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Chronic Disease Prevention & Health Promotion

Nevada Division of Public & Behavioral Health

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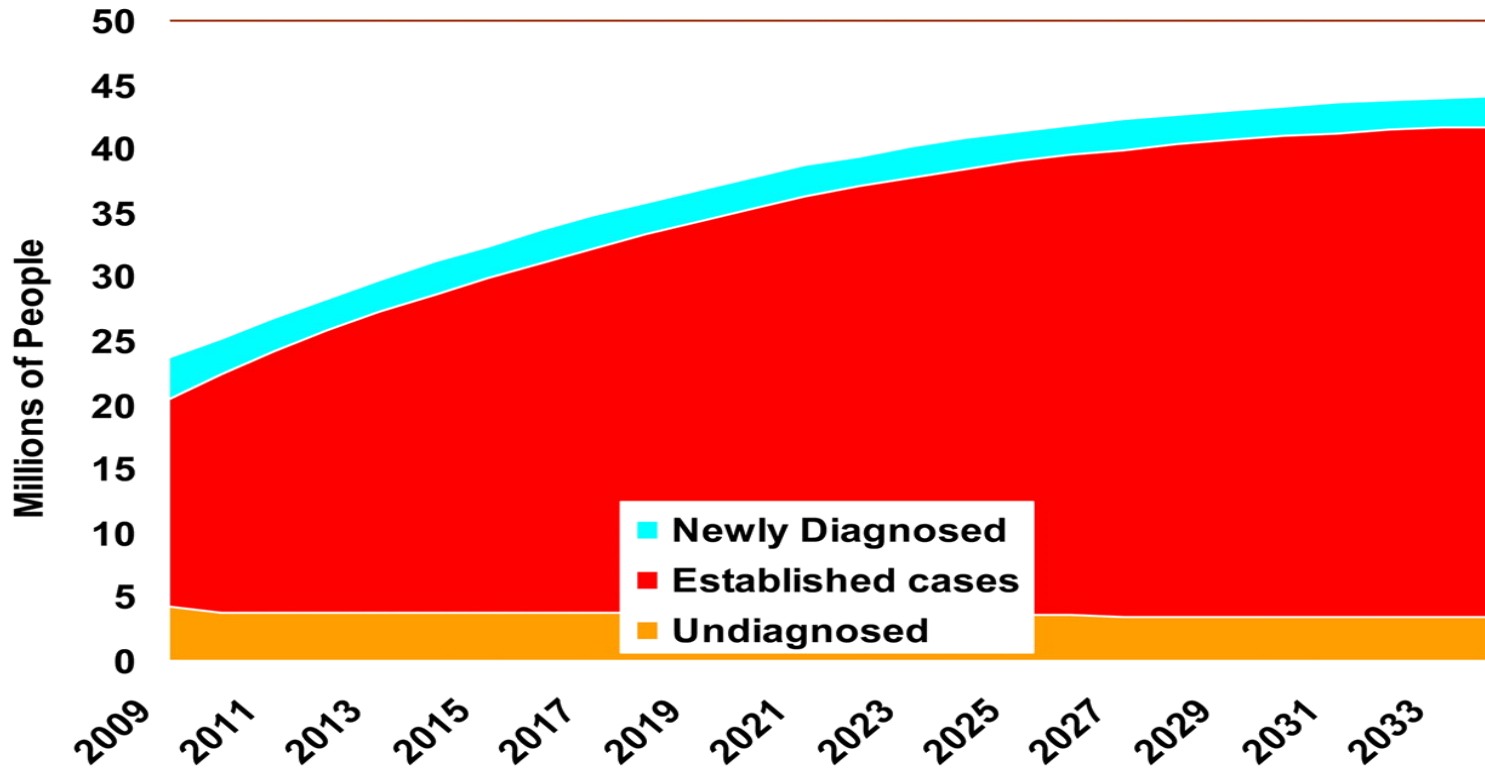
Advisory Council on the State Program for Wellness
and the Prevention of Chronic Disease (CWCD)
April 28, 2016



A Diabetes Tsunami

- 27.8% of people with diabetes are undiagnosed
- 1 out of 5 by 2030
- 1 out of 3 by 2050
- 25 % of people age 65 and older have diabetes.
- 1 in 3 adults—and nearly 1 in 2 men—have prediabetes.
- Almost 1 million Nevadans have prediabetes.
- Up to 70 % of people with prediabetes will develop diabetes in their lifetime

Projected distribution of newly diagnosed, undiagnosed, and established cases of diabetes, 2009–2034

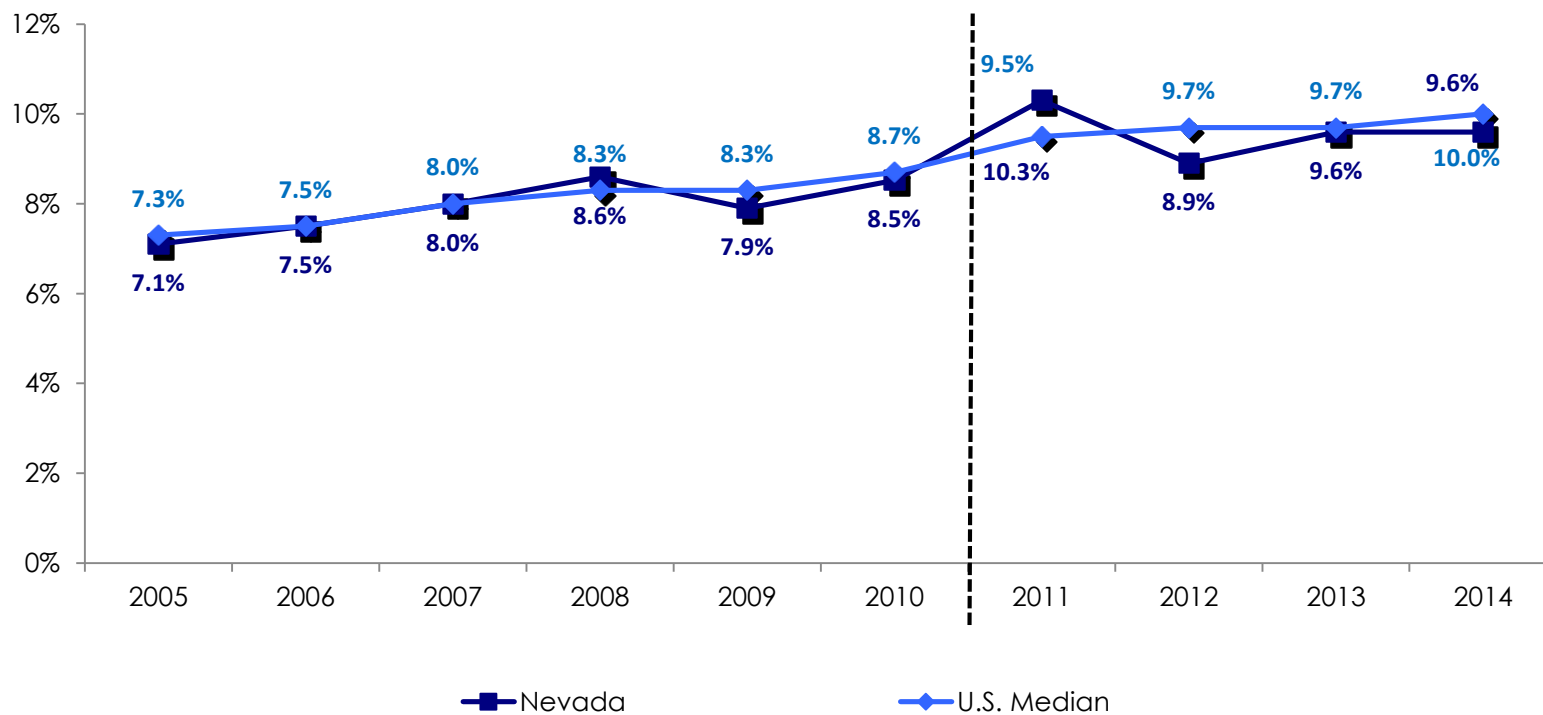


Source: Diabetes Population Cost Model

Elbert S. Huang et al. *Dia Care* 2009;32:2225-2229

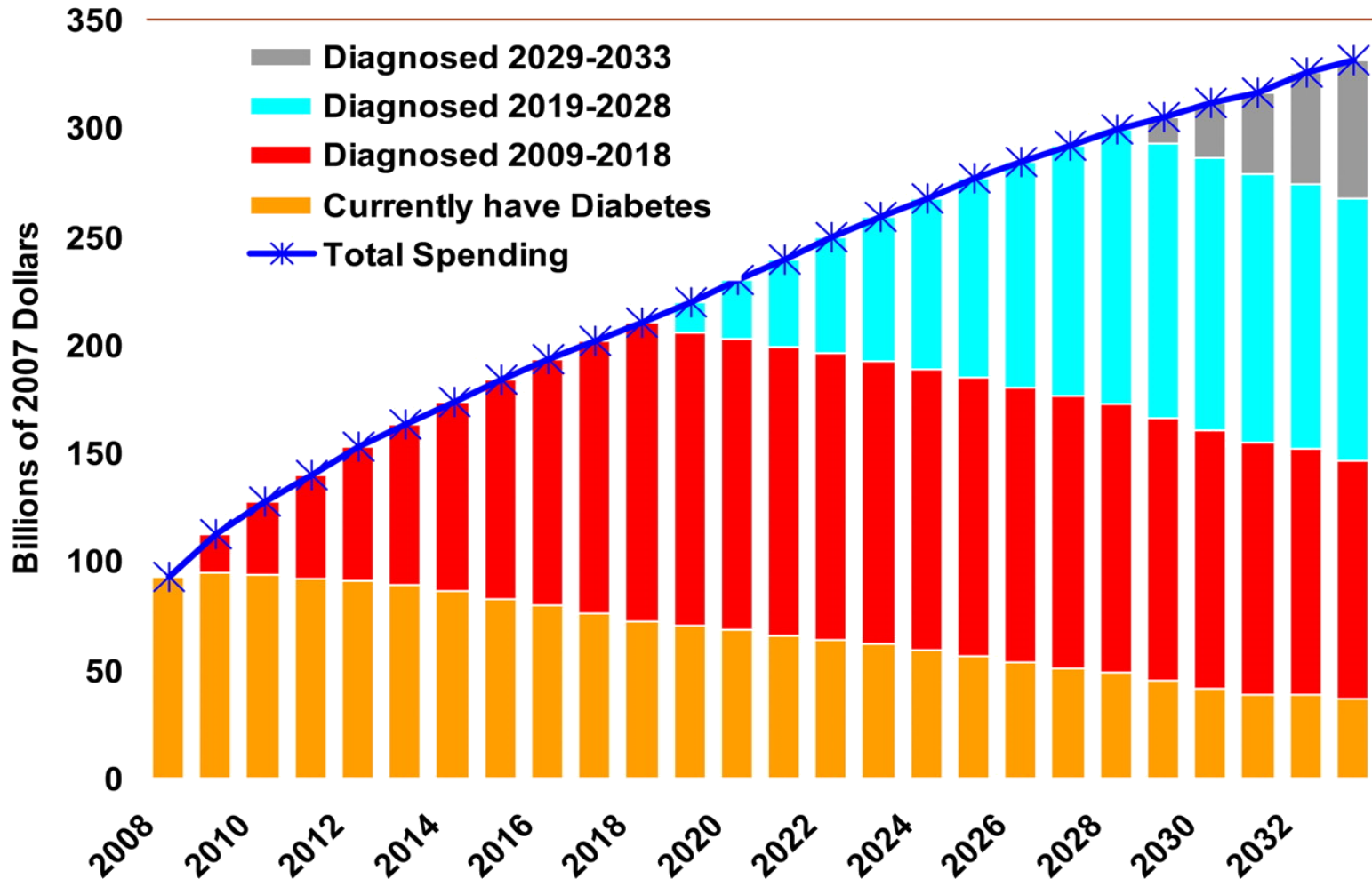
Historical Adult Diabetes Rates in Nevada

Prevalence of Nevada Adults with Diabetes, 2005-2014

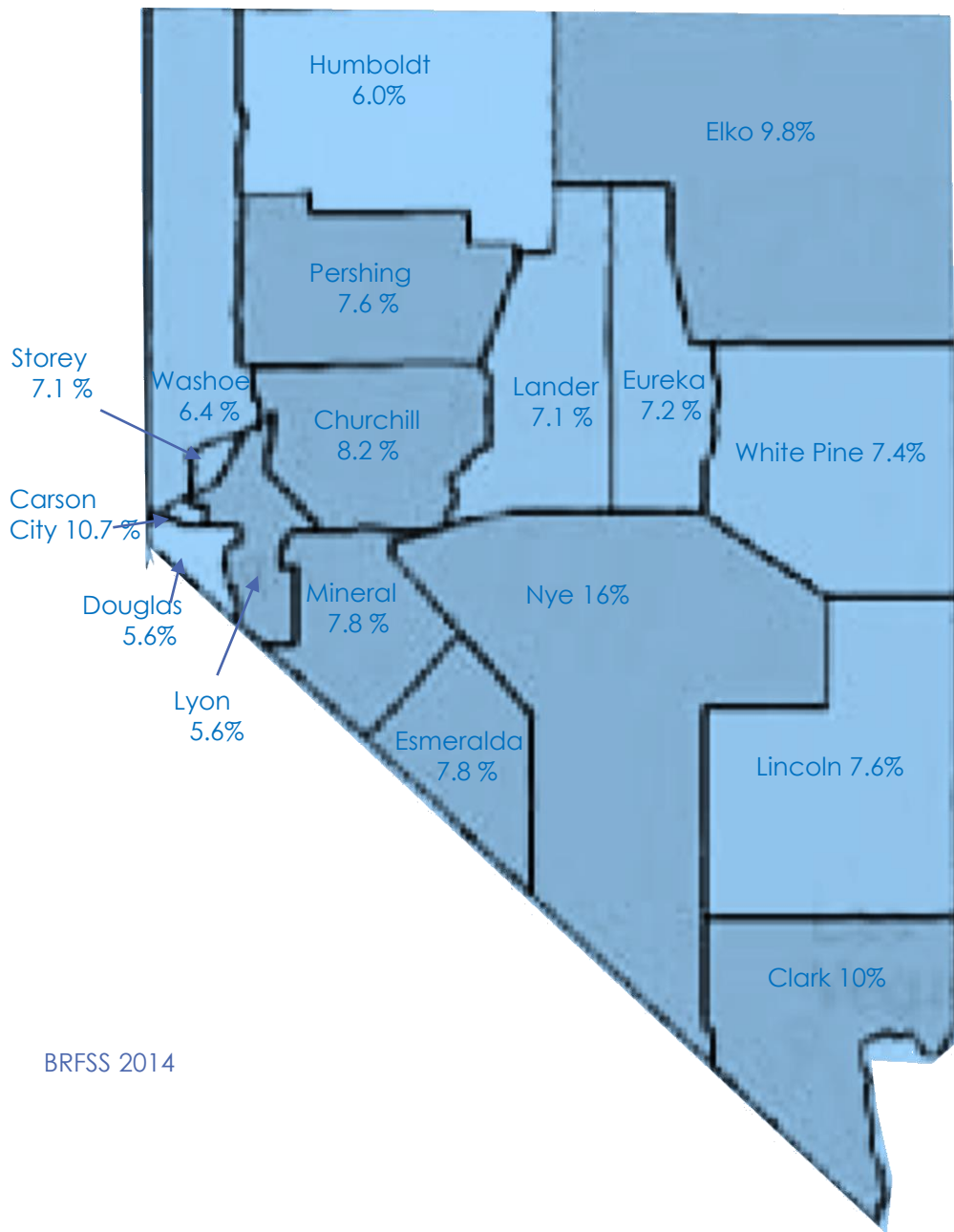


Source: BRFSS 2005-2014

Projected direct spending on diabetes and its complications for different cohorts, 2008–2033.

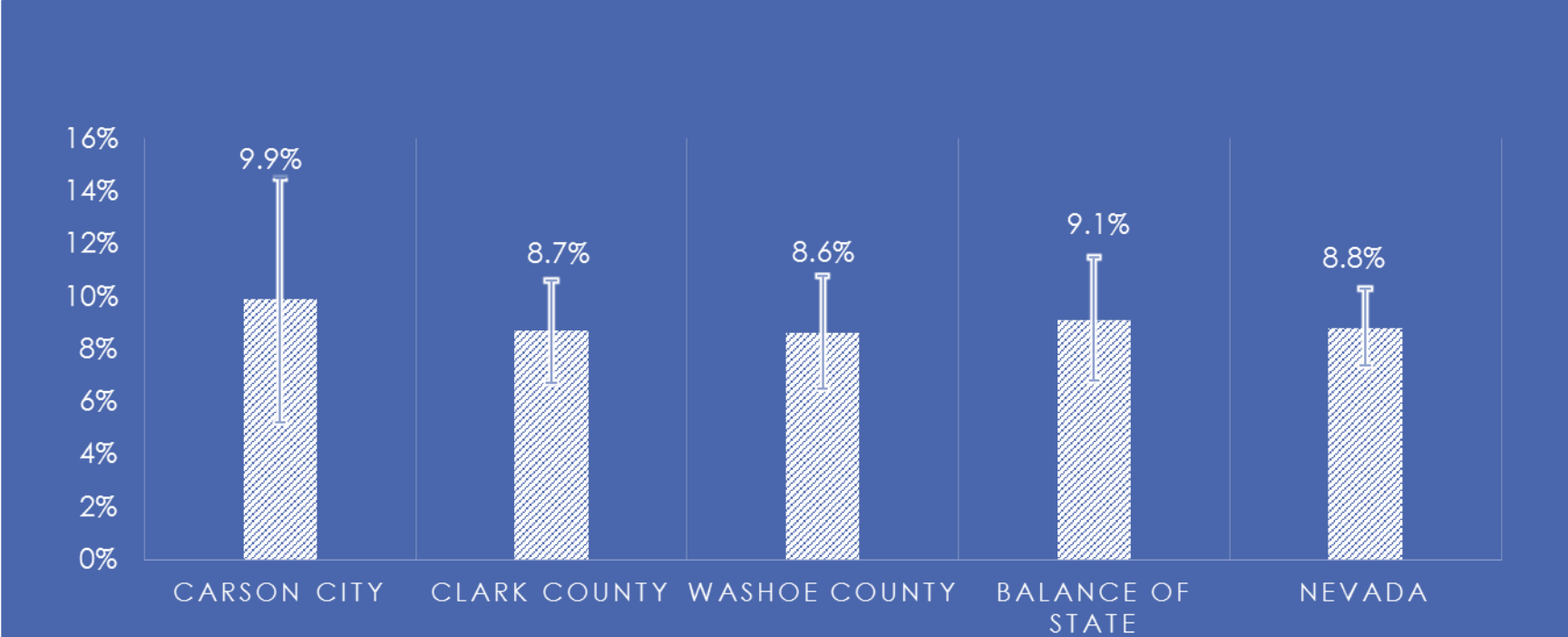


Elbert S. Huang et al. Dia Care 2009;32:2225-2229



Percent of adults that report having been diagnosed as having diabetes by county, 2014

The Prevalence of Nevada Adults with Pre-diabetes by Region, 2014



Source: BRFSS 2014

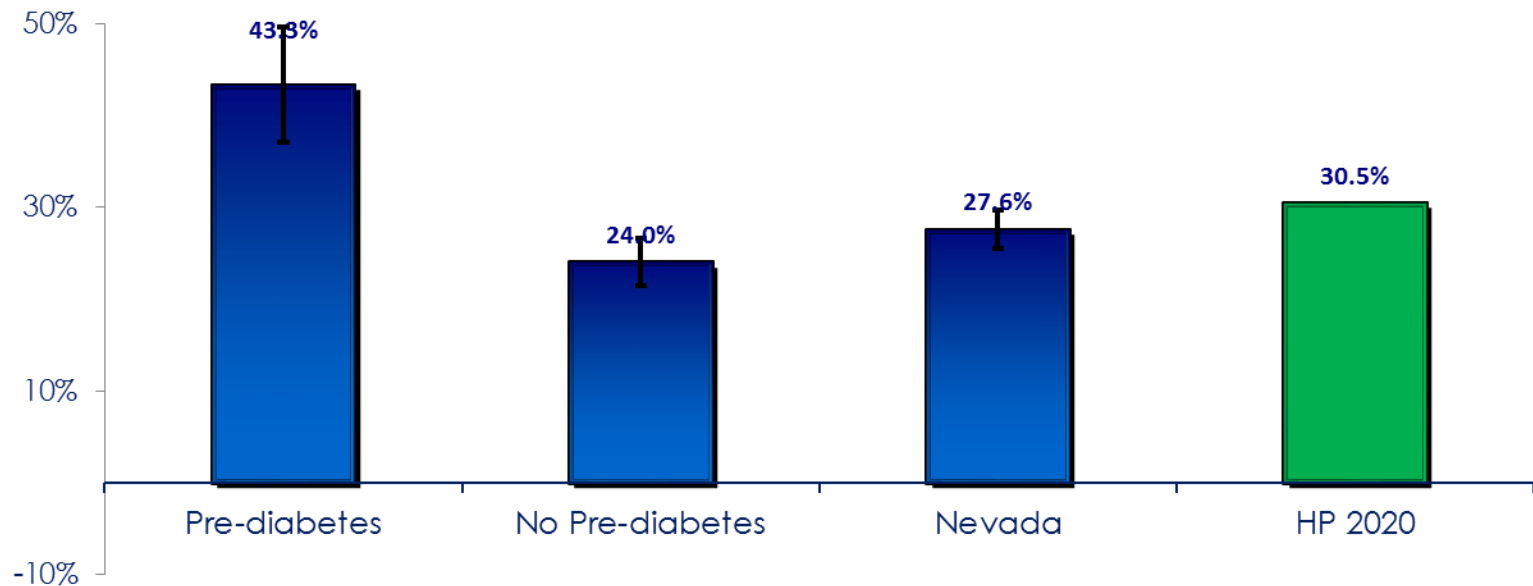
Note: Balance of State includes Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties.

Tip of the Iceberg . . .



Most People with Prediabetes Don't Know It!

Prevalence of Nevada adults who were overweight or obese, 2014 Data



Source: BRFSS 2014

CDC 1305 Grant Deliverables

- *Promote awareness of prediabetes among people at high risk for type 2 diabetes*
- *Promote participation in ADA-recognized, AADE-accredited, and/or Stanford licensed diabetes self-management education (DSME) programs*
- *Increase use of diabetes self-management programs in community settings*
- *Increase use of lifestyle intervention programs in community settings for the primary prevention of type 2 diabetes*

National Ad Council Campaign

**86 MILLION AMERICANS
HAVE PREDIABETES.**

**PREDIABETES CAN BE REVERSED.
KNOW WHERE YOU STAND.**

TEXT RISKTEST TO 97779 AND TAKE THE SHORT TEST.

DoIHavePrediabetes.org

Message & Data Rates May Apply. Reply STOP to opt out.
No purchase necessary. Terms and Privacy: adccouncil.org/About-Us/Privacy-Policy

Television PSA

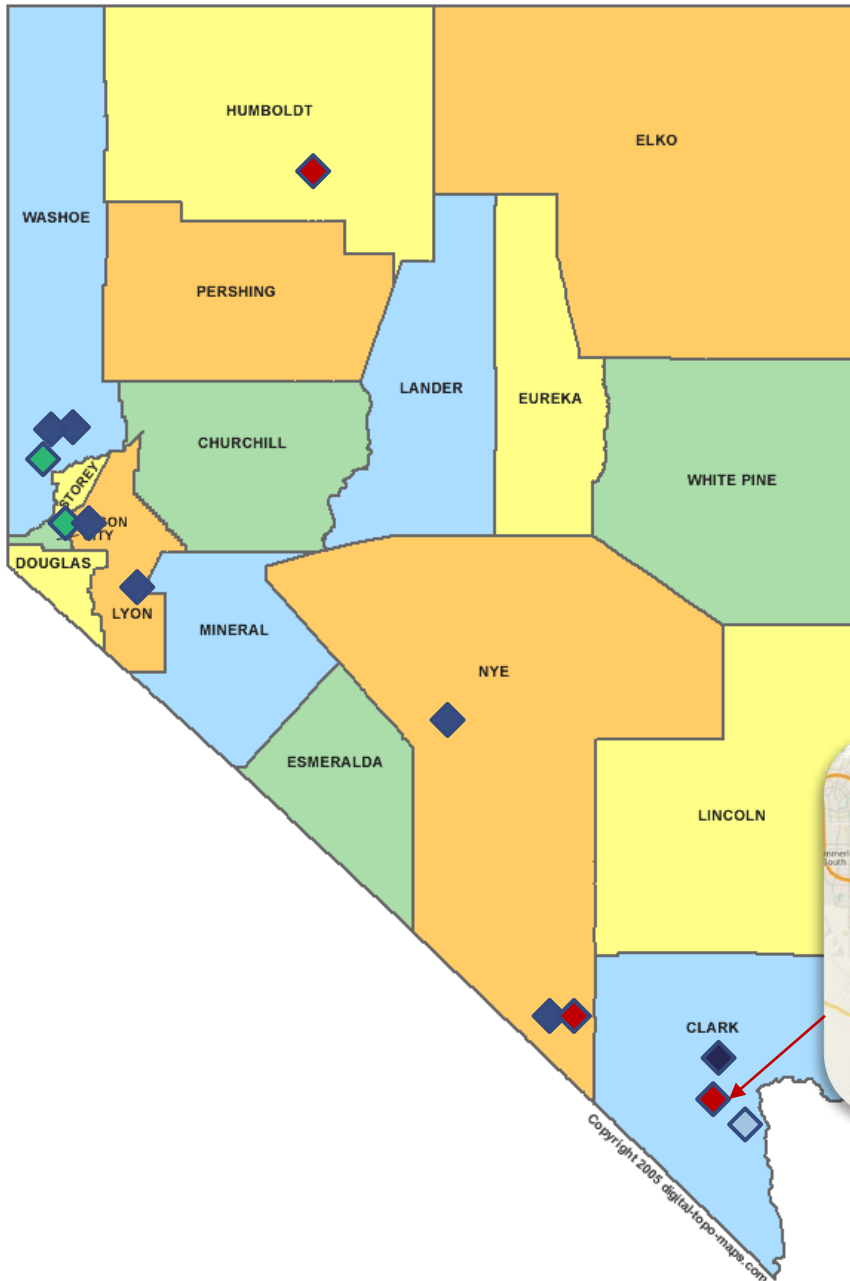


Health Care Systems

- Promote reporting of HbA1c measures and initiate activities that promote clinical innovation and team-based care: *Partners – HealthInsight, Nevada Primary Care Association, Nevada Health Centers.*
- Performance Measure – Proportion of healthcare systems reporting on NQF Measure 59 which is the percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result.

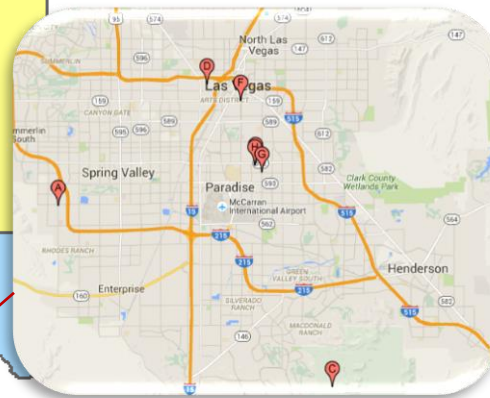
Pilot Referral Project

Transfer of the pilot EHR self-management/lifestyle change referral portal project between Nevada Health Centers, Dignity Health, and HealthIE Nevada to the HIE (HealthIE Nevada) will allow for expansion of community health centers by using the system in locations beyond Las Vegas/Henderson.



ADA-recognized, AADE-accredited, and/or Stanford licensed diabetes self-management education (DSME) programs

- ◆ ADA Recognized (9)
- ◆ AADE Accredited (8)
- ◆ Stanford DSMP(7)



St. Rose Dominican Hospitals and Desert Springs Hospitals are both ADA and AADE program sites. St. Rose uses the Stanford Model.

Reaching Spanish Speaking Populations & Rural Counties

- ✓ Ensure access points/patient participation by providing Stanford DSME workshops in rural counties of Nye, Lyon and Carson City; and among Spanish-speaking individuals throughout the state;
- ✓ Offer Programa de Manejo Personal de la Diabetes (Spanish Diabetes Self-Management Program); and
- ✓ Support AADE accreditation efforts to sustain Stanford DSME programs.





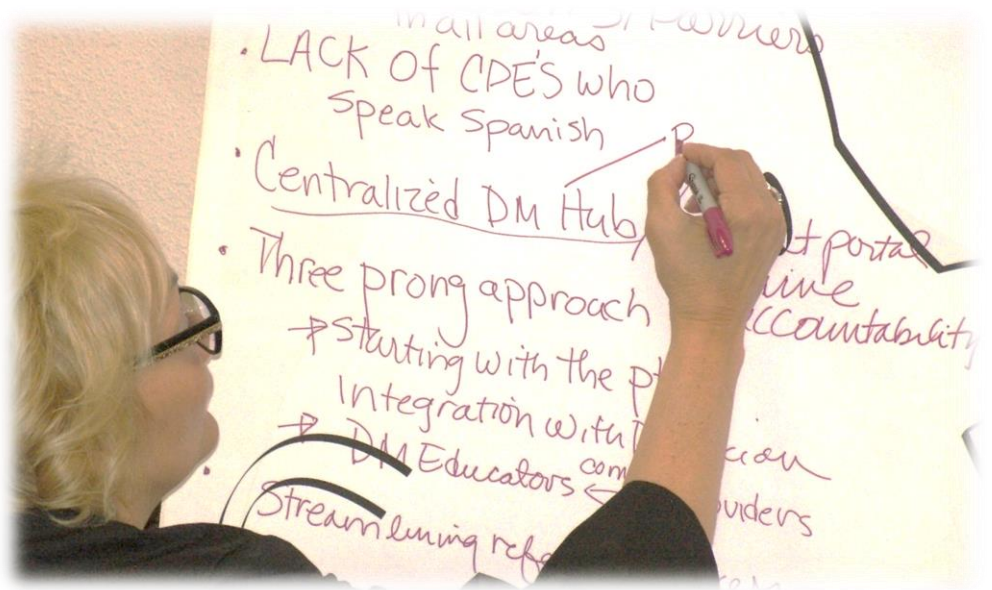
NevadaQTAC

Quality & Technical Assistance Center

- Intermediary organization to support establishment of a statewide system for evidence-based self-management and lifestyle change models
- Facilitates the establishment of the infrastructure and referral systems for:
 - Stanford University Model Diabetes Self-Management Education (DSME) Program
 - CDC's National Diabetes Prevention Program (DPP)
- Supports ongoing statewide capacity as master trainers for programs

Diabetes Education Stakeholder (DES) Group

- ✓ The Hub
- ✓ Physician/Provider Engagement
 - Awareness/Marketing
- ✓ Care Delivery System
 - Coordinated Care
 - Best Case Standards
- ✓ Policy
 - Legislation
 - Reimbursement
- ✓ Data
 - Patient
 - Physician



NVDiabetesEd.org



Our Mission

The mission of Nevada Wellness is to maximize the health of Nevadans by improving policy, systems and environment that influence quality of life.

Follow Us:



Provided by the State of Nevada, Division of Public and Behavioral Health through a grant from the U.S. Department of Health and Human Services Health Resources and Services Administration.

The information provided is for educational purposes and does not replace the advice of a doctor or healthcare provider.

Funding provided by Centers for Disease Control and Prevention grant number 3U58DP004820-02W1.

- Diabetes Basics
- Am I at RISK?
- I HAVE Diabetes
- I HAVE Prediabetes
- Diabetes Education & Support Offerings
- Healthcare Provider Team
- Quality & Technical Assistance Center

I HAVE Diabetes

Living with Diabetes

- [I Have Diabetes](#)
- [American Diabetes Association Diabetes Basics](#)
- [The A1C Test and Diabetes](#)
- [Living With Type 2 Diabetes Program](#)
- [Nevada Diabetes Association Resource Directory 2014](#)

Diabetes Self-Management Education Programs (DSME)

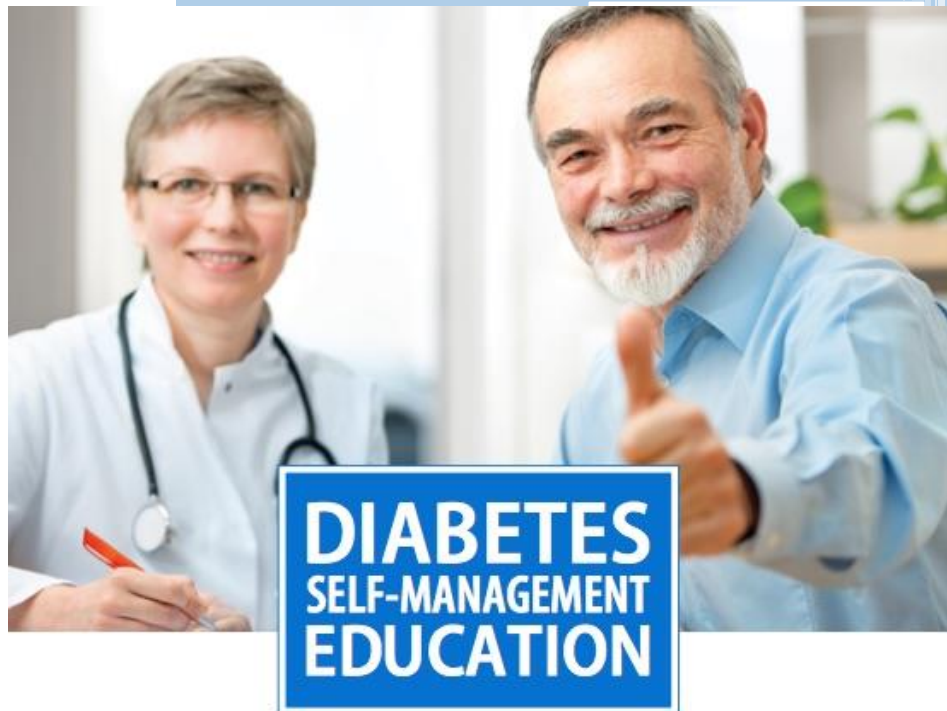
Diabetes Self-Management Education is a critical element of care for all people living with diabetes and is necessary to prevent or delay the complications of diabetes. Diabetes Self-Management Education and Support Programs are offered as outpatient or community based programs designed for adults, children, and seniors with Type 1 or Type 2 Diabetes.

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Physician Engagement: Diabetes Self-Management Education (DSME) Toolkit

Prepared by an interdisciplinary team of Certified Diabetes Educators (CDEs) and Diabetes Prevention and Control Program professional staff.

- Designed to assist primary care providers in implementing quality improvement efforts;
- Standards of Care;
- Evidence-based treatment algorithms for detection of diabetes among undiagnosed/asymptomatic individuals; and
- Diabetes Education Algorithm for referral of patients to Diabetes Education Team members providing approved DSME Programs that are based on the National Standards for Diabetes Education.



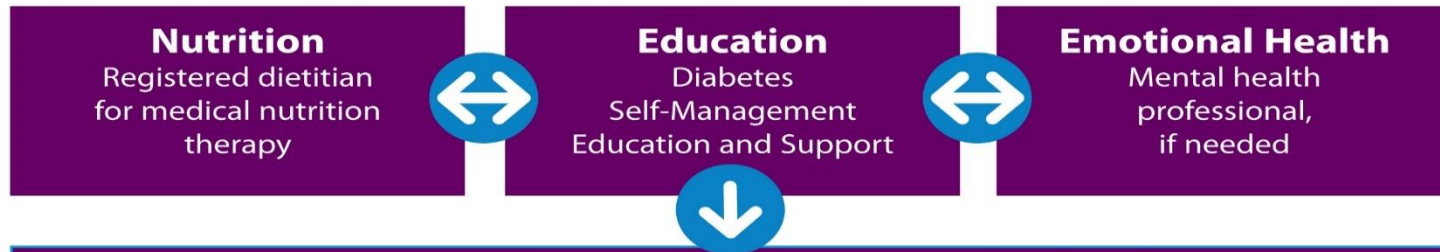
A guide to better outcomes through referral of your patients with diabetes to an Evidence-Based Diabetes Self-Management Education Program (DSME)

This important guide is being made available to you by the Chronic Disease Prevention and Health Promotion Section of the Nevada Division of Public and Behavioral Health.





Supported by the Nevada State Division of Public and Behavioral Health through grant number 3U58DP004820-02W1 from the Centers for Disease Control and Prevention.

Algorithm of Care – DSME/S for Adults with T2DM



Four critical time to assess, provide, and adjust diabetes self-management education and support (DSME/S)			
1 At diagnosis	2 Annual assessment of education, nutrition, and emotional needs	3 When new complication factors influence self-management	4 When transitions in care occur
When primary care provider or specialist should consider referral:			
<ul style="list-style-type: none"> Newly diagnosed. All newly diagnosed individuals with type 2 diabetes should receive DSME/S Ensure that both nutritional and emotional health are appropriately addressed in education or make separate referrals 	<ul style="list-style-type: none"> Needs review of knowledge, skills, and behaviors Long-standing diabetes with limited prior education Change in medication, activity, or nutritional intake HbA1c out of target Maintain positive health outcomes Unexplained hypoglycemia or hyperglycemia Planning pregnancy or pregnant For support to attain and sustain behavior change(s) Weight or other nutrition concerns New life situations and competing demands 	<p>Change in:</p> <ul style="list-style-type: none"> Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen Physical limitations such as visual impairment, dexterity issues, movement restrictions Emotional factors such as anxiety and clinical depression Basic living needs such as access to food, financial limitations 	<p>Changes in</p> <ul style="list-style-type: none"> Living situation such as inpatient or outpatient rehabilitation or now living alone Medical care team Insurance coverage that results in treatment change Age-related changes affecting cognition, self-care, etc.

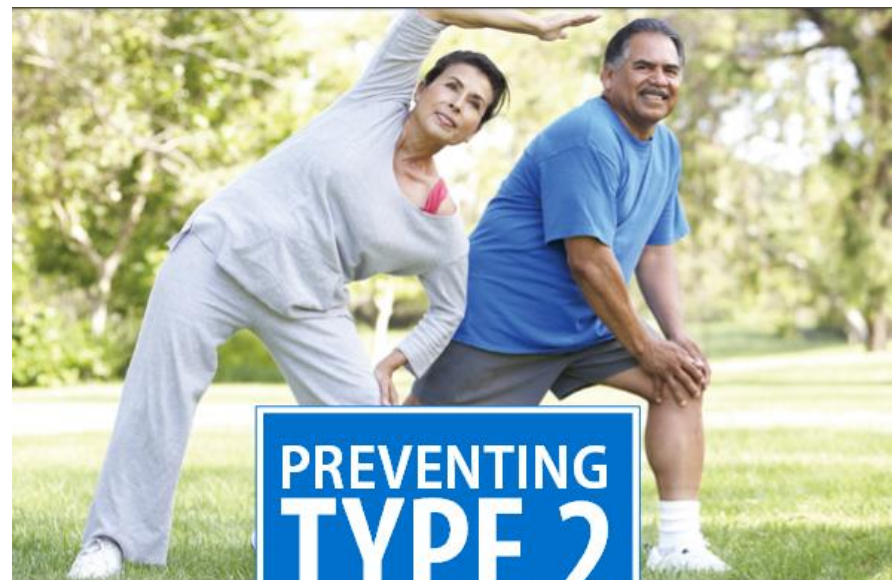
Reimbursement for DSME

- 10/1/15 Nevada Medicaid updated their reimbursement schedule for DMSE to include AADE-Accredited Programs.
- Prior to October 1 only covered ADA-Recognized Programs
-  access points for Medicaid recipients by at less 5 locations that currently are only AADE providers.
-  length of wait time DSME services since more providers providing the service.



Physician Engagement: Prevent Diabetes **STAT**

Nevada tailored the American Medical Association (AMA) and the Centers for Disease Control and Prevention (CDC) co-developed **Prevent Diabetes STAT: Screen, Test, Act - Today™** toolkit with Nevada-specific contact information for physicians and other health care team members.



**PREVENTING
TYPE 2
DIABETES**

A guide to refer your patients with prediabetes to an evidence-based diabetes prevention program

This important guide is being made available to you by the Chronic Disease Prevention and Health Promotion Section of the Nevada Division of Public and Behavioral Health.



NVDiabetesEd.org



Prevent Diabetes **STAT** | Screen / Test / Act Today™



Supported by the Nevada State Division of Public and Behavioral Health through grant number 2U59DP004820-02W1 from the Centers for Disease Control and Prevention.

CDC Prediabetes Screening Test



COULD YOU HAVE PREDIABETES?

Prediabetes means your blood glucose (sugar) is higher than normal, but not yet diabetes. Diabetes is a serious disease that can cause heart attack, stroke, blindness, kidney failure, or loss of feet or legs. Type 2 diabetes can be delayed or prevented in people with prediabetes through effective lifestyle programs. Take the first step. Find out your risk for prediabetes.

TAKE THE TEST—KNOW YOUR SCORE!

Answer these seven simple questions. For each "Yes" answer, add the number of points listed. All "No" answers are 0 points.

Yes	No
1	<input type="checkbox"/>
1	<input type="checkbox"/>
1	<input type="checkbox"/>
5	<input type="checkbox"/>
5	<input type="checkbox"/>
5	<input type="checkbox"/>

Are you a woman who has had a baby weighing more than 9 pounds at birth?

Do you have a sister or brother with diabetes?

Do you have a parent with diabetes?

Find your height on the chart. Do you weigh as much as or more than the weight listed for your height?

Are you younger than 65 years of age and get little or no exercise in a typical day?

Are you between 45 and 64 years of age?



- Evidence-based lifestyle change program for preventing Type 2 diabetes.
- Year-long program.
- Participants make real lifestyle changes such as eating healthier, adding physical activity into their daily lives, and improving problem-solving and coping skills.
- Participants meet with a trained lifestyle coach and a small group of people who are making lifestyle changes to prevent diabetes.
- Sessions are weekly for 6 months and then monthly for 6 months.
- This proven program cut participants' risk of developing Type 2 diabetes by 58%.

CDC Diabetes Prevention Recognition Program (DPRP)

Recognizes programs having shown that they can effectively deliver a proven lifestyle change program to prevent type 2 diabetes.

Three key objectives:

- Assure program quality, fidelity to scientific evidence, and broad use of effective type 2 diabetes prevention lifestyle interventions.
- Submission of evaluation data by programs to the DPRP every 12 months with data on participants' progress in their classes.
- Develop and maintain a registry of organizations that are recognized for their ability to deliver effective type 2 diabetes prevention lifestyle interventions to people at high risk.
- Provide technical assistance to local type 2 diabetes prevention programs to assist staff in effective program delivery and in problem-solving to achieve and maintain recognition status.

Reimbursement

CPT code - 0403T

- Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum*, provided to individuals in a group setting, minimum 60 minutes, per day.
- New Category III code, effective January 1, 2016

**Standardized curricula recognized by the CDC are year-long behavior change interventions comprising at least 24 sessions delivered across the course of a year: typically delivered in 16 weekly hour-long sessions during the first six months of the year, followed by monthly hour-long sessions during the second six months. Participants are weighed at every session and work toward goals of more healthful eating, 150 minutes per week of physical activity, and >5%-7% weight loss.*

Medicare Coverage for DPP



March 23, 2016, HHS Secretary Burwell announced her intention to recommend coverage under Medicare for diabetes prevention programs, and it is likely to be addressed as part of this summer's rule-making process.

Reimbursement coverage for DPP



- America's Health Insurance Plans (AHIP) is working in collaboration with four participating health insurance plans to launch the National Diabetes Prevention Program (National DPP) in six states across the United States.
- Using multiple delivery models to demonstrate value and scalability, the participating health plans – Denver Health, EmblemHealth, Florida Blue, and Molina Health Care, Inc. have launched outreach and educational efforts in California, Colorado, Florida, New Mexico, New York, and Wisconsin.

Thank you!



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