Using Data to Advance Policy

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October 18, 2012

Example: Medicaid Reimbursement for DSME

- DPCP has had an ongoing collaborative relationship with NYS Medicaid staff since 1998
- In 1999, DPCP staff hosted Medicaid staff in shadowing practitioners at high-volume endocrinology clinics to better understand their barriers in delivering high quality diabetes care and education.
- In 2004, at the request of the DPCP, the Medicaid program conducted a special data analysis of costs incurred by beneficiaries with diabetes (trended 1999-2004)

$5.5 BILLION

(2010: $8.6 BILLION)

And Then……..

- The alarming results of the data run were widely disseminated to DPCP partners and members of the NYS Diabetes Task Force.

- In 2007, Medicaid welcomed input from several DPCP partners (predominantly NYC clinic staff) who told their stories of frustration and inability to provide adequate education in a “from the trenches” perspective

Making the Case for DSME

- In 2004, only 54% of people with diabetes in the United States had ever attended a DSMT class. (In 2010: 55.7%)

- According to the American Diabetes Association, DSME has been associated with improved diabetes knowledge, improved self-care behaviors, improved quality of life, and improved clinical outcomes such as lower hemoglobin A1C (A1C), a measure of average glucose control over a three-month period.

Making the Case for DSME

- A one point reduction in A1C has been associated with a 40% decrease in the risk of developing blindness, ESRD and lower extremity amputations.
- This reduction is also associated with a 25% reduction in diabetes-related deaths and 18% combined reduction in fatal and non-fatal heart attack. According to the National Committee on Quality Assurance, reducing A1C levels by one percentage point (10% to 9%), has demonstrated costs savings of $1,200 - $4,100 per patient. (White, JR, 2002)

Making the Case (cont'd)

- In 2005, CDC researchers published a report based on data from the 2001/2002 BRFSS, which examined the association between DSME and preventive health practices and behaviors among people with type 2 diabetes. People with diabetes who received DSME were significantly more likely than those who had not received this training:

  - to be physically active,
  - to have received an annual dilated eye exam and flu vaccine,
  - to have received a pneumococcal vaccine,
  - to have checked their blood sugar daily,
  - and to have had a physician or other health professional check their feet for sores or irritations and their hemoglobin A1C (A1C) level in the past year.

Making the Case:NYS Budget Implications

Cost estimates :

- In 2004, there were approximately 284,000 fee-for-service Medicaid recipients being treated for diabetes.
- Approximately 30% of Medicaid fee-for-service recipients (85,200) would avail themselves of DSME training annually.
- Hourly DSME reimbursement rate is $60, comparable to Medicare reimbursement rate.
- 10% (8,520) of the eligible Medicaid beneficiaries will receive maximum benefit of 12 hours (cost: $6,134,400).
- 15% (12,780) of the eligible Medicaid beneficiaries will receive 9 hours of DSME (cost: $6,901,200).
- 30% (25,560) of the eligible Medicaid beneficiaries will receive 6 hours of DSME (cost: $9,201,600).
- 45% (38,340) of the eligible Medicaid beneficiaries will receive 3 hours of DSME (cost: $6,901,200).

And then….

- In 2007, DPCP staff wrote a persuasive white paper entitled "Making the Case for Reimbursement for Diabetes Self-Management Training," which was shared with executive level staff within the DOH.

- That same year, The NYSDOH Office of Health Insurance Programs consulted with DPCP staff on draft versions of legislation to provide distinct reimbursement for DSME, which was later introduced in the 2008-2009 Executive Budget.

Results

- Medicaid reimbursement for DSME ended up in NYS Governor's 2008-2009 Executive Budget!
- Medicaid and DPCP staff worked with NYS Health Foundation Diabetes Campaign and U of Albany School of Public Health Center for Workforce Studies to conduct a market analysis of CDEs in NYS.
- Many gaps identified….

DSME Utilization among Medicaid Beneficiaries

- Slow uptake
- Lack of CDEs
- Provider awareness of benefit
- Reimbursement rates
- Social determinants of health

Medicaid Incentives for the Prevention of Chronic Disease (MIPCD): CMS Grant

- 5 year grant to test the effectiveness of providing incentives directly to Medicaid beneficiaries who participate in MIPCD prevention programs, and change their health risks and outcomes by adopting healthy behaviors.
- For participants in the diabetes management arm, direct cash payment for attending primary care appointments (process), **attending diabetes self-management education sessions** (process), filling diabetes prescriptions (process), and decreasing their HbA1c by 0.6 percent or maintaining a level of 8.0 percent or less (outcome).

Future Plans……

- CME opportunities DSME benefit for Medicaid recipients
- Network analysis (GIS) ascertaining the percent of NYS adult population that live within a certain radius of a recognized DSME program
- Collaborating with Albany College of Pharmacy – increase pharmacist role in DSME

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THANK YOU!

- Questions??