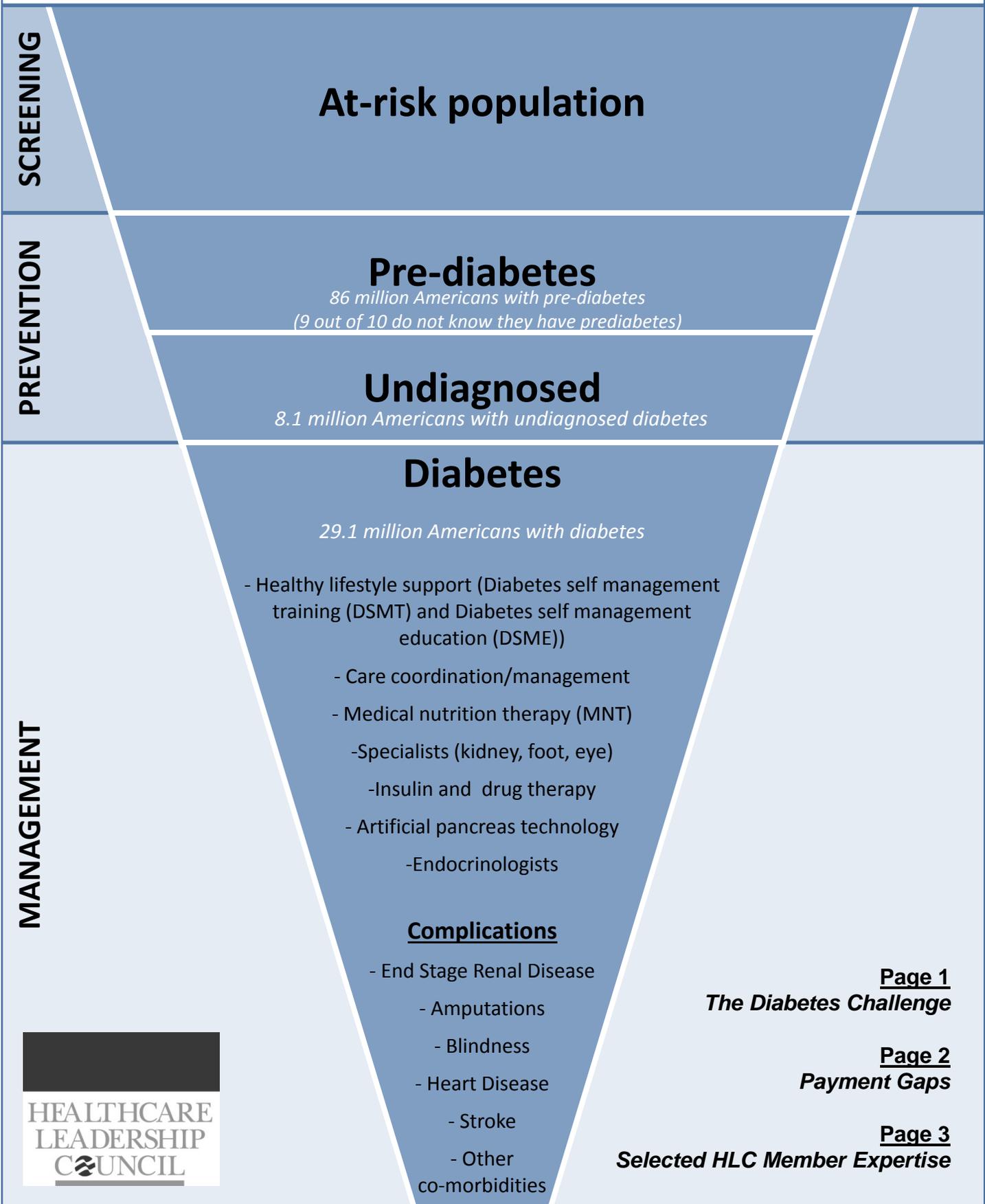


# THE DIABETES CHALLENGE: SELECTED HLC MEMBER INITIATIVES AND RECOMMENDATIONS



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# THE DIABETES CHALLENGE: PAYMENT GAPS

<b>SCREENING</b>	<b>At-risk population</b>	<p><b><u>Detection Challenges</u></b></p> <ul style="list-style-type: none"> <li>• Medicare does not reimburse for A1c screening tests needed for referral.</li> <li>• Medicare beneficiaries have limited awareness of Medicare screening benefit</li> <li>• Low utilization of Medicare’s Annual Wellness and Welcome to Medicare visits that include screening.</li> <li>• No reimbursement for screening programs located in a community setting.</li> <li>• No reimbursement for patient education on the importance of screening.</li> <li>• Gap between health screenings (including Health Risk Assessments (HRAs)) and entry to diabetes treatment.</li> <li>• According to research submitted by <b>McKesson</b>, CMS has not reimbursed non-mental health providers for management of mental health co-morbidities, which results in under-screening, under-reporting, and under treatment.</li> </ul> <p><i>U.S. Preventive Services Task Force (USPSTF)</i></p> <ul style="list-style-type: none"> <li>• USPSTF-recommended screening guidelines are limited to asymptomatic adults with high BP. (USPSTF’s new draft recommendation expanding the criteria to more risk factors (including: age 45 years or older, overweight or obesity, first-degree relative with diabetes., women with a history of gestational diabetes or polycystic ovarian syndrome, and racial/ethnic minorities) is expected to be finalized in 2015.)</li> <li>• There is no USPSTF recommendation on diabetes prevention.</li> </ul>
	<b>Pre-diabetes</b>	<p><b><u>Prevention Challenges</u></b></p> <ul style="list-style-type: none"> <li>• National Diabetes Prevention Program (National DPP): <ul style="list-style-type: none"> <li>◦ Not a covered Medicare benefit and lacks a reimbursement pathway</li> <li>◦ Recruitment and provider awareness obstacles</li> </ul> </li> <li>• Medicare pays for medical nutrition therapy (MNT) provided by a Registered Dietician only for beneficiaries with diabetes and renal diseases but not for beneficiaries diagnosed with pre-diabetes.</li> <li>• No telehealth recommendation for pre-diabetes, hyperglycemia, or glucose intolerance.</li> <li>• No reimbursement for pre-diabetic education, remote care, care coordination, or coaching (e.g., phone, follow-up text messages, online) for the prevention of diabetes.</li> </ul>
<b>PREVENTION</b>	<b>Undiagnosed</b>	
<b>MANAGEMENT</b>	<b>Diabetes</b>	<p><b><u>Care/Management Challenges</u></b></p> <p><i>Healthy lifestyle support/DSMT/DSME</i></p> <ul style="list-style-type: none"> <li>• No reimbursement for remote care, care coordination, or coaching (e.g., phone visits, follow-up text messages, online) for the care and management of diabetes.</li> <li>• Certified Diabetes Educators are not authorized to provide DSMT services, including telehealth services, under Medicare Part B.</li> <li>• Medicare reimburses for DSMT but not DSME. MNT and DSMT are not reimbursable on the same day.</li> <li>• Differential reimbursement for diabetes case managers and educators.</li> </ul> <p><i>Care coordination</i></p> <ul style="list-style-type: none"> <li>• New care coordination HCPCS G-code has not been interpreted to include remote care coordination or coaching.</li> </ul> <p><i>System</i></p> <ul style="list-style-type: none"> <li>• Physicians not incentivized to work in teams.</li> <li>• Lack of uniform quality metrics across government channels.</li> <li>• Limited diabetes quality measures and alignment across Medicare programs.</li> <li>• Payment is not tied to meeting appropriate standards of care for all services delivered.</li> <li>• Diabetes Working Group commissioned a comprehensive provider survey of over 1,000 diabetes care providers, which found the three most frequent barriers to care were time with patients, inadequate reimbursement and patient adherence.</li> <li>• Medicare does not cover continuous glucose monitoring.</li> </ul>

# THE DIABETES CHALLENGE: SELECTED HLC MEMBER EXPERTISE

SCREENING

At-risk

- **BioReference Laboratories** uses laboratory data analysis for early identification of diseases.
- **NorthShore University HealthSystem's** Be Well program uses a sophisticated evaluation protocol to assist in monitoring health behavior.
- **Novo Nordisk's** Ask.Screen.Know.™ national education campaign encourages Americans aged 45+ to learn about their risk of type 2 diabetes and talk to their doctor about screening.

PREVENTION

Pre-diabetes

- **National Diabetes Prevention Program (NDPP)** (provided and supported by numerous HLC members) is a community-led lifestyle modification programs to reduce risk for Type 2 diabetes.

Undiagnosed

- Newly available research shows that the **Weight Watchers** approach to lifestyle modification demonstrated results comparable to DPP.
- **New York Regional Health Collaborative (NewYork-Presbyterian Hospital)** Population-based system of care emphasizing preventative care and self-management programs.

DIABETES MANAGEMENT

- **Ascension Health's** Carondelet Health Network uses an integrated care model with community navigators, self management tools, telehealth technology, and community partnerships.
- **Baylor Scott & White Health's** Diabetes Health and Wellness Institute – addresses chronic disease from an access to care perspective with an interdisciplinary outpatient clinic and from a prevention perspective with wellness, education, and community outreach programs.
- **BioReference Laboratories' CareIndex™** Quality Indicators link EMR, including laboratory data, quantifying the quality of care provided. Provides benchmarks improve diabetic patient care delivery. The index is customizable for specific patient populations.
- **Blue Cross and Blue Shield of Illinois' HMO Diabetes Pay-For-Performance Program** demonstrated that a physician-centric disease management model for diabetes can be effective in improving clinical processes and outcomes in diverse practice settings.
- **Franciscan Missionaries of Our Lady Health System** uses IRIS technology for diabetic retinopathy screening in primary care offices.
- **Franciscan Missionaries of Our Lady Health System** also created a new member of the outpatient care team called the "Clinical Care Partner," who assists with pre-visit planning, chart preparation for diabetes patient visits, assists with clinical workflow to ensure efficient operations and to maximize time that the physician can spend with the patient during the diabetes visit.
- **Franciscan Missionaries of Our Lady Health System** hospitals coordinate meal times for diabetics to coincide with short-acting insulin, which reduced hypoglycemic events.
- **Johnson & Johnson** offers a broad range of products and services to address diabetes, including Digital Health Coaching to help patients avoid or manage diabetes, blood glucose monitoring to help patients manage their disease, and novel medications to treat type 2 diabetes.
- **Marshfield Clinic** provides DSMT education by phone and email and is participating in research on DSME plus community programs to help patients with self-management.
- **Mayo Clinic** developed decision aid cards for clinicians to use when communicating with patients about their diabetes drugs.
- **Medtronic's** MiniMed 530G system allows patients to use a continuous glucose monitoring (CGM) system integrated with their insulin pump to automatically suspend insulin delivery when glucose go below a pre-set threshold. This provides a significant improvement in the safety of insulin treatment and is the first breakthrough in artificial pancreas technology. Clinical trials of this and other SAP therapies prove better glucose control over MDI. CGM permits patients to see their glucose levels in real time and good glucose control can reduce long term costs to the healthcare system.
- **MemorialCare Health System's** In Balance program offers life style coaching, disease management, and dietary consults to its employees already diagnosed with diabetes. In order to maximize compliance, medications prescribed for the diabetes are provided at no cost to the employee
- **NewYork-Presbyterian Hospital's** WIN for Diabetes program offers low income neighborhoods community-based motivational self-management support, home visits, comprehensive diabetes education, and connections to clinical and social services.
- **Novo Nordisk's** Novo Nordisk's Cornerstones4Care® is a program that provides free, personalized support and information, and tools to help diabetes patients meet their goals.
- **SCAN Health Plan's** Diabetes Special Needs Plan offers transportation and affordable medications and has been popular with consumers.
- **Sanofi's** Cities for Life program works with community groups to create an environment that supports healthy diabetes management while coordinating a community action team of organizations.