and implement a program, provide resources for employees and their families, and evaluate current programs, among other functions. The workbook will also include references to resources available including those from the American Diabetes Association and Centers for Disease Control and Prevention.

The workbook will include sections on making the business case for a program, designing, administering and implementing a program, communicating with employees about the program, working with health plans, disease management vendors and practitioners and evaluating a program and other resources available.

The workbook will be available either by calling the Taking on Diabetes program office (202) 778-3222 or by downloading from the web site, www.TakingonDiabetes.org.

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.

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