

DIABETES TASK FORCE A REVIEW OF ITS HISTORY AND POTENTIAL NEXT STEPS June, 2002

Mission of the Greater Flint Health Coalition:

- Improve the health status of the residents of Genesee County. Improve the quality and cost effectiveness of the health care system in our community.

In order to best determine what next steps the Diabetes Task Force should take, it is important to understand why diabetes became a focal point for the Greater Flint Health Coalition and the work of the Diabetes Task Force since 1997.

In February, 1997 a group met under the auspices of the Coalition to discuss the re-establishment of a community-wide diabetes task force. Before 1997, early efforts began with GENDON (Genesee County Diabetes Outreach Network) and the Genesee County Health Department. Under the original Greater Flint Health Coalition (prior to 1996), GENDON made a number of presentations and recommended that GFHC adopt a four part model to address diabetes mortality and morbidity in Genesee County. The four parts included:

1. recognition of the need for better information for the general public
2. working with providers to assure they are familiar with and using the most current science and practice for diabetes treatment
3. patient education and support to develop good lifestyles and behaviors
4. addressing perverse incentives in the system, such as providing insurance and benefit coverage for prevention and self-care

The original GFHC supported this model and the Genesee Area Focus Council (organization that provides leadership, vision and resources to promote Flint/Genesee County's quality of life) seemed interested in it, promoting it across the community. GENDON staff (with financial support from the State of Michigan) began developing programs that included a conference and a program held at then Hamilton Family Health Center (now Hamilton Community Health Network) to provide care. Soon after this however, the State of Michigan decided to take a regional approach (with the creation of the Michigan Diabetes Outreach Network, that includes six specific regions) to diabetes efforts rather than working with specific communities and funding was reallocated, thus dissolving GENDON.

With the reorganization of the Coalition in 1997 and the data presented in "The Lewin Report" – Community Assessment Factbook (Genesee County, MI), there seemed to continue to be a need to address diabetes. The Lewin Report set the pace for the board that diabetes is an important topic for Genesee County

residents. As part of the "Lewin Process" each Coalition Board member was asked to identify four problems as identified by Lewin that they felt were a priority for the Coalition. As a result the following **ten priorities** were developed, they were:

- High quality, easily accessible, coordinated primary and preventative care is not consistently available.
- Low income families face compromised access to health care services
- Health outcomes for cardiovascular disease are poor and service utilization is high
- Health outcomes for cancer are poor and service utilization is high
- Maternal and child health outcomes are poor and specialized service utilization is high
- Health outcomes and quality are not measured, monitored, or disseminated
- **Health outcomes for diabetes are poor**
- African-Americans are particularly vulnerable to compromised access
- Health resource capacity/investments must meet changing needs
- Available medical technologies are not always used properly.

Therefore, under the auspices of the Coalition, a Diabetes Task Force was formed in May 1997, with Dr. Stewart Hamilton, then Vice President of Medical Affairs at Hurley Medical Center, as chair.

In September 1997, the Diabetes Task Force created the following vision statement:

"There will be a reduction in the incidence of diabetes in the Flint community, in concert with a reduction in the rate of appearance of complications and a slowing of the progression of those complications that develop or presently exist. This will be achieved in part by increased access to, and provision of, high quality diabetes mellitus education for health professionals, patients and their families, and those at risk of developing diabetes."

In November 1997, the Health Education, Health Promotion and Disease Prevention Committee approved the Diabetes Task Force vision statement with minor changes:

"There will be a reduction in the incidence of diabetes in the Flint community, in concert with a reduction in the rate of appearance of complication and a slowing of the progression of those complications that develop or presently exist."

At the same time the Diabetes Task Force was in the process of forming and developing a vision, the board was going through a process of its own in which it was questioning the overall structure of the organization and activities (September '97 board retreat). The board was seeking from all committees/task forces a more focused approach for each group with measurable outcomes. As a result the "Call to Action" was presented to the Board in November 1997 and the business plan was developed. The "Call to Action" offered **three possible outcome options** for the Diabetes Task Force:

- Develop a coordinated community health model: a single focus for diabetes education and referral.
- Adoption of American Diabetes Association guidelines "best practices" for diagnosis and treatment by physicians and patients.
- Reduce death rate for Diabetes Mellitus in Genesee County to or below the state average. In 1992 the death rate for Genesee County was 26.7% and 23.5% for the state.

It was concluded that the board would agree upon a outcome option for the Diabetes Task Force within two months of the "Call to Action" presentation. At the February 16, 1998 the board approved the following outcome option for the Diabetes Task Force:

"Develop a system to provide diabetes education to the diabetic population in Genesee County, with an initial focus on the indigent/uninsured/underinsured."

Over the next year, the Diabetes Task Force focused its energy on a community survey that was to improve the quality of health care for all patients with diabetes. The task force, in collaborative partnership with Hurley Medical Center, Genesys Regional Medical Center and McLaren Regional Medical Center, worked together to research the medical care being provided to develop a care management system for the diabetic population in Genesee County with an initial focus on the uninsured.

A diabetes profile was conducted in October 1998 identifying 114 residents of Genesee County admitted to the three Genesee County health systems. Uninsured patients with at least one hospital admission in 1997 and a primary or secondary diagnosis of diabetes were identified by the three hospitals and were targeted for a telephone interview utilized to obtain information specific to this high-risk group. The survey questions consisted of general patient information, patient knowledge of diabetes, and how patients are coping with their disease.

The survey had a 60% participation rate, which provided a good representation of the diabetic population in need. Although a majority of the respondents had a regular physician, only half were in compliance for an eye exam and less than

half were in compliance for a foot exam. The overriding difficulty reported for all aspects of diabetes management was "cost". Cost was the major factor cited for difficulties in following a diet, in participating in exercise and in the overall evaluation of diabetes control. Also, although a majority of the participants had a regular physician, nearly one third reported that they did not receive education about their diabetes. A possible explanation – in addition to the apparent failure of physicians and/or other clinical staff to provide needed education – is a miscommunication between the patient and health care professional such that the patient does not recognize or identify the information as "education". A number of recommendations came out of the survey:

- Low cost dietary plans or specialized food delivery (meals-on-wheels).
- Increased access to affordable exercise programs, or target education on home exercising.
- Provision of education to health care providers on strategies for tailoring key information (diet, exercise, etc.) in order to improve communication with their patients (with the goal of increasing the likelihood of the patient adopting healthier life-style behaviors).
- Advocate for employer-provided (or subsidized) health care benefits.

Once the survey was completed, the task force met in December 1998 to discuss future endeavors. At this meeting a report was given on a proposed diabetes initiative with the Michigan State Medical Society. The initiative involved raising among physicians in Genesee County the importance of regular hemoglobin A1c testing in diabetics. This new focus required a restructured task force and the naming of a new chair.

In February 1999 the board of the Coalition approved new terms of reference for a restructured Diabetes Task Force. The vision for this new task force became:

"To improve the care and quality of life of individuals with diabetes by focusing on the awareness, behavior, education, and measurement of Hemoglobin A1c (HbA1c) testing for this population."

With the approval of this new vision, the "old" Diabetes Task Force was dissolved and a "new" Diabetes Task Force was formed. Greg Beckman, President & CEO of McLaren Regional Medical Center and Coalition board member, became the chair. The new outcome options included:

- Develop a process to monitor and disseminate HbA1c testing frequency aggregated across the community and to physicians on their patient base.
- Develop and implement physician and patient focused initiatives to increase compliance of HbA1c testing.
- Demonstrate increase compliance on HbA1c testing frequency by year end.

In 1999 the Task Force used health plan data to establish a baseline measurement. In 1999, only 60% of all commercially insured diabetics (6,699) in Genesee County had at least one HbA1c test. Each year, the task force measured HbA1c testing frequency among the commercially insured population (which accounts for approximately 60% of the total Genesee County population). The following illustrates those yearly measurements:

Age Category	% in Category with at least one HbA1c		
	1999	2000	2001
18-44	55%	61%	60%
45-64	61%	67%	71%
65 +	54%	66%	64%
TOTAL	60%	66%	69%

(Note: Contributing health plans were Blue Cross Blue Shield of Michigan, Blue Care Network and HealthPlus of Michigan.)

Accomplishments of the Diabetes Task Force to date include:

- Education/awareness activities developed and implemented regarding HbA1c:
 - **Physicians:**
 - Physician Continuing Medical Education (CME) session (Dec. 1999)
 - Articles in Genesee County Medical Society Bulletin (Dec. 1999 & Feb. 2000)
 - Informational letters to physicians
 - Diabetes flow sheet (Nov. 1999)
 - HbA1c literature order form sent to physicians (Jan. 2000)
 - Physician profiles (health plans yearly)
 - Letter to Area Physicians printed in the GCMS Bulletin that highlights to services offered by Michigan Peer Review Organization (MRPO) relating to HbA1c (2001)
 - **Patients:**
 - Selection of HbA1c literature by health educators (November 1999)
 - Events at local African American churches (F.A.C.E.D. Diabetes Sunday & Diabetes event at Grace Emmanuel Baptist Church hosted by Dr. Rogers-Grays - February 2000, 2001 and 2002)
 - *Flint Journal* Health Fair participation (January 2000)

- *Diabetes Expo 2001*: collaborative event sponsored by the three health systems and the Coalition. Approximately 500 attendees.
- **Community:**
 - Radio talk show: featured segments on diabetes aired on
 - Articles in newsletters and newspapers
 - Letter and Tool Kits providing information on the importance of HbA1c testing sent to all Coalition board members to use internally in their respective organizations (Nov. 2001)

It should also be noted that another committee of the Coalition also placed focus on diabetes. The Quality Committee decided in January 1999 to concentrate the inventory on the four disease categories listed in the Lewin Report, i.e. diabetes, cardiovascular, cancer and chronic diseases. In May 1999, that committee further narrowed their focus to diabetes and new outcome options were developed:

- Conduct an inventory of the strengths, weaknesses and opportunities of the quality assessment/improvement programs for diabetes of the coalition "sectors".
- From this inventory perform a "gap analysis" and identify one deficiency (gap or opportunity) in the quality assessment/improvement programs for diabetes. This will be identified and presented to the Board by October 1, 1999 and a remedial process will be implemented for eliminating or reducing this gap by December 1, 1999.

The Quality Committee completed the diabetes inventory in March 2000. That Committee made the following recommendations on first steps to address gaps found in the diabetes inventory:

- The hospital systems should put a quality monitoring program in place to measure the compliance with specific ADA guidelines. The individual hospital systems will determine a baseline(s) against which to measure. The goal is to build compliance with ADA guidelines starting with the ones the hospital system selects and identifies as their focus.
- The hospital systems should select those ADA indicators their institution will focus on and measure.
- The overall quality effort to focus on hemoglobin A1c testing (and initiatives to improve care of patients with diabetes) will be deferred to the Diabetes Task Force.
- The hospital/health system sector: The hospital systems will identify and further define the hospital-specific ADA indicators/guidelines that individual institution will focus, monitor and report on.
- The purchaser sector: Focus on hemoglobin A1c.

- The health plan sector: The health plan sectors to identify their diabetes quality programs; determine for these programs, which ADA guidelines they are currently following and assess to see if the guidelines being followed are consistent with ADA; and select and define the plan-specific ADA indicators/guidelines and diabetes specific HEDIS measures their individual plan will focus and report on.
- Physician-specific efforts are intertwined with those of the hospital/health system, health plan and purchaser sectors.

NEXT STEPS

As this document highlights, the Diabetes Task Force has had a number of accomplishments over the past 3 years and success in achieving its outcome option with increasing the number of diabetics who receive hemoglobin A1c tests. This leads to many questions as to the future of the task force:

- While the task force has had success in increasing the number of diabetics who receive HbA1c tests, is this how a clinician looks at a diabetic patient when treating them or do they see a more complex array of issues?
- Should the task force continue to stay in an "education" mode, with supporting such activities at the Diabetes Expo?
- Should the task force seek more physician input, i.e. "evidence-based medicine"?