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 Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours

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Diabetes Education: Federal Partners Advocating for Diabetes Safety


AADE 2018
Baltimore, MD

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Learning Objectives (1)

- Review the history and development of the Department of Health and Human Services' *National Action Plan to Prevent Adverse Drug Events*, with a focus on diabetes agents.
- Describe the four areas in which federal partners collaborate to address hypoglycemia ADEs.

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Learning Objectives (2)

- Discuss some of the evidence-based tools and other products developed by federal partners for use in provider and patient education.
- Describe the new Congressionally-mandated National Clinical Care Commission – its charter, composition, and the plans to launch its work.

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ODPHP
Office of Disease Prevention
and Health Promotion

Health.gov
@HHSPrevention

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ADE Action Plan: Priority Areas

Anticoagulants primary ADE of concern: <i>bleeding</i>	} ✓ Common ✓ Clinically significant ✓ Preventable ✓ Measurable
Diabetes agents primary ADE of concern: <i>hypoglycemia</i>	
Opioids primary ADE of concern: <i>accidental overdoses/ oversedation/respiratory depression</i>	

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ODPHP: Key activities

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The Problem: Hypoglycemia

Diabetes agents implicated in 13% of ED visits for ADEs.

- 90% of cases are associated with hypoglycemia
- 39% of cases result in hospitalization

Real-world incidence of hypoglycemia is likely much higher.

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Adverse Drug Events (ADEs)

INSIDE the hospital	INSIDE to OUTSIDE the hospital	OUTSIDE the hospital
<ul style="list-style-type: none"> • Affect ~1.9 million hospital stays annually • Add 1.7 to 4.6 hospital days • Cost 4.2 billion USD annually 	<ul style="list-style-type: none"> • ~ Two-thirds of post-discharge complications* • ~ One-half of preventable post-discharge complications 	<ul style="list-style-type: none"> • ~ 3.5 million office visits • ~ 1.3 million ED visits annually • ~ 350,000 hospital admissions annually

*Within 3 weeks of discharge


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Populations At Risk for Hypoglycemia

- Older and more complex patients are at greatest risk.
 - Diabetes agents are implicated in >18% of cases
 - More than half of older adults may be over-treated
- Reaching HbA1c goals presents a challenge in this population. Individualizing targets is needed.

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ODPHP: Individualizing Glycemic Targets Training



- risk factors, hypoglycemic agents, drug-drug interactions
- setting target glycemic goals
- evidence-based mgmt
- health literacy strategies

Evaluation project - planned

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ADE Action Plan: Partners



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ODPHP: Creating ADE Action Plan

2011: Bipartisan call to HHS to prevent ADEs
2012: ADE Federal Steering Committee formed
2014: *National Action Plan for ADE Prevention*
2017: National targets and measures for ADE

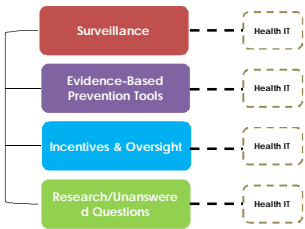
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Federal Interagency Workgroup: Diabetes

Surveillance	Prevention Tools	Incentives & Oversight	Research
<ul style="list-style-type: none"> • FDA's FAERS tracks self reported ADEs • NAP's ADE targets and measures • CDC's NEISS-CADES 	<ul style="list-style-type: none"> • VA Hypoglycemia Safety/Choosing Wisely Initiative • ODPHP's <i>Individualizing Glycemic Targets Training</i> • AHRQ's SHARE approach • CDC's National DPP 	<ul style="list-style-type: none"> • CMS' TCPI and PTNs • Mobile apps • CMS Medicare DPP 	<ul style="list-style-type: none"> • FDA's Safe Use program - • Kaiser Risk Stratification Tool • FDA's social media listening project • NIH research

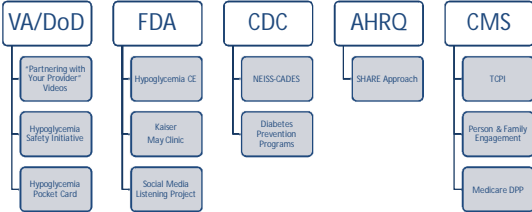
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ADE Action Plan: Four-Pronged Approach

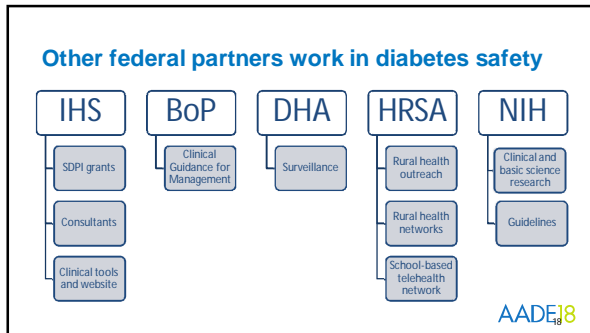


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Federal Partners : Diabetes Safety



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The VHA Choosing Wisely Hypoglycemia Safety Initiative

- Identify a specific, manageable cohort of patients **at high risk for hypoglycemia who may be over-treated** utilizing electronic health record (EHR) tools
- Provide patients and providers with resources & education on all key messages related to patient centered care

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Federal Interagency Collaboration: Patient Directed Hypoglycemia Campaign

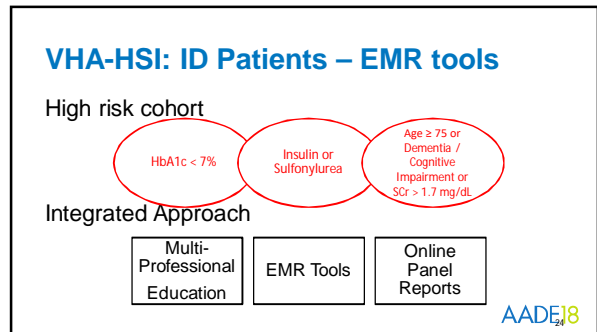
Three "infomercials" for healthcare CCTV systems (2017)

Storylines, script development, and production assistance:

- Veterans Administration
- Agency for Healthcare Research and Quality
- CMS Transforming Clinical Practice Initiative
- Health Resources and Services Administration

All 3 videos - download on YouTube ("Hypoglycemia Partnering with your Provider")

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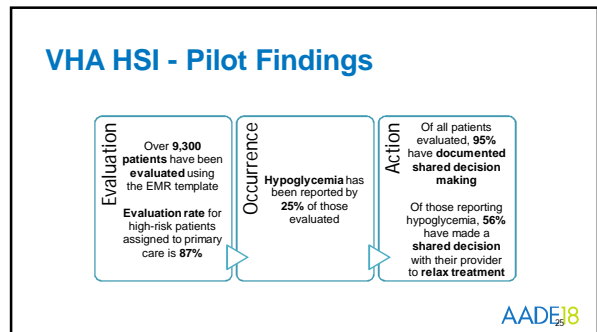


Federal Interagency Collaboration: Patient Directed Hypoglycemia Campaign

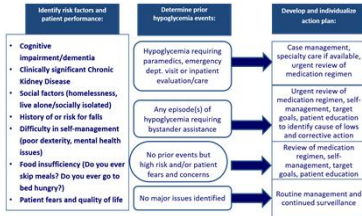
"Patients as Partners"

- <https://www.youtube.com/watch?v=yAeJYFR5nKo>
Tom's Story
- https://www.youtube.com/watch?v=lqX_2fFEI2w
Mary's Story
- <https://www.youtube.com/watch?v=Ql-hzI2HSYg>
Joe's Story

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VHA: Hypoglycemia risk stratification tools



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FDA: Safe Use Partners

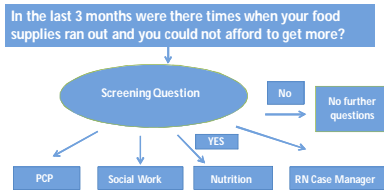
- Federal agencies
- Healthcare professionals and professional societies
- Pharmacies, hospitals, others health care entities
- Patients, caregivers, consumers



= Almost anyone

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VHA: Food Insecurity Screening Algorithm



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FDA: Kaiser Permanente Risk Prediction Tool

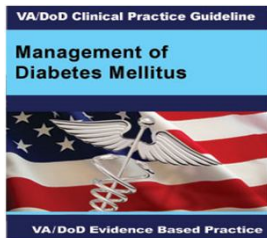
- Tool inputs:**
- How many times has the patient ever had hypoglycemia-related utilization in an ED (primary diagnosis of hypoglycemia) or hospital (any ICD diagnosis of hypoglycemia) (1, 2, 3, 4 times)?
 - How many times has the patient gone for an ED for any reason in the prior 12 months (1, 2, 3, 4 times)?
 - Does the patient use subcutaneous insulin?
 - Does the patient have chronic or end-stage kidney disease (CKD stage 4 or 5) (yes/no)?
 - Is the patient <17 years old (yes/no)?

Interpretable: The 8 inputs above are used to identify one of the mutually exclusive exposure groups and the corresponding risk category. High, low, or intermediate risk for hypoglycemia-related ED or hospital utilization in the following 12 months. The first 8 questions are followed by unique combinations of predictor variables, while the sixth option is indicated only after ruling out the first 5 options.

<input type="checkbox"/> 1-3 Prior hypoglycemia-related ED or hospital utilization AND No insulin AND No subcutaneous use	High risk (1-5%)
<input type="checkbox"/> 1-2 Prior hypoglycemia-related ED or hospital utilization AND No insulin AND No subcutaneous use	Low risk (1-5%)
<input type="checkbox"/> No prior hypoglycemia-related ED or hospital utilization AND No insulin AND No subcutaneous use	
<input type="checkbox"/> No prior hypoglycemia-related ED or hospital utilization AND No insulin AND No subcutaneous use AND Age <17 years AND Does not have chronic or end-stage kidney disease	
<input type="checkbox"/> No prior hypoglycemia-related ED or hospital utilization AND Does insulin AND Age <17 years AND <2 ED visits in prior year	Intermediate risk (2%-5%)
<input type="checkbox"/> All other risk factor combinations	Intermediate risk (2%-5%)

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VA/DoD Clinical Practice Guidelines



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FDA: Mayo Clinic: Shared Decision Making

Source: <https://shareddecisions.mayoclinic.org/>

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FDA: Social Media Results (3)

- Further analysis: in the context of diabetes communication, much attention was given to diseases or **disorders co-occurring with diabetes** (e.g., sleep disorders, nerve pain or neuropathy, thyroid issues).
- Importance of addressing patients centered approach and individualizing care. One size does not fit all.

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CMS: TCPi -

“TCPi is one of the largest federal investments uniquely designed to support clinician practices ... in practice transformation.”

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CMS: Transforming Clinical Practice Initiative

- Early efforts to implement the NAP to reduce HG ADEs
TCPi - a pilot opportunity
- Exploration + Discovery
- Construction of Toolkit



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What is practice transformation?

- creating a new care delivery system
- redesigning care delivery
- instilling culture of ongoing CQI
- ensuring value (*quality/cost*)
- reducing waste

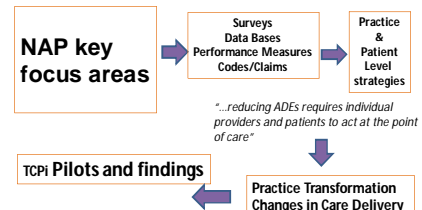
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CMS: The 5 Phases of TCPi



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Implement { execute, put into effect, put into action, put into practice, enact



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NAP-TCPi Alignment





TCPi Hypoglycemia Prevention

But how to implement...




CMS: TCPi Meeting a Variety of Needs

Collective Tool Kit:




- QI/Transformation Organization level
- Clinician/ Practice level
- Patient level

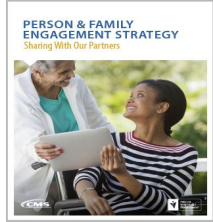


Current T2DM Care Paradigm

- I know how to lower my BG, but how do you "higher" it?
- Eat some protein
- I thought people with type 2 didn't get hypoglycemia



CMS: Person & Family Engagement Strategy




<https://www.cms.gov/Medicare/Quality-Initiatives/Patient-Assessment-Instruments/Quality-Initiatives/GenInfo/Person-and-Family-Engagement.html>




CMS: Starting Point of PTN Participation

- Mayo Clinic PTN
- Community Care of North Carolina, Inc.
- COMPASS PTN (Iowa Healthcare Collaboration) – Illinois team
- QSource QIN-QIO (11 states: AL, AR, IL, IN, IA, KS, KY, MS, MO, NE, TN)
- Rhode Island Quality Improvement (RIQI) PTN



CMS: Diabetes Outreach and Work

- Continued expansion of diverse populations
- Technical assistance
- Surveys



CMS: Diabetes Outreach and Work

Category	% Completion (Cumulative)	Current Target (Q14)
Clinical Outcomes	10.7%	9.0%
Physician Recruitment	148.0%	100.0%
Beneficiaries Completing DSMES Classes	74.0%	67.0%

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CMS: Medicare Diabetes Prevention Program (MDPP)

- Launched on April 1, 2018.
- MDPP is a structured behavior change intervention that aims to prevent the onset of type 2 diabetes among Medicare beneficiaries with an indication of prediabetes.
- For more information: <https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/>.

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The Problem in Medicare Populations

25% Americans 65 and older with type 2 diabetes

Care for these individuals costs Medicare about **\$104^B** each year, and is growing

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Intra-Agency Coordination

CMS and CDC each have unique roles and responsibilities with respect to MDPP services.



Payment, Enrollment, and Oversight Arm
MDPP suppliers receive payment from CMS and must meet and remain compliant with requirements established by Medicare




Quality Assurance Arm
MDPP suppliers must maintain CDC recognition and follow CDC quality standards, including use of a CDC-approved curriculum


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The Solution: The Medicare Diabetes Prevention Program (MDPP)


Medicare pays organizations, called MDPP suppliers, to furnish a group-based intervention to at-risk Medicare beneficiaries, using a CDC-approved National Diabetes Prevention Program curriculum.




Up to 2 years of sessions delivered to groups of eligible beneficiaries




As a Medicare preventive service, there are no out-of-pocket costs



DIET



PHYSICAL ACTIVITY



WEIGHT LOSS

Coaches furnish MDPP services on behalf of MDPP suppliers.

MDPP suppliers' primary goal is to help Medicare beneficiaries achieve at least 5% weight loss

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CDC : National Diabetes Prevention Program

- a partnership of public and private organizations working to prevent or delay type 2 diabetes
- For more information: <https://www.cdc.gov/diabetes/prevention/about/index.html>.

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CDC: National Diabetes Prevention Program

Largest national effort to mobilize and bring effective lifestyle change programs to communities across the country!

REDUCING THE IMPACT OF DIABETES

It brings together:

- COMMUNITY RESOURCES
- ACADEMIC RESEARCH
- TECHNOLOGICAL INNOVATIONS
- GOVERNMENT RESOURCES

Research shows structured lifestyle interventions can cut the risk of type 2 diabetes in **HALF**.

to achieve a greater combined impact on reducing type 2 diabetes

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HHS: National Clinical Care Commission (NCCC)

"...to evaluate and make recommendations regarding improvements to the coordination and leveraging of programs within the Department and other Federal agencies related to awareness and clinical care for at least one, but not more than two, complex metabolic or autoimmune diseases resulting from issues related to insulin that represent a significant disease burden in the United States, which may include complications due to such diseases." (PL 115-80)

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CDC: National DPP Strategic Goals

National DPP Strategic Goals

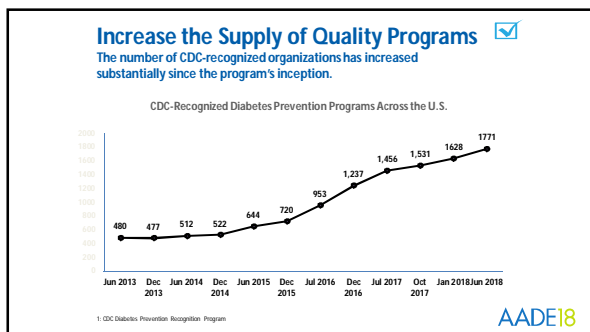
- Coverage & Reimbursement:** Increase coverage among public and private payors.
- Quality Programs:** Increase the supply of quality programs.
- Referrals:** Increase referrals from healthcare providers.
- Demand From Participants:** Increase demand for the National DPP among people at risk.

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HHS: National Clinical Care Commission (NCCC)

- ODPHP is responsible for the management and support to the Commission and for providing a designated federal officer
- Three years
- Report to Congress

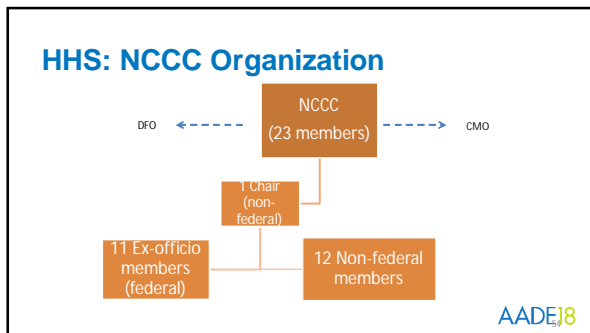
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HHS: Establishing the NCCC

- Charter signed by Secretary Azar on April 3, 2018
- FRN nomination period April 26 – May 29

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AADE American Association of Diabetes Educators

Thank you.

Questions?

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PASSION
INTO
ACTION