

The Future of Diabetes Care



DIABETES: BAY COUNTY

DIABETES	YEAR	RATE TYPE	BAY COUNTY		FLORIDA
Adults diagnosed with diabetes	2010	Percent	8.9%	↓	10.4%
Age-adjusted death rate	2011-13	Per 100,000	29.8	↑	19.6
Age-adjusted hospitalization rate	2011-13	Per 100,000	2869.6	↑	2293.1
Average age of diagnosis	2013	Years	48.4	↓	50.8
BAY COUNTY ADULTS WITH DIABETES WHO HAVE:					
ever had DSME	2013	Percent	58.4%	↑	49.6%
had two A1C tests in the past year	2013	Percent	63.4%	↓	69.3%
had an annual foot exam	2013	Percent	56.4%	↓	67.6%
had an annual eye exam	2013	Percent	58.5%	↓	69.7%
self-monitor blood glucose daily	2013	Percent	47.2%	↓	61.8%

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

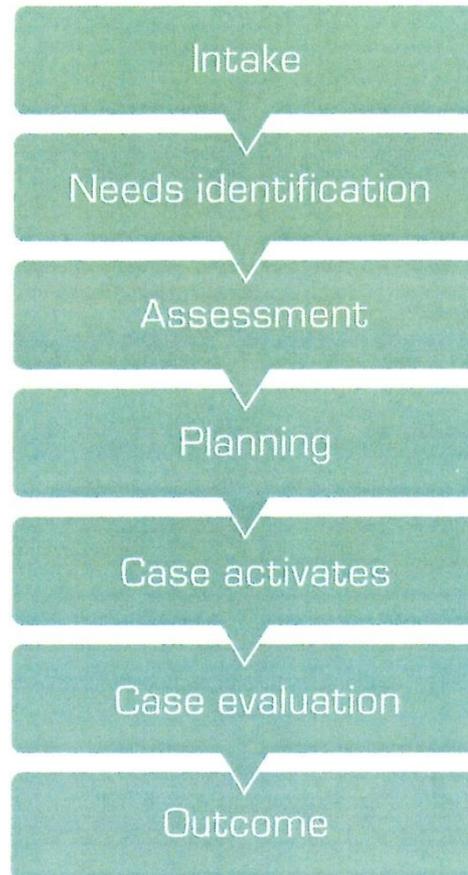
- Creates and manages programs
- Establishes objectives, outcomes and performance indicators

Administrative Staff

- Schedule client activities
- Maintain case information

Case Manager

- Creates cases, conducts/assessments, refers services
- Determines case conclusion



Client

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

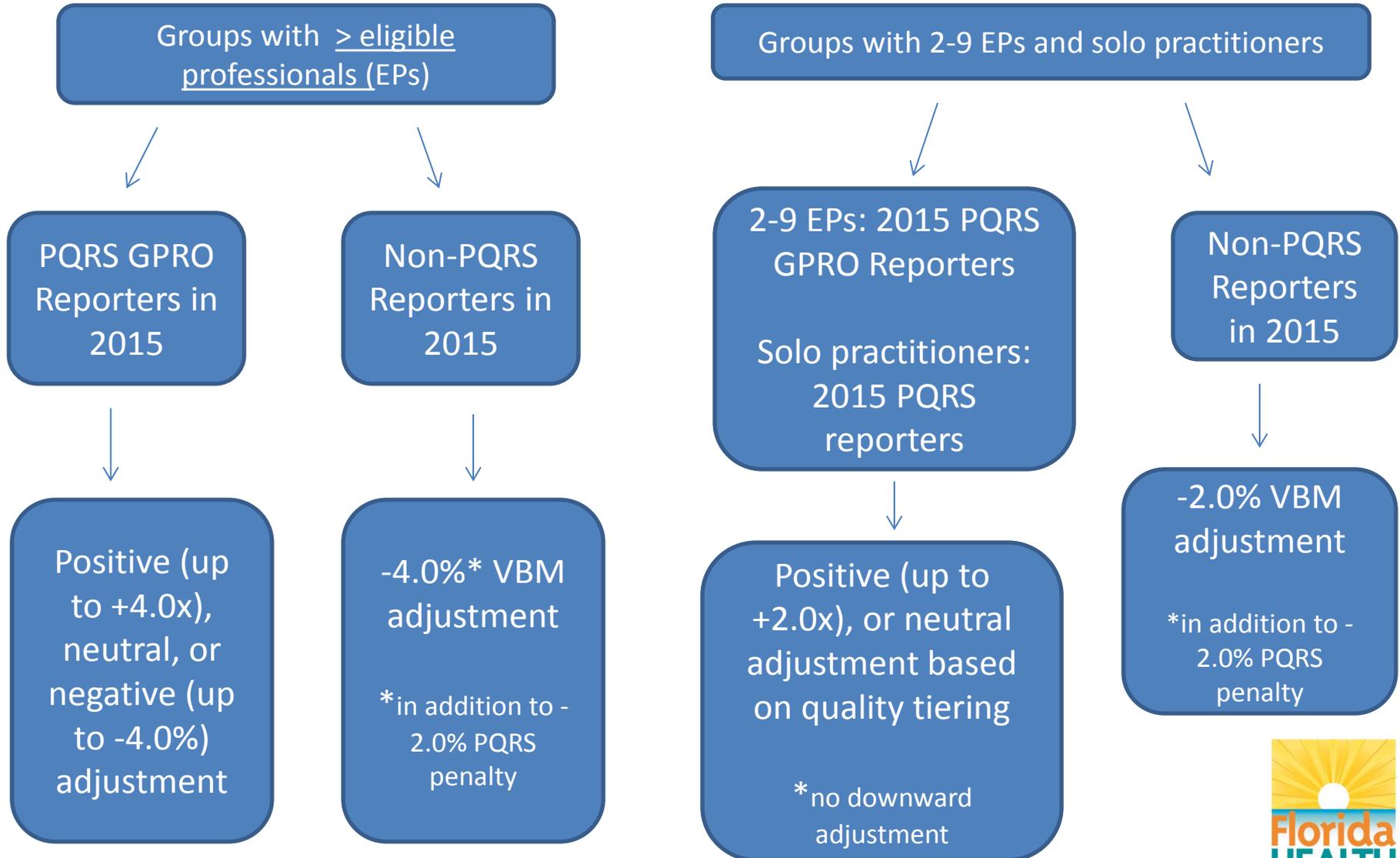
3rd party

- Provides referral services
- Inputs case information

Billing & Invoicing

- Invoice by company, referral/case or service
- HCAI Integration

Value-Based Payment Modifier



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.

1.5%
adjustment
in 2015

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.

2.0%
adjustment
in 2016 and
subsequent
years

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.

Calculation of the 2017 Value Modifier Using the Quality Tiering Approach

Groups with > 10 EPs

<u>Cost/Quality</u>	<u>Low Quality</u>	<u>Ave Quality</u>	<u>High Quality</u>
Low Cost	0.0%	+2.0x*	+4.0x*
Average Cost	-2.0%	0.0%	+2.0x*
High Cost	-4.0%	-2.0%	0.0%

Groups with 2-9 EPs and solo practitioners

<u>Cost/Quality</u>	<u>Low Quality</u>	<u>Ave Quality</u>	<u>High Quality</u>
Low Cost	0.0%	+1.0x*	+2.0x*
Average Cost	0.0%	0.0%	+1.0x*
High Cost	0.0%	0.0%	0.0%

* Eligible for an additional +1.0x if average beneficiary risk score is in the top 25% of all beneficiary risk scores



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:

Scarlett	15.5%	to	8.5%
Jessie	11.4%	to	8.0%
Mike	7.1%	to	6.5%
Clint	7.1%	to	6.1%

More Success with DSME

STUDY	TYPE OF PROGRAM	OUTCOMES
Maine	Ambulatory Diabetes Education and Follow-up	32% ↓ hospitalizations
Los Angeles	Diabetes Clinic County Hospital	73% ↓ hospitalizations
Atlanta	Outpatient care and Education Clinic	65% ↓ hospitalizations
North Dakota	Outpatient Education	72% ↓ hospitalizations

Diabetes Services Program Team

Julie A. D. Tindall, MSN, RN, Diabetes Services Program Director

Angelo Herbu, ARNP-BC

Marsha Sumner, BSN, RN, Senior Community Health Nursing Supervisor

Jo Colville, BSN, MA, CDE, LNC, Diabetes Services Consultant & Coordinator

Deanna Howard-Gonzalez, MBA, RD,LD/N, CDE, Registered Dietitian

Karla Mills, RN, Health Educator

Michelle Gautreaux, RD, Nutrition Consultant

Natasha Coleman, Health Educator, Lifestyle Coach

Nancy Haralson, Staff Assistant, Lifestyle Coach

Samantha Horton, Staff Assistant

850-872-4455 ext. 1460



Diabetes Service Program

For more information about FDOH-Bay County's

Diabetes Services Program, please contact:

Julie A. D. Tindall, MSN, RN

Diabetes Services Program Director

597 W. 11th Street

Panama City, Florida 32401

850-872-4455 ext. 1293

Julie.Tindall@FLHealth.gov



References

- Al-Atrash F, et al. Abstract #275. Presented at: AACE 24th Annual Scientific & Clinical Congress; May 13-17, 2014; Nashville, Tenn.
- Boren, S.A., Fitzner, K.A., Panhalkar, P.S. & Specker, J.E. (2009). Costs and benefits associated with diabetes education: A review of the literature. *The Diabetes Educator* 2009; 35; 72. doi: 10.1177/0145721708326774
- Cefalu, W. T., Petersen, M. P., & Ratner, R. E. (2014). The alarming and rising costs of diabetes and prediabetes: A call for action! *Diabetes Care*, 37(12). 3137-3138. doi: 10.2337/dc14-2329
- Davidson, M.B., Ansari, A. & Karlan, V.J. (2007). Effect of a nurse-directed diabetes disease management program on urgent care/emergency room visits and hospitalizations in a minority population. *Diabetes Care*: 30(2), 224-7.
- Department of Health and Human Services, Centers for Medicare & Medicaid Services (2015, May). Summary of 2015 Physician Value-based Payment Modifier Policies In Value-Based Payment Modifier. Retrieved from <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>
- Hiss, R. G., Armbruster, B.A., Gillard, M.L. & McClure, L.A. (2007). Nurse care manager collaboration with community-based physicians providing diabetes care: A randomized controlled trial. *Diabetes Educator*; 33(3): 493-502
- Mangan, D. (2015, May 7). Bigger health bills for diabetes patients-especially kids. Retrieved from <http://www.cnbc.com/id/102655145>
- National Diabetes Education Program (2013). Redesigning the health care team: Diabetes prevention and lifelong management. U.S. Department of Health and Human Services' National Diabetes Education Program. NIH Publication No. 13-7739. NDEP-37. Last reviewed February 2013.
- Rau, J. (2014). Readmission fines hit FL hospitals. Kaiser Health News. Retrieved from <http://health.wusf.usf.edu/post/readmission-fines-hit-fl-hospitals>
- Tucker, M. E. (2015, June 6) ADA moves to improve referrals for diabetes self-management. Medscape Medical News from the American Diabetes Association (ADA) 75th Scientific Sessions. Retrieved from http://www.medscape.com/viewarticle/846039#vp_2