

News from the Virginia Diabetes Council

Important Dates:

VDC General Meeting

April 20, 2018 12-4 pm

Workgroup

Conference

Calls

Increase Capacity of DSME: Second Monday of each Month from 12:00-1:00pm

Diabetes in Schools: Second Tuesday of each Month from 5:00-6:00pm

Diabetes Prevention: Second Quarterly Call July 19, from 9:00 - 10:00 am

Life Style Coach Training

May 3 - 4

[Virginia Center for Diabetes Prevention and Education](#)

Virginia Diabetes Council General Meeting

Friday April 20, 2018
12 - 4 PM Lunch included

Virginia Department of Health Professionals

Perimeter Center

Training Room2

[9960 Mayland Drive](#)

[Henrico, VA 23233](#)-1463

RSVP at ed@virginiadiabetes.org

Treasurer Needed

Would you be willing to join the Board of the VDC, we are seeking a Treasurer? For more information about this position contact Chair Susan DeAbate at Susan@virginiadiabetes.org

Newsletter Editor Needed

The VDC is seeking a newsletter editor starting July 2018. If you are interested in applying for this position please contact Kathy Gold at Kathy@virginiadiabetes.org

Diabetes Self-Management Education Services

CDC Releases [2017 Diabetes Report Card](#)

This document provides the most current information and data available on diabetes and prediabetes. Information on diabetes related preventive care practices, health outcomes, risk factors and state trends are all covered in the report. Trying to build a case for a prevention program or a grant proposal. Use the Report Card to share the impact of Diabetes on your community.

Health Quality Innovators Offering:

A Patient-Centered Approach to Safely Managing Diabetes

Date: Wednesday, April 11, 2017

Time: 3:00 – 4:30 PM ET

Participant Dial-In Number: [855-339-4595](tel:855-339-4595)

WebEx: <https://qualitynet.webex.com>

Password: MedSafety

Registration Required! [Register here.](#)

Call Summary:

This Medication Safety Learning and Action Network (LAN) Event will feature speakers exploring promising practices for patients with diabetes, including hypoglycemia. Topics will include how to safely choose diabetes-related medications, patient-centered approaches to medication management, and a review of new diabetic treatments. Participants will also hear from Medicare

beneficiaries about their experiences with medications, monitoring blood sugar, and treating hypoglycemia as well as recommendations on how to improve care.

On this call, you will have an opportunity to:

1. Explore best/promising practices in diabetes medication management & hypoglycemia
2. Share techniques on safely choosing diabetes-related medications
3. **Promote a patient-centered approach to medication management**

CE Statement: This activity has been approved for AMA PRA Category 1 Credit™. This activity is eligible for ACPE, ANCC, AANP, and CDR credit; see final CPE/CE activity announcement for specific details.

Everyone with Diabetes Counts (EDC)

Everyone with Diabetes Counts (EDC), a no-cost initiative that connects seniors with diabetes or pre-diabetes to free diabetes self-management workshops.

A six-week workshop meets once a week for two and a half hours and is led by two trained facilitators. According to [A Diabetes Self-Management Program: 12-Month Outcome Sustainability From a Nonreinforced Pragmatic Trial](#), the curriculum, which was originally developed at Stanford University, has been found to lower the HbA1c of people with type 2 diabetes, as well as decrease their diabetes-related symptoms.

Quality Health Innovators will provide the resources and customized technical assistance to:

- Connect your patients with a free, evidence-based diabetes self-management program located in their community
- Use your electronic health records (EHR) to identify patients with diabetes and ensure they receive appropriate care and to improve your diabetes-specific quality measures
- Elevate the health literacy of your patients and their family members to increase their adherence and improve their quality of life
- Enhance the level of engagement you have with patients
- If desired, develop the capacity to provide your own DSME workshop in your practice

Questions?

Contact Erica Morrison at emorrison@hqi.solutions or Venisha Lambert at vlambert@hqi.solutions. You can also contact HQI by phone at [800.854.5244](tel:800.854.5244).

Are you Looking at Hospital Readmission Rates?

Hospitals have focused on reducing readmissions by clinical conditions for many years.

Health Quality Innovators reviewed [statewide readmission rates for diabetics](#) within Part A Medicare Fee-for-Service claims through September 2017. In Virginia, the rate is 19.4% for diabetics compared to 15.2% readmissions among those without diabetes. The rates have remained at a 20% average for the past year of claims data.

When reviewing the rates by discharge destination, skilled nursing facilities have the most opportunity for improvement behind the “other” category. Other destinations include inpatient rehab facilities, long-term care beds, and transfers to another in-patient facility. However, the highest volume of patients is clearly those discharged to home.

What are your diabetic readmission rates? HQI includes this data in your quarterly hospital readmission reports sent to your local staff with QualityNet Exchange access.

What are you doing to reduce readmissions for diabetic patients? Is this condition included in your high-risk diagnoses list? Is your team identifying learning opportunities, resource needs and gaps before discharge? During a transition, how are your plans communicated to the next providers of care? Focusing on this specific

condition may help your hospital achieve extra readmission improvements.

Contact Carla Thomas at [\(804\) 289-5318](tel:(804)289-5318) or cthomas@hqi.solutions with any additional questions or to connect with your local HQI Care Transitions team members.

Toujeo Max SoloStar pen was approved by the FDA. The pen holds up to 900Units of Toujeo and delivers up to 160Units of insulin in a single injection, double the capacity and dose of the Toujeo SoloStar pen. Each click on the Toujeo Max pen increases the dose by 2 unit increments, rather than the 1 unit increments with the Toujeo SoloStar Pen. The launch in retail pharmacies will be Q3 2018.

Diabetes Prevention

Providers Prevention Column

By Anne Wolfe, RD,MS

Virginia Center for Diabetes Prevention and Education

Getting to Preliminary and Full Recognition with CDC

Many already know that Medicare begins reimbursement for the Medicare version of the Diabetes Prevention Program (MDPP) in April! In January, we discussed the three primary steps to become a MDPP supplier and provided the [MDPP Orientation Roadmap](#).

But only Diabetes Prevention Programs (DPP) with *preliminary* and *full recognition* can apply to be MDPP suppliers. Right now, in Virginia, we have 44 DPP sites but only one has full recognition and five have preliminary recognition.

How does a DPP get to preliminary and full recognition?

When a site applies to CDC to become a recognized DPP, they automatically get *pending recognition*. The site must start at least one DPP group within six months and submit data on participant's attendance, physical activity minutes and weight every six months. A site can remain in pending recognition for 36 months before loss of recognition.

If after a 12-month period of data submission on at least one cohort, a site shows that they can meet the attendance requirement, * CDC will grant the site *Preliminary recognition*.

If after a 12-month period of data submission on at least one cohort, a site shows that they can meet the attendance requirement* AND four other requirements, ** CDC will grant the site *Full recognition*.

VDC has created a graphic to help visualize the recognition process as well as better understand MDPP. Stay tuned for where it will be placed on our new website.

For more information on MDPP, [click here](#)

***Preliminary Recognition Requirement:**

✓ Attendance Requirement $\geq 60\%$ of participants attended: 9 sessions in mos. 1-6 and 3 sessions in mos. 7-12. Must have at least 5 participants remaining in group based on participants who attended at least 3 sessions in mos. 1-6 in a span of 9 mos.

****Full Recognition Requirement:**

✓ Attendance Requirement: See above

AND

✓ Weight documented $\geq 80\%$ of sessions

✓ Physical activity documented $\geq 60\%$ of sessions

- ✓ Average weight loss at 12-mos \geq 5% of initial weight
- ✓ Blood test: \geq 35% of cohort eligible for program based on blood test

Please contact Viola Holmes, MS, RD, CDE email: VJF7J@virginia.edu at Virginia Center for Diabetes Prevention and Education with questions.

[National DPP Select Resource List](#)

Updated National DPP Select Resource List as I know some of you are also implementing (or interested in implementing) the Diabetes Prevention Program at your organization. It is filled with helpful resources including success stories, campaign communications, videos for lifestyle coaches, tip sheets and more.

Resources

American Association of Diabetes Educators Tip Sheets

Check out the American Association of Diabetes Educators Tip Sheets. These handy one pagers provide useful information on a variety of topics and are published monthly in AADE In Practice. Topics include a wide variety of topics: medications, insurance, gastroparesis, menus, information about insulin pumps and a hearing handicap inventory. <https://www.diabeteseducator.org/practice/educator-tools/aade-in-practice-tip-sheets>

Resources on Self-Monitoring of Blood Glucose

Our SMBG resources include tip sheets that provide helpful advice to people living with diabetes and advocacy resources related to seniors' access to the supplies they need. Educational courses, including 5.5 hours of free CE focused on glucose monitoring, are also available and are free to AADE members.

Do you understand Medicare's Mail Order Program for testing supplies? Check out this website to learn how you can help you patients navigate Medicare's reimbursement and mail order program. <https://www.diabeteseducator.org/practice/educator-tools/self-monitoring-of-blood-glucose>

Medicine Cabinet Cleanout Program – April 28

Removing unwanted or expired medications from the medicine cabinet is an easy step that everyone can take to make a difference in the opioid epidemic. The Drug Enforcement Agency (DEA) created a new Partnership [Toolbox](#) featuring materials to promote National Prescription Drug Take Back Day on April 28, 2018. Click [here](#) for more information on collection sites and additional resources.

[SafeNeedleDisposal.org](#)

A one-stop shop people need to learn how to dispose of sharps properly and safely, wherever they are. SafeNeedleDisposal.org offers easy-to-understand, actionable—and most importantly, local—information and free resources.

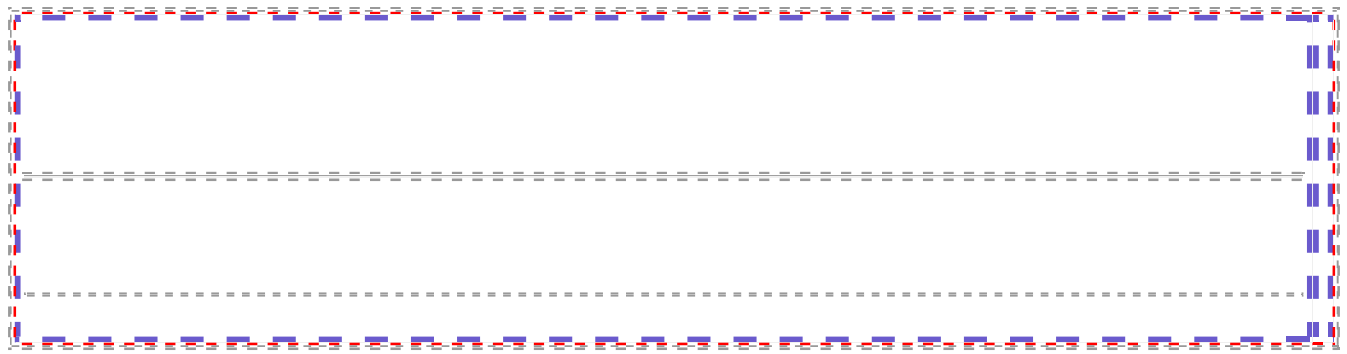
In addition to state and community information on disposal options, SafeNeedleDisposal.org also discusses various types of sharps, types of sharps containers, and take-back and collection programs. Our efforts will ensure people are only clicks away from better, safer healthcare.

Please consider using this website as you educate your stakeholders, partners, and patients about this important issue. Please also share the news with your social networks:

Introducing: New resources for sharps users! Are you disposing of your used needles, lancets, or other sharps properly? [SafeNeedleDisposal.org](#) offers easy-to-understand, actionable, and local information on disposal options in your area.

Join the VDC and make a difference in diabetes in Virginia
contacted@virginiadiabetes.org

Contact Information: Kathy Gold, RN, MSN, CDE, FAADE, Editor
Kathy.gold@DiabetesLocal.org
Virginia Diabetes Council
www.virginiadiabetes.org
ed@virginiadiabetes.org



.....

.....

.....

.....