Diabetes Prevention Report

2019

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ACKNOWLEDGEMENT

In February of 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 second 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 OSDH and OHCA wish to thank the multitude of community, tribal and state partners for their commitment and dedication to reduce the burden of diabetes across the state. This report, prepared in December 2018, 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 seventh leading cause of death, with almost 1,400 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, 2017), over 370,000 Oklahoma adults reported having a diabetes diagnosis; this equates to almost one out of every eight Oklahoman adults, or 12.7%.[2] The current number of SoonerCare (Oklahoma Medicaid) members with a diabetes-related claim is 52,744; this is 5.2% of the SoonerCare population.[3] For the OHCA, the number of SoonerCare members with diabetes has increased by 17.1% since 2011.[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]

1. Oklahoma State Department of Health, Center for Health Statistics, Health Care Information. (2017). *Vital Statistics.* Available at http://www.health.ok.gov/ok2share. 2. Centers for Disease Control and Prevention. (2017). *Behavioral Risk Factor Surveillance System.* Available at https://www.cdc.gov/brfss/brfssprevalence/index.html 3. Oklahoma Health Care Authority (2018). *Diabetes Analysis, SFY 2017.* 4. American Diabetes Association (2018). *Economic Costs of Diabetes in the U.S. in 2017.* Diabetes Care; 41(5): 917-928. Available from http://care.diabetesjournals.org/content/41/5/917.

EXECUTIVE SUMMARY

Type 2 diabetes is the most prevalent type of diabetes in the SoonerCare population with an estimated 90%, or 4 out of every 5 members with diabetes having a diagnosis of Type 2.[1]

Using the Centers for Disease Control and Prevention's (CDC) estimate of 33.9%,[2] over 1 million Oklahomans may have pre-diabetes, 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.[3]

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.

The 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 Diabetes Prevention Report : 1) reducing the incidence of, 2) improving healthcare services for, and 3) controlling complications resulting from diabetes.

1. Oklahoma Health Care Authority (2018). *Diabetes Analysis, SFY 2017*. 2. Centers for Disease Control and Prevention (2017). *National Diabetes Statistics Report*. 3.Centers for Disease Control and Prevention. *Diabetes at Work, Diabetes Prevention, Diabetes at Work.* Available at https://www.cdc.gov/diabetes/diabetesatwork/diabetes-basics/prevention.html

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 and /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.

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 and/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.[1]

1. Diabetes Education Online (2018). University of California, San Francisco.

BURDEN OF DIABETES IN OKLAHOMA

370,000
Oklahomans

Over 370,000 Oklahoma adults reported having been diagnosed with diabetes* in 2017
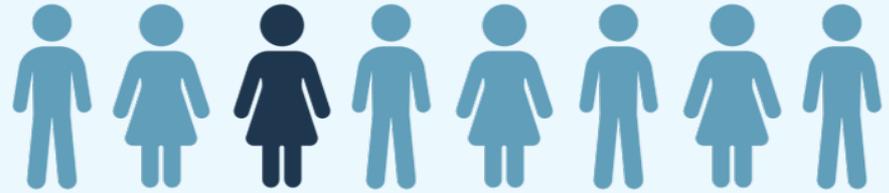
That's about 1 out of every 8 adults

Oklahoma — **United States**

Year	Oklahoma	United States
2011	11.1%	9.5%
2012	11.5%	9.7%
2013	11.0%	9.7%
2014	12.0%	10.0%
2015	11.7%	9.9%
2016	12.0%	10.5%
2017	12.7%	10.5%
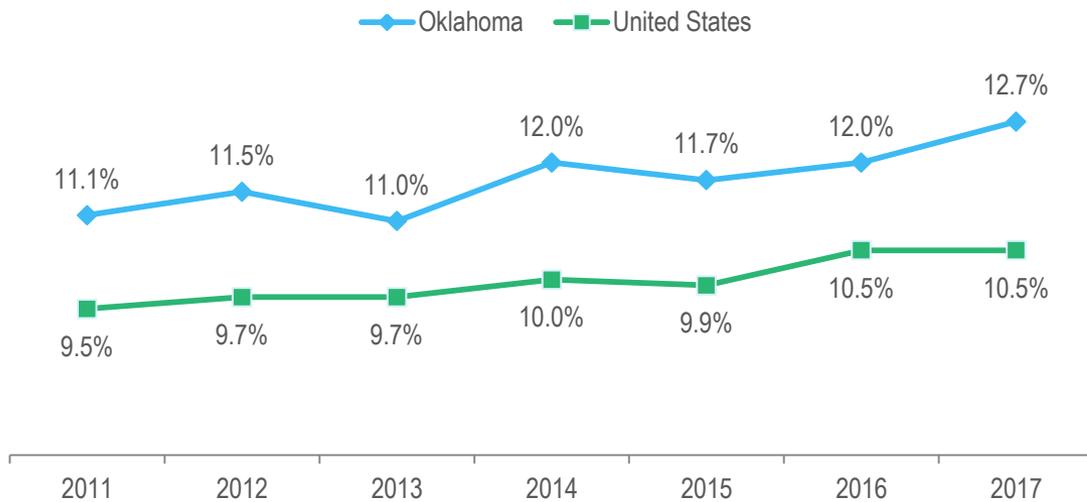
In 2017, Oklahoma had the

8th

highest diabetes prevalence in the nation

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

DIABETES BY SOCIAL DETERMINANTS OF HEALTH

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

EDUCATION

Education Level	Prevalence
Less Than High School	14.6%
High School or G.E.D.	13.8%
Some Post High School	13.1%
College Graduate	9.7%
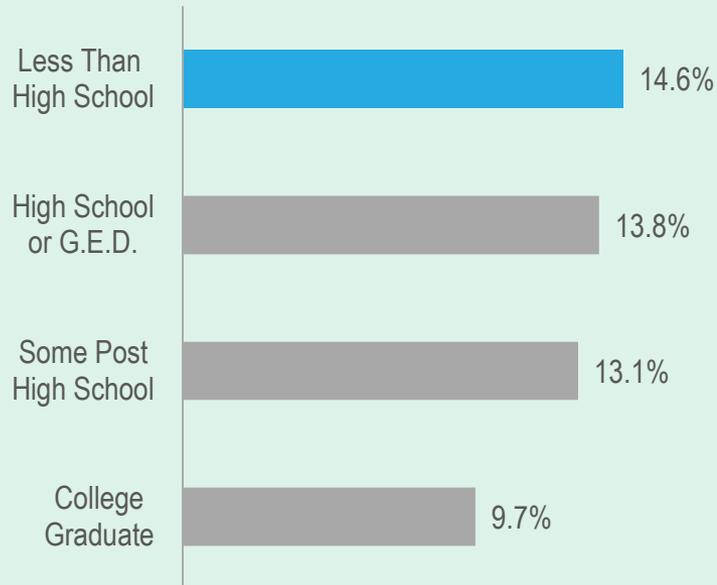
In 2017, the highest prevalence of diabetes was **14.6%** among Oklahoma adults with **less than a high school** education.

INCOME

| Income Level	Prevalence
Less than $15,000	20.8%
$15,000 - $24,999	16.2%
$25,000 - $34,999	13.9%
$35,000 - $49,999	13.6%
$50,000 - $74,999	10.7%
$75,000 +	7.7%
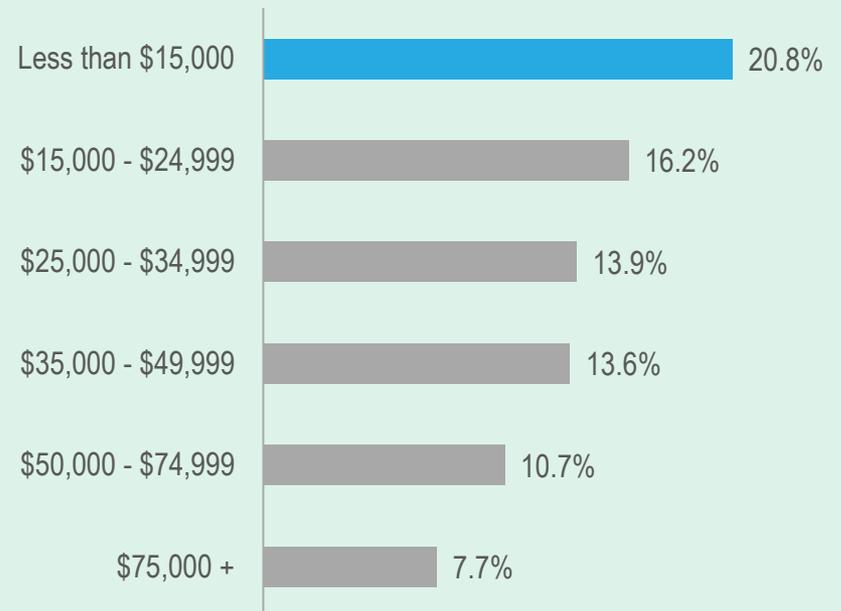
In 2017, the highest prevalence of diabetes was **20.8%** among those with a household income **less than $15,000**, followed by 16.2% among those with a household income between $15,000 and $24,999.

Source: Centers for Disease Control and Prevention. (2017). *Behavioral Risk Factor Surveillance System.* Available at https://nccd.cdc.gov/weat/index.html#/crossTabulation

RACE/ETHNICITY

Race/Ethnicity	Prevalence
White (NH)	12.6%
Black (NH)	12.2%
Asian (NH)	13.5%
American Indian (NH)	16.7%
Hispanic	11.1%
Other (NH)	13.2%
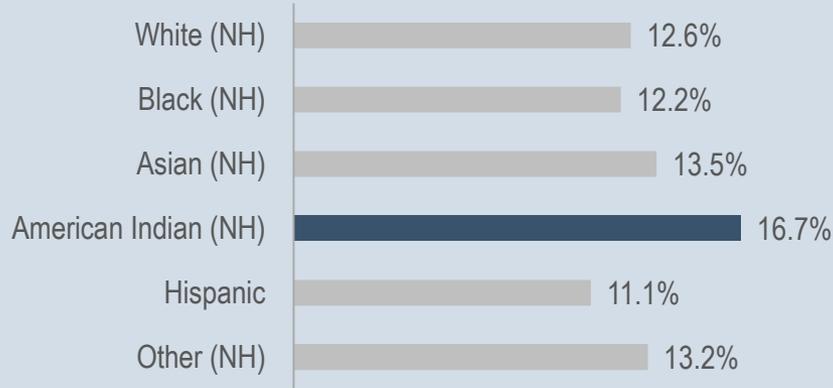
In 2017, the highest prevalence of diabetes was **16.7%** among **American Indian (NH)** race. Next was among Asian (NH) at 13.5% followed by Other (NH) at 13.2%.

AGE

Age	Prevalence
18-24	1.3%
25-34	3.5%
35-44	7.2%
45-54	14.1%
55-64	21.7%
65+	24.4%
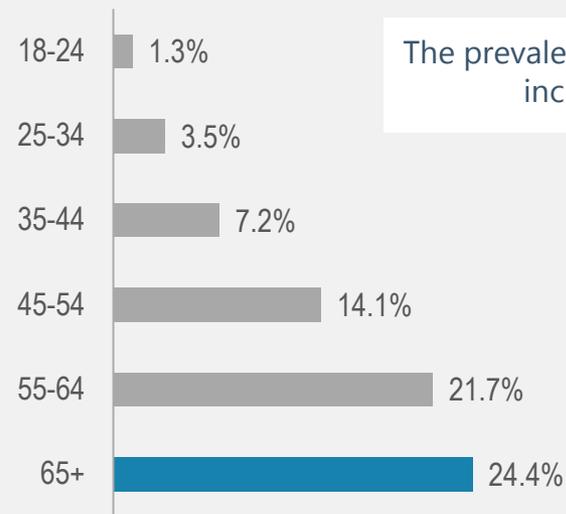
The prevalence of diabetes increases with age

In 2017, the prevalence of diabetes reached a high of **24.4%** among adults aged **65 years and older**, followed by adults aged 55-64 at 21.7%.

Based on trend data, **Hispanics** continue to have the **lowest** prevalence of diabetes and **American Indians** continue to have the **highest** prevalence of diabetes among any of the racial/ethnic groups

Legend: White NH, Black NH, American Indian NH, Hispanic

American Indian NH values: 2011: 16.4%, 2012: 16.4%, 2013: 15.7%, 2014: 15.1%, 2015: 17.7%, 2016: 16.7%, 2017: 16.7%

Hispanic values: 2011: 10.5%, 2012: 7.6%, 2013: 6.4%, 2014: 8.8%, 2015: 6.7%, 2016: 8.7%, 2017: 11.1%

Source: Centers for Disease Control and Prevention. (2017). *Behavioral Risk Factor Surveillance System.* Available at https://nccd.cdc.gov/weat/index.html#/crossTabulation
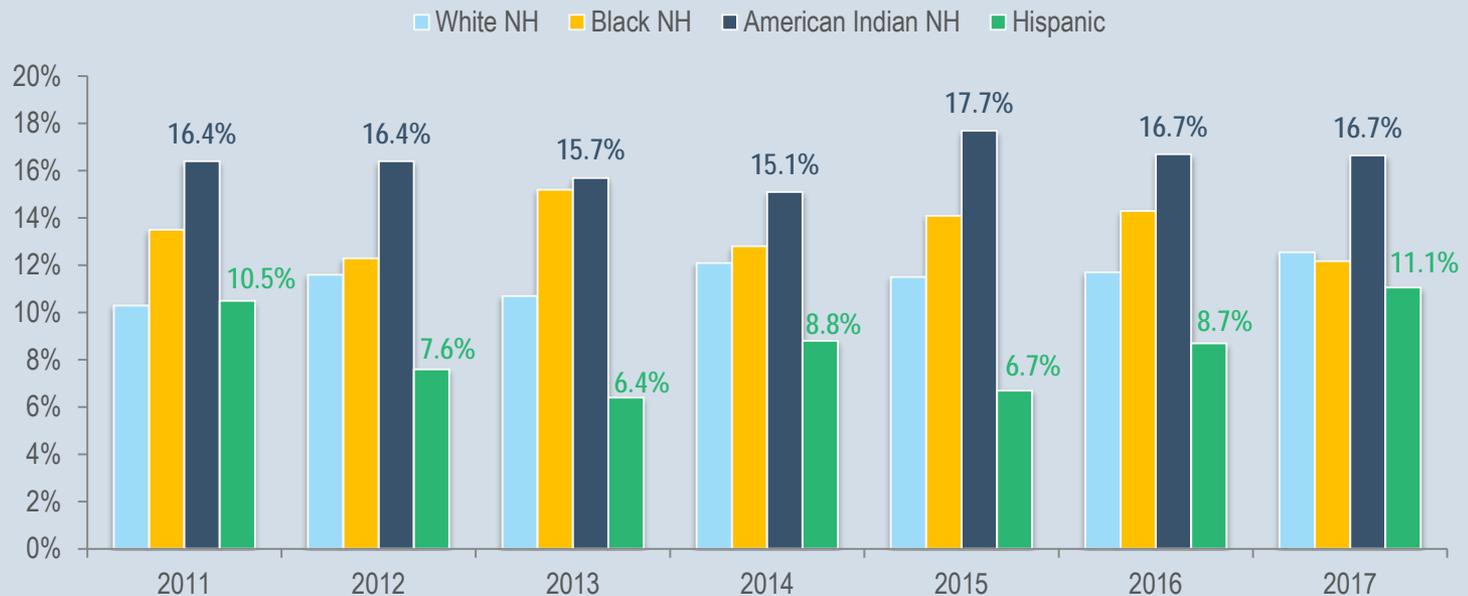
Diabetes-related **behavioral risk factors** include **smoking**, **obesity** and **physical inactivity**

Smoking is causally linked to Type 2 diabetes[1]

Obesity is a strong risk factor for diabetes

Physical inactivity is associated with diabetes
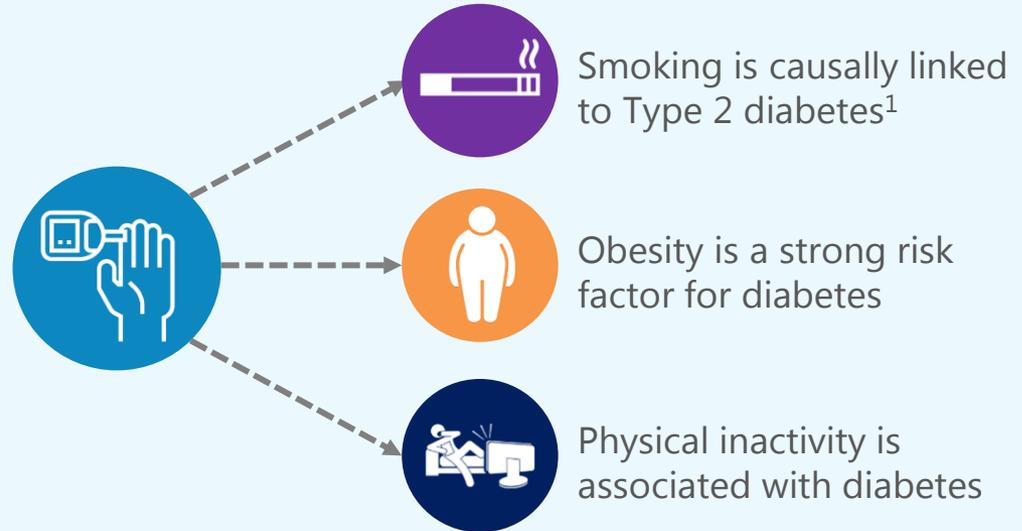
Adults with diabetes more often have other chronic conditions, in particular, cardiovascular diseases.

Chances of having a stroke are 1.5 times higher for people with diabetes.[2]

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

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

1. U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. (2014). The health consequences of smoking--50 years of progress: A report of the Surgeon General.
2. American Diabetes Association. *Living with Diabetes, Complications, Stroke.* Available at http://www.diabetes.org/living-with-diabetes/complications/stroke.html

DIABETES-RELATED BEHAVIORAL RISK FACTORS

In 2017, among Oklahoma adults who have been **diagnosed with diabetes**...

● No diabetes diagnosis   ● Diabetes diagnosis

there is a **higher prevalence** of ever **smokers*** (**53%**) compared to prevalence of ever smokers* in adults who have **never been diagnosed with diabetes** (**43%**).

Smoking — 43% 53%

there is a **higher prevalence** of **obesity** (**59%**) compared to prevalence of obesity in adults who have **never been diagnosed with diabetes** (**32%**).

Obesity — 32% 59%

there is a **higher prevalence** of **leisure time physical inactivity** (**44%**) compared to prevalence of leisure time physical inactivity in adults who have **never been diagnosed with diabetes** (**30%**).

Physical Inactivity — 30% 44%

*Current everyday, someday and former smokers

11

DIABETES-RELATED CO-MORBIDITIES

In 2017, among Oklahoma adults who have been **diagnosed with diabetes**...

⬤ **No diabetes diagnosis**   ⬤ **Diabetes diagnosis**

there is a **higher prevalence** of **heart attack diagnosis** (**16%**) compared to heart attack diagnosis in adults who have **never been diagnosed with diabetes** (**4%**).

Heart Attack   4% 16%

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

Stroke   4% 11%

there is a much **higher prevalence** of **arthritis diagnosis** (**54%**) compared to prevalence of arthritis diagnosis in adults who have **never been diagnosed with diabetes** (**24%**).

Arthritis   24%   54%

DIABETES MORTALITY

Diabetes is the

7th

leading cause of death in Oklahoma

1,400

Determined to be the underlying **cause of death** in **1,400 people** in 2017.

LEADING CAUSES OF DEATH IN OKLAHOMA

Cause	Value
Diabetes	1,398
Alzheimer's disease	1,752
Cerebrovascular diseases	1,947
Accidents	2,563
Chronic lower respiratory diseases	3,034
Malignant Neoplasms	8,203
Heart Disease	10,771
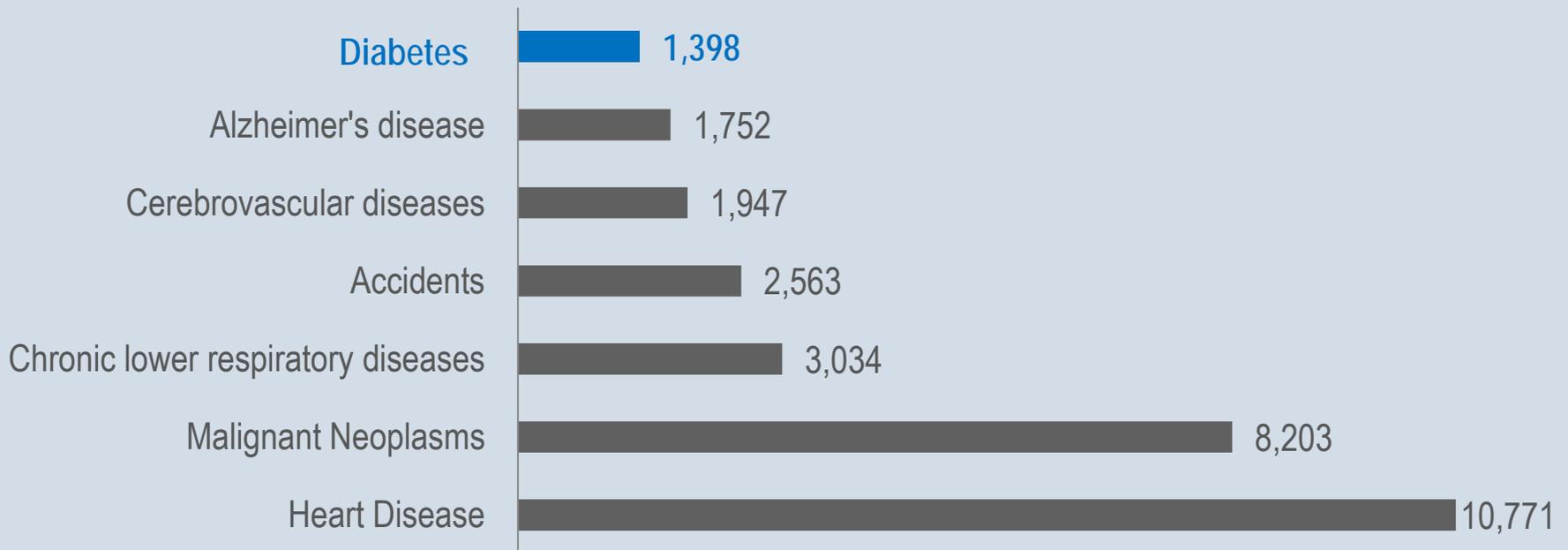
OKLAHOMA DIABETES PREVALENCE BY COUNTY, 2017
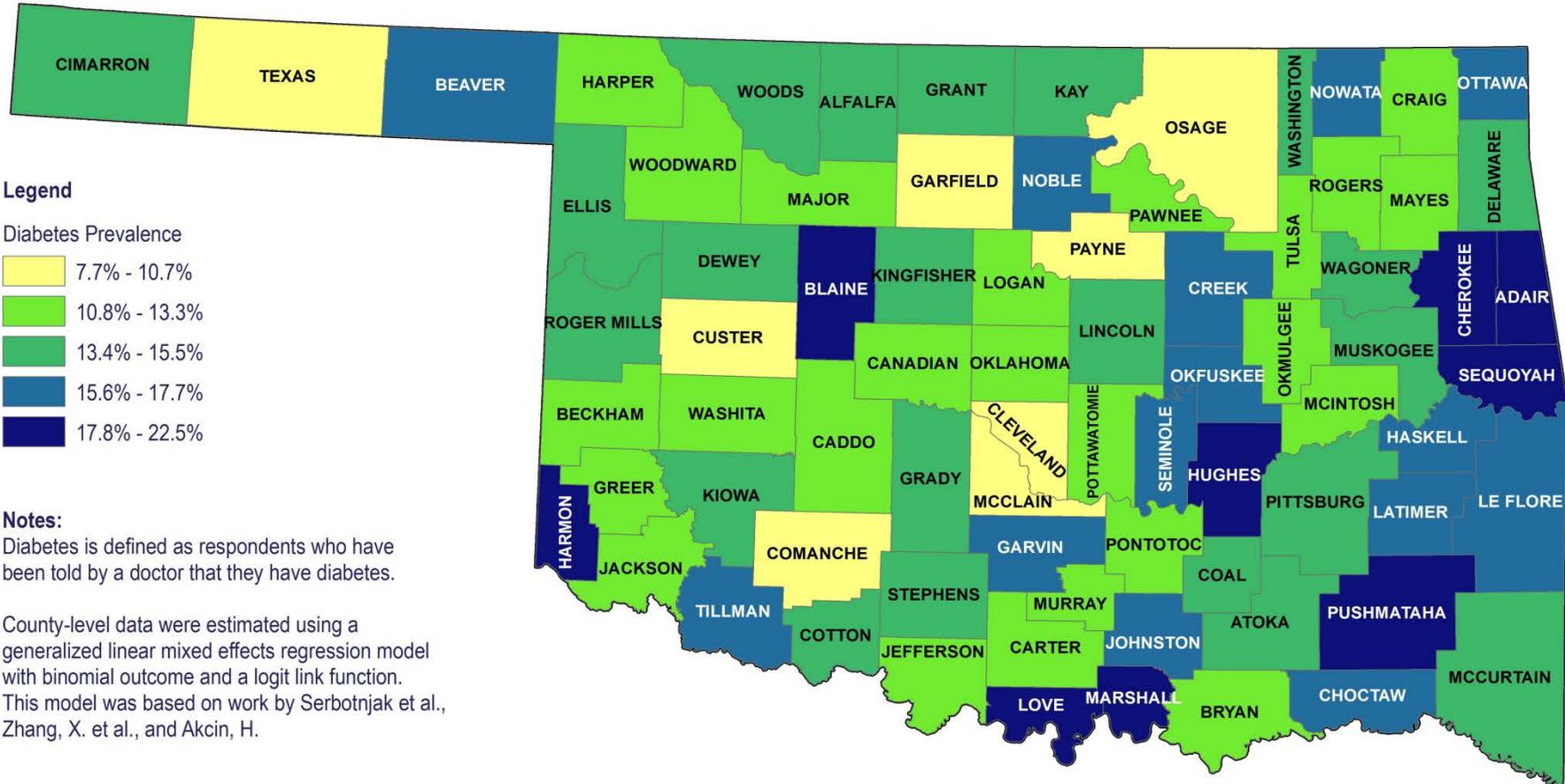
Legend

Diabetes Prevalence

- 7.7% - 10.7%
- 10.8% - 13.3%
- 13.4% - 15.5%
- 15.6% - 17.7%
- 17.8% - 22.5%

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:
2017 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic
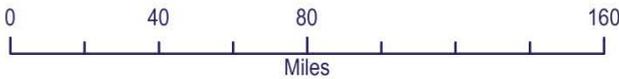
Created: 11.16.2018

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.

Center for Chronic Disease Prevention and Health Promotion
Oklahoma State Department of Health
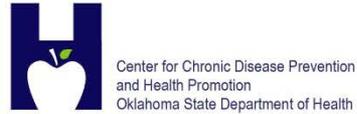
SOONERCARE DIABETES PREVALENCE BY COUNTY, 2017

Legend

Percent of SoonerCare Members with Diabetes

- 2.0% - 3.5%
- 3.6% - 4.7%
- 4.8% - 6.1%
- 6.2% - 7.7%
- 7.8% - 9.8%

Notes:
Data represents SoonerCare members with diabetes as a percent of total SoonerCare population.

Eastern counties in Oklahoma had a higher prevalence of diabetes than western counties in Oklahoma.
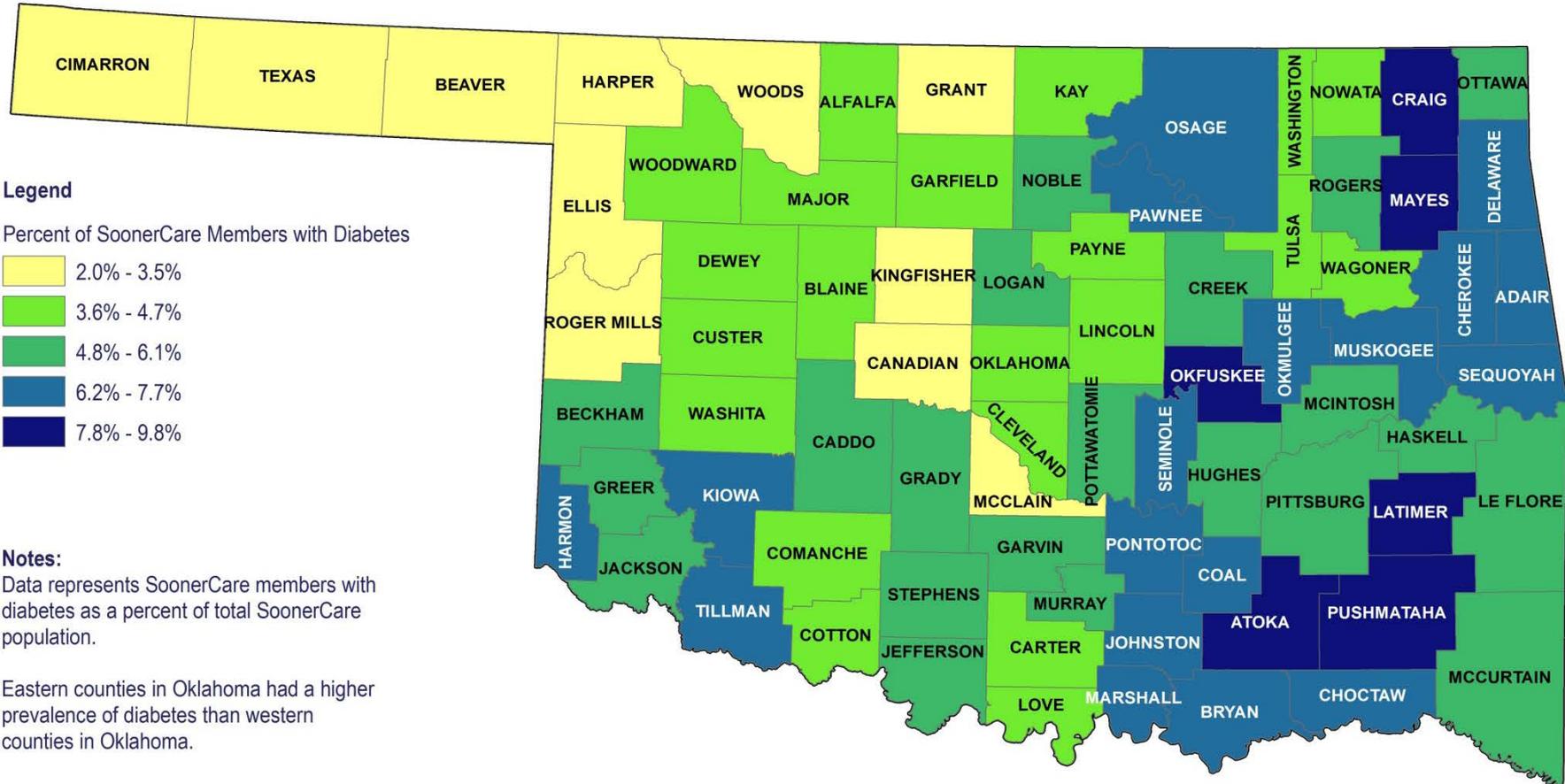
Data Source:
Diabetes Analysis SFY 2017
Oklahoma Health Care Authority

Projection/Coordinate System: USGS Albers Equal Area Conic
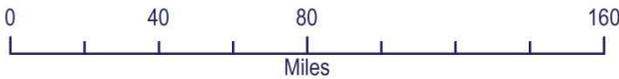
Created: 11.16.2018

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N

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0   40   80   160
Miles

15
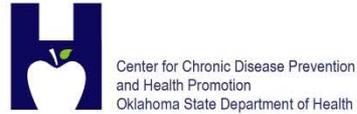
FISCAL IMPACT

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.[1]

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.[1]

In Oklahoma, diabetes and prediabetes related costs are estimated to be $3.7 billion annually. According to BRFSS, 12.7% of the adult population, or approximately 370,000 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 over 1 million Oklahomans; this is 33.9% of the state adult population.[3]

1. American Diabetes Association (2018). *Economic Costs of Diabetes in the U.S. in 2017.* Diabetes Care; 41(5): 917-928. Available from http://care.diabetesjournals.org/content/41/5/917. 2. Centers for Disease Control and Prevention. (2017). *Behavioral Risk Factor Surveillance System.* Available at https://www.cdc.gov/brfss/brfssprevalence/index.html 3. Centers for Disease Control and Prevention (2017). *National Diabetes Statistics Report.*

1,014,983 enrolled

412,471 adults

602,512 children
(Ages 0 – 18 years)

38,600 with pre-diabetes

51,292 with diabetes

1,452 with diabetes

26,426 with elevated BMI

$783,991,000*

The 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 agreements (CDC-RFA-DP13-1305 Basic and CDC-RFA-DP13-1305 Enhanced and CDC-RFA-DP14-1422).
The graphs depict CDC funding expenditures related to diabetes strategies for the state of Oklahoma over the last two years (FY 2017 and FY 2018). Grant strategies were focused on implementing statewide and community level approaches to promote health and prevent and control chronic diseases in priority populations.

18
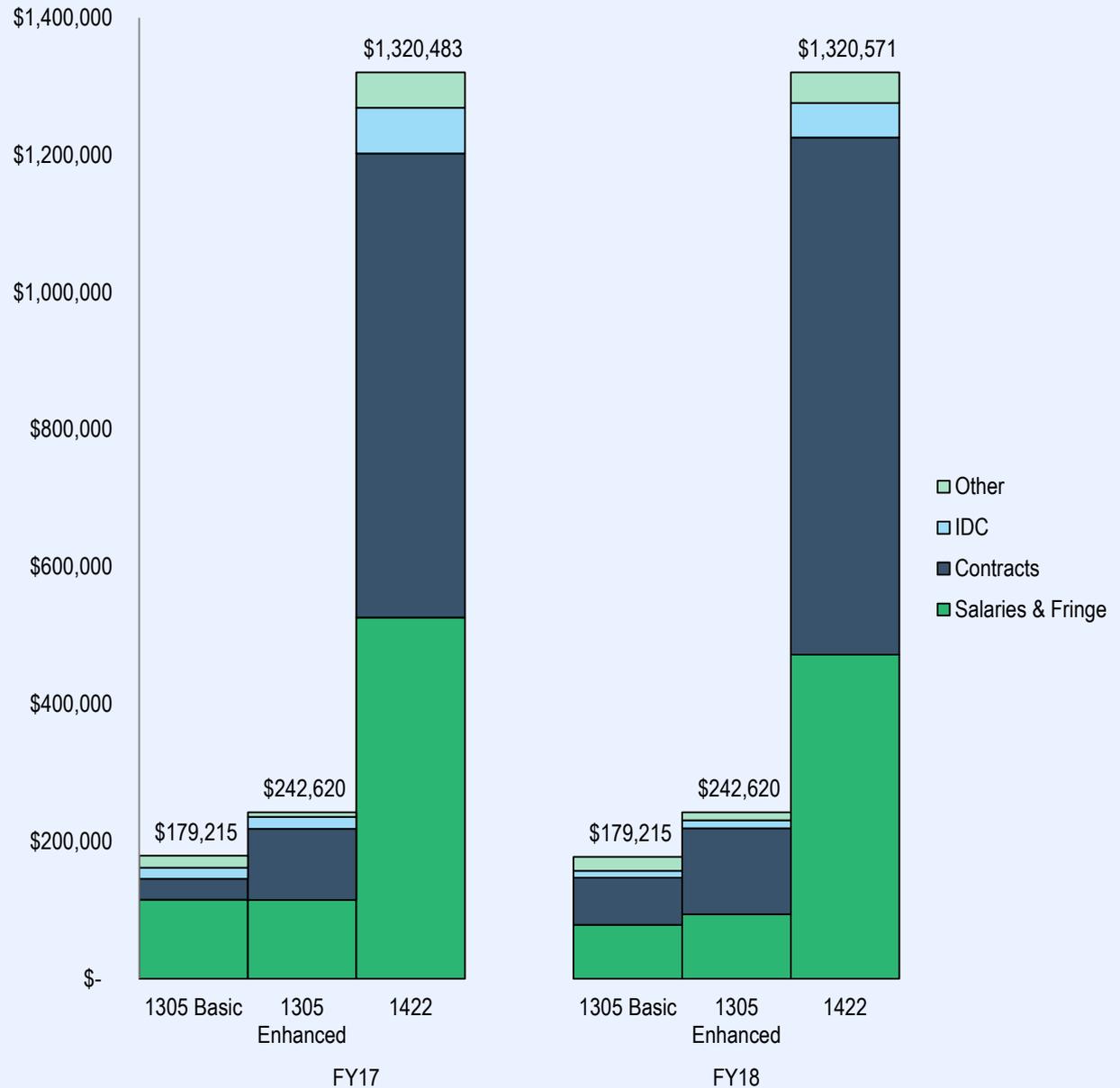
$ FISCAL IMPACT – COUNTY LEVEL

The county health departments affiliated with the OSDH do not receive state allocated funding to support diabetes programs.

County health departments offer educational programs such as the Diabetes Empowerment Education Program and Gateway to develop self-management skills of persons with diabetes, and the Diabetes Prevention Program to reduce the prevalence of diabetes.

Federal grant funding supports a limited number of high prevalence counties with resources to address diabetes in their communities.
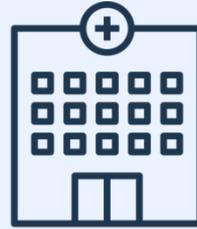
21
There are 21 County Health Departments (CHDs) that offer diabetes programs.

In a month, 13 CHDs provide services on average to 1-10 people with diabetes and 3 CHDs provide services on average to 11-25 people with diabetes.

18
There are 18 full time employees trained to provide diabetes programs across the CHDs.

Source: Oklahoma State Department of Health, Fiscal Impact of Diabetes at the County Level Survey of Regional Administrators. Conducted in November of 2018.

BENEFITS OF DIABETES PREVENTION PROGRAMS

Diabetes imposes a substantial burden on society in the form of higher medical costs, lost productivity and premature mortality as well as intangible costs in the form of reduced quality of life. Some chronic diseases, like diabetes, are preventable, and their progression can be delayed through early identification, lifestyle changes and/or clinical treatment.

It is estimated 15-30% of individuals with prediabetes will develop Type 2 diabetes within five years. 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.

Source: Centers for Disease Control and Prevention (2017). *National Diabetes Statistics Report.*

BENEFITS OF DIABETES PREVENTION PROGRAMS

58% reduction in conversion to Type 2

STOP
Type 2

Improved health outcomes

Stroke

Heart Disease

Kidney Disease

Benefit beyond participant

Source: Diabetes Caucus Interim Study (2017). *Diabetes Landscape in Oklahoma*, Accessed November 20, 2018.

NATIONAL DIABETES PREVENTION PROGRAMS (NDPP), 2018
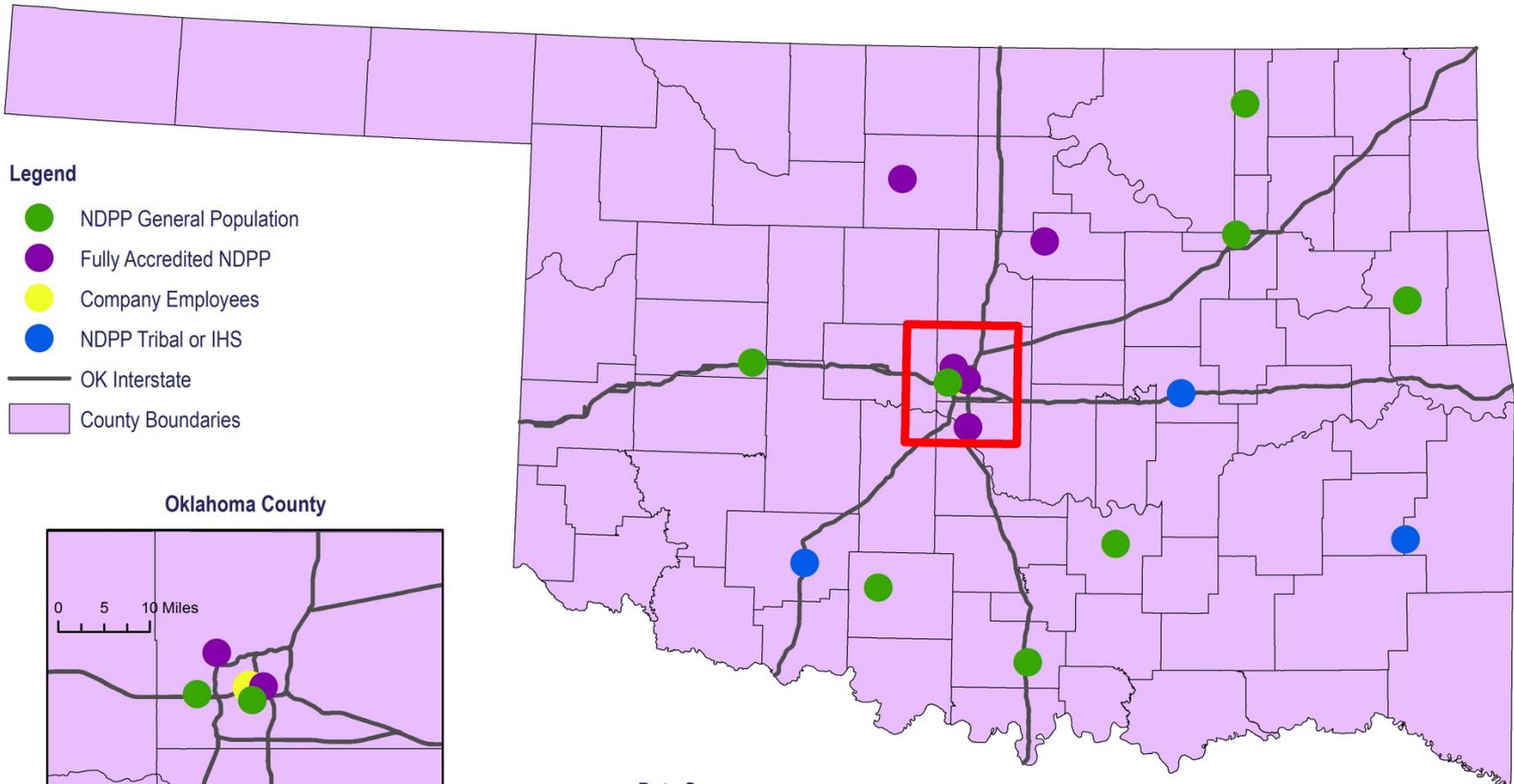
Legend

- ● NDPP General Population
- ● Fully Accredited NDPP
- ● Company Employees
- ● NDPP Tribal or IHS
- ─── OK Interstate
- ▢ County Boundaries

Oklahoma County

0   5   10 Miles
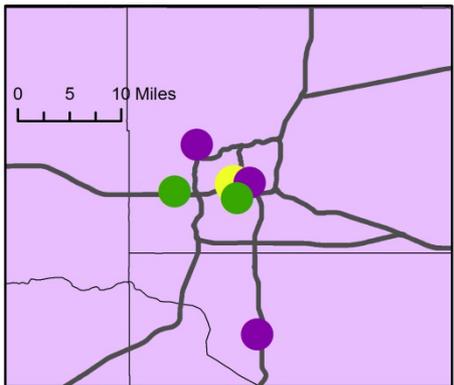
Data Source:
Oklahoma State Department of
Health Geodatabase. Sites were
obtained from the CDC DPP website.

Created: 10.04.2018
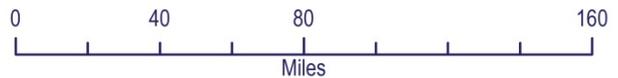
0   40   80   160

Miles

N

Projection/Coordinate System: USGS Albers Equal Area Conic

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
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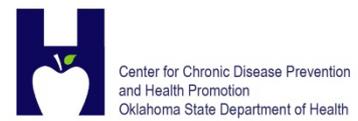
BENEFITS OF DIABETES SELF-MANAGEMENT PROGRAMS

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**

1. American Association of Diabetes Educators. *Benefits of Diabetes Education.* Available at https://www.diabeteseducator.org/practice/provider-resources/benefits-of-diabetes-education
2. Centers for Disease Control and Prevention (2011). *National Diabetes Fact Sheet. Available at* https://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf
3. Robbins, JM, et al. (2008). *The urban diabetes study.* Diabetes Care. 2008;31(4):655-60
*Hemoglobin A1c (HbA1c) reflects how well an individual's diabetes is controlled
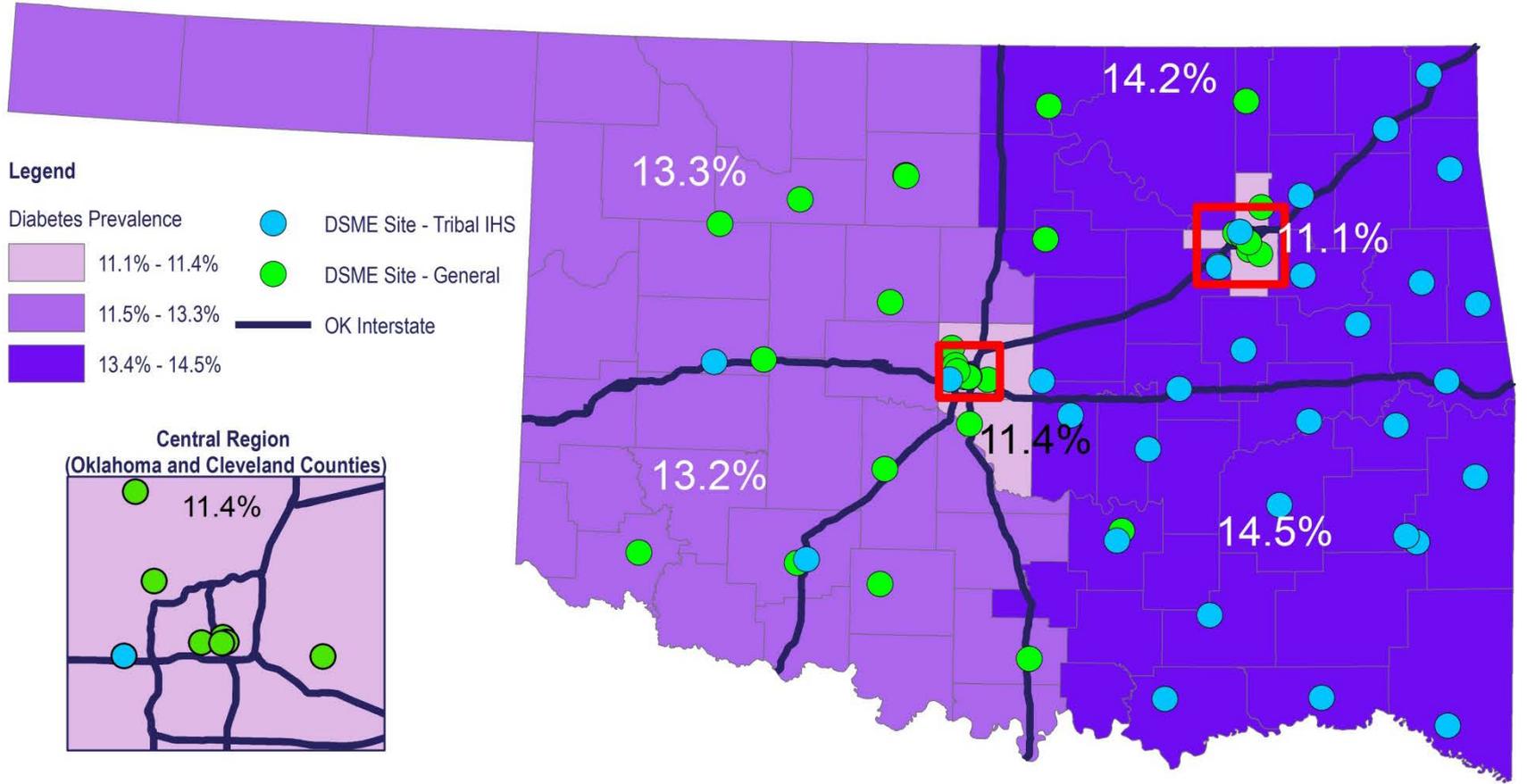
Legend

Diabetes Prevalence

- 11.1% - 11.4%
- 11.5% - 13.3%
- 13.4% - 14.5%

- DSME Site - Tribal IHS
- DSME Site - General
- OK Interstate

Central Region
(Oklahoma and Cleveland Counties)
11.4%

Tulsa Region
11.1%

14.2%
13.3%
11.1%
11.4%
13.2%
14.5%
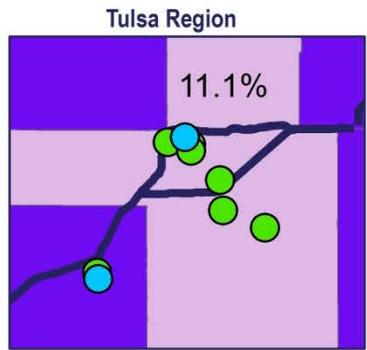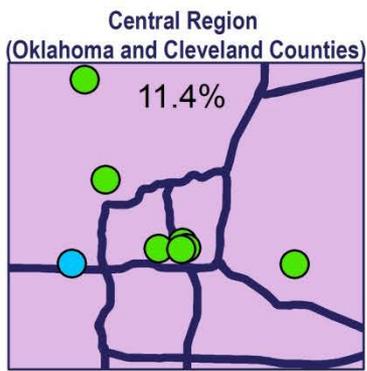
Data Source: Oklahoma State Department of Health Geodatabase. Prevalence provided by Oklahoma Behavioral Risk Factor Surveillance System (2017).
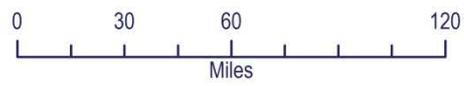
Projection/Coordinate System: USGS Albers Equal Area Conic

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0   30   60   120
Miles

Created: 10.08.2018

Center for Chronic Disease Prevention and Health Promotion
Oklahoma State Department of Health

24

COLLABORATIVE EFFORTS

Childhood Obesity Pilot – referral of children with elevated BMIs to medical nutrition therapy

Diabetes Prevention Programs – referral of SoonerCare members with high risk of developing Type 2 diabetes

Legislative Diabetes Caucus - chaired by Sen. Simpson (R-District 14), educating the public on diabetes initiatives

Oklahoma **HealthCare** Authority

Oklahoma State Department of Health

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.

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**

① To Reduce the Incidence Rates of Diabetes

OBJECTIVES

1 Implement systems change within Oklahoma Medicaid to identify SoonerCare members with prediabetes and refer them to medical nutrition therapy (MNT)

2 Implement strategies to increase access to MNT for SoonerCare members

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

Increase access to registered, licensed dietitians (RD/LD) providing MNT by 10%

Increase by 10% the number of SoonerCare pediatric members with a paid claim for MNT

Baseline (2015)
24,287 MNT units

Baseline (2015)
171 RD/LDs

Baseline (2015)
4,756 MNT units

5 Year Target (2020)
26,716 MNT units

5 Year Target (2020)
188 RD/LDs

5 Year Target (2020)
5,232 MNT units

Target Population
Oklahoma Health Care Authority (OHCA) SoonerCare members 19 years and above

Target Population
RD/LD providers

Target Population
OHCA SoonerCare pediatric population (0 years – 18 years)

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1 TO REDUCE THE INCIDENCE RATES OF DIABETES

Provide education to clinicians on referral processes for MNT using a variety of communication resources

Identify, through use of OHCA's claims data SoonerCare members who meet criteria for referral to MNT

Collaborate with OHCA's Health Care Systems Innovation (HCSI) team to identify and refer patients to MNT

Link SoonerCare providers to contracted MNT service providers

SoonerCare members will be provided access to medical nutrition therapy

Number of RD/LDs offering medical nutrition therapy

Identify SoonerCare pediatric population members at high risk of developing Type 2 diabetes secondary to elevated BMIs.

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

CHDs will utilize a Registered / Licensed Dietitian to offer MNT to the SoonerCare pediatric population

2 IMPROVE HEALTH CARE SERVICES FOR DIABETES 🏥

1 Support OHCA submission of a state plan amendment to CMS for coverage of Diabetes Self-Management Training (DSMT) as a funded member benefit

2 Increase appropriateness of diabetes-related health services

3 Educate clinicians on claims documentation of SoonerCare pediatric members with elevated BMIs

BENCHMARKS

⬆ Gain authority for OHCA coverage of DSMT for SoonerCare members with diabetes

⬆ Increase by 5% 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 (2015)
No DSMT coverage for SoonerCare members

Baseline (2015)
72.2% members

Baseline (2015)
26,353 children

5 Year Target (2020)
Coverage of DSMT for SoonerCare members

5 Year Target (2020)
75.8% members

5 Year Target (2020)
27,671 children
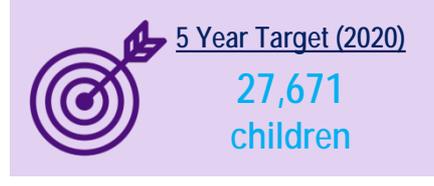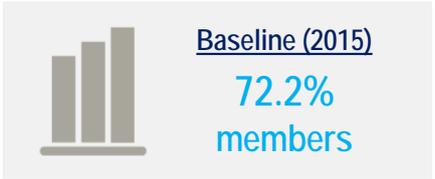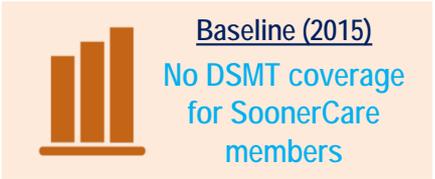
Target Population
OHCA SoonerCare adult members with diabetes

Target Population
OHCA SoonerCare members with diabetes (19 years- 75 years)

Target Population
OHCA SoonerCare pediatric population (0 years – 18 years)

KEY ACTIVITIES

Submission of OHCA Legislative Report as required by SB972 (2018) – this Senate Bill mandated OHCA to determine costs associated with covering DSMT for SoonerCare members with diabetes

Provide training for clinicians on CMS and HEDIS quality measures on comprehensive diabetes care

Analyze claims data to identify SoonerCare members meeting criteria for receiving annual HbA1c testing

Collaborate with OHCA's Performance & Health Improvement Program to improve diabetes-related quality strategies

Provide education for clinicians on screening and referring SoonerCare children with elevated BMIs to appropriate programs (i.e. medical nutrition therapy)

③ CONTROL COMPLICATIONS FROM DIABETES

1 If funded, implement systems change within OHCA Medicaid programs to identify and refer members with diabetes to recognized/accredited DSMT programs

2 Educate clinicians on newly funded DSMT benefits for SoonerCare members with diabetes

3 Implement strategies to increase participation of SoonerCare members with diabetes in recognized/accredited DSMT programs, when funded

BENCHMARKS

Decrease hospital admission rates for short-term complications related to diabetes by 2%

Increase strategies to educate clinicians on newly funded DSMT benefit for SoonerCare members with diabetes

If funded, increase by 4% the number of SoonerCare members with diabetes who have attended a recognized or accredited DSMT program

Baseline (2015)
28.24 / 100,000 member months

Baseline (2015)
0 strategies

Baseline (2015)
0 members

5 Year Target (2020)
27.68 / 100,000 member months

5 Year Target (2020)
10 strategies

5 Year Target (2020)
2,100 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 aged 19 years and older with Type 2 diabetes

KEY ACTIVITIES

Secure legislative appropriations for funding of DSMT as a covered benefit for SoonerCare members with Type 2 diabetes

Offer educational presentations to clinicians during Fall and Spring provider training sessions on newly funded DSMT benefit

Survey clinicians on knowledge of newly funded DSMT benefit and ability to refer patients to recognized/accredited programs

Collaborate with OHCA to develop a standardized referral process to facilitate referrals

Secure legislative approval for funding of DSMT as a covered benefit to SoonerCare members with Type 2 diabetes

Collaborate with HCSI team to educate SoonerCare members with diabetes on the benefits of attending recognized/accredited DSMT programs

Provide outreach to SoonerCare members with diabetes on newly funded DSMT benefit

DETAILED BUDGET – OHCA & 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

1. Increase by 10% the number of SoonerCare members with a paid claim for medical nutrition therapy (MNT).
2. Increase access to registered, licensed dietitians (RD/LD) providing medical nutrition therapy by 10%.
3. Increase by 10% the number of SoonerCare pediatric members with a paid claim for MNT.

NEEDS

- Oklahomans face a higher than national average incidence of diabetes. Programs providing education on lifestyle change behaviors and self-management skills are crucial in decreasing prevalence, mortality and morbidity.

GOAL 1 BENCHMARKS - COST

1. Increase by 10% the number of SoonerCare members with a paid claim for MNT.
2. Increase access to registered, licensed dietitians (RD/LD) providing medical nutrition therapy by 10%.
3. Increase by 10% the number of SoonerCare pediatric members with a paid claim for MNT.

COST

- Education on using the AMA/CDC STAT toolkit or the ACPM "screen, test, and refer" resources can be provided during OHCA's Fall Provider training.
- Referral of SoonerCare members at high risk of Type 2 diabetes to MNT.
- Collaboration with OSDH WIC programs to identify children with elevated BMIs for referral to MNT

GOAL 1 BENCHMARKS - RESOURCES

1. Increase by 10% the number of SoonerCare members with a paid claim for MNT.
2. Increase access to registered, licensed dietitians (RD/LD) providing medical nutrition therapy by 10%.
3. Increase by 10% the number of SoonerCare pediatric members with a paid claim for MNT.

RESOURCES

- OHCA Health Care Systems Innovation (HCSI) team
- Data Management Systems
- OHCA contracted Registered/Licensed Dietitians (RD/LD)

1. Gain authority for OHCA coverage of DSMT for SoonerCare members with diabetes.
2. Increase by 5% 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.

NEEDS

- Oklahomans face a higher than national average incidence of diabetes. Programs providing education on lifestyle change behaviors and self-management skills are crucial in decreasing prevalence, mortality and morbidity.

GOAL 2 BENCHMARKS - COST

1. Gain authority for OHCA coverage of DSMT for SoonerCare members with diabetes.
2. Increase by 5% 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

- Total Budget: $288,114 I State Appropriations: $100,523
- Referral of SoonerCare members with/or at risk of diabetes to MNT.
- Recruitment and contracting of RD/LDs to provide MNT for SoonerCare pediatric members with elevated BMIs.

GOAL 2 BENCHMARKS - RESOURCES

1. Gain authority for OHCA coverage of DSMT for SoonerCare members with diabetes.
2. Increase by 5% 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.

RESOURCES

- The report submitted in response to Senate Bill 972 (2018) details the fiscal impact to the state and to the OHCA of offering DSMT as a covered benefit to SoonerCare members with diabetes.

- Data Management Systems

- Increase in number of RD/LDs contracted to provide MNT for SoonerCare pediatric members with elevated BMIs.

1. Decrease hospital admission rates for short-term complications related to diabetes by 2%.
2. Increase strategies to educate clinicians on newly funded DSMT benefit for SoonerCare members with diabetes.
3. If funded, increase by 4% the number of SoonerCare members with diabetes who have attended a recognized or accredited DSMT program.

NEEDS

- Oklahomans face a higher than national average incidence of diabetes. Programs providing education on lifestyle change behaviors and self-management skills are crucial in decreasing prevalence, mortality and morbidity.

GOAL 3 BENCHMARKS - COST

1. Decrease hospital admission rates for short-term complications related to diabetes by 2%.
2. Increase strategies to educate clinicians on newly funded DSMT benefit for SoonerCare members with diabetes.
3. If funded, increase by 4% the number of SoonerCare members with diabetes who have attended a recognized or accredited DSMT program.

COST

- OHCA staff time and effort to draft language for a State Plan Amendment for submission to CMS.
- Trainings for OHCA providers on screening, testing, and referring SoonerCare members to MNT or DSMT programs (when funded).

GOAL 3 BENCHMARKS - RESOURCES

1. Decrease hospital admission rates for short-term complications related to diabetes by 2%.
2. Increase strategies to educate clinicians on newly funded DSMT benefit for SoonerCare members with diabetes.
3. If funded, increase by 4% the number of SoonerCare members with diabetes who have attended a recognized or accredited DSMT program.

RESOURCES

- Legislative support of SB972 (2018) and submission of a State Plan Amendment for the OHCA to implement DSMT as a covered benefit for SoonerCare members with diabetes.
- Data Management Systems
- Legislative appropriations to support implementation of DSMT as a covered benefit for SoonerCare members with diabetes.

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