HHSC: Texas Diabetes Council

January 13, 2022

Texas Diabetes Council addresses issues affecting people with diabetes in Texas and advises the Texas Legislature on legislation that is needed to develop and maintain a statewide system of quality education services for all people with diabetes and health care professionals who offer diabetes treatment and education.

Governor Appointed Representatives

Name	Position	Term Expires*
Feyi Obamehinti, EdD – Chairperson	General public member with expertise or demonstrated commitment to diabetes issues	2023
Jason Ryan, JD – Secretary	Consumer member	2025
Aida "Letty" Moreno-Brown, RD, LD	General public member with expertise or demonstrated commitment to diabetes issues	2027
Ardis Reed, MPH, RD, LD, CDCES	Registered licensed dietitian with specialization in diabetes education	2023
Christine Wicke, PharmD	Consumer member	2025
Dirrell Jones, JD	General public member with expertise or demonstrated commitment to diabetes issues	2025
Felicia Fruia-Edge	Consumer member	2023
Gary Francis, MD, PhD	Licensed physician with specialization in diabetes treatment	2027
Maryanne Strobel, RN, MSN, CDCES	Registered nurse with specialization in diabetes education and training	2027
Ninfa Peña-Purcell, PhD	General public member with expertise or demonstrated commitment to diabetes issues	2027
Stephen Ponder, MD	Member with experience and training in public health policy	2025

Non-Voting State Agency Representatives

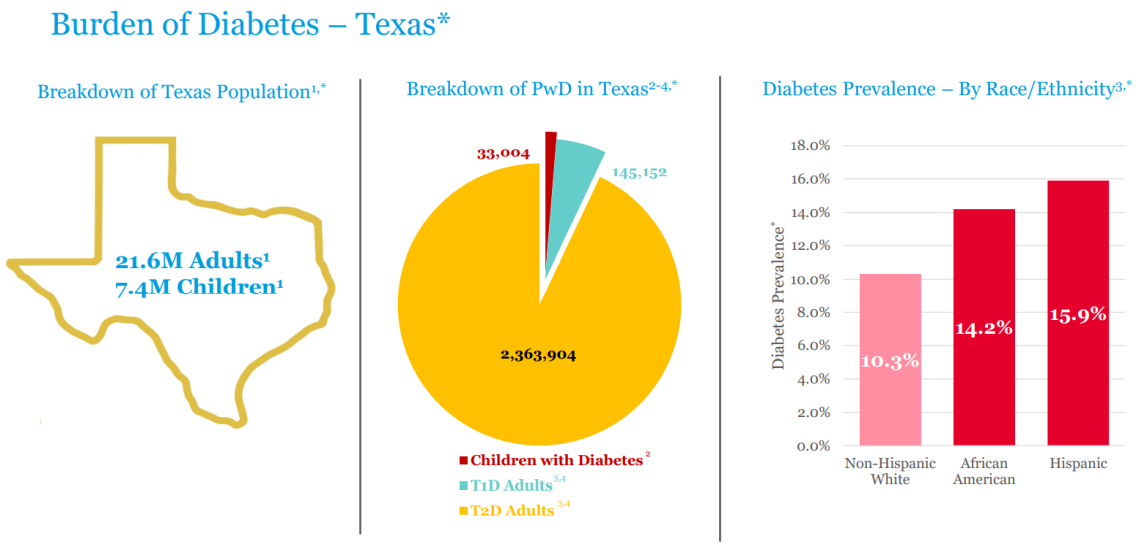
Name	Organization
Umme Salama Oan Ali	Teacher Retirement System of Texas
Diana Kongevick	Employees Retirement System of Texas
Lisa Golden, MAEdHD	Texas Workforce Commission
Kelly Fegan-Bohm, MD, MPH, MA	Texas Department of State Health Services
Mitchel Abramsky, MD, MPH	Texas Health and Human Services Commission

1. Welcome, logistical announcement The meeting was convened by Feyi Obamehinti, EdD

2. Roll call. A quorum was present

3. Consideration of October 28, 2021, draft meeting minutes. The minutes were approved with minor edits.

4. Disparities in Access to Continuous Glucose Monitoring Devices & the Clinical and Economic Evidence Related to Diabetes Outcomes.



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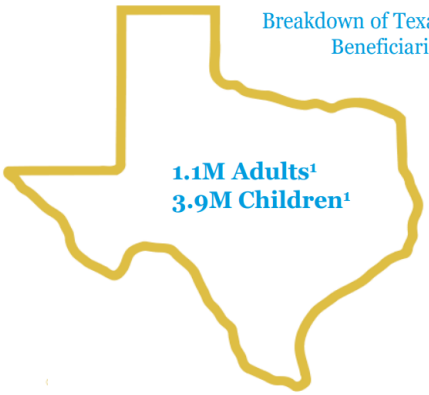
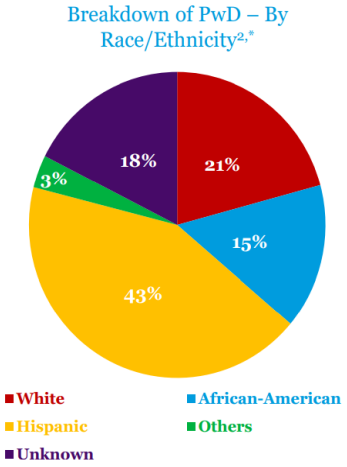
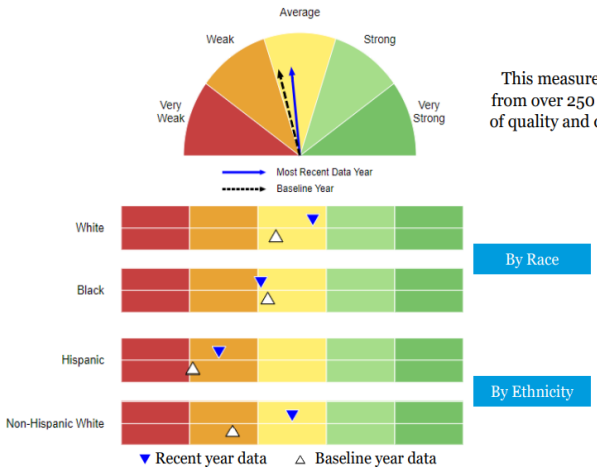
Burden of Diabetes – Texas Medicaid





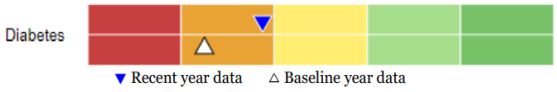
Agency for Healthcare Research and Quality — National Healthcare Quality and Disparities Report (Texas Overview)[1]

Overall Quality and Disparities Metrics



This measure derived from over 250 measures of quality and disparities

Diabetes Specific Metrics



- Progress made from 2013 → 2017
- Does not provide complete picture (TX does not report on all metrics; example – short/long-term hospitalization)
- Above data derived from 4 metrics
  - At least two A1c readings/year
  - Eye exam
  - Foot exam
  - Flu vaccination

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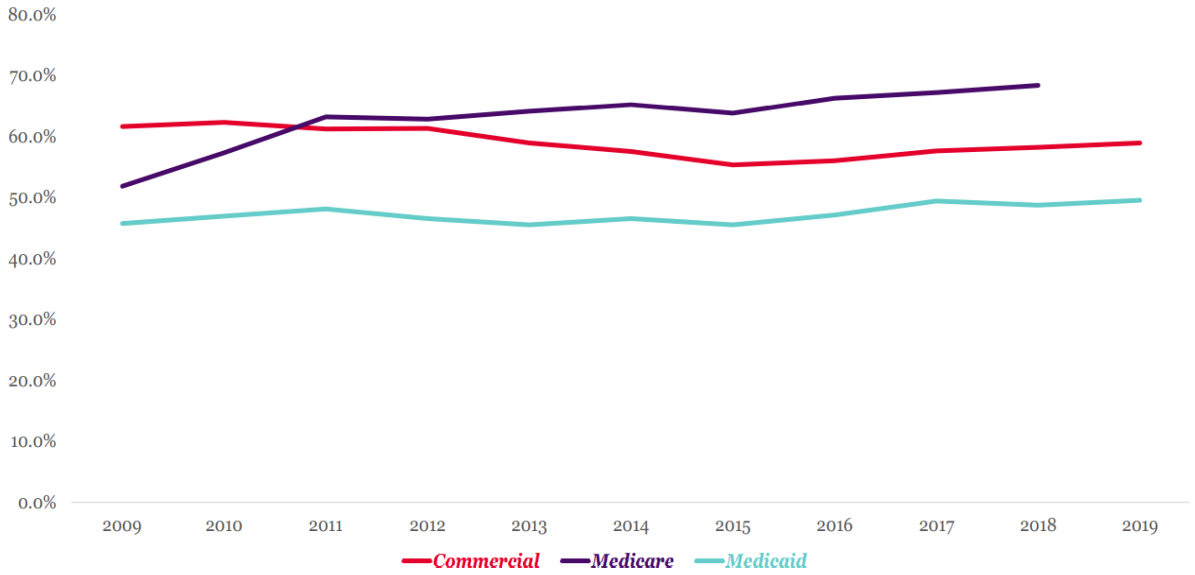
Lower percentage of patients with Medicaid achieve A1c <8%[1,*]



Lower HbA1c is consistently observed for CGM users at lower socioeconomic levels and public insurance[1]

Study Objective:

To assess mean HbA1c over a participant's lifespan

Methods:

Analysis of T1D Exchange clinic registry and HbA1c levels from patient medical records

Total State or Federal participants:

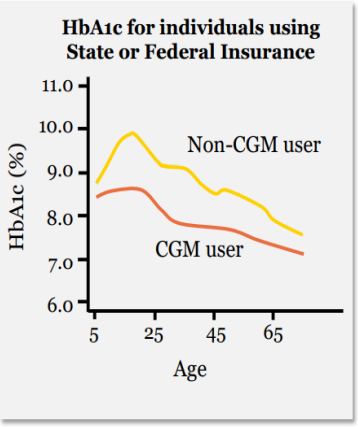
3,786 participants

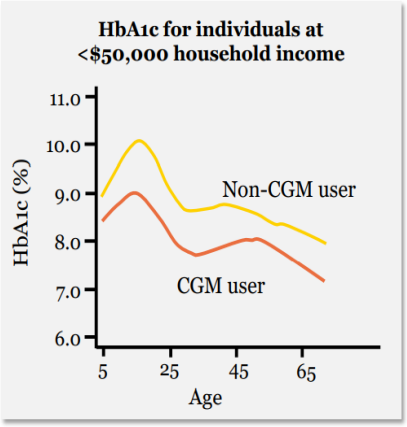
Total SEC* Participants

3,659 participants

Timeframe:

January 1, 2016 – March 31, 2018





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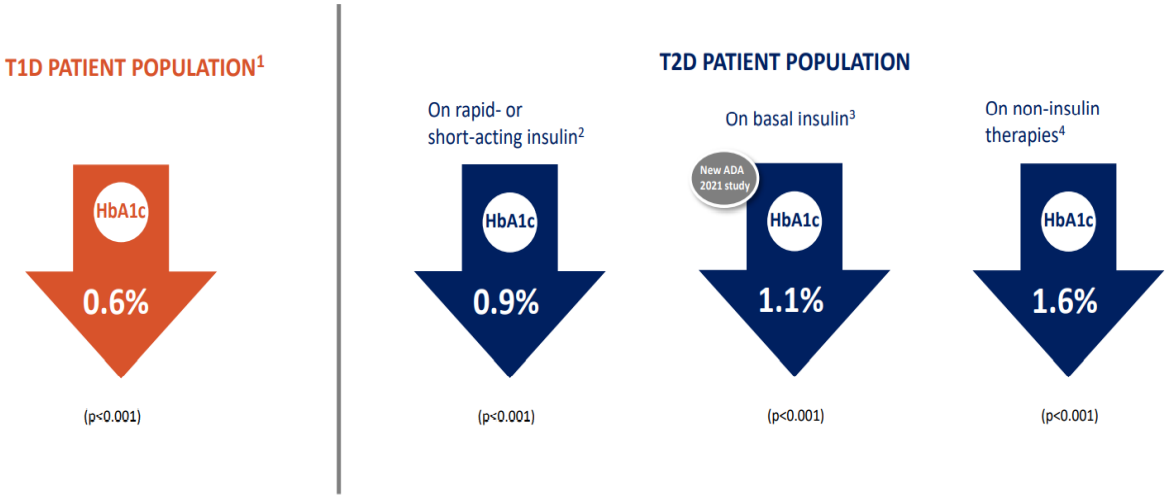
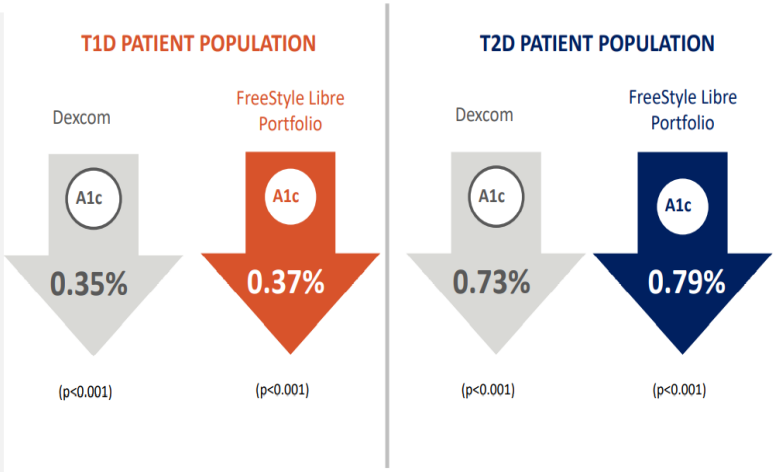
CGM utilization is associated with significant HbA1c reduction in patients with diabetes across treatment regimens[1-4]



Patients experience reductions in HbA1c, irrespective of the CGM device they are utilizing[1]

A comparison of continuous glucose monitors in reducing A1c in type 1 and type 2 diabetes: FreeStyle Libre and Dexcom
(Miller, E. et al. June 2021)

- Evaluate the comparative effects of two CGM systems by comparing HbA1c changes pre/post CGM between devices
- Retrospective, real-world analysis using IBM Explorys US EHR database
- T1D and T2D treated with rapid- or short-acting insulin
- FreeStyle Libre Portfolio or Dexcom prescription between October 2017 and June 2019



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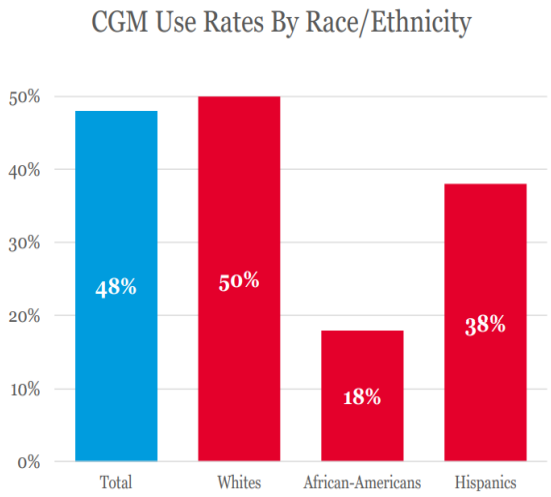
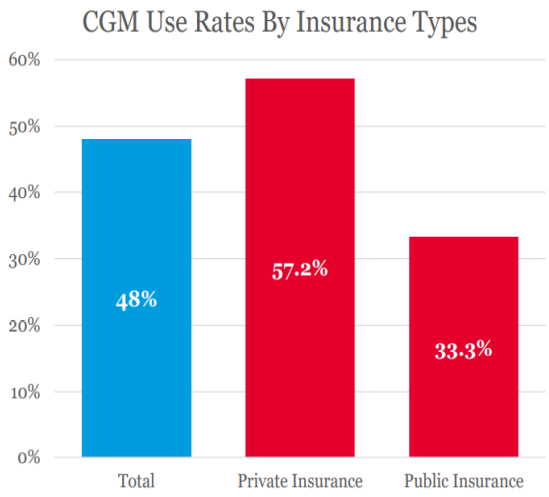
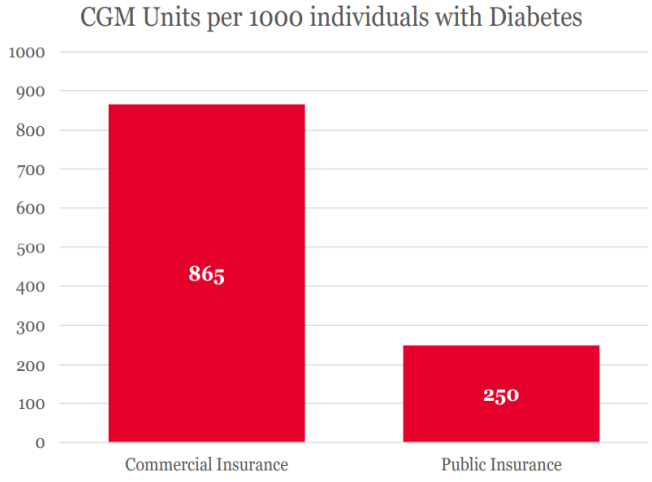
Rates of CGM use are lower among people of color and those with public insurance[1]





Children with Medicaid are less likely to utilize CGM compared to those with private insurance[1]



American Diabetes Association.
Connected for Life

Press release

American Diabetes Association Releases Study on Access Barriers to Continuous Glucose Monitors at Cost of Care Summit

November 08, 2021 | Arlington, Virginia

Possible factors associated with the observation[2]

- CGM Initiation Rates
- CGM Continuation Rates

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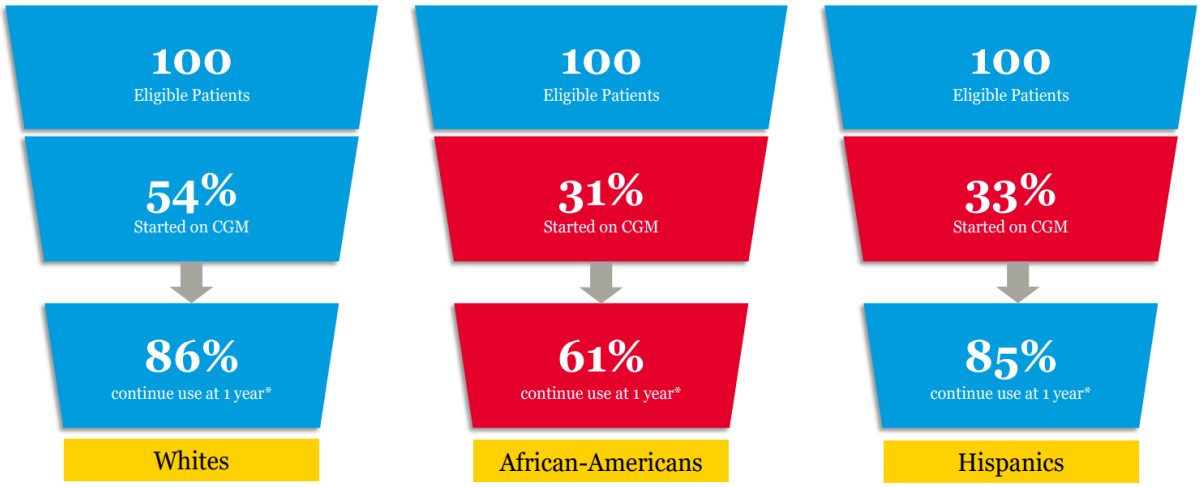
Lower CGM start rates and continuation rates observed among minorities[1]



Factors affecting diabetes outcomes and disparities[1,2]

Public Policy	• Federal Programs • Health Insurance • Research Funding	
Society	• Structural Racism • Market Forces	
Social Determinants of Health	• Economic Stability • Health and Healthcare • Neighborhood and Built Environment	• Education • Social and Community Context
Individual Factors	• Age • Duration of Diabetes • Genetics	
Diabetes Care	• Glucose Monitoring • Technology Use • Follow-up visits	• Insulin • Activity • Nutrition Management
Diabetes Outcomes	• Glycemic control • Ketoacidosis • Hypoglycemia	• Macrovascular Complications • Microvascular Complications

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Other factors fueling CGM disparities and outcomes[1]

- **Therapeutic inertia**
- **Rapidly evolving diabetes technology landscape**
- **Digital literacy**
- **Internet access**
- **Implicit Bias**

Differential Access to Health Care Services[1-3]

- Housing
- Transportation
- Proximity to provider
- Childcare

- In-network provider
- Appointment times
- Time-off from work
- Comfort level/trust with providers

- Differential coverage (Public vs Commercial)
- Burdensome PA requirements
- Health insurance literacy

- Access – community pharmacy, DME
- Proximity to pharmacy
- Adherence

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Identify Configure Collaborate (ICC) Framework – Optimizing Technology Enabled Diabetes and Cardiometabolic Care and Education [1]

Identify

- Right Person
- Right Technology
- Right Time

Configure

- User Preferences
- Treatment Plan
- Ongoing Support

Collaborate

- Data driven conversations
- Shared decision making
- Care team integration

ADCES IN PRACTICE

ADCES PRACTICE PAPER

Recommendations

Patient-Centered Care

- Address SDoH risk factors (Aunt Bertha aka findhelp.org)
- Address implicit bias
- Shared decision making

Telehealth/ Telemedicine

- House Bill 4 – coverage for telehealth/ telemedicine
- Project ECHO:
  - Extension for Community Healthcare Outcomes Model
  - a tele-mentoring and tele-education outreach model designed to address the needs of vulnerable populations by equipping community practitioners and clinics with the right knowledge, at the right place, at the right time

Reduce Barriers to Access

- Pharmacy vs DME
- SmartPA (insulin lookback)
- House Bill 3459
  - Reduce insurance "red-tape"
  - "Gold-carding" providers

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Questions/Answers/Comments

In Texas the process for receiving a CGM is different. There is an administrative hurdle.

Why are CGM rates lower for minorities? A: There is differential access. The issues are not just from access problems. There are variations on how providers practice across racial and ethnic lines, implying implicit bias.

Digital literacy? We are looking at what resources can be provided and what the state and regions need specifically for opportunities to collaborate. The smart phone app is an example.

Support and data utilization is critical to advancing CGM. We have to look at the data over time.

When I look at the disparities and collaboration with ADA, it begs the question of implicit bias. We must start with policy change and access to CGM.

5. Implications and Applications of Telehealth & Telemedicine.

- Telehealth is the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration

- Telemedicine is a subset of telehealth that specifically involves a clinician providing medical services via telehealth technology for the purpose of improving a person's health

Technologies include:

- Text messaging
- Smart phone apps
- Website
- Phone
- Video / Virtual

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Pros:

PATIENT

- Reduces spread of infection
- May reduce unnecessary ER visits
- Less burden commuting and cost
- Benefits homebound
- Can have significant others on the visit
- • Translators available

PROVIDER

- Less no shows
- Can see home environment
- Can get patient to show their medicines
- Can assess patient technique for monitoring and use of pens/pumps
- Can renew prescriptions if patient overdue for appt

Cons:

- Can be costly to patient if insurance does not cover telemedicine visits
- Can be costly to smaller healthcare facilities
- Some prefer face-to-face relationship
- Can't practice medicine in every state or out of the US
- Requires additional equipment or downloads
- Not able to do complete physical exam
- Teaching diabetes skills may be more difficult
- Patient may be distracted by things around them
- Need to make sure HIPAA-compliant secure messaging

REGULATORY REQUIREMENT

- Reimbursement differs between insurance payors
- Some only pay for certain types of technology
- Telephone not reimbursed same as video
- Must be able to practice in the state that the patient is physically in at the time of the visit

Questions/Answers/Comments

When will Texas become part of the interstate compact? It is up to the state the patient is in. We do not know when the compact will be possible.

The recent passage of the infrastructure bill as money for broad band infrastructure and to improve internet access to poor areas of the state (underserved areas). Do we know when the infrastructure changes will occur? The speaker did not know when that would occur.

The FCC broad band expansion communication went out today. There are restrictions on who qualifies.

6. University of Nebraska's Extension of Community Healthcare Outcomes (ECHO) Project to Reduce COVID-19 Health Disparities.

Chronic Disease and COVID19

- People with chronic diseases can have a higher severity of COVID19 if their self-management is not optimal
- People with chronic diseases should aim for improved glycemic management, blood pressure targets, improved weight management and increased physical activity to reduce the severity of a COVID19 episode, if contracted
- Pandemic restrictions resulted in increased obesity rates due to isolation, increased food insecurity and decreased daily physical activity because gyms, parks and recreation centers were closed.

Project ECHO Background

Project Vision To eliminate health disparities and improve the wellbeing of all Nebraskans.

Project Mission To implement state-wide, cutting-edge quality improvement programs with the support of tele-mentorship and coaching from highly qualified subject matter experts.

Objectives

- Explain the relationship of principles of health equity, cultural sensitivity, infection prevention and control, and quality management.
- Develop the skill set to address COVID-19-related health disparities and provide quality healthcare with a culturally sensitive, equity-minded approach.
- Implement a quality improvement project that addresses a need at the facility level related to health disparity or cultural sensitivity

Funding

- Nebraska DHHS through a 1.6-million-dollar CDC grant
- Provides training on health equity, infection control and quality improvement.
- Also covers free coaching to assist program participants with quality improvement projects.
- Provides seed monies of up to $2,000 per organization for quality improvement projects.

The Program

- Developed to assist healthcare workers in identifying COVID-19 health disparities, developing targeted strategies to mitigate those disparities, and implement quality improvement projects to promote health equity and cultural sensitivity within their practice setting.
- 18 month long program
- Meets twice a month via zoom for 90 minutes ➢ First 60 minutes in content and last 30 minutes discusses a case study
- 16 project team leaders from University of Nebraska-Medical Center, Institute for Healthcare Improvement (IHI) and TMF Health Quality Institute
- Participants that attend 70% of the sessions will receive a certificate of completion and there are CME's provided with each session as well--- "Health Equity and Quality Improvement Champion

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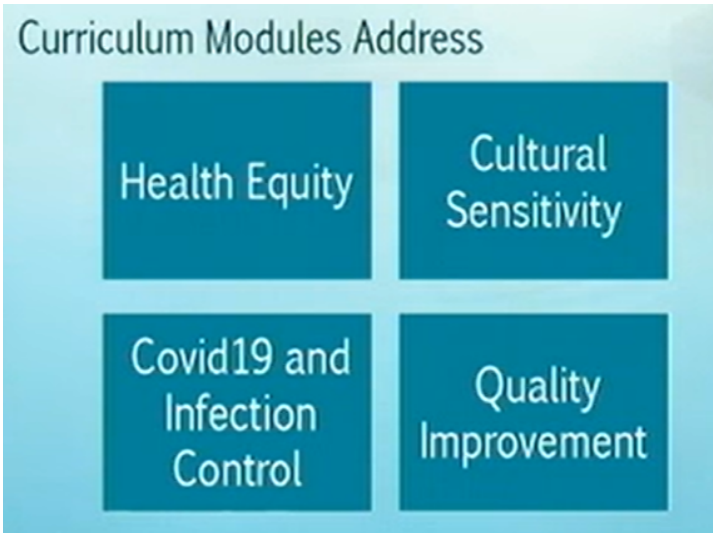

Health Equity modules will:

- Describe the historical and social context for a marginalized community's engagement with health care systems.
- Explain how COVID-19 and other determinants of health uniquely impact marginalized communities, public health, and health equity.
- Analyze clinical data sets to assess for health disparities and health equity in clinical outcomes.
- Leverage community partnerships and stakeholder collaboration to implement health equity initiatives.
- Implement a health equity-centered COVID-19 vaccine and prevention initiative.

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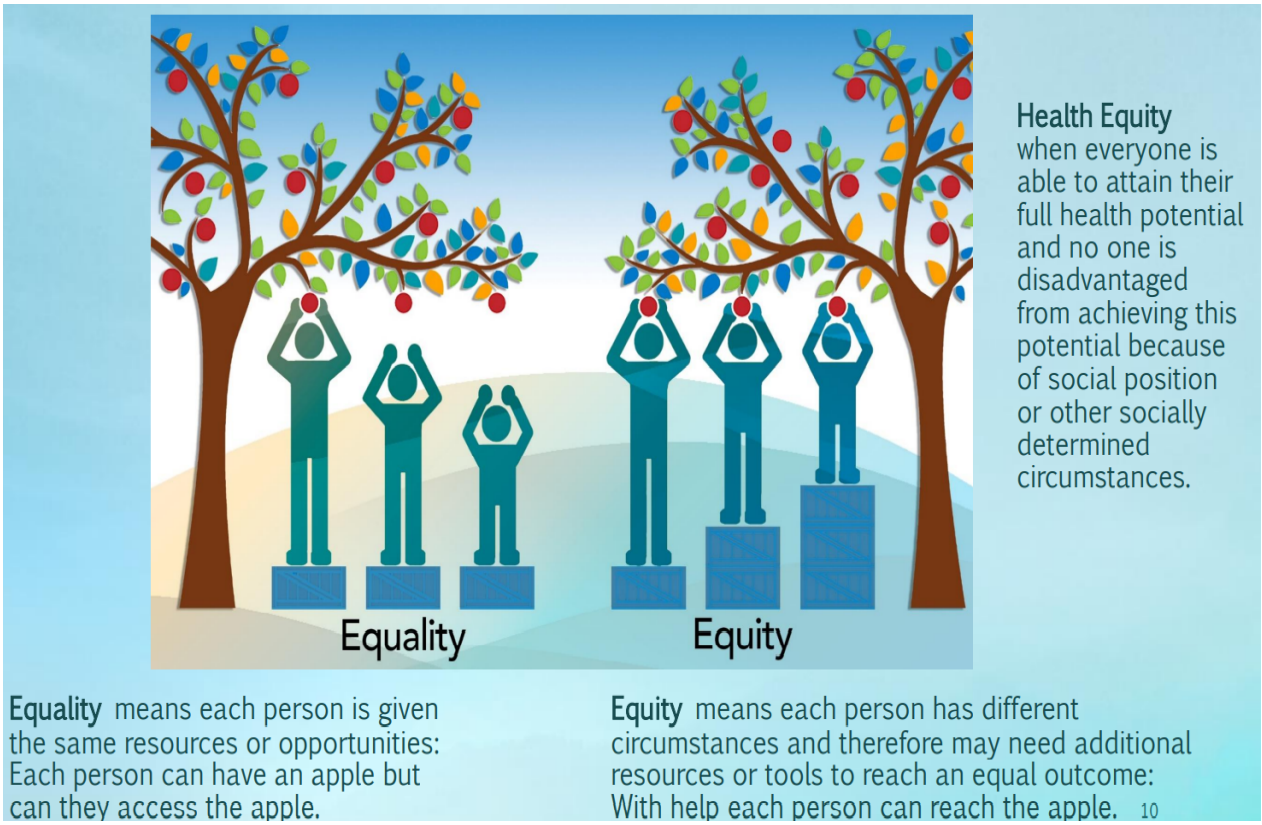


Cultural Sensitivity Module will:

- Discuss how cultural beliefs and practices shape a persons' interpretation and experience of COVID-19 in terms of the disease, prevention (vaccine/testing), and treatments.
- Use effective cultural communication strategies when interacting with patients of all cultural backgrounds.
- Assess your health care facility/staff's COVID-19-related biases, stereotypes, and level of cultural sensitivity.
- Leverage community partnerships and stakeholder collaboration to implement culturally sensitive practices.
- Implement a culturally responsive COVID-19 vaccine and prevention initiative.

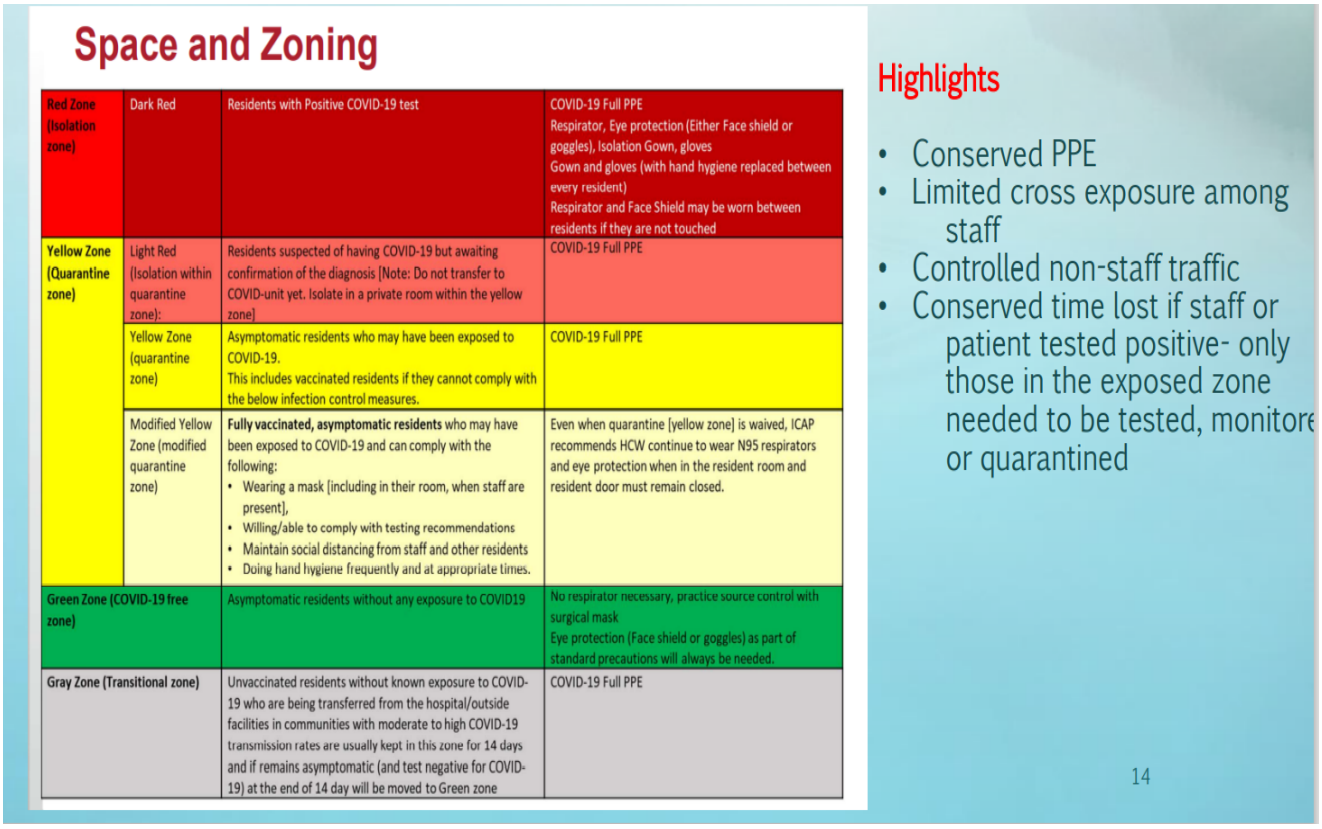
Cultural Competency

Cultural Competency	Example of Mac/Cheese
Cultural Awareness (personal prejudice)	I grew up in the North where Mac/Cheese is a main entree
Cultural Humility (self-evaluation of situation)	When criticized for serving Mac/Cheese as a main entrée, taking the time to understand why that was wrong instead of being defensive
Cultural Knowledge (understand the culture around you)	Accepting that Mac/Cheese is a side dish in the Texas
Cultural Skill (learn the cultural manner of that issue)	Find out how and when Mac/Cheese is offered as a side dish
Cultural Desire (demonstrate understanding and adapt to the culture's ways)	Change the menu's going forward to display mac/cheese as a side dish but allow two servings to be a main entree

Covid19 and Infection Control module will:

- Describe the principles of infection prevention and control (IPC) and the skills required for the successful implementation of IPC programs.
- Review the long-term complications and management of COVID-19 infection including long COVID.
- Articulate the role of relevant data collection and analysis for identifying and mitigating IPC-related challenges (e.g., vaccine hesitancy, the reluctance with testing, etc.) for higher risk and historically underserved patient groups, including racial and ethnic minority populations and people living in rural communities.
- Discuss changes needed in IPC processes and infectious diseases management approaches for addressing health disparities including inequalities in COVID-19 prevention, diagnosis, and treatment.

Long Term Care-Isolation protocol for COVID19



Space and Zoning

Red Zone (Isolation zone)	Dark Red	Residents with Positive COVID-19 test	COVID-19 Full PPE Respirator, Eye protection (Either Face shield or goggles), Isolation Gown, gloves Gown and gloves (with hand hygiene replaced between every resident) Respirator and Face Shield may be worn between residents if they are not touched
Yellow Zone (Quarantine zone)	Light Red (Isolation within quarantine zone):	Residents suspected of having COVID-19 but awaiting confirmation of the diagnosis [Note: Do not transfer to COVID-unit yet. Isolate in a private room within the yellow zone]	COVID-19 Full PPE
	Yellow Zone (quarantine zone)	Asymptomatic residents who may have been exposed to COVID-19. This includes vaccinated residents if they cannot comply with the below infection control measures.	COVID-19 Full PPE
	Modified Yellow Zone (modified quarantine zone)	**Fully vaccinated, asymptomatic residents** who may have been exposed to COVID-19 and can comply with the following: • Wearing a mask [including in their room, when staff are present], • Willing/able to comply with testing recommendations • Maintain social distancing from staff and other residents • Doing hand hygiene frequently and at appropriate times.	Even when quarantine [yellow zone] is waived, ICAP recommends HCW continue to wear N95 respirators and eye protection when in the resident room and resident door must remain closed.
Green Zone (COVID-19 free zone)		Asymptomatic residents without any exposure to COVID19	No respirator necessary, practice source control with surgical mask Eye protection (Face shield or goggles) as part of standard precautions will always be needed.
Gray Zone (Transitional zone)		Unvaccinated residents without known exposure to COVID-19 who are being transferred from the hospital/outside facilities in communities with moderate to high COVID-19 transmission rates are usually kept in this zone for 14 days and if remains asymptomatic (and test negative for COVID-19) at the end of 14 day will be moved to Green zone	COVID-19 Full PPE

Highlights

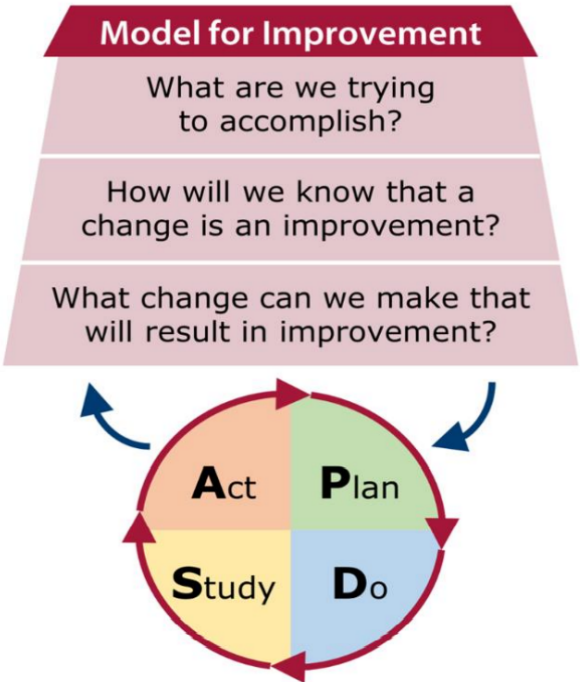
- Conserved PPE
- Limited cross exposure among staff
- Controlled non-staff traffic
- Conserved time lost if staff or patient tested positive- only those in the exposed zone needed to be tested, monitore or quarantined

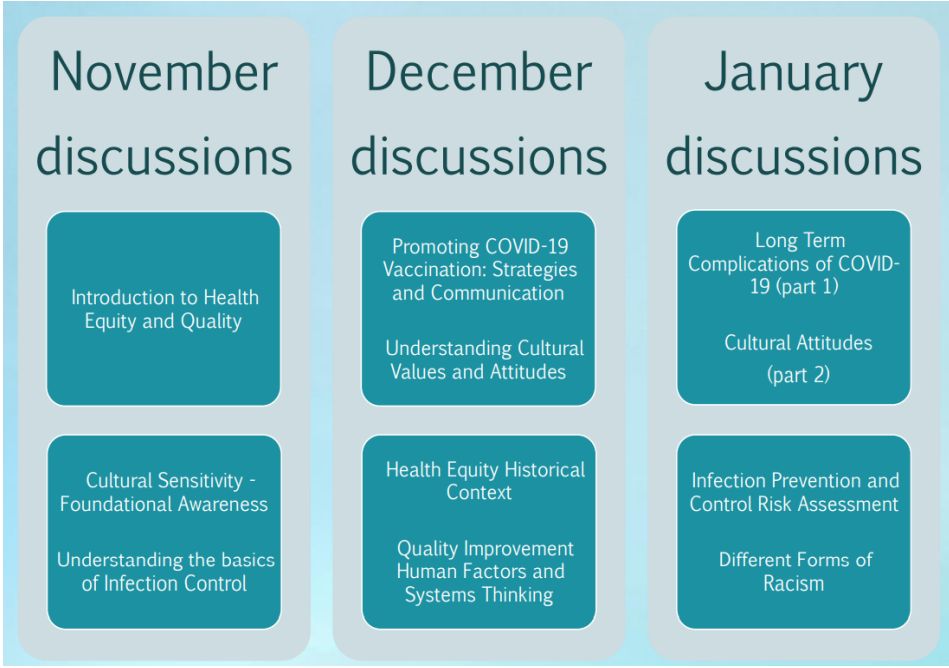
14

Quality Improvement module will:

- Discuss Quality Improvement (QI) tools best practices when identifying potential solutions to root causes concerning processes involving marginalized population(s) and/or for COVID19 related interventions.
- Appraise your current data infrastructure (i.e., data collection tool, data objects, data analysis, data reporting, and data trending) by comparing it to optimal data collection systems that contextualize racial, ethnic, and rural health.
- Apply team training knowledge and skills with identified partners (e.g., other healthcare providers, patients, community leaders, and organizations) interactions when implementing change and addressing inequities in COVID-19 prevention, diagnosis, and treatment in their communities.

PDSA


Model for Improvement
What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?
Act
Plan
Study
Do


November discussions
Introduction to Health Equity and Quality
Cultural Sensitivity - Foundational Awareness
Understanding the basics of Infection Control
December discussions
Promoting COVID-19 Vaccination: Strategies and Communication
Understanding Cultural Values and Attitudes
Health Equity Historical Context
Quality Improvement Human Factors and Systems Thinking
January discussions
Long Term Complications of COVID-19 (part 1)
Cultural Attitudes (part 2)
Infection Prevention and Control Risk Assessment
Different Forms of Racism

Project Timeline

Questions/Answers/Comments

Is something like this happening in Texas? A: Not that I know of.

7. Updates from state agency representatives.

DSHS: There have been some staff changes in the program at DSHS

ERS: ERS is a commercial plan. The health select plan manages care through PCPs. Telehealth was provided before COVID, but COVID has allowed expansion of these programs. We are looking at access issues and data.

HHSC: Vendor drug is looking at pharmacy issues

TRS: No update provided

TWC: Trying to address more in person services. We are seeing about 25 percent in person and targeting 50 percent soon. The Wellness Watchers is a support group for people they serve who have diabetes (peer to peer support group).

8. Announcements.

Dr. Mary Kate Sane was introduced as a new workgroup volunteer to the council

9. Public comment. No public comment was provided

10. Date and topics for next meeting. Next meeting April 14, 2022

- National Center for Farmwork Health presentation
- HB4 Physician perspective (Telehealth)
- Feasibility and importance of type one diabetes screening for health care providers
- Discussion on HB4, telehealth

11.Adjourn. There being no further business the meeting was adjourned.

***