Diabetes Action Committee Agenda

Wednesday, January 29, 2025

5:00 pm - 6:00 pm

Google Meet joining info

Video call link: https://meet.google.com/gpc-ujbq-bki

Or dial: (US) +1 319-343-8708 PIN: 922 930 975#

More phone numbers: https://tel.meet/gpc-ujbq-bki?pin=3030973245413

A. Welcome / Introductions

Attendance:

Michelle George
Pam Williams
Addie Alayande
Raia Contracter
Snehal Gawhale
Olivia Craig
Matthew Balish
Tina Backe
Marissa Smith
Lawrence Polsky
Michelle Rochester
David Mann
Lucia Zeggara
Nkossi Dambita

B. Mission Statement:

The mission of the Maryland Diabetes Action Committee is to improve the health of the communities we serve through a coordinated and meaningful initiative to address the prevention and management of diabetes in Maryland. As a collaboration of organizations and partners, across multiple sectors, we come together to identify opportunities to improve health outcomes in those identified as at risk for diabetes or diabetes complications. We will act in our areas of influence to align efforts and resources to reduce the burden of diabetes.

C. Diabetes Dashboard Updates: Snehal Gawhale, CCDB Epidemiologist and Olivia Craig, CCDPC Diabetes Coordinator

a. General Updates

i. Have three measures within the dashboard, third is the hospital

measures. Sne recently got access to CRISP data where it is provided by conditions. Sne is reviewing the data and ICD 10 codes. Sne is working to update the 2024 data.

ii. Clinical and population measures are up to date with 2022 data. Undergoing purchase of NCQA data to update 2023 data.

b. Goals and Performance Measures

i. Reviewed population measures and clinical measures. The changes were increased or decreased by 5%. The goal with the discussion is to get guidance if the targets are attainable and realistic.

ii. Questions regarding the statin use clinical measure:

1. Is there an assumption that the Medicaid population will be growing?

    a. For the clinical measures, we are getting them from NCQA. We are not trying to increase the Medicaid percentage, we are trying to have more people using a statin medication to get to this clinical measure goal to decrease cardiovascular disease.

2. With recent updates of standards of diabetes care from 2025 and recent use of GLP1 to reduce cardiovascular risk, is that included in this data? This would potentially influence statin use.

    a. That was not included within these goals, but we should take that into consideration.

3. This is the percentage of people with diabetes prescribed statins. The ideal number is 100% for everyone. Medicare numbers are higher due to a higher aged population. Goal: to grow to 100% expectation. If the recommendation is that everyone should be on a statin, then our goal should still be to try and grow to that.

4. Medicare data: 77% are on statins. Where is this data pulled from? There has been pressure to have statin programs in pharmacies. The goals are above 85%.

    a. Unsure. NCQA gets data from CMS, but Sne can double check.

iii. What actions are being taken with outpatient and inpatient colleagues? What kind of collaboration is being done with people who are providing the care? People are largely unaware of the dashboard. What kind of collaboration is happening with the hospitals and the providers?

1. MDH is working to break down silos and work within community partners. There is a variety of work being done in the community, though there is room for improvements and good to identify where we can go next and how to work in the community with community partners.

iv. Questions regarding additional data requests:

1. For the data with foot exam, eye exam, statin, is there demographic data breakdowns like gender or race/ethnicity? In a rural area, sometimes it is difficult to refer. It would be good to see if there are populations in the state to focus on.

    a. Some measures were able to be broken down to the jurisdiction level and have demographic data though that was mostly the population measures. There is jurisdiction level data and race and ethnicity levels for hospital measures. Unable to get this data for the clinical measures.

2. MDPCP is collecting data and would have where the locations are. Are we able to get this data?

    a. It may be possible to get this data and put it into the dashboard. Sne can look into it.

v. There are some guideline expectation value. And have to consider what data source is coming up with these numbers. Do they get this data in different places for Medicaid and Medicare? What is the numerator and denominator for these values?

1. There is a data guide for the NCQA measures that explain the numbers used for the data, but does not include the source of the data. Sne will be able to follow up and see where the data is coming from especially for Medicaid vs. Medicare.

vi. Diabetes control medications: Has that been factored into these measures?

1. No, not within the diabetes dashboard. Is this something that we want to include in the dashboard? i.e. if someone has been taking metformin.
2. Unsure if we would be able to get that information.

vii. Consider measures in two groups: one set guideline adherence by providers, other is the patient successful at managing their disease, could they execute this properly. Include which of the measures are provider guideline adherence and patient success.

viii. MDPCP is the area where there is the most provider modification that could occur.

ix. Is there any specific format to include these measures in?

1. Sorting the two categories.
2. Trend lines recommended.
3. Time trend charts.
4. Population lines so the user can choose.
5. Side by side bar chart with current and target.
6. Recommended to look at incidence rate.

x. Any confidence intervals or margins of error on these measures?

1. Not for hospital and clinical measures. We do have it for population measures.

D. DSMES Evaluation Survey: Raia Contractor, CCDPC Evaluation Lead

a. 2020 DSMES survey: purpose was to understand the basic structure characteristics of programs and identify gaps.

b. 22 responses provided.

c. Organizational information: how programs were accredited, length of accreditation, type of organization.

d. Referral questions: How the referrals are received.

e. Marketing the program: mainly word of mouth and additional marketing efforts. Marketing included ads in brochures and newspapers, tv, facebook, webpage postings.

f. Disability inclusion: Variety of answers

g. Outcome data: Behavioral factors.

h. Participants: Satisfaction with volume and limits to volume.

i. Barriers: for participants attending and also with providers.

j. Insurance: Who are the insurers.

k. Expanding program: How this can be done.

l. Training needs

E. Review and update the DAC Work Plan

a. This item was not discussed at the meeting.

F. Next Meeting: Wednesday, February 26, 2025 at 5:00 p.m