The Future of Diabetes Care

January 2016
## DIABETES: BAY COUNTY

<table>
<thead>
<tr>
<th>DIABETES</th>
<th>YEAR</th>
<th>RATE TYPE</th>
<th>BAY COUNTY</th>
<th>FLORIDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults diagnosed with diabetes</td>
<td>2010</td>
<td>Percent</td>
<td>8.9%</td>
<td>↓ 10.4%</td>
</tr>
<tr>
<td>Age-adjusted death rate</td>
<td>2011-13</td>
<td>Per 100,000</td>
<td>29.8</td>
<td>↑ 19.6</td>
</tr>
<tr>
<td>Age-adjusted hospitalization rate</td>
<td>2011-13</td>
<td>Per 100,000</td>
<td>2869.6</td>
<td>↑ 2293.1</td>
</tr>
<tr>
<td>Average age of diagnosis</td>
<td>2013</td>
<td>Years</td>
<td>48.4</td>
<td>↓ 50.8</td>
</tr>
</tbody>
</table>

### BAY COUNTY ADULTS WITH DIABETES WHO HAVE:

<table>
<thead>
<tr>
<th>Event</th>
<th>YEAR</th>
<th>RATE TYPE</th>
<th>BAY COUNTY</th>
<th>FLORIDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>ever had DSME</td>
<td>2013</td>
<td>Percent</td>
<td>58.4%</td>
<td>↑ 49.6%</td>
</tr>
<tr>
<td>had two A1C tests in the past year</td>
<td>2013</td>
<td>Percent</td>
<td>63.4%</td>
<td>↓ 69.3%</td>
</tr>
<tr>
<td>had an annual foot exam</td>
<td>2013</td>
<td>Percent</td>
<td>56.4%</td>
<td>↓ 67.6%</td>
</tr>
<tr>
<td>had an annual eye exam</td>
<td>2013</td>
<td>Percent</td>
<td>58.5%</td>
<td>↓ 69.7%</td>
</tr>
<tr>
<td>self-monitor blood glucose daily</td>
<td>2013</td>
<td>Percent</td>
<td>47.2%</td>
<td>↓ 61.8%</td>
</tr>
</tbody>
</table>
Impact of Diabetes

• Bay County-Emergency Room Use Related to Diabetes
  Number of ER Visits-1,650
  Total Diabetes Charges-$7,647,466.00

Increased disease prevalence, not increased cost-per-patient, is the driving force.
Nurse Managed Diabetes Services: Improving Health Measures in Patients with Type 2 Diabetes

- Reduction in A1C levels
- Decrease in body weight, BMI & blood pressure
- Improvements in LDL cholesterol & triglycerides
Diabetes Services Program at FDOH-Bay County

- National Diabetes Prevention Program
- Diabetes Self-Management Education
- Type 2 Diabetes Support Group
- Medical Nutrition Therapy
- Pregnancy with Diabetes Education
- Insulin Pump Management
- Living Well With Diabetes
Why Choose the Diabetes Services Program at FDOH-Bay County?

- Accredited by the American Association of Diabetes Educators (AADE).
- Increased patient service at **NO COST TO THE PROVIDER**.
- Treating physician retains clinical authority, control and direction of the patient’s care & treatment regimen.
- Can assist in meeting pay-for-performance and quality improvement goals.
PHYSICIAN BENEFIT

- Demonstrate provider’s practice efficiency.
- Track and monitor patients’ care and progress with regular status reports.
- Higher reimbursement with demonstration of coordinated care toward improved patient outcomes.
Case Management: SmartSimple

Program Manager
- Creates and manages programs
- Establishes objectives, outcomes and performance indicators

Administrative Staff
- Schedule client activities
- Maintain case information

Case Manager
- Creates cases, conducts assessments, refers services
- Determines case conclusion

Intake
- Needs identification
- Assessment
- Planning
- Case activates
- Case evaluation
- Outcome

Client
- Registers/enrolls
- Updates profile and/or case where applicable
- Registers for activities

3rd party
- Provides referral services
- Inputs case information

Billing & Invoicing
- Invoice by company, referral/case or service
- HCAI Integration
Value-Based Payment Modifier

Groups with > eligible professionals (EPs)

- PQRS GPRO Reporters in 2015
  - Positive (up to +4.0x), neutral, or negative (up to -4.0%) adjustment

- Non-PQRS Reporters in 2015
  - -4.0%* VBM adjustment
    *in addition to -2.0% PQRS penalty

Groups with 2-9 EPs and solo practitioners

- 2-9 EPs: 2015 PQRS GPRO Reporters
  - Solo practitioners: 2015 PQRS reporters
    - Positive (up to +2.0x), or neutral adjustment based on quality tiering
      *no downward adjustment

- Non-PQRS Reporters in 2015
  - -2.0% VBM adjustment
    *in addition to -2.0% PQRS penalty
Outcome Measures that CMS will Automatically Utilize to Calculate Quality Composite Scores

- All-cause readmissions
- Acute preventive quality indicator composite (bacterial pneumonia, UTI, dehydration)
- Chronic preventive quality indicator composite (COPD, HF, Diabetes Mellitus)
**Physician Quality Reporting System (PQRS)**

Effective 2015, eligible professionals and group practices who do not satisfactorily report are subject to negative payment adjustment.

<table>
<thead>
<tr>
<th>Adjustment</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5% adjustment in 2015</td>
<td>EPs or group practices participating in PQRS GPRO will receive 98.5% of their allowed Medicare Part B PFS amount for covered professional services that would otherwise apply to such services.</td>
</tr>
<tr>
<td>2.0% adjustment in 2016 and subsequent years</td>
<td>EPs or group practices participating in PQRS GPRO will receive 98% of their allowed Medicare Part B PFS amount for covered professional services that would otherwise apply to such services.</td>
</tr>
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Calculation of the 2017 Value Modifier Using the Quality Tiering Approach

### Groups with > 10 EPs

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<tr>
<th>Cost/Quality</th>
<th>Low Quality</th>
<th>Ave Quality</th>
<th>High Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Cost</td>
<td>0.0%</td>
<td>+2.0x*</td>
<td>+4.0x*</td>
</tr>
<tr>
<td>Average Cost</td>
<td>-2.0%</td>
<td>0.0%</td>
<td>+2.0x*</td>
</tr>
<tr>
<td>High Cost</td>
<td>-4.0%</td>
<td>-2.0%</td>
<td>0.0%</td>
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* Eligible for an additional +1.0x if average beneficiary risk score is in the top 25% of all beneficiary risk scores

### Groups with 2-9 EPs and solo practitioners

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<tr>
<td>Low Cost</td>
<td>0.0%</td>
<td>+1.0x*</td>
<td>+2.0x*</td>
</tr>
<tr>
<td>Average Cost</td>
<td>0.0%</td>
<td>0.0%</td>
<td>+1.0x*</td>
</tr>
<tr>
<td>High Cost</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
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PATIENT BENEFIT

- Improved diabetes knowledge and improved self-care behavior.
- Improved clinical outcomes, such as lower A1Cs.
- Reduced use of acute, inpatient hospital services.

(NDEP, 2013; Boren et al., 2009; Davidson et al., 2007; Hiss et al., 2007)
FDOH-Bay County’s Nurse Managed Diabetes Services Program

Measureable Outcomes

HgbA1C decreases following DSME:

<table>
<thead>
<tr>
<th>Name</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scarlett</td>
<td>15.5%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Jessie</td>
<td>11.4%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Mike</td>
<td>7.1%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Clint</td>
<td>7.1%</td>
<td>6.1%</td>
</tr>
</tbody>
</table>
# More Success with DSME

<table>
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<tr>
<th>STUDY</th>
<th>TYPE OF PROGRAM</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine</td>
<td>Ambulatory Diabetes Education and Follow-up</td>
<td>32% ↓ hospitalizations</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>Diabetes Clinic County Hospital</td>
<td>73% ↓ hospitalizations</td>
</tr>
<tr>
<td>Atlanta</td>
<td>Outpatient care and Education Clinic</td>
<td>65% ↓ hospitalizations</td>
</tr>
<tr>
<td>North Dakota</td>
<td>Outpatient Education</td>
<td>72% ↓ hospitalizations</td>
</tr>
</tbody>
</table>
Diabetes Services Program Team

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Diabetes Service Program

For more information about FDOH-Bay County’s Diabetes Services Program, please contact:

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References


