



OKLAHOMA DIABETES PREVENTION REPORT

2021

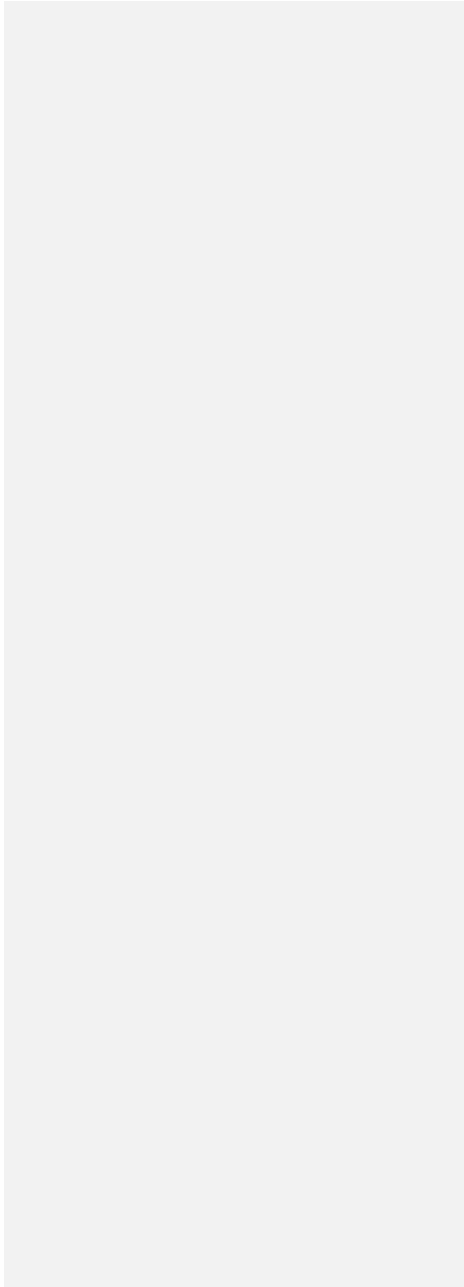


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ACKNOWLEDGEMENT



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 2020, 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 1,300 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, 2019), more than 366,000 Oklahoma adults reported having a diabetes diagnosis; this equates to about one out of every eight Oklahoman adults, or 12.2%.² The current number of SoonerCare (Oklahoma Medicaid) members with a diabetes-related claim is 55,258; this is 5.8% of the SoonerCare population.³ For OHCA, the number of SoonerCare members with diabetes has increased by 11.5% since 2017.³

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 82%, or 4 out of 5 members with diabetes have a diagnosis of Type 2.³

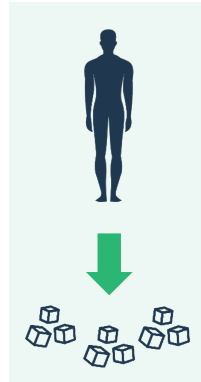
Using the Centers for Disease Control and Prevention's (CDC) estimate of 34.5%,⁵ over 1 million Oklahomans may have pre-diabetes, a precursor to Type 2 diabetes; nine out of ten of these individuals do not know they are at risk for developing diabetes. Without a change in lifestyle behaviors 15 – 30%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

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**.

TYPE 2

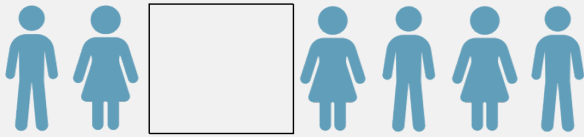
Body tissues are **resistant** to insulin

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

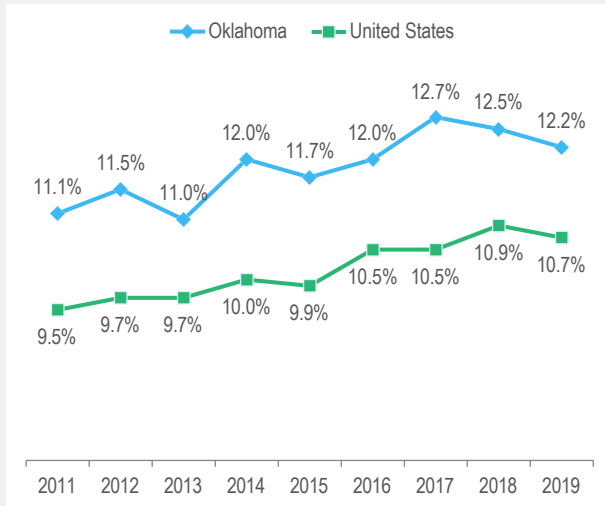
More than 366,000 Oklahoma adults reported having been diagnosed with diabetes* in 2019



In 2019, Oklahoma had the

12th

highest diabetes prevalence in the nation



* Type 2 diabetes accounts for 90% to 95% of all diabetes cases
 Source: Centers for Disease Control and Prevention. (2019). *Behavioral Risk Factor Surveillance System*. Available at <https://www.cdc.gov/brfss/brfssprevalence/index.html>

AMONG THOSE DIAGNOSED WITH DIABETES

1 in 3 (33.7%) are taking **insulin**



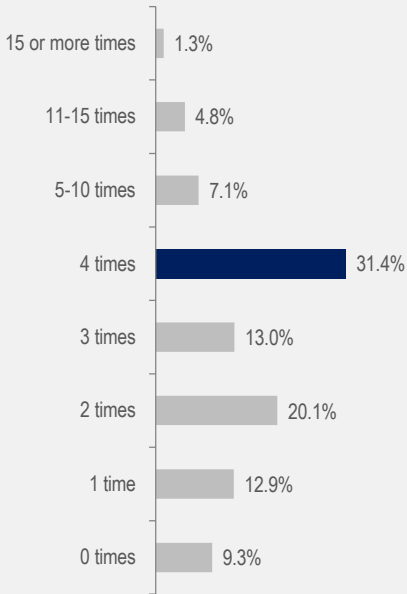
19.2% have diabetes **affecting** their **eyes**



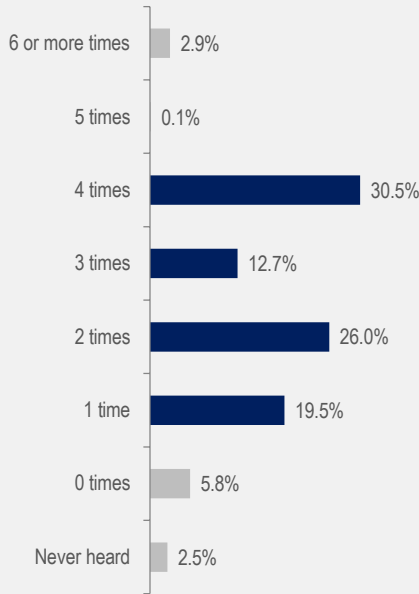
Half (52.9%) have taken a **class** in managing diabetes



About **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



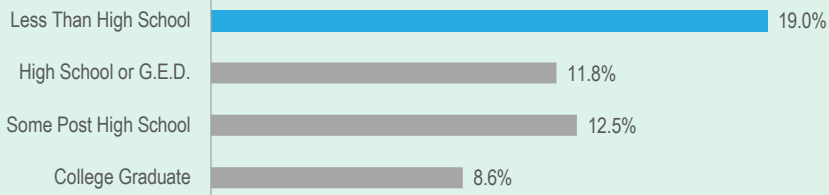
Source: Centers for Disease Control and Prevention. (2019). *Behavioral Risk Factor Surveillance System*.

DIABETES BY SOCIAL DETERMINANTS OF HEALTH

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



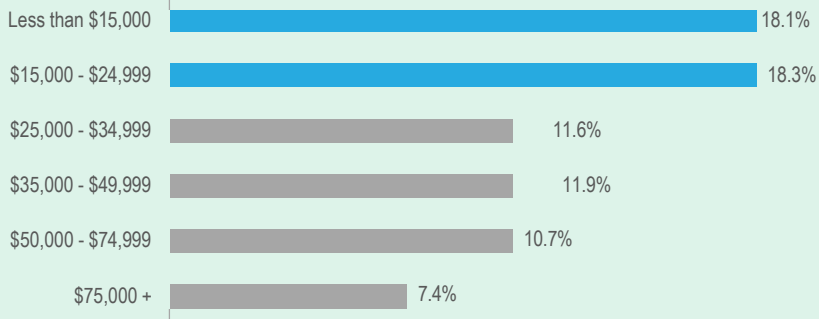
EDUCATION



In 2019, the highest prevalence of diabetes was **19.0%** among Oklahoma adults with **less than a high school** education.



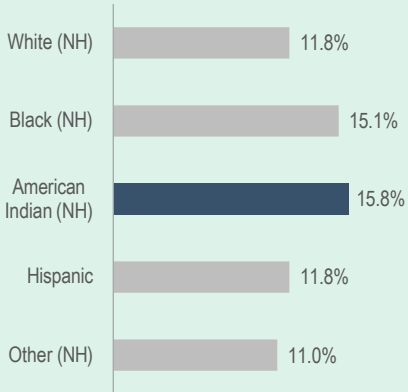
INCOME



In 2019, the highest prevalence of diabetes was **18.1%** and **18.3%** among those with a household income **less than \$15,000** and **\$15,000 and \$24,999**.

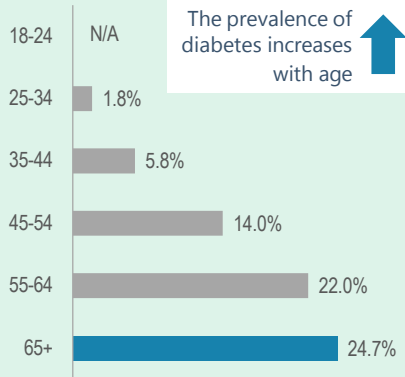
Source: Centers for Disease Control and Prevention. (2019). *Behavioral Risk Factor Surveillance System*. Available at <https://nccd.cdc.gov/weat/index.html#crossTabulation>

RACE/ETHNICITY



In 2019, the highest prevalence of diabetes was **15.8%** among **American Indian (NH)*** race, followed by Black (NH*) at 15.1%.

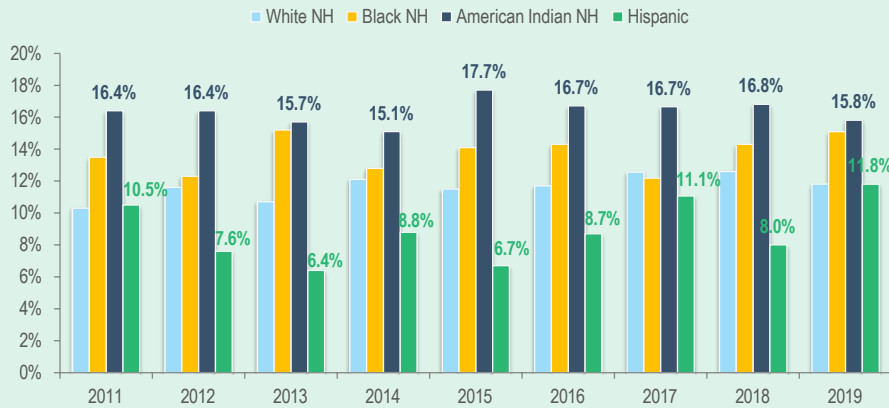
AGE



The prevalence of diabetes increases with age

In 2019, the prevalence of diabetes reached a high of **24.7%** among adults ages **65 years and older**.

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 or ethnic groups.

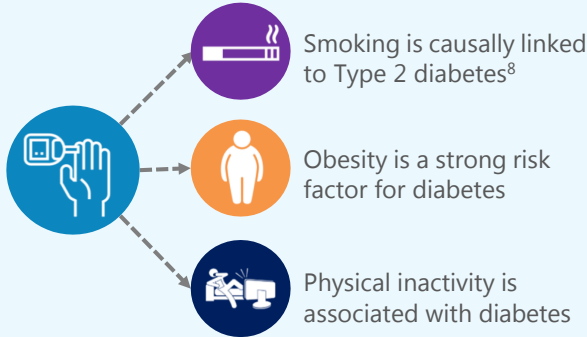


*NH=Non-Hispanic

Source: Centers for Disease Control and Prevention. (2019). *Behavioral Risk Factor Surveillance System*. Available at <https://nccd.cdc.gov/weat/index.html#crossTabulation>

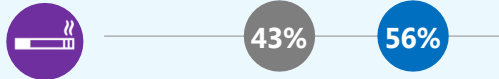
DIABETES-RELATED RISK FACTORS

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



In 2019, among Oklahoma adults who have been **diagnosed with diabetes**... ● No diabetes diagnosis ● Diabetes diagnosis

ever smoking* is **more prevalent (56%)** compared to prevalence of ever smoking* in adults who have **never been diagnosed with diabetes (43%)**.



obesity is **more prevalent (59%)** compared to prevalence of obesity in adults who have **never been diagnosed with diabetes (33%)**.



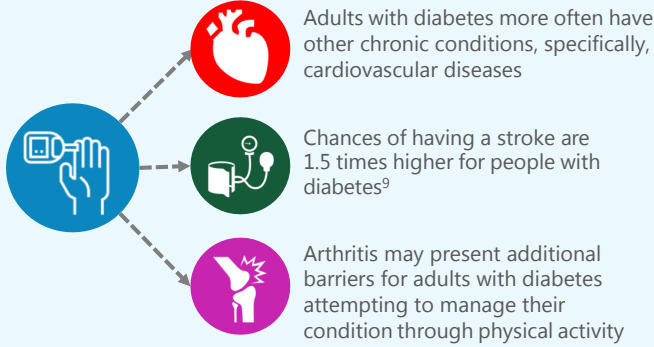
leisure time physical inactivity is **more prevalent (47%)** compared to prevalence of leisure time physical inactivity in adults who have **never been diagnosed with diabetes (32%)**.



*For ever smoking, a person 18 years of age or older must have reported having smoked at least 100 cigarettes in their lifetime regardless of whether they currently smoke or have quit smoking - Source: Oklahoma State Department of Health, Center for Health Statistics, Health Care Information. (2019). *Behavioral Risk Factor Surveillance System* Available at <http://www.health.ok.gov/ok2share>

DIABETES-RELATED CO-MORBIDITIES

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



In 2019, among Oklahoma adults who have been **diagnosed with diabetes**: ● No diabetes diagnosis ● Diabetes diagnosis



Source: Oklahoma State Department of Health, Center for Health Statistics, Health Care Information. (2019). *Behavioral Risk Factor Surveillance System*. Available at <http://www.health.ok.gov/ok2share>.

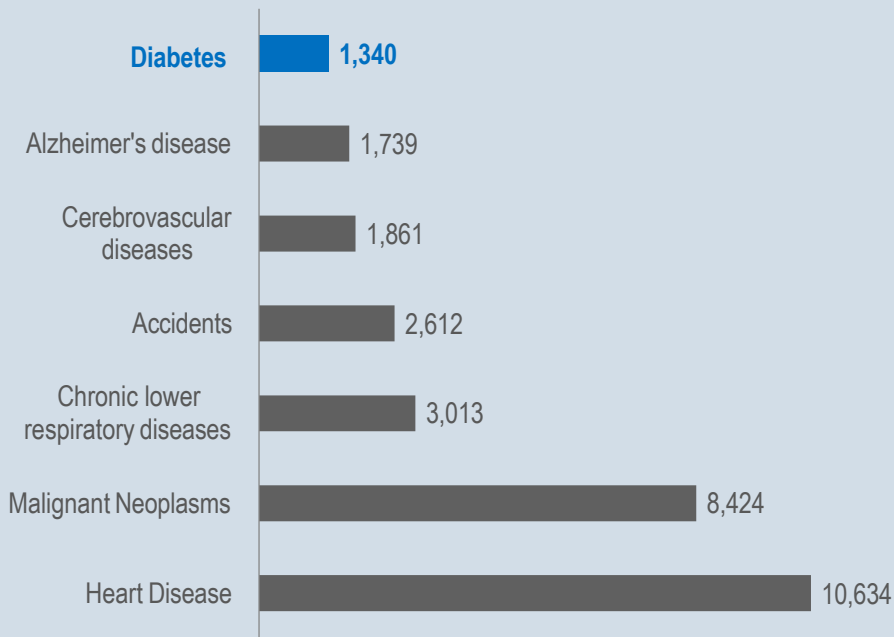
DIABETES MORTALITY

Diabetes is the
7th
leading cause of
death in Oklahoma



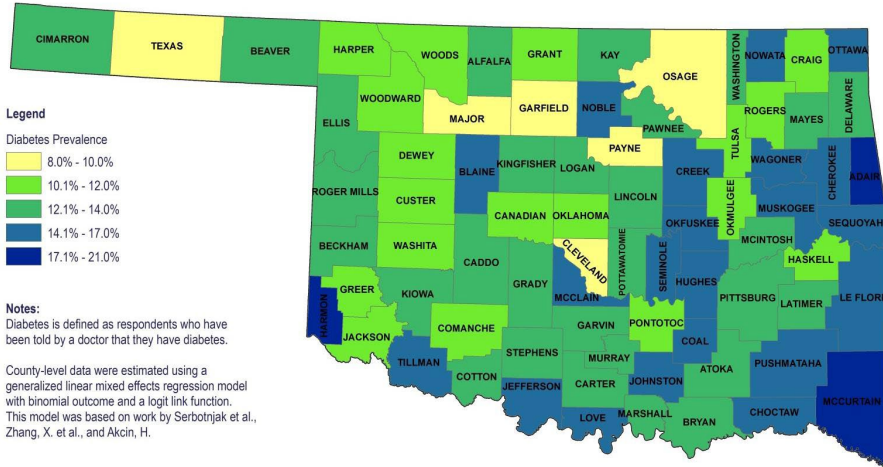
Determined to be the underlying **cause of death** in over **1,300 people** in 2018

LEADING CAUSES OF DEATH IN OKLAHOMA



Source: Oklahoma State Department of Health, Center for Health Statistics, Health Care Information. (2018). *Vital Statistics*. Available at <http://www.health.ok.gov/ok2share>.

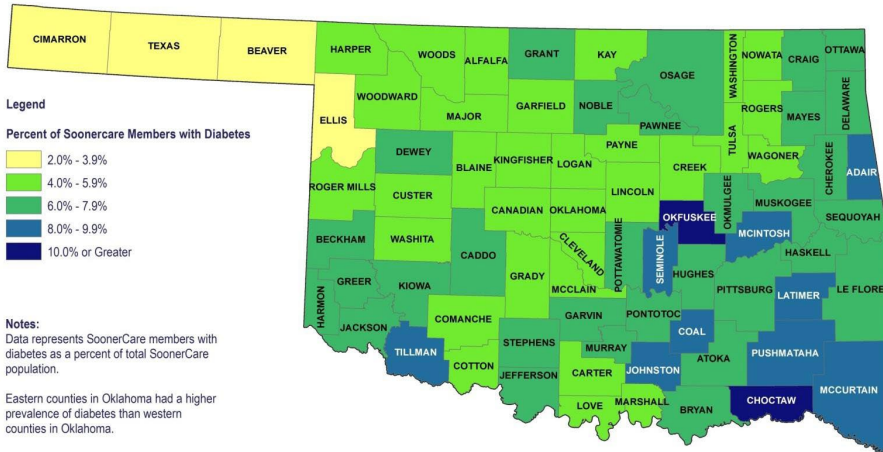
OKLAHOMA DIABETES PREVALENCE BY COUNTY, 2018



Data Source:
2018 Behavioral Risk Factor Surveillance System,
Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic Created: 01.16.2020

SOONERCARE DIABETES PREVALENCE BY COUNTY, 2019



Data Source:
Diabetes Analysis SFY 2019
Oklahoma Health Care Authority

Projection/Coordinate System: USGS Albers Equal Area Conic Created: 11.3.2020

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, 12.2% of the adult population, or approximately 366,000 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

998,209 enrolled

403,061 adults

595,148 children
(Ages 0 – 18 years)

39,856
with
pre-diabetes

55,258
with diabetes

2,384
with diabetes

29,332 with
elevated BMI

\$878,888,942*

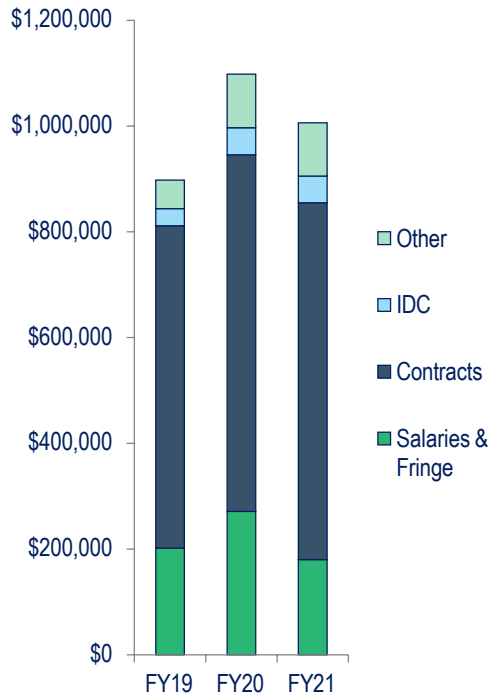
*Total reimbursement for services rendered by SoonerCare members with diabetes SFY2020
Source: Oklahoma Health Care Authority (2020). *Diabetes Analysis, SFY 2019*

\$ 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 two years (FY 2019 and FY 2020). 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 are temporally closed and groups are unable to meet in-person.



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 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.

15



There are 15 County Health Departments (CHDs) that reported* offering diabetes programs.



BARRIERS



~~COVID-19 has occupied staff time and causes programs to temporarily shut down~~



~~Attendance and participation are down~~






~~New hires are awaiting training that is indefinitely postponed~~

*Note: Data captured via Fiscal Impact of Diabetes Survey administered in Fall 2022. Due to COVID-19, survey response was low and is not comprehensive.

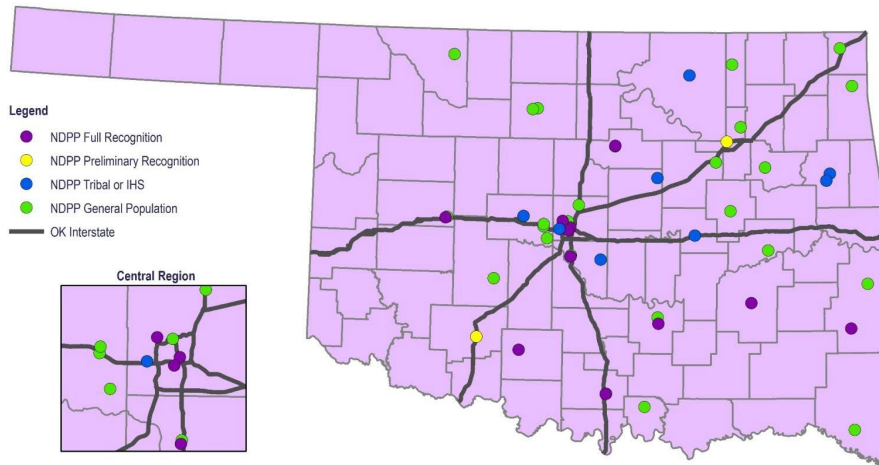
DIABETES PREVENTION PROGRAMS

BENEFITS¹⁰

-  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.

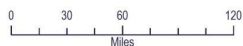
NATIONAL DIABETES PREVENTION PROGRAMS (NDPP), 2020



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

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 11.3.2020



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.



DIABETES SELF-MANAGEMENT EDUCATION & SUPPORT PROGRAMS

BENEFITS¹¹⁻¹³

Improves control of blood glucose, blood pressure and cholesterol levels

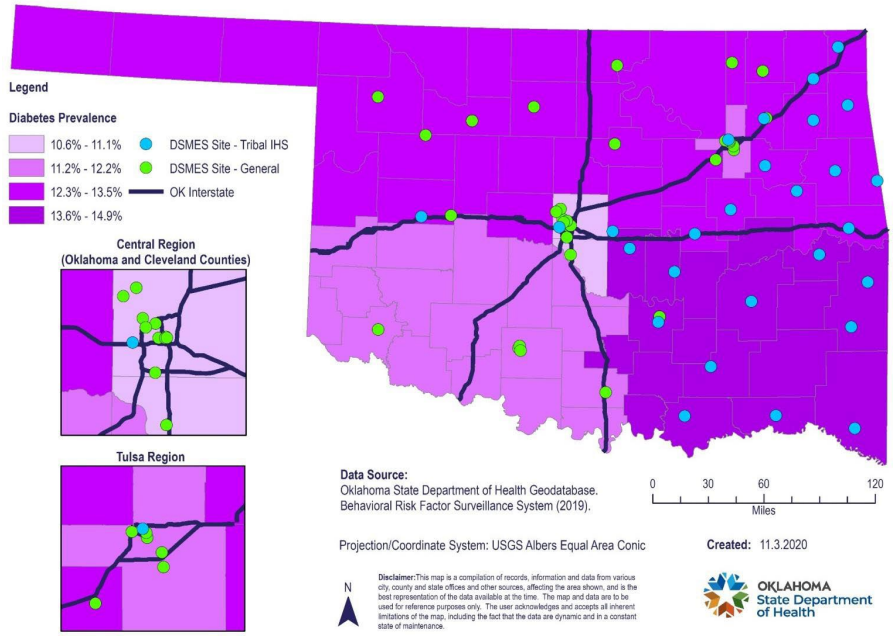
Each 1% reduction in HbA1c* reduces risk of complications by 40%

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 (DSMT) are often used interchangeably. Although DSMES is the preferred term, CMS requires the use of DSMT in reimbursement documentation.

DSMES PROGRAMS, 2020



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 or at high risk of developing Type 2 diabetes



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



- Commented [JL4]: updated
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- Commented [JL3]: Didn't notice this last time; people at risk for diabetes are not referred to DSMES programs

KEY PROGRESS AND UPDATES



DSMES services now available to members (1/1/20)



Improving **access** to and **participation** in DSMES programs in underserved areas



Continuous Glucose Monitoring made easily available through **pharmacies** (1/1/20)



Increasing **engagement** of **pharmacists** in the provision of **medication management** or DSMES for people with diabetes



DSMES services available via **telehealth** during emergency declaration



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 2019 Diabetes Legislative Report.

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 **4.6%**.
• On track to meet established target.
- 2 • Number of RD/LDs **increased** by **24%**, increasing from 175 to 225 RD/LDs and **exceeded 2020 target**.
• New objective established.
- 3 • Child MNT claims **increased** by **20%**, **exceeded 2020 target**.
• New target established.

2 IMPROVE HEALTH CARE SERVICES FOR DIABETES

PROGRESS

- 1 • **Authority gained** for **DSMT**. Implemented 1/1/20.
• New objective established.
- 2 • HbA1c testing rates **decreased slightly**.
• Target maintained.
- 3 • Pediatric BMI claims **increased** by **11%**, **exceeded 2020 target**.
• New target established.


3 CONTROL COMPLICATIONS FROM DIABETES

PROGRESS

- 1 • Hospitalization admission rates **slightly increased**.
• Target maintained.
- 2 • **Educated providers** about the newly funded **DSMT services** in collaboration with partners.
• New objective established.
- 3 • **DSMT benefit** was **implemented** on 1/1/20.
• Target maintained.

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 

Determine feasibility 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

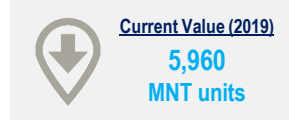
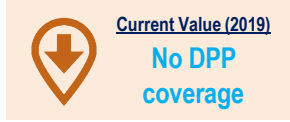
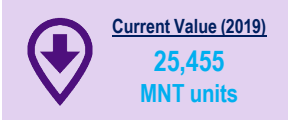
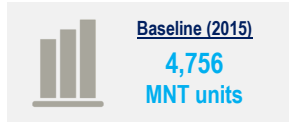
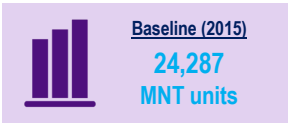
BENCHMARKS

Commented [JL5]: Needs assessment and implementation delayed until RFPs are awarded

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

 If determined feasible, initiate actions to add DPP as a covered service

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



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 improve the referral process for MNT

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



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



Collaborate with HCSI to 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

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2

IMPROVE HEALTH CARE SERVICES FOR DIABETES

OBJECTIVES

1



Develop strategies for improving health care services for diabetes for SoonerCare members

2



Increase the number of annual HbA1c tests for members with diagnosis of diabetes

3



Improve diabetes care for pediatric members with elevated BMIs

BENCHMARKS



Increase strategies for improving health care for diabetes for SoonerCare members



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 (2019)

0

strategies



Current Value (2019)

0

strategies



1 Year Target (2020)

2

strategies

Target Population

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



Baseline (2015)

72.2%

members



Current Value (2019)

71.6%

members



5 Year Target (2020)

75.8%

members

Target Population

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



Baseline (2015)

26,353

children



Current Value (2019)

29,332

children



5 Year Target (2020)

30,800

children

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 HCSI, OHCA pharmacy and 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



Collaborate with providers to develop strategies in support of annual HbA1c testing for members with diabetes

Collaborate with HCSI to provide or coordinate training for clinicians on CMS and HEDIS quality measures on comprehensive diabetes care



Collaborate with HCSI to provide or coordinate 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

OBJECTIVES

1



Develop strategies to increase awareness of and access to DSMES services

2



Increase the number of DSMES providers and programs enrolled as diabetes educators with Medicaid

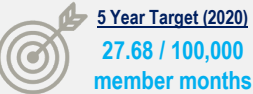
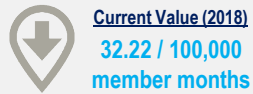
3



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

BENCHMARKS

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



Target Population
OHCA SoonerCare members with diabetes 19 – 64 years

Increase by **100%** the number of DSMES providers



Target Population
OHCA SoonerCare contracted clinicians (MD, DO, PA, ARNP, etc.)

Increase by **100%** the number of SoonerCare members with diabetes who have attended DSMES



Target Population
OHCA SoonerCare members ages 19 years and older with Type 2 diabetes

3

CONTROL COMPLICATIONS FROM DIABETES

KEY ACTIVITIES

Collaborate with the HCSI and OHCA pharmacy division, as well the Diabetes Caucus and DSMES providers to identify barriers to DSMES services



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



Collaborate with HCSI team to provide education and outreach to SoonerCare members with diabetes on the benefits of attending DSMES services



Educate providers on SoonerCare DSMES services and referral processes



Collaborate with HCSI to educate DSMES programs about the Medicaid enrollment process and coverage for 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. If determined feasible, initiate actions to add DPP as a covered service.
3. Increase by 10% the number of SoonerCare pediatric members with a paid claim for MNT.

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COST

- Recruitment and training of providers and education and outreach to SoonerCare members for MNT services.
- Data reporting.
- OHCA staff time and effort to research and implement DPP as a service - projected cost \$445,000.
- Training of providers for MNT services.

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RESOURCES

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

GOAL 2: IMPROVE HEALTHCARE SERVICES

BENCHMARKS

1. Increase strategies for improving health care for diabetes for SoonerCare members.
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

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

RESOURCES

- OHCA's HCSI 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 2%.
2. Increase by 100% the number of DSMES providers.
3. Increase by 100% the number of SoonerCare members with diabetes who have attended DSMES services.

COST

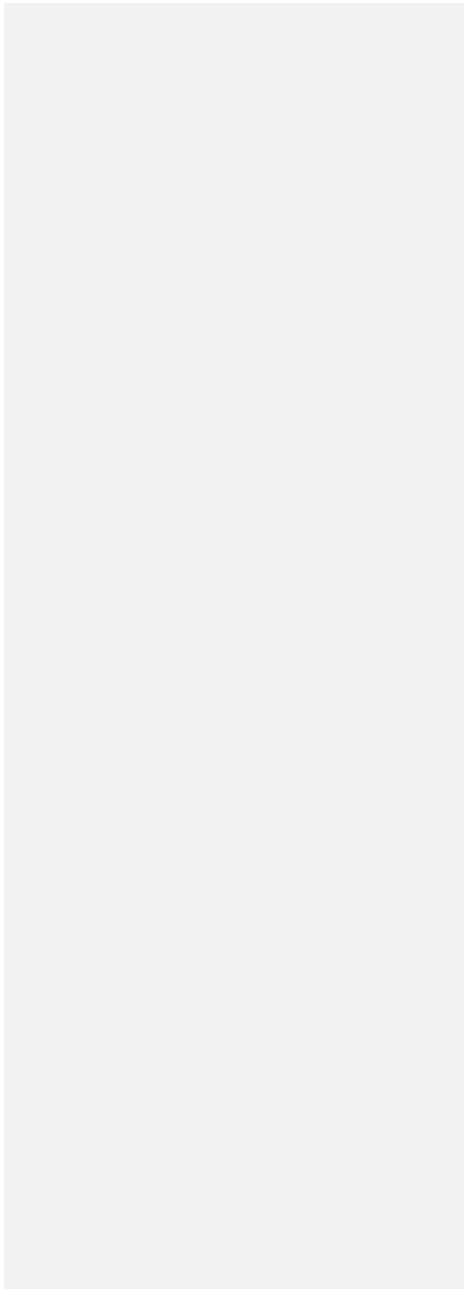
- OHCA staff time and effort collaborating with community partners.
- Training of providers in DSMES services.
- Recruitment and training for DSMES providers and programs.
- Education and outreach to SoonerCare members on DSMES services.

RESOURCES

- OHCA's HCSI Team
- Pharmacy
- Diabetes Caucus
- Data Management Systems

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