

# AAPPO ACT on Diabetes

Helping PPOs take *ACTION*,  
*CHAMPION* better care,  
and empower patients to  
*TAKE* charge of diabetes

## Talking with Payers, Providers and Patients About Diabetes: An AAPPO Toolkit for PPOs

A collaborative project of





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April, 2008

Dear Colleagues:

On behalf of the American Association of PPOs (AAPPO) and DMAA: the Care Continuum Alliance (DMAA), we are very pleased to present this new Toolkit, "Talking with Payers, Providers and Patients About Diabetes." The Toolkit is designed to help PPOs of any business model talk with key stakeholders about the importance of diabetes and identify resources for each audience to improve care quality. The Toolkit is part of the "ACT on Diabetes" Campaign to help PPOs take Action, Champion better care, and empower patients to Take charge of diabetes.

The American Diabetes Association estimates that almost 21 million Americans — 7 percent of the United States population — have diabetes. Diabetes is a critical health issue for our country. It takes an enormous toll on patients' physical health and quality of life. Payers, the nation's employers, insurers and government entities, bear the escalating burden of diabetes, both in health benefit costs and lost productivity costs.

Preferred Provider Organizations (PPOs) are part of health benefit arrangements for the vast majority of individuals with employer sponsored health insurance. As such, PPOs must move the discussion forward with payers, physicians and other providers, and patients on how to prevent, identify, and effectively manage diabetes. This Toolkit offers "talking points" PPOs can use with stakeholders on effective diabetes prevention and care management. It also identifies tools and resources available to support payers, providers and patients in addressing diabetes. We urge PPOs to use these resources to augment outreach to stakeholders and to promote better diabetes care quality.

Key points reflected in this material include:

- Diabetes has health, productivity and quality of life costs that impact payers, physicians and other providers, and patients.
- There are effective strategies for preventing diabetes and delaying complications in those that have it.
- All stakeholders must be involved in improving diabetes care. Making a difference in diabetes care will require partnerships across the wellness and health care continuum.
- PPOs have an important role — offering education, supporting employers in benefit design decisions, leveraging influence with physicians and developing partnerships for better care management.

This Toolkit was developed by the American Association of PPOs in collaboration with DMAA: The Care Continuum Alliance, with the input and assistance of members of both organizations. We thank them and the sponsors of the Toolkit. We encourage members of both organizations to use the Toolkit and the resources within and to visit our Web sites, [www/aappo.org](http://www/aappo.org) and [www.dmaa.org](http://www.dmaa.org) for additional information.

Sincerely,

Karen Greenrose  
President and CEO



Tracey Moorhead  
President and CEO



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## Talking with Payers, Providers and Patients About Diabetes: An AAPPO Toolkit for PPOs

### Tab 1: Introduction

Diabetes is a critical health issue for our country and for the nation's Preferred Provider Organizations (PPOs). Diabetes takes an enormous toll on the physical health and quality of life of patients; it is costly for payers and patients, and it is challenging for physicians and other providers to identify and manage.

But, research has shown us that diabetes can be successfully managed. When diabetes is controlled, patients experience fewer complications and can lead healthier, more productive lives. This Toolkit is designed specifically for PPO senior staff: medical directors, quality improvement staff and contracting staff. The goal is to help PPO health care leaders understand the diabetes problem and visualize strategies for improving diabetes identification and care. The Toolkit offers resources to assist PPO leaders in making the case for high quality care to their partners and customers in the health care system: payers, providers, and patients.

This Toolkit offers "talking points" about effective diabetes prevention and care management and offers resources to help users find more practical information that they can adopt in their own organizations.

### About AAPPO and the ACT on Diabetes Initiative

AAPPO is the leading national association of network-based preferred provider organizations (PPOs) and affiliate organizations. AAPPO's members represent diverse models of PPOs, including network-only PPOs and "at risk" PPOs that offer a network integrated with an insurance product. AAPPO's members are world-class provider networks that put care control in the hands of the physician and patient, empowering both and resulting in better care. PPOs provide easy access to quality care provided by the right doctor, providing the right care, at the right time.

In 2007 AAPPO implemented the "ACT on Diabetes" Campaign to help PPOs take *Action*, *Champion* better care, and empower patients to *Take* charge of diabetes. ACT on Diabetes has brought education and information to PPOs, to support them in adopting best practice approaches to diabetes care improvement consistent with their business models.

### Our Partnership with DMAA

In 2007 AAPPO forged an alliance with DMAA: The Care Continuum Alliance (DMAA). DMAA is a 200 member organization that convenes stakeholders providing services along the care continuum toward the goal of population health improvement. These care continuum services include strategies such as health and wellness promotion, disease management, and care coordination. DMAA promotes the role of population health improvement in raising the quality of care, improving health outcomes and reducing preventable health care costs for individuals with chronic conditions such as diabetes and those at risk of developing chronic conditions such as diabetes.

This Toolkit was developed in partnership with DMAA: The Care Continuum Alliance.

## About the Facts and Figures in this Toolkit

There is a vast amount of information available about diabetes and its complications, and new information is constantly being generated. For this Toolkit we have tried to locate the most up-to-date information about the care and treatment of diabetes. In the documents referenced here, readers will see some differences in data about the prevalence of diabetes and diabetes complications. This is because new research and statistics are generated constantly. The important thing to remember is that diabetes is becoming more common; the cost and complications of diabetes will continue to grow unless all sectors of the health care system - plans, payers, providers, and patients - collaborate to implement effective strategies for delivering high quality care and prevent diabetes.

## What is Diabetes and Quality Diabetes Care?

According to the Centers for Disease Control and Prevention (CDC), "Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. Diabetes can lead to serious complications and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications."

Type 1 diabetes occurs in about 5-10% of cases and requires insulin for treatment. Type 2 diabetes is associated with risk factors, some of which can be controlled, such as being overweight or inactive, and some of which cannot, such as a family history or race/ethnicity.

The American Diabetes Association says

- 20.8 million children and adults -- 7.0% of the population -- have diabetes.
- 14.6 million people are diagnosed with diabetes, and 6.2 million people who have it do not know it.
- 54 million people have pre-diabetes, meaning they will get diabetes if they do not change risk factors
- Type 2 diabetes, although still relatively rare in children, is being diagnosed more frequently in children and adolescents, particularly in American Indians, African Americans, and Hispanic/Latino Americans.
- The prevalence of diabetes is at least 2 to 4 times higher among non-Hispanic Black, Hispanic/Latino American, American Indian, and Asian/Pacific Islander women than among non-Hispanic white women.
- The total estimated cost of diabetes in 2007 is \$174 billion, including \$116 billion in excess medical expenditures and \$58 billion in reduced national productivity.
- Medical costs attributed to diabetes include \$27 billion for care to directly treat diabetes, \$58 billion to treat the portion of diabetes-related chronic complications that are attributed to diabetes, and \$31 billion in excess general medical costs.

Detailed information on diabetes facts is in Tab 3.

## Importance and Impact of Diabetes

Diabetes is important because it is costly to everyone:

- Patients suffer when their diabetes is untreated, out of control, or when serious complications occur
- Employers/ purchasers suffer when they pay for ever-more expensive health insurance AND lose the productivity of sick employees
- Providers suffer when they believe the care they offer is not reaching its potential impact to improve health and quality of life outcomes.

Complications of diabetes also have a large impact on health outcomes. Complications such as nerve and eye damage are often the result of damage to tiny blood vessels in organs caused by high levels of glucose in the

body. In addition, people with diabetes are at significantly higher risk for developing co-morbid health problems such as heart disease. CDC says:

- Heart disease and stroke account for 65% of deaths in people with diabetes
- 73% of adults with diabetes have high blood pressure
- Diabetes is the leading cause of blindness among adults, causing 12,000 - 24,000 new cases every year
- 60-70% of diabetics have some form of nerve damage, and 60% of non-traumatic amputations are in people with diabetes

We know how to prevent most cases of diabetes: by reducing some of the controllable risk factors through lifestyle change. We also know how to treat diabetes to reduce the number of complications. Effective care is a partnership between patients, physicians, and other professionals such as disease management providers, eye care professionals and diabetes educators. Payers contribute through effective benefit design, and PPOs/plans offer coordinating services, effective networks, and information. The Toolkit includes information on standards of care for diabetes, and tools to help physicians and other clinicians to deliver the best care possible.

## Role of PPOs in Diabetes Prevention and Treatment Quality

PPOs are involved in delivery of care for 64% of all privately insured Americans. Some PPOs pay for care as the insurer, while others supply the network of physicians and other providers to a self-insured employer or insurance organization. Using the tools and information in this Toolkit, PPOs can reach out to their primary customers - payers, providers, patients or all of the above, with information, tools, and best practices strategies. The Toolkit focuses primarily on outpatient care and management of diabetes.

*Our Definitions: A payer is the organization responsible for payment of health care services. The payer could be a large employer that self insures, state or federal governments, or an insurance company or health plan.*

*Providers are the physicians, ancillary professionals such as optometrists and podiatrists, diabetes educators and other specialists who create a team to deliver, coordinate, and improve care for patients.*

*Patients are always part of the equation, because they have responsibility for their own health and also pay a share of health care costs.*

PPOs, regardless of their business model, can engage patients, payers and providers through a variety of options including:

- Selective contracting with high quality providers or increasing patient awareness of quality providers through directory recognition;
- Consulting with payers (employers, plans, insurers) to create benefit strategies that include incentives for patients to seek care and take care of themselves as necessary;
- Partnering with payers to create physician incentives;
- Offering web based information, including health risk assessments and patient education to improve patient care;
- Collaborating with other local organizations for a community-based education, information or quality improvement campaign;
- Offering diabetes disease management directly or in partnership with a vendor; and
- Enhancing web links for consumers with up-to-date diabetes information.

More information and links to examples of PPO activities in this area are on the AAPPO web site, [http://www.aappo.org/AAPPO\\_ACT/AOD\\_03.cfm](http://www.aappo.org/AAPPO_ACT/AOD_03.cfm)

## Measuring the Impact of Better Diabetes Care

All stakeholders striving to improve diabetes care will want to know if they are having an impact. PPOs can work with these partners to develop a meaningful and accurate evaluation program. For patients, it is important to track progress in meeting health indicators to show successes and encourage participation. A number of the resources identified in this Toolkit offer information for patients on what to monitor and tools, such as flowsheets that patients can use. Physicians and other clinicians may want to evaluate their own care against standards of care for diabetes. They may also look for indicators that show successes and/or improved efficiencies in their practice. Tools such as the National Committee for Quality Assurance's recognition programs can help physicians to track their effectiveness; efficiency measurements are under development and will be available in the future.

Payers in particular want to understand the "return on investment (ROI)" for investments in care improvement. Their "investment" in better diabetes care can be through purchase of disease management, offering worksite wellness, promoting information on diabetes care and prevention, or using benefit design to promote patient adherence. PPOs can work with payers and other vendors to identify key metrics. Evaluation will help determine the cost effectiveness and overall impact of a program and will guide adjustments to a program where needed. Evaluations can also give payers, providers, and patients the information needed to make decisions around a plan of care.

An evaluation plan should incorporate clinical, financial, and other measures. These may include health status, satisfaction and risk reduction /behavior change measures. Clinical effectiveness measures may include Hemoglobin A1C testing and results, cholesterol testing and results, smoking cessation assessment and counseling, blood pressure assessment and control, results of eye and kidney testing, vaccination rates, and other indicators. An evaluation program must be designed to evaluate what could be impacted by the intervention. As such, the evaluation plan will be different depending on the intervention and depth of services offered. Payers should know that not all interventions have an immediate return on investment. Many diabetes risk reduction, health and wellness programs may have a longer term financial return on investment but may see short term improvements in risk reduction. Because of this, measures of effectiveness for a diabetes program should include measures that are both long term such as changes in health status and short term such as changes in utilization.

DMAA offers resources on measuring outcomes of diabetes disease management programs. See [http://www.dmaa.org/pdf/volume\\_II\\_topline.pdf](http://www.dmaa.org/pdf/volume_II_topline.pdf) for more information

## How to Use the Toolkit

This Toolkit is designed to help PPOs make the case to payers, patients and providers about ways that each can help to improve the quality of diabetes care. PPOs are positioned to support payer programs and to partner with a range of organizations to execute patient and provider oriented diabetes improvement activities. AAPPO and DMAA encourage PPO leaders to review the talking points and use the Internet to review the many resources available to support diabetes quality improvement. Then we encourage members to reach out to payers, providers, and patients to talk about diabetes care performance and what each stakeholder can do to improve care and add value to the health care system.

The goal of this Toolkit is to provide PPO senior staff with tools and information to talk effectively with and actively engage payers and providers to reach out to patients with diabetes and those that are at risk for diabetes to help patients maintain or improve their daily health. The fact is, diabetes is costly: to the patients who live with it, to physicians and other diabetes providers looking to deliver the most effective care, and to employers, who pay for health insurance benefit costs and pay the cost of lost productivity.

For payers, the important facts are:

- Diabetes is an increasingly common medical condition - and it is most costly when left untreated or out of control
- Payers have a role in promoting effective approaches (with support from PPO networks, plans, and other vendors) including:

- Education of their employees and health vendors
- Prevention and screening programs
- Worksite programs
- Disease management and other care management approaches
- Creative benefit design
- Resources are available in the public domain, such as the National Diabetes Education Program and from private vendors, to support employers with programs to prevent and help employees more effectively manage diabetes

For providers, the important facts are:

- Standards of care for diabetes are complex, especially when co-morbidities are involved, which is often the case. Standards of care call for management of blood glucose, cholesterol, and monitoring for eye, kidney, cardiovascular, and nerve complications. Physicians can improve the quality of care they provide to both patients with diabetes and those that are at risk by:
  - Using reminders and workflow tools to support their office practices
  - Supporting patients by offering self efficacy and self management education
  - Using other professionals as needed to provide complementary services in the most cost effective and efficient manner for the patient
- Physicians can demonstrate the quality of their services by meeting standards of care for diabetes management and achieving recognition as a high quality provider through ongoing data collection and evaluation

For patients, the important facts are:

- People should understand their risks of diabetes and what they can do to control risks. A risk assessment tool can help individuals understand how behavior can increase or decrease risk of diabetes, and how to adopt exercise, nutrition, and smoke-free habits to improve health.
- Diabetes can be complicated to manage. People who understand the disease and how to manage it have fewer complications and live a healthier life. Patients can take control of their diabetes by:
  - Working with their physician and other providers to understand how to prevent diabetes, or to keep it under control
  - Knowing what tests and treatments are needed to control diabetes
  - Taking advantage of lifestyle changes such as better eating, exercise and stopping smoking
- There are many resources, including web sites and support groups that can help people with diabetes understand how to manage diabetes and learn to live a healthy life with diabetes. Sources of information include the American Diabetes Association, PPOs and health plans, private organizations, professional groups, and the federal government.

## Acknowledgements

This Toolkit was developed by the American Association of PPOs in collaboration with DMAA: The Care Continuum Alliance. AAPPO thanks the members of both AAPPO and DMAA who contributed to development of the Toolkit and provided feedback throughout the process.



Materials reproduced in this Toolkit are in the public domain or were reproduced in limited quantities with permission. Additional copies are available on request from the original source. AAPPO sought to include reference material that is easily available on the web at low or no cost. Other outstanding materials are also available for purchase from proprietary sources.

AAPPO expresses deep appreciation for the organizations that sponsored development of the Toolkit.

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CVS/Caremark



Healthways



*The Toolkit is a reference tool for PPO and their partner organizations, not medical advice. AAPPO accepts responsibility for any errors or omissions in the Toolkit. Content developed by Liza Greenberg, RN, MPH, AAPPO Senior Consultant, Member Initiatives. For more information contact [Lgreenberg@healthprojectconsulting.com](mailto:Lgreenberg@healthprojectconsulting.com)*

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## Talking with Payers, Providers and Patients About Diabetes: An AAPPO Toolkit for PPOs

### Tab 2: Diabetes Resource Links

This tab includes a selection of web based resources that can be used for additional background and materials to enrich a PPO-supported diabetes initiative. All of the web sites present an expert perspective and reflect best practices in quality diabetes prevention and care. Most of the web sites offer free or public domain materials; a few charge a fee for bulk purchase of materials. PPOs are encouraged to use these public resources to augment diabetes programs. PPOs can also create a diabetes information page on their own web sites linked directly to these rich resources available on the web. This is a low cost way to guide patients, providers, and payers to information that supports better diabetes care.

### Resources for Payers

#### Centers for Disease Control Healthier (worksite program and toolkit)

<http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/index.htm>

The Centers for Disease Control (CDC)'s Healthier Worksite Initiative is a campaign to improve health in the workforce. The program goal is to reduce health care costs and increase productivity and wellbeing. The CDC provides toolkits for employers to design and implement a health promotion program for specific needs of their workplace. Toolkits include materials on general health, nutritious eating, physical activity, preventive health screenings, and promotion of healthy choices. The CDC provides step-by-step resources for initiatives such as StairWELL, through which companies evaluate employee use of stairs, then improve staircase conditions and encourage use. Other CDC web sites offer up to date statistics and other diabetes information.

#### National Diabetes Education Program

<http://ndep.nih.gov/>

The National Diabetes Education Program is a federally funded partnership of government health organizations and over 200 local organizations across the country working to prevent, control, and educate about diabetes. The Program's website provides information on major diabetes awareness campaigns for general, high-risk, and minority audiences and offers guides and copyright-free materials for organizations wishing to create their own campaigns. Online purchase of tip sheets, brochures, and toolkits is available for patients, health care professionals, school personnel, and businesses. Easy-to-read resources are offered in fifteen Asian/Pacific Island languages and Spanish.

#### Diabetes At Work

<http://www.diabetesatwork.org/>

This site, a collaboration of national diabetes organizations, offers resources to professionals to devise, enact, and evaluate programs for diabetes awareness and disease management in the workplace. The website provides a calculator for assessing the cost and impact of diabetes in a workplace. Diabetes At Work provides resources for development of diabetes prevention programs, improvement of health care and creation of diabetes management plans. Tools for health promotion include a source book for disease prevention, a purchaser's guide to services, a workshop planning guide, and Spanish-language materials for diabetes care.

### **National Business Coalition on Health (cost calculators)**

<http://www.nbch.org/CHVC/calculator/index.cfm>

The National Business Coalition on Health is a national non-profit organization representing local health benefit purchasing coalitions. NBCH offers employers two online calculators to assess the impact of diabetes care plans for their business. With information provided by the employer or from national statistics, the Diabetes Outcomes Analyzer™ offers employers an assessment of the potential impact of benefit design changes for diabetic employees. The Agency for Healthcare Research and Quality offers a tool for calculating costs of diabetes in the workforce and potential savings available through improved diabetes management. Both calculators are evidence-based and individualized for the company.

### **National Business Group on Health**

<http://www.wbgh.org/benefitstopics/topics/0015.cfm?topic=0015&desc=Diabetes%20Mellitus>

The National Business Group on Health (NBGH) is a non-profit organization offering employers resources for understanding and managing health care concerns in the workplace. The National Business Group on Health provides employers with information on a wide variety of health and benefits topics as well as new developments in health care policy. The diabetes resource page offers materials to employers to increase diabetes awareness and prevention programs in the workplace. NBGH offers the "Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage", a comprehensive toolkit for employers on preventive health services, including a purchasers' guide, cost-calculators and presentations. The guide is located at: [http://www.businessgrouphealth.org/benefitstopics/topics/purchasers/condition\\_specific.cfm](http://www.businessgrouphealth.org/benefitstopics/topics/purchasers/condition_specific.cfm)

### **Center for Studying Health Systems Change**

<http://www.hschange.com/>

The Center for Studying Health System Change (HSC) is a nonpartisan policy research organization. HSC designs and conducts studies focused on the U.S. health care system to inform the thinking and decisions of policy makers in government and private industry. HSC produces data bulletins and issues briefs of relating to health systems reform and benefit design. A recent publication, "Issue Brief: Benefit Design Innovations: Implications for Consumer-Directed Health Care" <http://www.hschange.com/CONTENT/913/913.pdf> includes valuable insights on value based insurance design.

### **Center for Value Based Insurance Design**

<http://www.sph.umich.edu/vbidcenter/index.htm>

The Center for Value Based Insurance Design is an academic center that evaluates health care financing approaches and promotes value based insurance benefit designs. The Center conducts research on value based insurance design and offers links to research by its own faculty as well as related studies. The Center offers articles on cost sharing, lowering costs, and improving benefits. Research focuses on new approaches to patient contribution and effectiveness in health care. Presentations from Center leadership are posted, as are dates for future events.

### **Center for Value Based Health Management**

<http://www.centervbhm.com/>

The Center for Value Based Health Management helps employers and providers in evaluating health care costs and addressing solutions. Through "FIT Design" the Center advocates for fact-based, integrated, and targeted health care to increase the value of patients' benefit designs. The book Total Value, Total Return gives an understanding of value based health management and is available through a podcast on the website or by order from a sponsoring organization. Further resources include podcasts, case studies, and assessments for providers.

Michigan Diabetes Research and Training Center  
<http://www.med.umich.edu/mdrtc/profs/index.htm>

The Michigan Diabetes Research and Training Center works in partnership with the National Institutes of Health to research diabetes and promote awareness of the disease. The Center offers a comprehensive list of patient care handouts, tip sheets and documents on specific complications and medications. For providers and patients, the Center offers surveys and scales for assessing diabetes history, attitude, and knowledge. Information pages on the research cores of the Center include material on health systems, biology, chemistry, measurement devices and patient care. The Center seeks to stimulate new research and offers several research grants which are announced on the site.

## Resources for Physicians

American Diabetes Association  
<http://professional.diabetes.org/>

DiabetesPro, the American Diabetes Association (ADA)'s web host for professionals, connects physicians to resources for reference, research, teaching, and clinical care. The ADA offers journals, books, and articles on clinical research through the continuing education library and online bookstore. Information on professional meetings and interest groups facilitates networking with other professionals in diabetes care. DiabetesPro provides a resource bank for clinical trials, practice recommendations, and patient outreach. Members have access to webcasts, articles on clinical research, and the ADA's Multimedia Bank of presentations for research and teaching.

American College of Physicians - Diabetes Portal  
<http://diabetes.acponline.org/>

The American College of Physicians (ACP) Diabetes Portal offers resources on diabetes for both patients and health care providers. Providers can view the *ACP Diabetes Care Guide: A Team-based Practice Manual and Self-Assessment Program* or order a print version of the guide. Other resources include articles and books on clinical practice, quality improvement, and topics such as diabetes prevention, complications, and sustainable living. The American College of Physicians offers PIER, the Physicians Information and Education Resource for clinical guidance, and interactive resource tools for health care teams and patients. Patient resources include materials on living with diabetes, information on problems associated with the disease, and interactive tools to help patients manage their diabetes.

American Association of Clinical Endocrinologists  
<http://www.aace.com/pub/roadmap/index.php>

The American Association of Clinical Endocrinologists (AACE)'s *Roadmap for the Prevention and Treatment of Type 2 Diabetes* is a program to help health care providers and patients meet their goals for hemoglobin A1c glycemic control, as determined by the American College of Endocrinology (ACE). Three sections of the road map provide directions for clinicians treating patients beginning treatment, patients in treatment but not at their A1C goal, and prevention of diabetes in pre-diabetic patients. Published in *Endocrine Practice*, the ACE/AACE roadmap was developed in spring 2007 and is available on the AACE website in both slide and PDF formats.

## Resources for Consumers

### American Diabetes Association

<http://www.diabetes.org/home.jsp>

The American Diabetes Association (ADA) partners with local organizations in all fifty states to promote diabetes education and improve the lives of diabetes patients. Parents, educators, and patients can find up-to-date information on diabetes, diabetes-related diseases, health care, and research. The ADA's website provides tools for living with diabetes, such as recipes, weight loss and nutrition information, as well as information on local events. The online shop offers books on lifestyle, nutrition, and diabetes management. Individuals can discover more through message boards, live question-and-answer sessions with ADA representatives, and Spanish-language resources.

### American Association of Diabetes Educators

[http://www.diabeteseducator.org/DiabetesEducation/The\\_Care\\_Team.html](http://www.diabeteseducator.org/DiabetesEducation/The_Care_Team.html)

[http://mydiabetespartner.org/?page\\_id=34](http://mydiabetespartner.org/?page_id=34)

The American Association of Diabetes Educators (AADE) provides resources to diabetes care teams, and emphasizes the crucial role of diabetes educators in a diabetic patient's support network. Diabetes Educators work with patients to develop the AADE7(TM), seven self-care behaviors which increase patients' competency in self-management and improve quality of life. The AADE website provides a research library and programs database to patients and health care providers, and connects individuals to information about health care policy and AADE advocacy. The site offers a "Finder" application for listed local diabetes educators in the US. AADE produces an online publication, "Side by Side: A Partner Approach to Diabetes Self Care" is AADE's awareness campaign to promote the team care model of support for patients with diabetes. Important resources include the downloadable Self-Care Guidebook and Self-Care Worksheet. The "Find an Educator" and "Upcoming Events" page help connect patients to local partners.

### National Diabetes Information Clearinghouse

<http://diabetes.niddk.nih.gov/>

This federal clearinghouse is a service of the National Institutes of Health. It offers links to information for professionals, patients, and employers. It connects users to information on diabetes, resources for managing the disease, and other data and information. Materials are available in Spanish and other languages, and include such easy-to-read brochures as "What You Need to Know" and "4 Steps for Controlling Your Diabetes". Statistics, tip sheets, starter information kits, and reports of research are also available. Outside resources include MEDLINE, an online database of medical journals, the National Institute of Diabetes and Digestive and Kidney Diseases image library and reference collection, and a national directory of diabetes organizations.

### National Diabetes Education Program (publications for patients)

<http://ndep.nih.gov/diabetes/pubs/catalog.htm>

The National Diabetes Education Program (NDEP) offers patient-oriented publications in sixteen languages. Brochures are easy-to-read and include topics such as "4 Steps to Control Your Diabetes for Life" and "Take Care of Your Heart. Manage Your Diabetes." Tip sheets, prevention brochures and toolkits for diabetes management are offered for targeted at-risk audiences. All materials are available for free or low-price download, online viewing, or order directly from the NDEP website.

### Partnership for Clear Health Communication

<http://www.npsf.org/pchc/downloads.php>

The Partnership for Clear Health Communication (PCHC) offers information to promote patients' health literacy- "the ability to read, understand, and follow health information." The Partnership offers free downloadable brochures on health literacy for patients, providers, and organizations. A cultural considerations primer and materials on Medicare are also available. The "Ask Me 3" fact sheet, presentation and poster educate patients on the three most important questions they should ask health care providers. Most materials are available in English and Spanish and some are available in French, Russian, Chinese and Arabic.

## About the Toolkit Sponsors

The American Association of Preferred Provider Organizations (AAPPO)

[www.aappo.org](http://www.aappo.org) and [http://www.aappo.org/AAPPO\\_ACT/AOD\\_01.cfm](http://www.aappo.org/AAPPO_ACT/AOD_01.cfm)

The American Association of PPOs (AAPPO) is a partnership of preferred provider organizations (PPOs). It advocates the benefits of PPOs for health care. AAPPO offers research and information on the PPO industry, including an annual Study of Consumer Directed Health Plans, available on the website. The AAPPO Academy offers professionals continuing education online courses on the PPO industry, insurance claims, and health care management. The AAPPO ACT on Diabetes campaign offers resources to promote taking action, championing care, and taking charge of diabetes. A free media toolkit for PPOs is available for download and information on studies and other programs are provided.

DMAA: The Care Continuum Alliance

[www.dmaa.org](http://www.dmaa.org) and [http://www.dmaa.org/pdf/DMAA-NAM\\_Employer\\_Toolkit.pdf](http://www.dmaa.org/pdf/DMAA-NAM_Employer_Toolkit.pdf)

The DMAA site houses information in disease management strategies as well as resources on implementation and evaluation of disease management programs. DMAA offers numerous research and policy documents on disease management and industry best practices. In 2007 DMAA in collaboration with the National Association of Manufacturers, released a toolkit, "Wellness, Disease and Care Management: Background for Developing a Business Strategy." The toolkit provides information for employers on the continuum of health care strategies that could be adopted to promote wellness, control chronic disease, and manage acute illness.

Healthways

[www.healthways.com](http://www.healthways.com)

Healthways offers individualized healthy living enhancement programs for lifestyle and disease support. The Health and Care Support programs evaluate individuals through the "myhealthIQ" (™) program, creates a support plan and assesses its effectiveness. Healthways works in collaboration with partner organizations to increase patient motivation for health, control of care, and access to tools for healthy living. The Center for Health Research virtual library and Outcomes Summit provide information on the Healthways program and outcomes.

CVS/Caremark

<http://healthresources.caremark.com/topic/diabetesdr>

The CVS/Caremark consumer website provides medical information, health advice, articles on healthy living and information on pharmaceuticals. The website offers tools for diabetic patients and their support networks. The Diabetes Center offers interactive resources such as quizzes, "Ask the Expert" pages, daily food and insulin diaries, and a pocket checklist for diabetes care. Materials are available for newly diagnosed patients and children with diabetes along with links to the American Diabetes Association tip sheets.

sanofi-aventis

<http://www.goinsulin.com/default.aspx>

Sanofi-aventis is one of the world's largest pharmaceutical companies. Backed by a world-class research and development organization, sanofi-aventis is developing leading positions in seven major therapeutic areas: cardiovascular disease, thrombosis, oncology, diabetes, central nervous system, internal medicine, and vaccines. Sanofi-aventis has a website providing information and resources for patients with diabetes, [www.goinsulin.com](http://www.goinsulin.com).

## Talking with Payers, Providers and Patients About Diabetes: Tab 3: Why Diabetes is Important to Payers

PPO leaders can use data on diabetes prevalence and incidence and in particular, information about the cost of diabetes in the working age population, to make the case to payers that diabetes quality of care is an important issue. The data referenced in this section will help PPO leaders make the case to employers, health plans, and insurers that diabetes has both direct and indirect costs. It is a wise investment to adopt programs and strategies to prevent diabetes and improve the quality of diabetes care.

This section includes samples of resources for payers:

“Economic Costs of Diabetes in the U.S. in 2007” (abstract of free article)

<http://care.diabetesjournals.org/misc/econcosts.pdf>

National Diabetes Fact Sheet -United States 2005

[http://apps.nccd.cdc.gov/DDTSTRS/template/ndfs\\_2005.pdf](http://apps.nccd.cdc.gov/DDTSTRS/template/ndfs_2005.pdf)

Points to Make with Payers (Employers, Insurers, Plans):

- Diabetes is very common in working age people. According to the Centers for Disease Control and Prevention (CDC), 4% of people ages 20-39 have diabetes, and almost 10% of people aged 40-59 have diabetes. No employer of any size will be immune from the impact of diabetes on covered workers.
- The American Diabetes Association (ADA) says the total estimated cost of diabetes in 2007 is \$174 billion, including \$116 billion in excess medical expenditures and \$58 billion in reduced national productivity.
- The ADA found that medical costs attributed to diabetes include \$27 billion for care to directly treat diabetes, \$58 billion to treat the portion of diabetes-related chronic complications that are attributed to diabetes, and \$31 billion in excess general medical costs.
- The largest components of medical expenditures attributed to diabetes are hospital inpatient care (50% of total cost), diabetes medication and supplies (12%), retail prescriptions to treat complications of diabetes (11%), and physician office visits (9%). This shows that keeping people out of the hospital should be an important goal!
- CDC’s “Making a Difference” report found that persons with diabetes ages 18-64 lost 8.3 days per year from work. Another study showed that people who improved their blood sugar control lowered absenteeism by 1%, compared with an 8% increase for employees with poor blood sugar control.
- About one third of the population that has diabetes does not know it and becomes aware only when complications begin to develop. Late diagnosis of the disease leads to higher cost and poorer outcomes.

## Talking with Payers, Providers and Patients About Diabetes: Tab 4: What Payers Can Do: Worksite Prevention

Diabetes can be delayed or prevented if people at risk can be identified and they change their behaviors to reduce risk. Many employers are finding that worksite programs are an effective way of reaching covered employees with health information and messages about behavioral change. Through worksite assessment, employees can be referred into more intensive management programs where needed. In addition to direct health programs, employers can create a healthier work place by offering healthy food choices, developing a smoking cessation support program, building in exercise options, and offering incentives for participation in worksite programs. Lifestyle improvements fostered in the workplace - such as exercising, eating a healthy diet and not smoking are preventive strategies for diabetes and other chronic diseases such as heart disease.

PPO partners can offer expert guidance and work with payers and employers to help them identify a prevention strategy or implement a worksite program that fits the customers needs and complements health benefits offered for diabetes.

### Samples of resources for payers:

Diabetes At Work <http://www.diabetesatwork.org/>; this site offers step by step information for assessing the worksite and implementing a worksite program.

### Also see:

Centers for Disease Control and Prevention Healthier Worksite Initiative  
<http://www.cdc.gov/nccdphp/dnpa/hwi/index.htm>

Tab 11 includes National Diabetes Education Program (NDEP) information designed to help patients adopt preventive health behaviors, "Your Game Plan For Preventing Diabetes." NDEP also offers information on effectiveness of prevention strategies and a slide presentation "The Science of Prevention," <http://ndep.nih.gov/resources/presentations/diabetesprevention/slide01.htm>

### Points to Make with Payers (Employers, Insurers, Plans):

- Risk factors for diabetes include: age, being overweight, having a family history, certain racial and ethnic backgrounds, history of diabetes during pregnancy, inactivity, high blood pressure, and smoking and alcohol use. Some of these risks can be controlled or reduced, or help to identify patients for early diagnosis.
- Employers can choose to develop worksite programs themselves, or to partner with vendors specializing in wellness and prevention. The goal is to reduce risk factors through lifestyle change where possible; many vendors specialize in motivational strategies, behavior change, and using incentives to improve results. PPOs can provide expertise in program design and offer coordinated programs to manage patients diagnosed with diabetes.
- Worksite programs complement screening, clinical prevention, and other wellness strategies. Worksite programs should be aligned with diabetes health benefits offered to employers. Alignment of this spectrum of programs shows an employer/payer's top down commitment to prevention and management of diabetes.

## Talking with Payers, Providers and Patients About Diabetes: Tab 5: What Payers Can Do: Screening Programs

Diabetes can be delayed or prevented with successful identification and behavior change in people at risk. Fifty-four million people have pre-diabetes, a condition in which blood glucose levels are higher than normal, and millions more are overweight or inactive - conditions that increase risk of disease. In addition, those who already have diabetes are at significantly greater risk for developing co-morbidities. Screening programs are a way to identify *risk* for diabetes (or other chronic diseases) or identify *early disease*.

There are two types of screening: 1) clinical- checking blood sugar - and 2) risk factor screening. Clinical screening is usually a covered service delivered by the patients' health care providers. Health risk assessments (HRAs) are written risk factor screening tools. They can be offered by employers or health plans to help patients understand their risk of disease or complications. There are diabetes-specific HRAs, or general HRAs. HRAs are also available for free on the internet from sources such as the American Diabetes Association. PPOs can work with payers to offer a health risk assessment tool and develop systems for appropriate follow up.

**This section includes samples of resources for payers: (also see Tab 11)**

University of Michigan Health Management Research Center  
<http://www.hmrc.umich.edu/services/hra.html>

### Points to Make with Payers (Employers, Insurers, Plans):

- HRAs are designed to identify modifiable risk factors including smoking, alcohol use, and inactivity that impact many chronic diseases, including diabetes. They can also identify groups of people with overall higher risk, who may benefit from early diabetes clinical screening and regular checks for cardiovascular disease.
- Where resources are limited, it may be most effective to focus screening programs on people with known risk factors such as high blood pressure. HRAs have the most impact when they are coupled with health information and referrals for interventions such as treatment, counseling or other therapy.
- Payers can offer a health risk assessment a health benefit and use the data to trigger health management interventions. HRAs can be designed to report a risk "score" to patients, and may also report summary data to the sponsor. Aggregate information from HRAs helps the payer to understand common risk factors and health conditions in the covered population. Many payers offers incentives for patients to complete a health risk assessment. Protection of patient / employee privacy is a key consideration in HRA programs.
- HRAs are also used for people who have a diagnosed chronic diseases to assess health status and target education and clinical needs. Ongoing screening of diabetics for other co-morbidities is extremely important because diabetics are at significantly higher risk for developing co-morbidities.
- The National Business Group on Health collaborated with CDC to produce *A Purchasers Guide to Clinical Preventive Services: Moving Science into Coverage*. NBGH recommends screening high risk individuals for diabetes and establishes the economic benefits of preventive intervention. NBGH also recommends identification of risk factors (such as through an HRA), as a precursor to effective diabetes prevention and management. [www.businessgrouphealth.org/benefitsttopics/topics/purchasers/index.cfm](http://www.businessgrouphealth.org/benefitsttopics/topics/purchasers/index.cfm)

## Talking with Payers, Providers and Patients About Diabetes: Tab 6: What Payers Can Do: Improving Management of Diabetes

Payers have a stake in ensuring that patients are treated effectively for diabetes: poorly treated diabetes results in more complications for patients, higher absenteeism, and higher medical costs. Payers can use disease management to improve care for patients with diabetes or they can leverage network physicians to improve the quality of care they provide. Leveraging strategies include pay for performance, Bridges to Excellence, NCOA recognition and other turnkey programs that are being used to reward physicians for better outpatient or hospital care. This Tab addresses disease management, while later sections address strategies for recognizing physician excellence.

This section includes samples of resources to share with payers:

NDEP "Making a Difference: The Business Community Takes on Diabetes"  
<http://ndep.nih.gov/diabetes/pubs/MakingDifference.pdf>

"Wellness, Disease and Care Management: Background for Developing a Business Strategy"  
[http://www.dmaa.org/pdf/DMAA-NAM\\_Employer\\_Toolkit.pdf](http://www.dmaa.org/pdf/DMAA-NAM_Employer_Toolkit.pdf)

### Talking Points to Make With Payers:

- Diabetes care requires a team approach centered on individual patient needs. A high quality diabetes care program includes eye exams, foot exams, and nutrition education. For example, standards of quality care for diabetes state that patients should have an annual eye exam to look for early (treatable) signs of "diabetic retinopathy," a common complication.
- Physicians need support to deliver care that requires services of multiple providers. Disease management is one strategy for supporting patients to ensure that they receive the highest standards of care coordinated across multiple providers. Coordinated care emphasizes education and self management activities to improve outcomes.
- CDC research shows that diabetes disease management programs help patients reduce blood sugar, which is associated with a decrease in diabetes-related complications and death. Use of important screening and monitoring tests for diabetes care quality also increased for patients in disease management programs. The Center for Health Care Strategies examined research on the impact of a wide range of care management strategies in Medicaid programs, and found that disease management interventions reduced hospitalizations - the most costly type of care. [http://www.chcs.org/usr\\_doc/Diabetes\\_Studies.pdf](http://www.chcs.org/usr_doc/Diabetes_Studies.pdf)
- Disease management programs are an organized way to improve care of patients with diabetes. Disease management programs identify patients with diabetes and reach out to them with information, motivational strategies, health coaching, and education designed to change behavior. Disease management programs are designed to save costs for payers and improve clinical outcomes for patients.
- Other models for improving diabetes care have emerged, including the Chronic Care Model and the Advanced Primary Care Medical Home. The key to better outcomes in any model is alignment of benefits, coordinating services (often through better information management), and engaging patients to be a knowledgeable and active partner in care.

## Talking with Payers, Providers and Patients About Diabetes: Tab 7: What Payers Can Do: Benefit Design

For many PPOs benefit design issues are either the responsibility of an employer/purchaser or another type of payers. The role of the PPO clinical leadership may be to bring best practice information on benefit design to the payer. There is increasing information that benefit design can support best practices in diabetes care management. For example, many payers are experimenting (or have results of effectiveness) with approaches that could include patient and provider incentives and new reimbursement models. Payer strategies around diabetes could include:

- Benefit incentives to encourage patients to adopt healthy lifestyles
- Reduced co-pays for essential diabetes-related services and medications
- Coverage of support services such as counseling by a pharmacist or diabetes educator

This section includes samples of web resources to share with payers:

National Business Coalition On Health “Promoting Consumerism Through Responsible Health Care Benefit Design” [http://www.nbch.org/resources/policypapers/health\\_benefit\\_design.pdf](http://www.nbch.org/resources/policypapers/health_benefit_design.pdf)

Other useful resources with case studies on employer adoption of innovative benefit design include:

Issue Brief: Benefit Design Innovations: Implications for Consumer-Directed Health Care”  
<http://www.hschange.com/CONTENT/913/913.pdf>

A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage  
[http://www.businessgrouphealth.org/benefitsttopics/topics/purchasers/condition\\_specific.cfm](http://www.businessgrouphealth.org/benefitsttopics/topics/purchasers/condition_specific.cfm)

Center for Value Based Insurance Design  
<http://www.sph.umich.edu/vbidcenter/index.htm>

### Talking Points for PPOs on Benefit Design for Diabetes

- Value based benefit design is an emerging approach designed to reduce costs or increase incentives for essential treatments for chronic disease, including diabetes. Pitney Bowes and other large employer have found better treatment compliance and outcomes with this approach.
- Pitney Bowes developed a model to improve appropriate use of medications by employees. They lowered diabetes pharmacy costs and carefully monitored utilization, pharmacy, and disability costs. Pharmacy costs went up, emergency room cost went down, and company health spending trend held at 8.1% during the experiment; benchmark companies increased 12-15%. See article at: [http://www.ajmc.com/files/articlefiles/A169\\_07april\\_Berger\\_S55toS58.pdf](http://www.ajmc.com/files/articlefiles/A169_07april_Berger_S55toS58.pdf)
- Studies show that when co-pays for essential medications (like diabetes drugs) go up, patient use, adherence, and persistence go down. Emergency room use goes up when long term medication compliance goes down. The net effect is no cost savings and poorer health outcomes. See: <http://content.nejm.org/cgi/content/abstract/354/22/2349>

## Talking with Payers, Providers and Patients About Diabetes: Tab 8: Talking With Providers - Standards of Care for Diabetes

Diabetes is a complex disease often accompanied by co-morbidities such as nerve, eye, kidney and cardiovascular disease. Medical standards of care for diabetes address not only management of the disease, but screening for and managing related complications such as cardiovascular disease. Physicians need to work closely with other specialists and ancillary care professionals such as vision care and foot care providers to provide comprehensive diabetes care. Diabetes organizations recommend that physicians adopt a “team approach” to treating diabetes, one that includes working with diabetes educators, specialty clinicians, and others to provide information, motivation and support to promote effective patient self management.

Web based resources on standards of care for diabetes can be found from several medical specialties. The American Diabetes Association has adopted widely used standards for care:

ADA “Executive Summary Standards of Medical Care in Diabetes - 2008”  
[http://care.diabetesjournals.org/cgi/reprint/31/Supplement\\_1/S5.pdf](http://care.diabetesjournals.org/cgi/reprint/31/Supplement_1/S5.pdf)

### Points to make with physicians:

- Standards of care have a number of key, common elements including:
  - Testing for Hemoglobin A1C (A1C)
  - Dietary management, including low fat and low carbohydrate meals
  - “medical nutrition therapy” by trained providers to educate patients on dietary requirements
  - Encouraging aerobic exercise and resistance training
  - Monitoring blood pressure and lipid levels
  - Screening for kidney and retinal disease
  - Examining feet for signs of nerve disease
  - Delivering preventive services, including immunizations, smoking cessation, and depression screening
- Managing diabetes and its complications is not simple; physicians may not know what services are needed unless they have tools to support them. Physicians need office protocols to track diabetic patients and the services they need. These systems could include electronic health records, flow charts, or patient registries. Many simple tools are referenced in this toolkit.
- Physician services must be coordinated with other providers and systems established for documenting in a central location that essential care was delivered. Payers are tracking quality of diabetes care through HEDIS indicators and other performance measures and are reporting results to employer/purchasers.
- Where a disease management program is offered, physicians should be encouraged to refer patients for disease management and request documentation back from disease management
- PPOs can identify and link providers with other resources to promote quality care. Many communities have local resources for patients, including free or low cost programs for diabetes support and education. Payers and PPOs can help to connect patients to these services through web based information or care management referrals and ideally can track services through information technology.

## Talking with Payers, Providers and Patients About Diabetes: Tab 9: Talking with Providers: Physician Tools for Improving Care

The fact is, diabetes care is delivered by a team of health care professionals that may include physicians, nurses, dietitians, pharmacists, certified diabetes educators, podiatrists, optometrists, and community organizations and support groups. Physicians cannot know how effective their diabetes care is unless they evaluate their practices. Physicians need data to identify the patients needing diabetes care and to track how standards are care are being met. Information in this section will help physicians and other professionals identify tools and strategies created by national physician-directed organizations to assess the care clinicians are delivering and develop systems of care. Similar resources are available for other clinical professionals.

Samples of web based resources for physicians include:

National Diabetes Education Program "Better Diabetes Care" continuing education program  
<http://www.betterdiabetescare.nih.gov/MAINintroduction.htm>

American College of Physicians "Diabetes Care Guide" Quality Improvement Resources  
<http://diabetes.acponline.org/clinician/CL-QI-QIP.html>

Other resources include the Michigan Diabetes Research and Training Center,  
<http://www.med.umich.edu/mdrtc/profs/index.htm>

Points to make with physicians about quality improvement needs and tools:

- Currently, patients with diabetes receive all essential elements of diabetes care only about half the time, even though physicians and other providers do their best and believe they are delivering the right care. Providers cannot know how they are performing unless they collect data to track diabetic patients and services.
- Quality improvement starts with data and information about current practice. Physicians need information systems that allow them to track the diabetic patients in their panel and monitor the acute and preventive services delivered to patients.
- Supporting patient self-management is a critical element of care - patients need to understand diabetes and how to take care of themselves. A "self-management assessment" of patient knowledge and skill is important. Physicians can conduct the assessment, or make it a part of office staff intake responsibilities.
- High-tech (such as electronic health records) and low tech (flowsheets and chart stickers) approaches are available to support the work of physicians. Standard referral and report forms are available on web sites (such as the American College of Physicians web site) to support coordination of care between providers.
- Many physician programs are now being adopted to promote and reward high performance. Pay for performance, physician recognition, quality tiering, and board certification are increasingly linked to evidence that physicians are meeting diabetes standards for care.

## Talking with Payers, Providers and Patients About Diabetes: Tab 10: Talking with Providers: External Recognition for Quality Care

The National Committee for Quality Assurance (NCQA) is a national non-profit organization that sets standards for managed care organizations. NCQA also manages the Healthcare Effectiveness Data and Information Set (HEDIS), a set of detailed performance standards that establishes performance expectations for health plans. HEDIS performance expectations originate from standards of care from organizations such as the American Diabetes Association, and are reflected in health plan quality requirements and expectations for network physicians. Many health plans offer quality improvement assistance and incentives for physicians.

NCQA also has a physician self-assessment program called the Diabetes Physicians Recognition Program (DPRP). The DPRP offers an auditing protocol to physicians; it identifies where physicians are meeting Standards of Care for diabetes, and areas in need of improvement. DPRP promotes delivery and recognition of consistent high quality care by physicians. It was developed by NCQA in partnership with the American Diabetes Association (ADA). The DPRP is a voluntary program that recognizes physicians who use evidence-based measures to provide excellent care to their patients with diabetes.

This section includes sample information from the National Committee for Quality Assurance:

NCQA Diabetes Physician Recognition Program  
<http://www.ncqa.org/tabid/139/Default.aspx>

### What PPOs can say to physicians:

- The DPRP Program has 10 measures based on national Standards of Care covering areas such as:
  - HbA1c control
  - Blood Pressure control
  - LDL control
  - Eye examinations
  - Nephropathy assessment
  - Smoking status and cessation advice or treatment
- Physicians achieve recognition by conducting a self-audit program to evaluate compliance with standards of care; physicians who do not meet initial certification requirements conduct quality improvement activities and when the standards of care are met, can obtain recognition.
- Physicians who achieve DPRP Recognition show their peers, patients and others in the diabetes community that they are part of an elite group that is publicly recognized for providing high quality diabetes care.
- Physician recognition is often used by health plans to pay rewards in “pay for performance” programs, and to identify physicians eligible for preferred status in “tiered” networks. Recognition status is also published in most network provider directories as an indicator to patients that the physician has achieved special status based on quality of services.

## Talking with Payers, Providers and Patients About Diabetes: Tab 11: Talking with Patients: Risk Factors and Behavior Change

Patients need to understand what factors make them at risk for developing diabetes. Controlling “modifiable” risk factors is key to prevention, early diagnosis and delay of diabetes and its complications. Nearly one third of all diabetics do not know they have the disease and go untreated until complications begin to occur. This can lead to poorer outcomes and high costs. There are many tools available to help individuals assess their risk of developing diabetes and to identify concrete ways to prevent diabetes. The two crucial pieces of prevention for individuals are assessing risks, and making behavior changes to prevent diabetes. These elements are addressed in the tools recommended here. Tools to identify risk and make changes can be offered by PPOs, payers or employer or can be accessed directly by patients using resources on the Internet.

This section includes a sample of resources to share with patients:

NDEP “Your Game Plan to Prevent Diabetes”  
[http://ndep.nih.gov/diabetes/pubs/GP\\_Booklet.pdf](http://ndep.nih.gov/diabetes/pubs/GP_Booklet.pdf)

Other resources include the NIDDK clearinghouse and other sources of patient focused information:

American Diabetes Association Health Risk Assessment “PHD” (for individuals)  
<https://www.diabetes.org/phd/profile/start.jsp>

### Points for PPOs to make with patients:

- Factors that play a role in increasing a person’s risk include: age; ethnic/racial background; family history; HDL and triglyceride levels; inactivity; obesity; hypertension; gestational diabetes; alcohol/tobacco use. The message to patients is the good news that many of these factors can be modified through lifestyle changes.
- Many assessment tools do more than just calculate generic risk. Assessments often offer information and knowledge to help individuals understand their personal level of risk and what to do about it. Several key pieces of information that should be offered from a credible diabetes risk assessment tool include:
  - How often a person should be screened for diabetes
  - Why the various factors measured are important
  - What the different kinds of diabetes are and which is more likely to affect you
  - What steps the person can take to reduce risk
- Patients need educational tools to help them understand and manage controllable risk factors. Many free educational resources are available for patients including those referenced in this toolkit. Patient information is available at varying reading levels and in multiple languages.
- Without education, information and motivation, risk assessments alone are not effective at reducing diabetes risk. Disease management programs are designed to work with patients to help them understand risk of diabetes or co-morbidities, and to develop effective strategies to modify risk. Physicians, other professionals and community support groups can also support patients in addressing risk factors.

## Talking with Payers, Providers and Patients About Diabetes: Tab 12: Talking with Patients: Self Management and the Care Team

Diabetes self management is the technical term for helping patients take care of their own health more effectively. Self management education and support are an important component of a care plan for people with diabetes. People with diabetes need knowledge and skills necessary to make choices about their diseases so that they can self direct their care, adopt needed lifestyle changes, and ultimately control their health. Self management is a learned process that can and should be guided by multiple members of the diabetes care team: physicians and other clinicians, educators, and care managers. Written tools and information can help patients to track needed services, interact more effectively with providers and understand the steps needed to care for diabetes.

This section includes samples of resources for patients:

NIDDK "Your Guide to Diabetes Type 1 and Type 2"

<http://diabetes.niddk.nih.gov/dm/pubs/type1and2/YourGuide2Diabetes.pdf>

American College of Clinical Endocrinologists Diabetes - Passport for Patients

<http://www.ace.com/documents/pdf/DiabetesPassport.pdf>

Other examples are at:

CVS/Caremark "Pocket Checklist for Doctor Visits"

<http://healthresources.caremark.com/topic/diabetesdr>

American Association of Diabetes Educators: Side by Side: a Partner Approach to Self Care <http://mydiabetespartner.org/index.php>

Ask Me 3: Good Questions for Your Good Health (general health education)

[http://www.askme3.org/pdfs/4970J\\_Eng\\_FH.pdf](http://www.askme3.org/pdfs/4970J_Eng_FH.pdf)

Points to make for patients:

- The American Association of Diabetes Educators identifies seven behaviors that will help patients successfully manage diabetes: healthy eating, being active, monitoring, taking medication, problem solving, reducing risks and healthy coping. These are the focus of diabetes education.
- The ADA recommends that people with diabetes receive self management education as outlined in the national Standards of Care and that this be a covered benefit. Diabetes self management education should be provided at the time of diagnosis and as needed thereafter.
- The ADA recommends assessing a patient's self management skills and knowledge of diabetes at least annually. See Tab 9 for physician tools to assess patient self management education skills.
- Effective self management education improves outcomes and in certain situations reduces costs. Patients may need coaching on how to interact effectively with physicians and other health professionals, and also benefit from written tools or electronic records to track their health information.

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