Oklahoma Diabetes Prevention Report

2023

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ACKNOWLEDGEMENT

In February 2015, **Sen. Paddack** (D - District 13) authored **Senate Bill 250** requiring the Oklahoma Health Care Authority (OHCA) and Oklahoma State Department of Health (OSDH) to identify benchmarks and develop goals to reduce the incidence rates of, improve health care services for and control complications resulting from diabetes. **Sen. Pittman** (D – District 48), along with **Reps. Denney** (R – District 33) and **McDaniel** (D - District 78), **co-authored the bill**. Governor Fallin (R) signed the bill on April 10, 2015.

This is the **third biennial report** outlining the collaborative efforts of the OHCA and OSDH to create an action plan with identified **goals** and **benchmarks** to **reduce the prevalence** of **diabetes** and **improve health outcomes** of Oklahomans living with diabetes.

The **Oklahoma Diabetes Prevention Report** is authorized by statute (63 O.S. §7301) to be submitted to the President Pro Tempore of the Senate and the Speaker of the House of Representatives by January 10th of odd-numbered years. The **OHCA** and **OSDH thank** the many **community**, **tribal** and **state partners** for their commitment and dedication to reduce the burden of diabetes across the state. This report, prepared in December 2022, is hereby respectfully submitted to state leaders and to all the people of the great State of Oklahoma.

Executive Summary

Diabetes is a serious public health concern for Oklahoma. It is the eighth leading cause of death, with 1,552 Oklahomans losing their lives to diabetes-related causes.[1] Individuals with diabetes have a two-fold higher risk of death than individuals without diabetes.

According to the most recent data reported by the Behavioral Risk Factor Surveillance System (BRFSS, 2021), more than 390,000 Oklahoma adults reported having a diabetes diagnosis; this equates to about one out of every eight Oklahoman adults, or 12.8%.[2] The current number of SoonerCare (Oklahoma Medicaid) members with a diabetes-related claim is 58,433; this is 5.4% of the SoonerCare population.[3] For OHCA, the number of SoonerCare members with diabetes has decreased by 0.2% since 2019.[3]

The economic impact to Oklahomans with diabetes can be attributed to higher medical costs, both direct and indirect; economic instability due to lower rates of employment and higher rates of absenteeism; and a reduced quality of life. Diabetic patients often pay up to 2.3 times more for healthcare than their non-diabetic peers.[4]

Type 2 diabetes is the most prevalent type of diabetes in the SoonerCare population. An estimated 75%, or 3 out of 4 members with diabetes have a diagnosis of Type 2.[3]

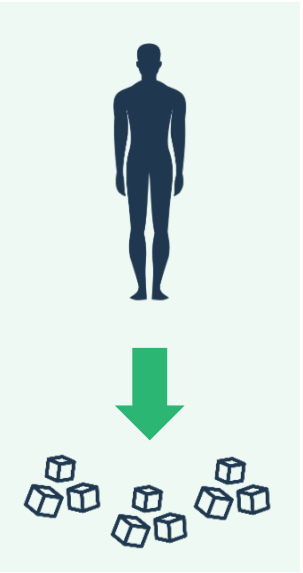
Using the Centers for Disease Control and Prevention's (CDC) estimate of 34.5%,[5] over 1 million Oklahomans may have prediabetes, a precursor to Type 2 diabetes; nine out of ten of these individuals do not know they are at risk for developing diabetes. Without a change in lifestyle behaviors 15 – 30% of these individuals (155,000 – 300,000) will convert to Type 2 diabetes in 5 – 10 years.[6]

Type 2 diabetes is considered preventable through changes in lifestyle behaviors. Increasing physical activity, maintaining an optimum weight, eating a balanced diet, stopping smoking and managing stress are lifestyle changes for preventing or delaying the development of Type 2 diabetes.

OHCA and OSDH have identified strategies for reducing the prevalence of diabetes and improving health outcomes of Oklahomans affected by diabetes. These align with the three goals of the Oklahoma Diabetes Prevention Report: 1) reducing the incidence of, 2) improving healthcare services for and 3) controlling complications resulting from diabetes.

INTRODUCTION

Diabetes includes a group of conditions in which the body has **too much sugar** circulating in the blood stream. **Glucose** (a type of sugar) is an important and necessary **fuel for the body**. Diabetes occurs when the **body does not produce** or **use insulin properly**. **Insulin**, a hormone made by the pancreas, assists with the **transfer of sugar** from the blood into muscles, liver and fat tissues where it is used as fuel or stored for later use. **Without insulin**, **sugar builds up** in the body resulting in diabetes.



TYPE 1
Loss or **malfunction** of insulin producing cells

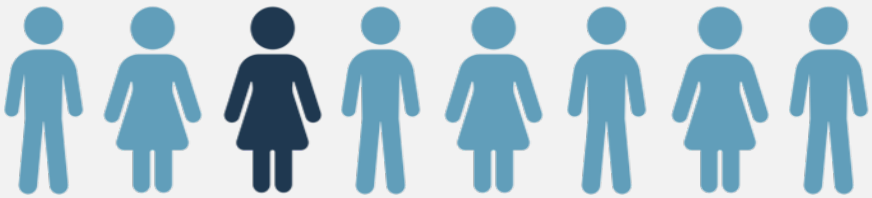
TYPE 2
Body tissues are **resistant** to insulin

Several factors contribute to what type of diabetes diagnosis an individual may have. **Type 1** is caused by a loss or malfunction of the insulin-producing cells. This may be a result of **genetic conditions**, **autoimmune disease**, **viral infection** or **environmental** factors. **Type 2**, the **most common** form of diabetes representing 90 – 95% of cases, is when the body's tissues are resistant to insulin. The **occurrence** of Type 2 **increases** with **age**, **physical inactivity** and **obesity**.

Gestational diabetes is when diabetes is diagnosed during pregnancy. **Pregnancy hormones interfere** with the way **insulin** works in the mother's body leading to **higher levels of sugar** (glucose) **in the blood**. **After the pregnancy is over**, most women's blood sugars return to normal; 20 – 50% of these women will **develop Type 2 diabetes within 10 years**.[7]

Burden of Diabetes in Oklahoma

Over 390,000 Oklahoma adults reported having been diagnosed with diabetes* in 2021

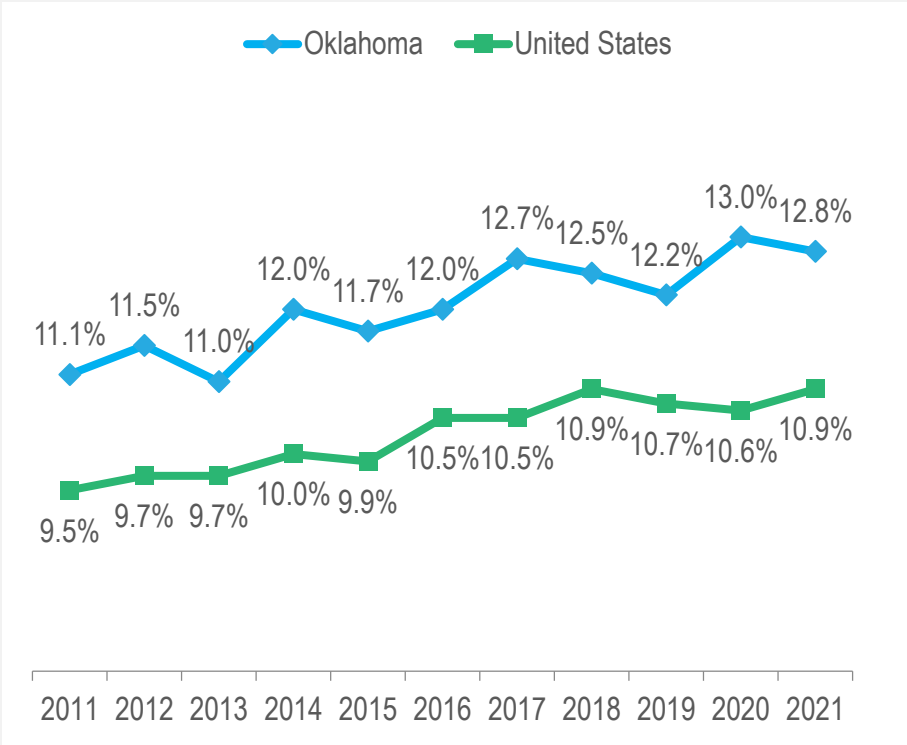


That's about 1 out of every 8 adults

In 2021, Oklahoma had the

9th

highest diabetes prevalence in the nation



* Type 2 diabetes accounts for 90% to 95% of all diabetes cases

Source: *Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2021, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share*

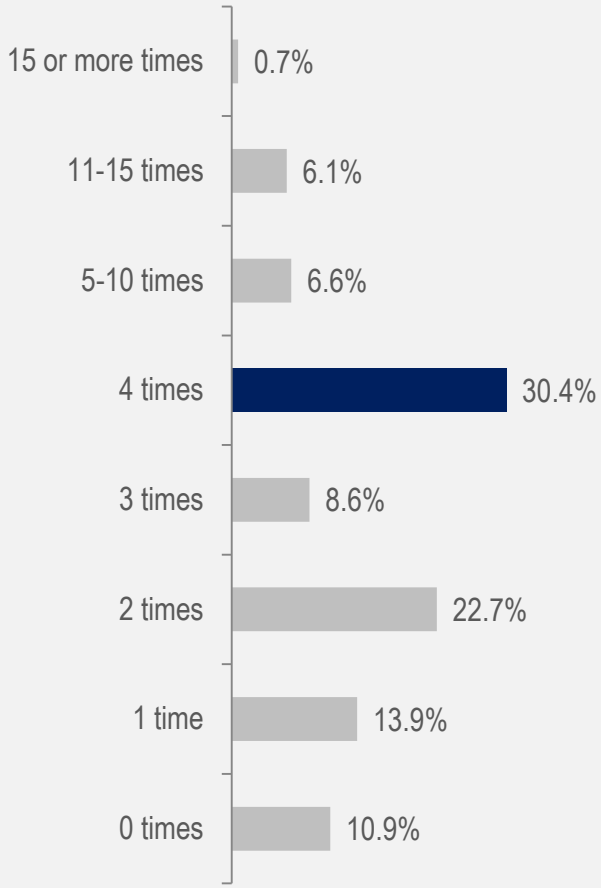
Among Those Diagnosed with Diabetes

About **1** in **3** (29.8%) are taking **insulin**

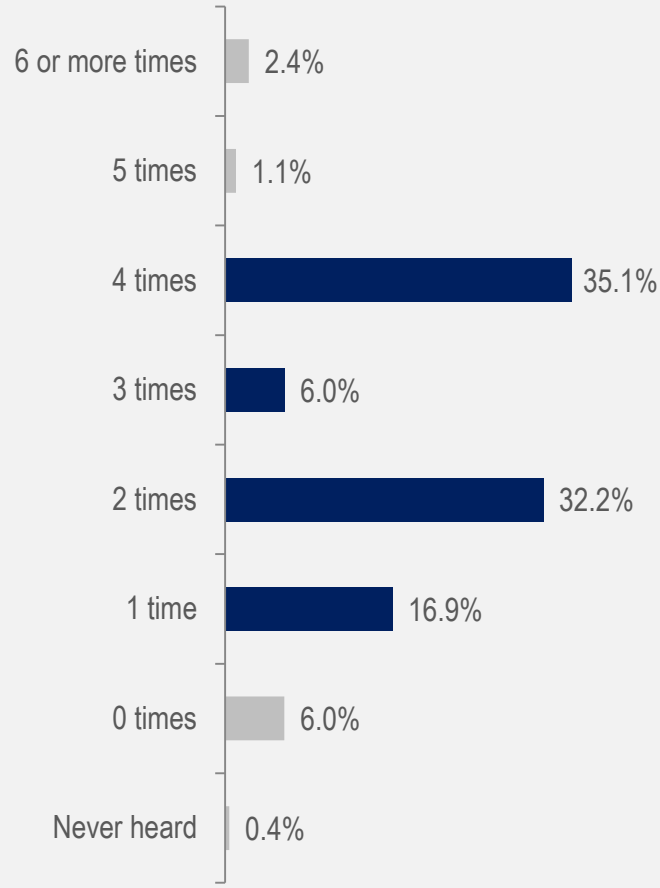
13.2% have diabetes **affecting** their **eyes**

More than half (58.8%) have taken a **class** in managing diabetes

Almost **one-third** see a health professional for their diabetes **4 times** in a year



A majority have their **A1C checked** between **1-4 times** in a year

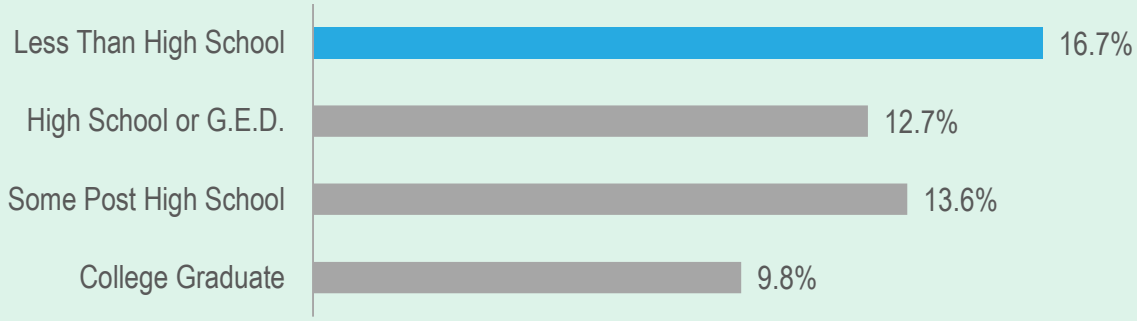


Source: *Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2021, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share*

Diabetes by Social Determinants of Health

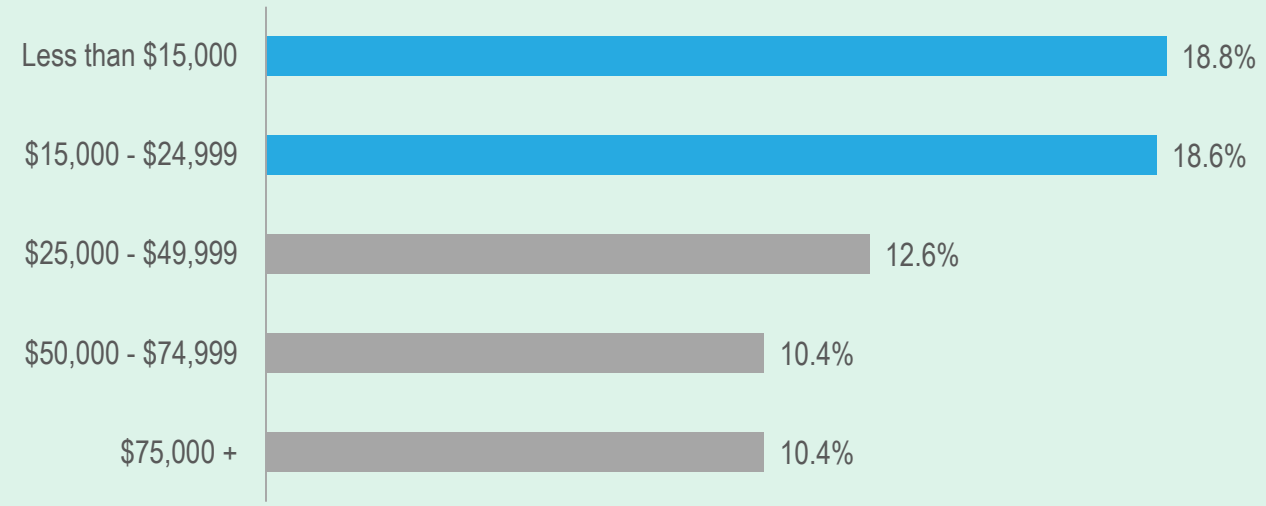
As education and income levels increase, the prevalence of diabetes decreases.

Education



In 2021, the highest prevalence of diabetes was **16.7%** among Oklahoma adults with **less than a high school** education.

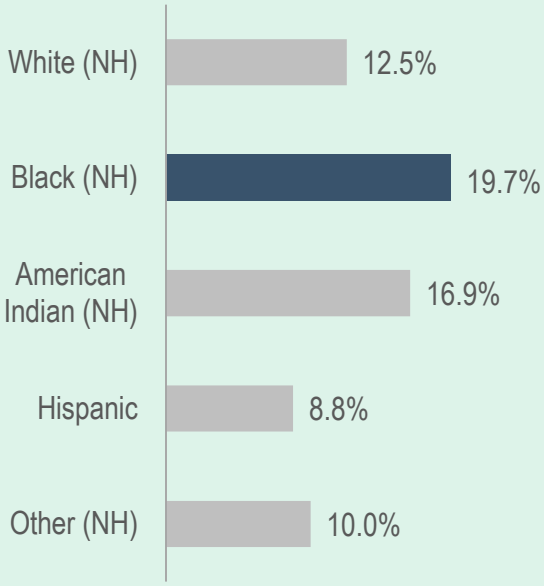
Income



In 2021, the highest prevalence of diabetes was **18.8%** and **18.6%** among those with a household income **less than $15,000** and **$15,000 and $24,999.**

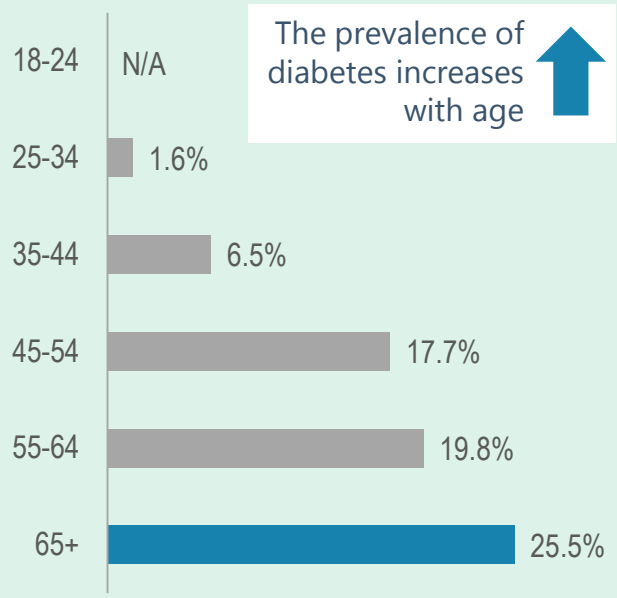
Source: *Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2021, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share*

RACE/ETHNICITY



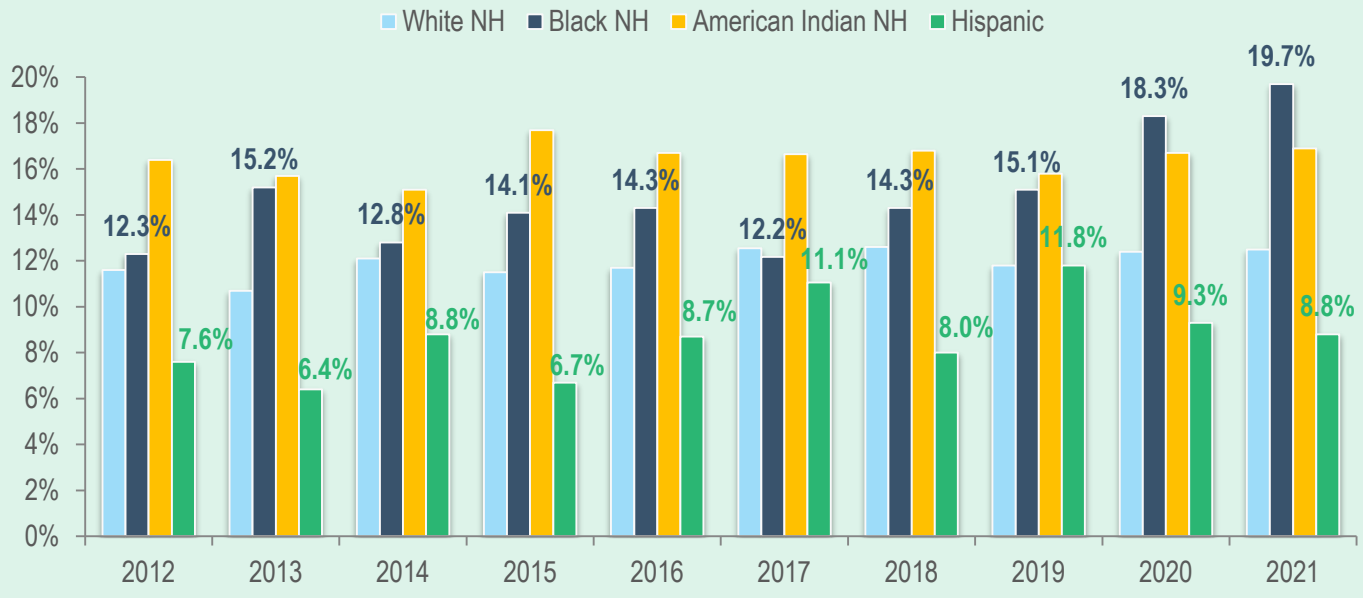
In 2021, the highest prevalence of diabetes was **19.7%** among the **Black (NH)** race.

AGE



In 2021, the prevalence of diabetes reached a high of **25.5%** among adults ages **65 years and older**.

Based on trend data, **Hispanics** continue to have the **lowest** prevalence of diabetes, and for the last two years **Blacks** to have the **highest** prevalence of diabetes among any of the racial or ethnic groups.

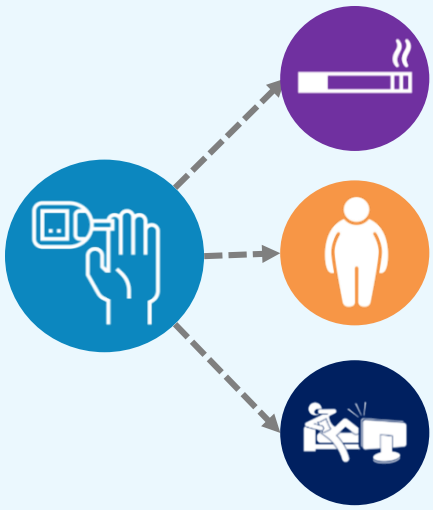


*NH=Non-Hispanic

Source: *Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2021, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share*

DIABETES-RELATED RISK FACTORS

Diabetes-related **behavioral risk factors** include **smoking**, **obesity** and **physical inactivity**



Smoking is causally linked to Type 2 diabetes[8]

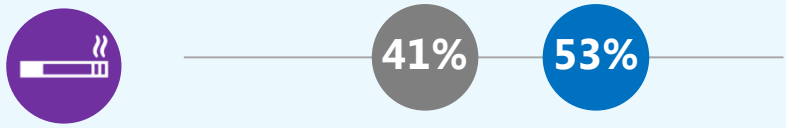
Obesity is a strong risk factor for diabetes

Physical inactivity is associated with diabetes

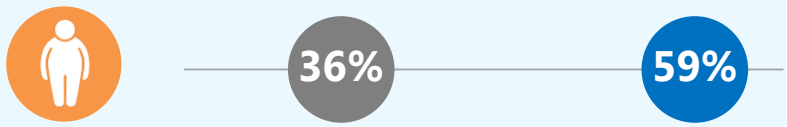
In 2021, among Oklahoma adults who have been **diagnosed with diabetes**...

No diabetes diagnosis Diabetes diagnosis

ever smoking* is **more prevalent** (**53%**) compared to prevalence of ever smoking* in adults who have **never been diagnosed with diabetes** (**41%**).



obesity is **more prevalent** (**59%**) compared to prevalence of obesity in adults who have **never been diagnosed with diabetes** (**36%**).



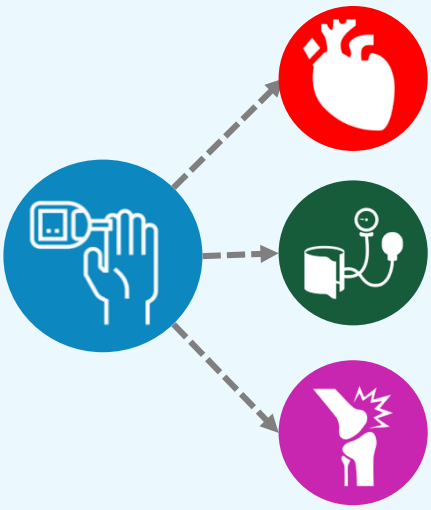
leisure time physical inactivity is **more prevalent** (**44%**) compared to prevalence of leisure time physical inactivity in adults who have **never been diagnosed with diabetes** (**26%**).

*Current everyday, someday and former smokers

Source: *Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2021, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share*

DIABETES-RELATED CO-MORBIDITIES

Diabetes-related co-morbidities include heart attack, stroke and arthritis

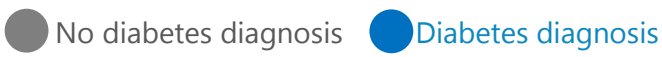


Adults with diabetes more often have other chronic conditions, specifically, cardiovascular diseases

Chances of having a stroke are 1.5 times higher for people with diabetes[9]

Arthritis may present additional barriers for adults with diabetes attempting to manage their condition through physical activity

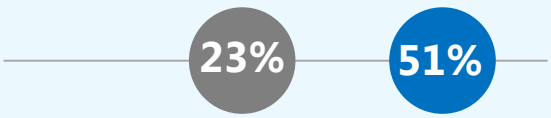
In 2021, among Oklahoma adults who have been **diagnosed with diabetes:**



there is a **higher prevalence** of **heart attack diagnosis** (**13%**) compared to heart attack diagnosis in adults who have **never been diagnosed with diabetes** (**4%**).

there is a **higher prevalence** of **stroke diagnosis** (**11%**) compared to stroke diagnosis in adults who have **never been diagnosed with diabetes** (**3%**).

there is a much **higher prevalence** of **arthritis diagnosis** (**51%**) compared to prevalence of arthritis diagnosis in adults who have **never been diagnosed with diabetes** (**23%**)



Source: *Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2021, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share.*

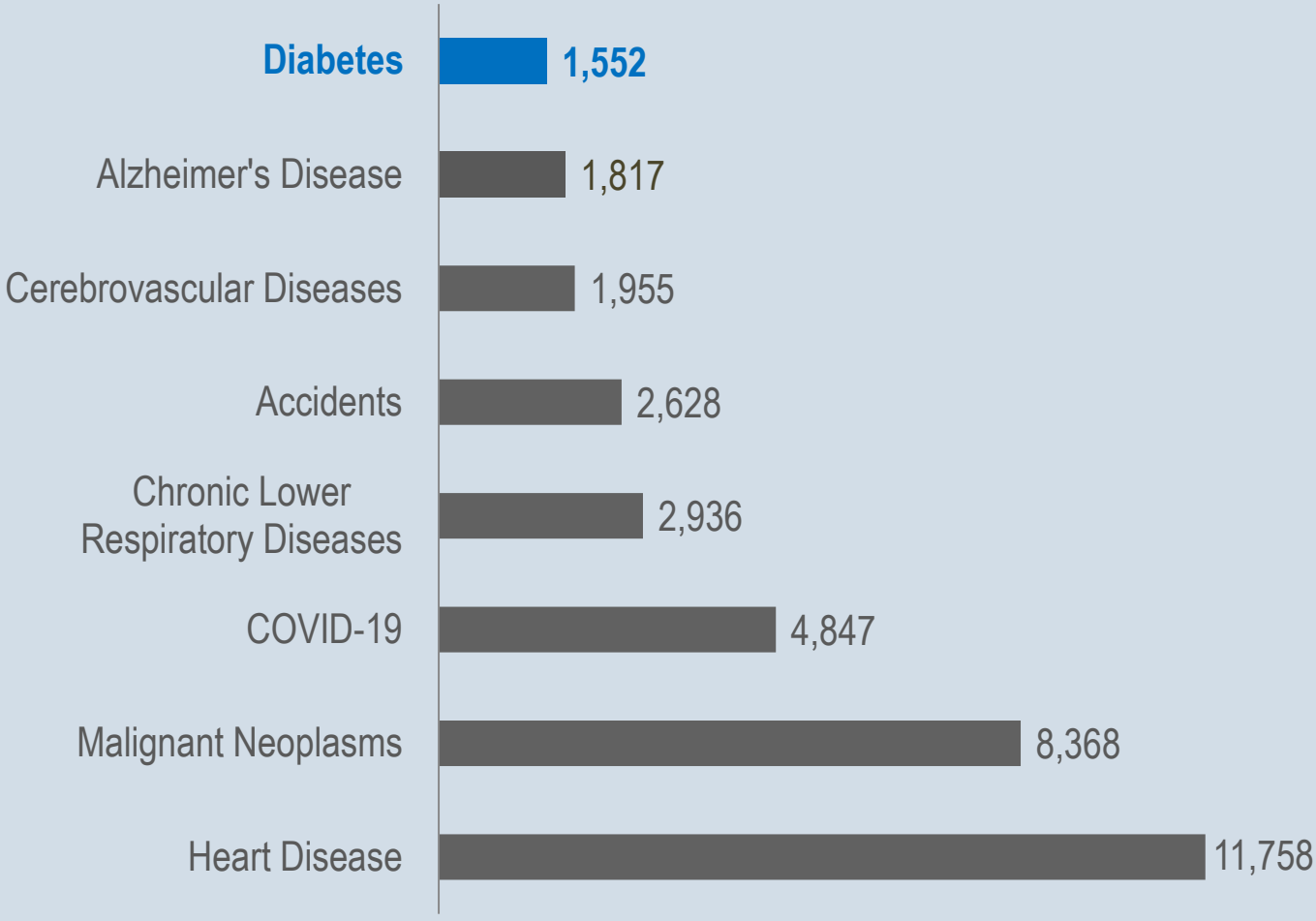
Diabetes Mortality

Diabetes is the

leading cause of death in Oklahoma

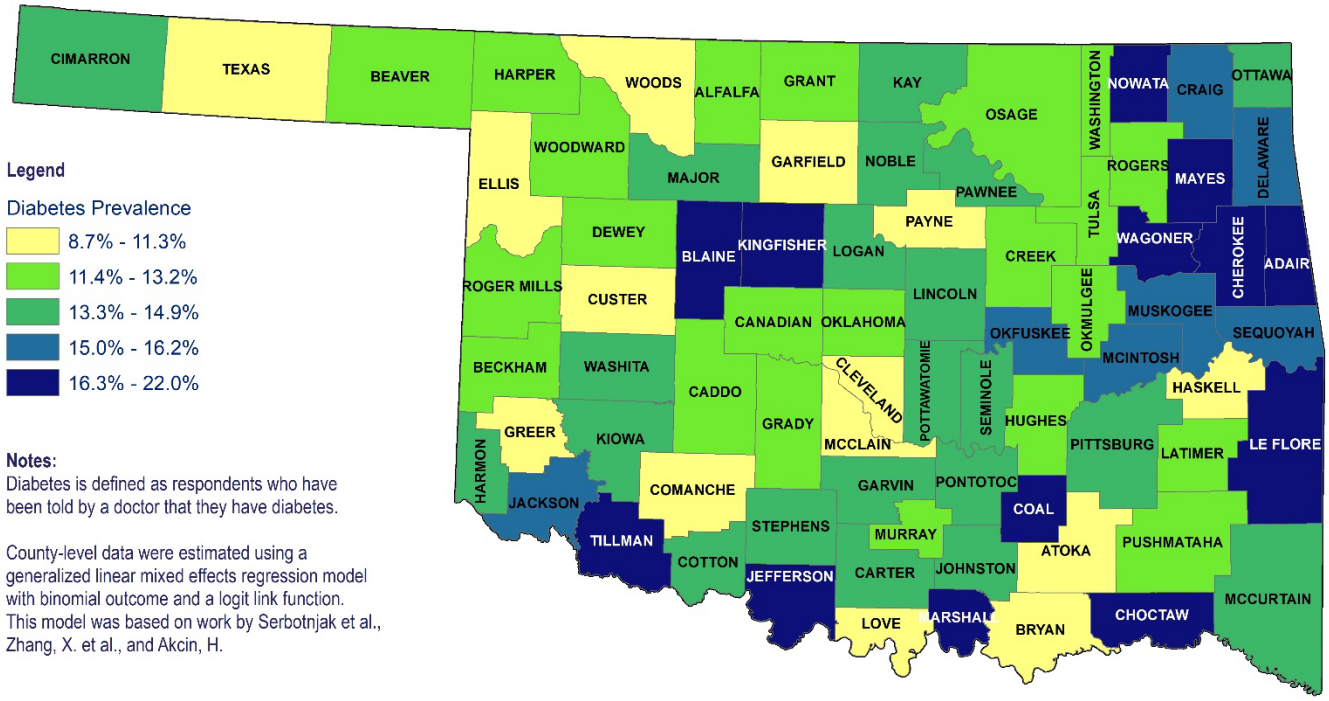
Determined to be the underlying **cause of death** in over **1,500 people** in 2020

Leading Causes of Death in Oklahoma



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Available at http://www.wonder.cdc.gov.

Oklahoma Diabetes Prevalence by County, 2020



Legend

Diabetes Prevalence

- 8.7% - 11.3%
- 11.4% - 13.2%
- 13.3% - 14.9%
- 15.0% - 16.2%
- 16.3% - 22.0%

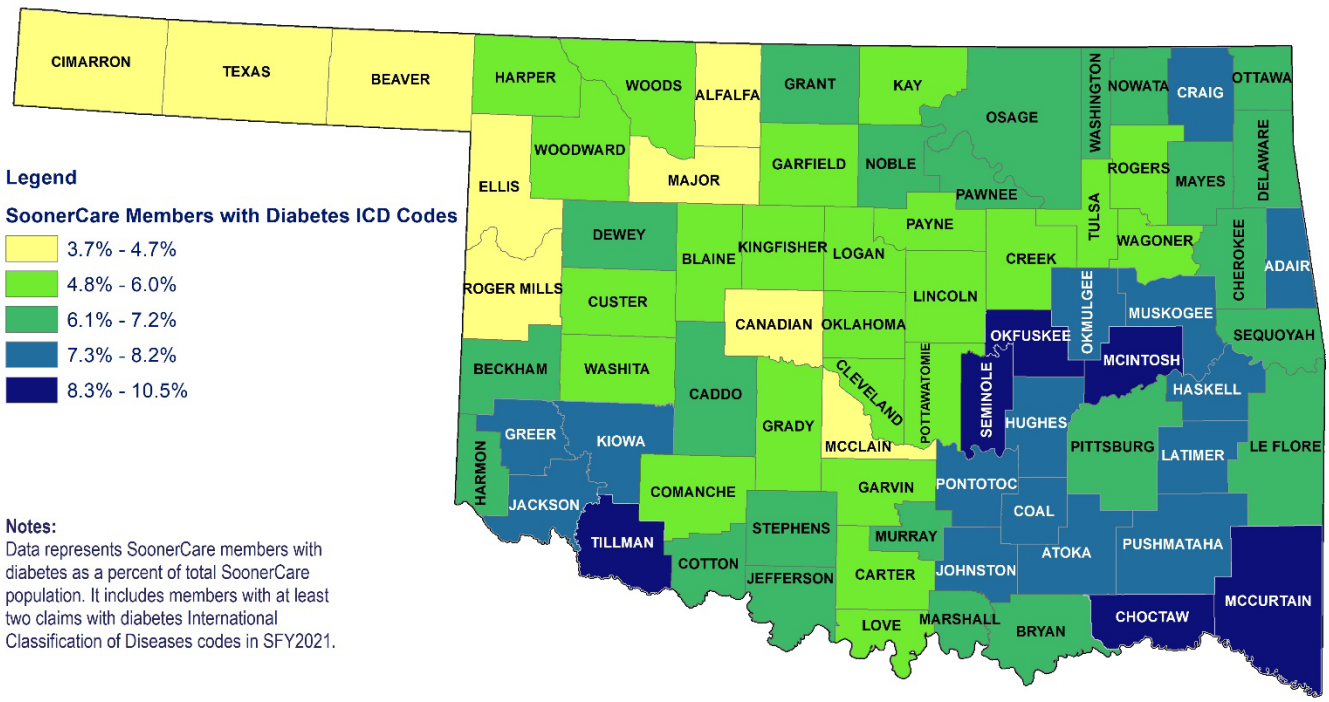
Notes:
Diabetes is defined as respondents who have been told by a doctor that they have diabetes.

County-level data were estimated using a generalized linear mixed effects regression model with binomial outcome and a logit link function. This model was based on work by Serbotnjak et al., Zhang, X. et al., and Akcin, H.

Data Source:
2020 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic **Created:** 10.24.2022

SoonerCare Diabetes Prevalence by County, 2021



Legend

SoonerCare Members with Diabetes ICD Codes

- 3.7% - 4.7%
- 4.8% - 6.0%
- 6.1% - 7.2%
- 7.3% - 8.2%
- 8.3% - 10.5%

Notes:
Data represents SoonerCare members with diabetes as a percent of total SoonerCare population. It includes members with at least two claims with diabetes International Classification of Diseases codes in SFY2021.

Data Source:
Diabetes Analysis SFY 2021
Oklahoma Health Care Authority

Projection/Coordinate System: USGS Albers Equal Area Conic **Created:** 01.03.2023

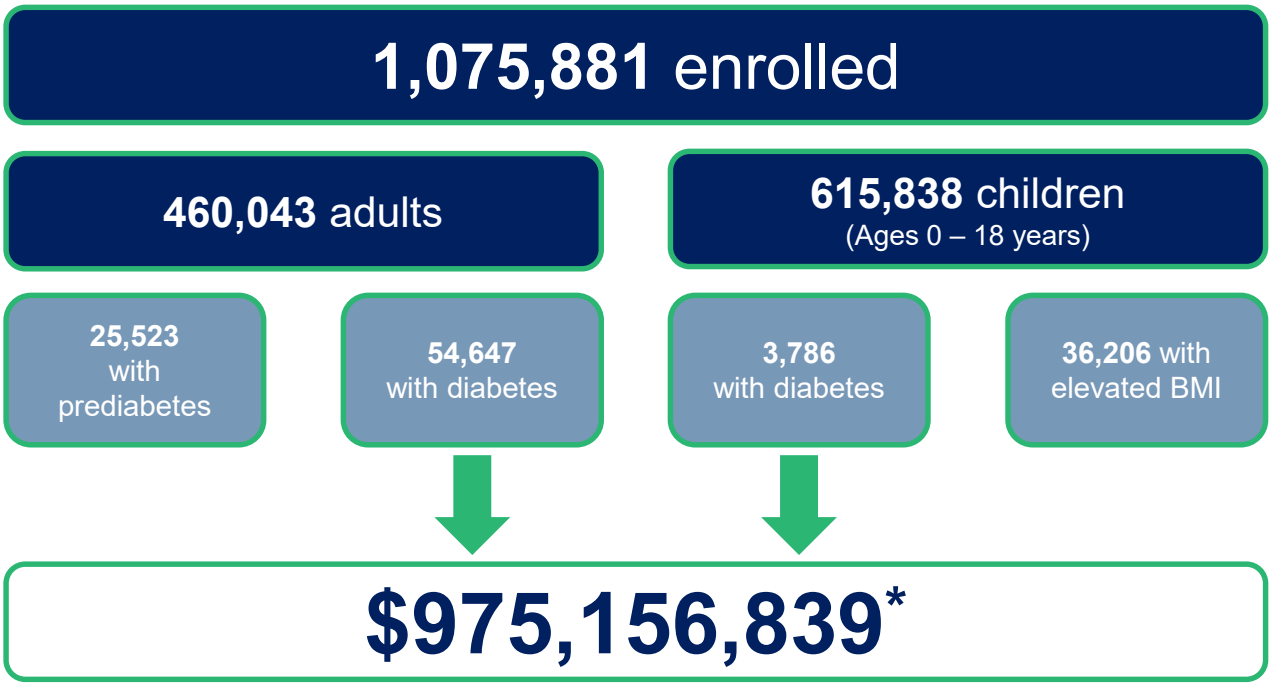
Fiscal Impact

According to the latest report from the American Diabetes Association (2018), estimated total overall costs for people diagnosed with diabetes is $327 billion. Individuals with diabetes can expect to spend 2.3 times more on medical care as individuals without a diabetes diagnosis.[4]

After adjusting for inflation, economic costs of diabetes have increased by 26% between 2012 and 2017. This is due in part to an increased prevalence and higher medical costs per person with diabetes.[4]

In Oklahoma, diabetes and prediabetes related costs are estimated to be $3.7 billion annually. According to BRFSS, 12.8% of the adult population, or approximately 390,000 Oklahoma adults, have diabetes.[2] Prediabetes, a condition where blood glucose levels are higher than normal but not yet high enough to be diagnosed as diabetes, affects more than one million Oklahomans; this is 33.9% of the state adult population.[5]

Fiscal Impact – SoonerCare



*Total reimbursement for services rendered by SoonerCare members with diabetes SFY2021

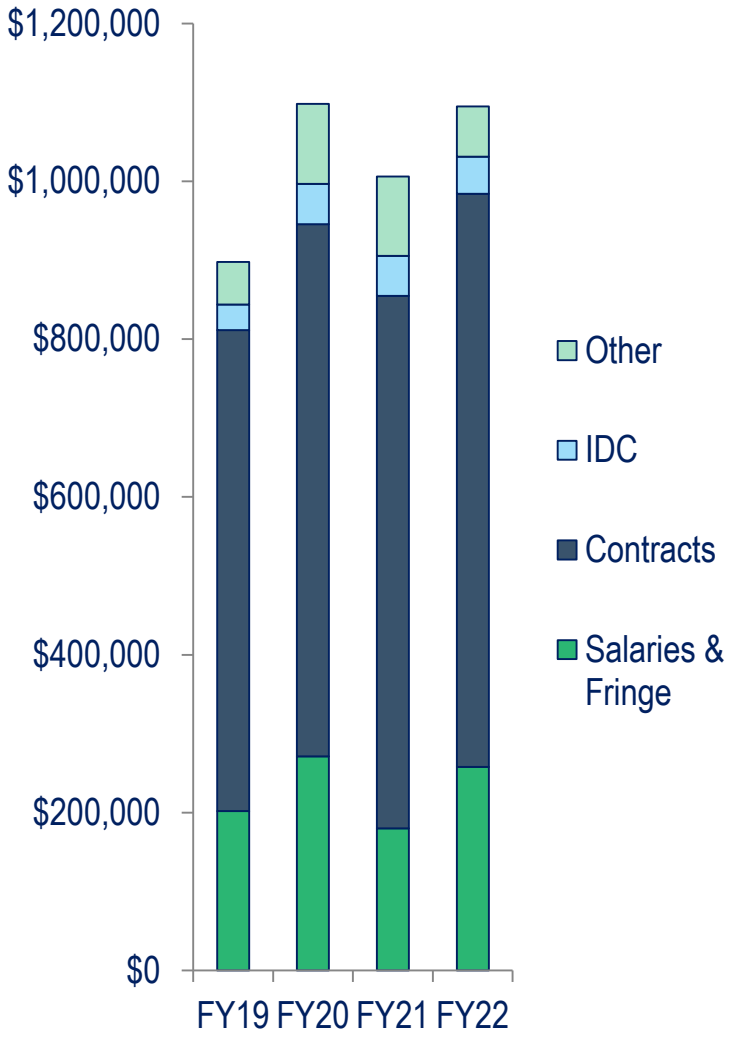
Source: Oklahoma Health Care Authority (2020). *Diabetes Analysis, SFY 2021*

Fiscal Impact – State Level

OSDH does not receive state-appropriated funding specifically designated for diabetes prevention or self-management programs.

Activities and strategies aimed at reducing the prevalence of diabetes and increasing self-management skills are funded through time-limited CDC cooperative agreement (CDC-RFA-DP18-1815 Category A).

The graphs depict CDC funding expenditures related to diabetes strategies for Oklahoma over the last four years (FY 2019 - FY 2022). Grant strategies were focused on implementing statewide and community level approaches to promote health and prevent and control chronic diseases in priority populations.



Barriers

COVID-19 has halted or delayed activities around reducing the prevalence of diabetes and increasing self-management skills.

DPP and DSMES program sites were temporally closed and groups were unable to meet in-person. Lack of broadband services affected offering programs virtually.

Strategies and protocols developed to increase referrals to DPP and DSMES programs sites are disrupted and stalled due to closed sites.

Fiscal Impact – County Level

The county health departments (CHDs) affiliated with the OSDH do not receive state allocated funding to support diabetes programs. CHDs fall within 10 Districts across Oklahoma.

CHDs offer educational programs such as the Conversation Map Diabetes Self-Management Curriculum to develop self-management skills of persons with diabetes, and the Diabetes Prevention Program (DPP) to reduce the prevalence of diabetes. Trainings were provided to over 80 District staff in either Diabetes Self Management Education & Support (DSMES) or DPP. Each District is expected to begin a DSMES class in January 2023.

Federal grant funding supports a limited number of high prevalence counties with resources to address diabetes in their communities.

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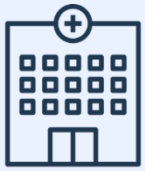


There are 23 County Health Departments (CHDs) that reported* offering diabetes programs.

In a month, 20 CHDs reported* providing services on average to 1-10 people with diabetes and 1 CHD reported* providing services on average to 11-25 people with diabetes.

33

There are 33 full time employees reported* as trained to provide diabetes programs across the CHDs.

Barriers

- Attendance and participation are down
- Trained staff turnover

*Note: Data captured via Fiscal Impact of Diabetes Survey administered in December 2022.

Source: Oklahoma State Department of Health, Fiscal Impact of Diabetes at the County Level Survey. Conducted in December of 2022.

Diabetes Prevention Programs

Benefits[10]

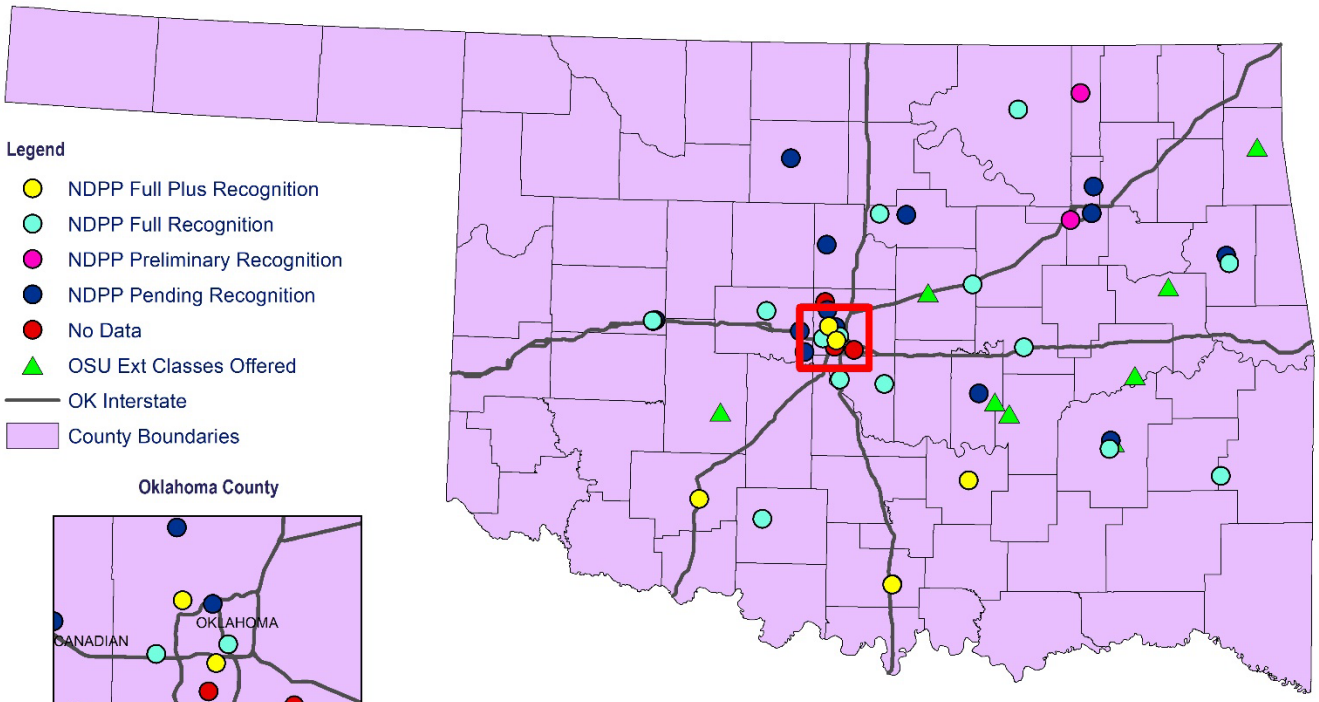
58% reduction in conversion to Type 2

Improved health outcomes

Benefit beyond participant

It is estimated 15-30% of individuals with prediabetes will develop Type 2 diabetes within five years.[5] Participation in a Diabetes Prevention Program (DPP) could reduce the incidence of diabetes through use of intensive diet and lifestyle counseling for individuals at high risk for developing diabetes.

National Diabetes Prevention Programs (NDPP), 2022



Projection/Coordinate System: USGS Albers Equal Area Conic

Data Source:
Oklahoma State Department of Health Geodatabase. Sites were obtained from the CDC DPP website.

Created: 06.08.2022

OKLAHOMA State Department of Health

Diabetes Self-Management Education & Support Programs

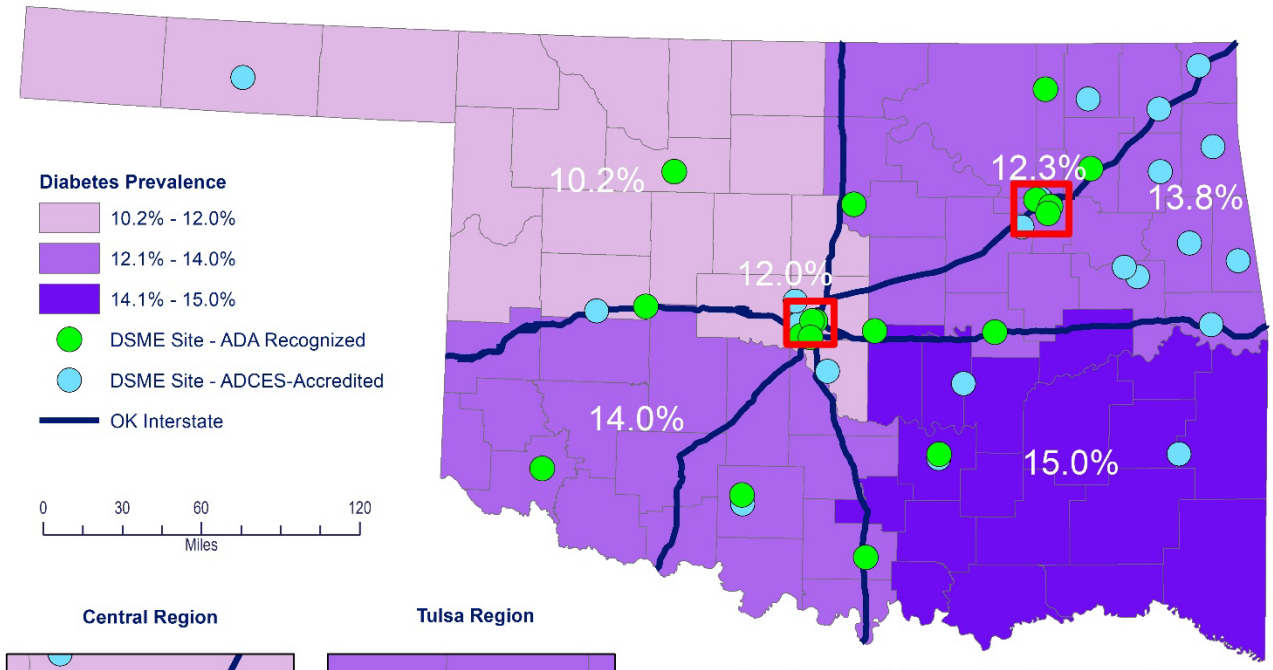
Benefits[11-13]

- Improves control of blood glucose, blood pressure and cholesterol levels
- Each 1% reduction in HbA1c* reduces risk of complications by 40%
- Lowers number of hospitalizations, length of stay, and inpatient costs

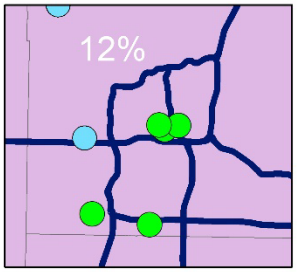
*Hemoglobin A1c (HbA1c) reflects how well an individual's diabetes is controlled

Diabetes Self-Management Education and Support (DSMES) and Diabetes Self-Management Training (DSMT) are often used interchangeably. Although DSMES is the preferred term, CMS requires the use of DSMT in reimbursement documentation.

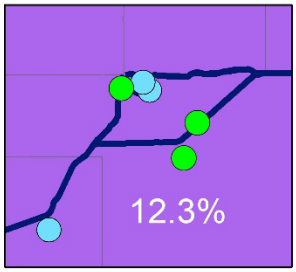
DSMES Programs, 2022



Central Region



Tulsa Region



Data Source: Oklahoma State Department of Health Geodatabase. Prevalence provided by Oklahoma Behavioral Risk Factor Surveillance System (2021).

Projection/Coordinate System: USGS Albers Equal Area Conic

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N

Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.

OKLAHOMA State Department of Health

Collaborative Efforts

SoonerCare Providers – Including primary care providers and registered dietitians regarding diabetes and obesity initiatives for SoonerCare members

DSMES Programs – referral of SoonerCare members with diabetes diagnosis

Legislative Diabetes Caucus – chaired by Sen. Hicks and Rep. Dempsey, educating the public on diabetes initiatives

OKLAHOMA Health Care Authority

OKLAHOMA State Department of Health

Key Progress and Updates

- **DSMES providers expanded** (effective March 2021)
- **DSMES services** approved for **telehealth** indefinitely
- **Coverages** of **new drug therapies** approved by the FDA
- **Coverage** of new **Freestyle Libre 3 GCM** after it was approved by the FDA
- Increasing **engagement** of **pharmacists** in the provision of **medication management** or DSMES for people with diabetes
- **Implement systems** to **identify** people with **prediabetes** and refer them to lifestyle change programs

Action Plans

The process for improving the health of Oklahomans incorporates awareness, education and availability of programs. To reach populations at highest risk for development of chronic diseases, specifically diabetes, requires programs to be locally based, inclusive, culturally appropriate and sustainable.

All of the individual, community and health system elements must work together in shared responsibility. The sharing of ideas, resources and people between communities and health systems can improve clinical and population health. As a chronic disease, diabetes is not self-limiting but spans a lifetime. Biology, environment and social factors interact during an entire lifetime to influence health and disease in later life.

Interventions focused on preventing or delaying chronic diseases across the continuum must be implemented with a long-term perspective and sustained effort.

This action plan includes progress and updates on the **goals**, **objectives**, **benchmarks** and **activities** established in the 2021 Diabetes Legislative Report. The Action Plan Progress section summarizes results from the initial 5 year plan with a baseline for most of the benchmarks starting in 2015.

Goals | **Objectives** | **Benchmarks** | **Activities**

Goals

1. To Reduce the Incidence Rates of Diabetes
2. Improve Health Care Services for Diabetes
3. Control Complications from Diabetes

Action Plan Progress

1 To Reduce the Incidence Rates of Diabetes

Progress

1. Adult Medical Nutrition Therapy (MNT) claims **increased** by **6.9%**.
   - **Exceeded 2020 target** (target = 26,716; actual = 27,208)
2. **Leadership approved** an effort initiated around **adding DPP** as a **covered service** but has been **tabled** until after the launch of delivery system reform.
3. Child MNT claims **increased** by **20%** in FY20, and then **slightly decreased** in FY21.

2 Improve Health Care Services for Diabetes

Progress

1. **DSMES expanded** to include **pharmacists, RDs,** and **RNs**.
   - **Initiated strategies** specific to diabetes via **care management partners**
2. Annual HbA1c testing rates **decreased**.
   - Target updated.
3. Pediatric BMI claims **increased** by **113%**.
   - **Exceeded 2020 target** (target = 30,800; actual = 62,712)

3 Control Complications from Diabetes

Progress

1. Hospitalization admission rates **decreased** by **12.4**% from FY19. Target updated.
2. **Increased** the number of **DSMES providers**.
   - **Exceeded 2020 target** (target = 6; actual = 24)
3. **SoonerCare** members with **diabetes** who **attended DSMES** has increased.
   - **Exceeded 2020 target** (target = increase from 0; actual = 105)

1 To Reduce the Incidence Rates of Diabetes

Objectives

1. Implement strategies within Oklahoma Medicaid to increase the utilization of MNT by SoonerCare members with prediabetes

2. Continue Oklahoma Medicaid initiative of adding coverage of Diabetes Prevention Program (DPP) as a SoonerCare benefit

3. Implement system changes to identify and refer SoonerCare pediatric populations at high risk for developing Type 2 diabetes to education programs

Benchmarks

Increase by 10% the number of SoonerCare members with a paid claim for MNT	Add DPP as a covered service, obtaining necessary authority and approvals	Increase by 10% the number of SoonerCare pediatric members with a paid claim for MNT
Baseline (FY21) 27,208 MNT units	**Baseline (2022)** No DPP coverage	**Baseline (FY21)** 5,785 MNT units
Current Value (FY21) 27,208 MNT units	**Current Value (2022)** No DPP coverage	**Current Value (FY21)** 5,785 MNT units
5 Year Target (FY26) 29,928 MNT units	**1 Year Target (2027)** DPP coverage	**5 Year Target (FY26)** 6,363 MNT units
Target Population OHCA SoonerCare members 19 years and older	**Target Population** OHCA SoonerCare members 19 years and older	**Target Population** OHCA SoonerCare pediatric population (0 years – 18 years)

1 To Reduce the Incidence Rates of Diabetes

Key Activities

Collaborate with providers (PCPs and RDs/LDs) to implement strategies that increase referrals for MNT

Collaborate with OHCA's SoonerQuit team to identify strategies to increase utilization of MNT

Collaborate with SoonerQuit to implement strategies to increase the number RDs/LDs contracted with OHCA

Gain authority and make policy changes for adding DPP as a service for SoonerCare members with Prediabetes

Determine up-to-date projected budget for coverage of DPP for SoonerCare population

As the service becomes active work with OHCA internal divisions to insure effective implementation

OHCA will implement strategies that improve identification and referral of population

OSDH will collaborate with WIC programs to identify children with elevated BMIs

CHDs will utilize RDs/LDs to offer MNT to the SoonerCare pediatric population

2 Improve Health Care Services for Diabetes

Objectives

1. Develop and implement strategies for improving health care services for diabetes for SoonerCare members
2. Increase the percentage of members with diagnosis of diabetes receiving annual HbA1c testing
3. Improve health care services for pediatric members with elevated BMIs

Benchmarks

Implement strategies, including policy changes/ updates, for improving health care for diabetes	Increase by 20% the number of SoonerCare members with diabetes receiving annual HbA1c testing	Increase by 5% the number of SoonerCare pediatric member claims with BMIs documented by providers
Baseline (2022) 0 strategies	**Baseline (2020)** 60% members	**Baseline (FY21)** 62,712 children
Current Value (2022) 0 strategies	**Current Value (2020)** 60% members	**Current Value (FY21)** 62,712 children
5 Year Target (2027) 3 strategies	**5 Year Target (2025)** 72% members	**5 Year Target (FY26)** 65,848 children
Target Population OHCA SoonerCare members with diabetes (19 years- 75 years)	**Target Population** OHCA SoonerCare members with diabetes (19 years- 75 years)	**Target Population** OHCA SoonerCare pediatric population (0 years – 18 years)

2 Improve Health Care Services for Diabetes

Key Activities

Collaborate with the Diabetes Caucus for information on statewide initiatives and priorities for improving diabetes services

Collaborate with the OHCA SoonerQuit team and pharmacy & medical divisions to identify and prioritize strategies for improving diabetes services

If new initiatives and strategies are identified, work with OHCA divisions and other relevant entities to implement strategies

Coordinate efforts with OHCA initiatives relevant to improving HbA1c testing for members with diabetes, including PCMH and the various care management programs

Monitor data and outcomes from OHCA strategies in support of annual HbA1c testing for members with diabetes

Collaborate with SoonerQuit team to provide or coordinate education for clinicians on screening and referring SoonerCare children with elevated BMIs to appropriate programs (i.e. DSMES and medical nutrition therapy)

3 Control Complications from Diabetes

Objectives

1. Develop strategies to decrease diabetes related hospital admissions

2. Increase the number of DSMES providers enrolled as diabetes educators with Medicaid

3. Implement strategies to increase participation of SoonerCare members with diabetes in recognized and accredited DSMES programs

Benchmarks

Decrease hospital admission rates for short-term complications related to diabetes by 2%	Increase by 100% the number of DSMES providers	Increase by 100% the number of SoonerCare members with diabetes in DSMES services
Baseline (FY20) 21.62 / 100,000 member months	**Baseline (2022)** 24 providers	**Baseline (2022)** 105 members
Current Value (FY20) 21.62 / 100,000 member months	**Current Value (2022)** 24 providers	**Current Value (2022)** 105 members
5 Year Target (FY25) 21.19 / 100,000 member months	**1 Year Target (2027)** 48 providers	**5 Year Target (2027)** 210 members
Target Population OHCA SoonerCare members with diabetes 19 – 64 years	**Target Population** OHCA SoonerCare contracted clinicians (MD, DO, PA, ARNP, etc.)	**Target Population** OHCA SoonerCare members ages 19 years and older with Type 2 diabetes

3 Control Complications from Diabetes

Key Activities

Collaborate with OHCA care management and pharmaceutical review initiatives to identify and implement strategies to reduce non-emergent ER utilization

Collaborate with the Diabetes Caucus and OHCA's SoonerQuit team to develop strategies to educate PCP providers about DSMES services

Collaborate with the Diabetes Caucus on initiatives focused increasing the availability of DSMES services

Collaborate with OHCA's SoonerQuit team to recruit DSMES providers to enroll with Medicaid, including education about the enrollment process

Collaborate with OHCA's SoonerQuit team to provide education and outreach to SoonerCare members with diabetes on the benefits of attending DSMES services

Collaborate with the Diabetes Caucus and other entities to develop strategies to help educate SoonerCare members about DSMES services

Detailed budget – OHCA and OSDH

Oklahoma statute (63 O.S. §7301) requires the Oklahoma Health Care Authority (OHCA) and the Oklahoma State Department of Health (OSDH) to develop a detailed budget blueprint identifying **needs**, **costs** and **resources** required to achieve the **goals** and to reach projected benchmarks.

Goal 1

- Reduce the incidence rates of diabetes

Goal 2

- Improve health care services for diabetes

Goal 3

- Control complications from diabetes

Needs

- Oklahomans face a higher than national average incidence of diabetes. Identifying barriers to care and providing education programs on lifestyle change behaviors and self-management skills are critical in decreasing prevalence, mortality and morbidity.

Goal 1: Reduce Incidence of Diabetes

Benchmarks

1. Increase by 10% the number of SoonerCare members with a paid claim for medical nutrition therapy (MNT).
2. Add DPP as a covered service, obtaining the necessary authority and approvals.
3. Increase by 10% the number of SoonerCare pediatric members with a paid claim for MNT.

Cost

- Recruitment and training of providers and education and outreach to SoonerCare members for MNT services.
- Data reporting.
- Initial projected cost of DPP was $445,000, however a new budget impact statement will need to be developed.
- Training of providers for MNT services.

Resources

- OHCA personnel
- Data Management Systems
- OHCA contracted Registered Dietitian/Licensed Dietitians (RD/LDs)
- OSDH

Goal 2: Improve Healthcare Services

Benchmarks

1. Implement at least 3 new strategies, including policy changes/updates, for improving health care for diabetes.
2. Increase by 20% the number of SoonerCare members with diabetes receiving annual HbA1c testing.
3. Increase by 5% the number of SoonerCare pediatric member claims with BMIs documented by providers.

Cost

- OHCA staff time and effort collaborating with internal and external entities.
- Training of providers on screening and referral for BMI.
- Data reporting.

Resources

- OHCA's SoonerQuit team
- Pharmacy and medical divisions
- Diabetes Caucus
- Data Management Systems

Goal 3: Control Complications

Benchmarks

1. Decrease hospital admission rates for short-term complications related to diabetes by 5%.
2. Increase by 100% the number of DSMES providers.
3. Increase by 100% the number of participation of SoonerCare members with diabetes in DSMES services.

Cost

- OHCA staff time and effort collaborating with community partners.
- Training of providers in DSMES services.
- Recruitment and training for DSMES providers and programs.
- Education and outreach to SoonerCare members on DSMES services.

Resources

- OHCA's SoonerQuit team
- Pharmacy
- Diabetes Caucus
- Data Management Systems

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