

Meeting Title: Diabetes Action Committee Meeting

Date: February 28, 2024

Time: 5:00 PM

Location: Virtual

Attendees:

1. Angela Diggs
2. Darryl Heggans
3. Dr. David Mann -MDH-
4. Dr. Matthew Balish
5. Eric Sullivan
6. Jesus Aguilar -MDH-
7. Kimberly Hiner -MDH-
8. Lisa Marr -MDH-
9. Lucia Zegarra
10. Maisha DouyonCover
11. Michelle George -MDH-
12. Nancy Beckman -MDH-
13. Nicole T. Rochester, MD
14. Pamela R. Williams -MDH-
15. Snehal Gawhale -MDH-
16. Sohail Qarni -MDH-
17. Taneisha Laume
18. Tina Backe -MDH-
19. Traci la Valle

Introductions:

Michelle George commenced the meeting with introductions of the committee members, including their affiliations.

Discussion on Diabetes Action Committee: 5:13PM- 5:23PM

Michelle George presented the mission statement 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 a 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.

Presentation of Diabetes Action Plan (DAP): Pamela R. Williams presented updates on the diabetes action plan. The Diabetes Action Plan was developed in the fall of 2020 and the timeframe is through 2024. As the Diabetes Action Plan sunsets, we have been discussing having a combined chronic disease plan. Dr. Mann suggested in the chat that if the new plan focuses on diabetes, cardiovascular disease, and obesity, maybe we should call it the cardiometabolic disease plan and include kidney disease in it.

Statewide Integrated Health Improvement Strategy (SIHIS): In 2019, the State of Maryland collaborated with the Center for Medicare and Medicaid Innovation (CMMI) to establish the domains of healthcare quality and delivery that the state could impact under the total cost of care model. Diabetes is one of the population health domains with the goal to reduce the mean BMI for Maryland adult residents. The MOU with CMMI is through December 31, 2026. The state set 2023 and 2026 targets to achieve a more favorable change from a baseline mean BMI than a group of control states. Those states are Delaware, Virginia, Mississippi, and Washington, DC. The last data I saw was from 2021 in which Maryland had a more favorable change than the control states. Since that time and with new leadership, it's not been an emphasis on SIHIS. The discussions have been just to continue doing our existing programming and go in a different direction once this ends in 2026.

MDH leadership has held various meetings to discuss the new model - the All-Payer Health Equity Approaches and Development (AHEAD) model. CMS's goal in the AHEAD Model is to collaborate with states to curb healthcare cost growth; improve population health; and advance health equity by reducing disparities in health outcomes. CMS will support participating states through various AHEAD Model components that aim to increase investment in primary care, provide financial stability for hospitals, and support beneficiary connection to community resources. There will be more to come in terms of the next steps with this model. A member discussed how exploring the AHEAD model may be able to address diabetes management and healthcare costs. The committee agreed to delve deeper into this model in future meetings to assess its relevance and implications.

Committee members deliberated on the challenges of expanding diabetes management services, including workforce shortages and reimbursement concerns for pharmacists and

dentists. Dr. Mann emphasized the importance of creating cost-saving interventions and exploring reimbursement models to incentivize expanded services.

Data Dashboard Presentation:

Pamela R. Williams presented data metrics focusing on population, clinical, and hospital measures related to diabetes prevalence, retinal eye exams, blood pressure control, kidney health evaluation, and enrollment in lifestyle change programs. Committee members discussed the significance of these metrics and suggested strategies for improving data collection and analysis.

Discussion on Focus Measures: Michelle George led a discussion on the focus measures for the diabetes action plan, particularly clinical measures such as kidney function tests, eye exams, and blood pressure control. The committee discussed the rationale behind selecting these measures and explored the possibility of including additional measures like lipid profiles. Dr. Matthew Balish raised questions about data collection methods, especially regarding the ease of retrieving certain data points from electronic health records (EHRs).

Feedback and Questions from Committee Members: Several committee members raised questions and provided feedback during the discussion. Topics included stratifying data by race and ethnicity, incorporating measures related to social determinants of health, and obtaining socioeconomic status data at the ZIP code level. Dr. Nicole T. Rochester highlighted the importance of considering process measures versus outcome measures in the evaluation of diabetes care.

Next Steps and Future Meetings: Michelle George concluded the meeting by summarizing the key points discussed and outlining next steps. These included following up on data availability, exploring additional measures, and scheduling the next meeting for the last Wednesday of March. She reminded attendees to complete their membership intake forms and thanked everyone for their participation.

Meeting Adjourned: 6:06 PM