

**DIABETES COMMITTEE
MINUTES
May 22, 2018
9:00 AM**

The Diabetes Committee held a conference call on 5/22/2018, beginning at 9:00 a.m. via phone:

MEMBERS PRESENT

Jessica Kiel, Co-Chair
Stephen Shaul, Co-Chair
Darlene Ginn
James Ebeling
Tracy Newsome
Vivienne Rose

MEMBERS NOT PRESENT

Deanna Tran

MARYLAND DEPARTMENT OF HEALTH STAFF PRESENT

OTHERS PRESENT

NA

Stephen Shaul and Jessica Kiel called the Diabetes Committee meeting to order at 9 am.

1. Role Call/Introductions

All members of the Diabetes Committee were present except as noted above.

2. Review of Committee Goal and purpose for call

Jessica Kiel reviewed our committee's goal to "decrease the burden of diabetes and prediabetes in Maryland (to improve the health and well-being of Marylanders)" and began the discussion on developing SMART goals focused on the priorities outlined in our action plan, including: "increase the utilization of evidence-based programs for diabetes management and prevention; improve health outcomes; and identify and address special populations" based on key behavioral outcomes, community level outcomes, and key aspects of the process.

3. Discussion:

Identify which existing evidence-based diabetes prevention and management programs the Committee should focus on increasing the utilization of and track outcomes on.

There was discussion about new and existing diabetes prevention and self-management programs, cost, who they help, and whether we should or should not include them in the list of programs we promote to increase their utilization.

- The committee decided to focus on existing programs, but be open to anything new.
- Ideally select 1-2 existing programs that address each of the following levels/systems:
 - Payers (insurers, corporations; e.g. Aetna, Cigna, Kaiser)
 - Community (Maryland YMCA, faith-based organizations, etc.)

- Health professionals/healthcare systems (e.g. offerings at Johns Hopkins, St. Agnes, Keswick Multi-Care, etc.)
- Plan to keep the list small-- perhaps one program for each to target payers, community-level involvement, and health professionals?
- Among the programs under consideration:
 - [Diabetes Prevention Program](#) (DPP; used by payers, community, and healthcare systems)
 - In-person or virtual small group classes led by trained interventionist
 - 1 year duration (meet weekly for the 16 weeks, then less frequently)
 - **What Can I Eat**
 - A new Diabetes Self-Management Education (DSME) program from the American Diabetes Association (ADA) that will be offered in Maryland
 - Can be offered by community organization(s) or a healthcare system
 - Have secured program funding to offer What Can I Eat at St. Claire Medical Center
 - Currently, targets enrollment from the Hispanic population (funding source specification); can be used for all populations because materials are at a low literacy level and many visuals are used so appeals to all
 - **Johns Hopkins Healthcare Systems DECIDE** (Decision-making Education for Choices in Diabetes Everyday)
 - Has not yet been implemented, hope to have funding secured in the future
 - Wanted to include because it is a local program and should be included if they are able to get their grant
 - Timeline on finding out about funding for this program? (When will they know if they have gotten the grant?)
 - [Maryland Living Well with Diabetes Program](#) (contact)
 - A 6-week program for people with type 2 diabetes led by a team of peer leaders
 - [Diabetes Self-Management Education](#)
 - 10 hour program for people with type 1,2, or gestational diabetes
 - There are 49 DSME programs in Maryland
 - **Chronic Disease Self-Management Programs** (Others?)
 - [P3 Program](#) (Currently offered at the University of Maryland and McCormick)
 - **Others?**
- **Potential Outcomes to Track.**

The committee considered what should be tracked from the programs we choose so we can confirm goals are being met, these included:

 - Program enrollment
 - Program attendance
 - Weight

- BMI
- Blood pressure
- Blood glucose/A1c?
- Confidence in ability to make behavioral changes?
- Other various patient reported outcomes?

The committee will need more information about what programs currently track in order to make informed recommendations as to what outcomes should be measured.

- **Increasing Program Utilization**

The Committee briefly discussed how they planned to increase utilization of the selected diabetes prevention and management programs. Ideas included:

- Increase awareness (at all levels) that these programs are available.
 - Promote through the Maryland Department of Health
 - Other ways?
- Use leverage to encourage more payers (insurance companies, corporations, etc.) to promote or offer these programs more aggressively
 - Show return on investment for those utilizing these programs (perhaps try to include some outcome measures to track that would show payers a cost-savings? Perhaps the data we gather could be used to convince more payers to provide these programs—this may be the result (rather than the process) of our efforts to increase utilization of evidence-based programs?

- **Proposed Timeline.**

- Will need at least 6-12 months for tracking data
 - DPP is a year-long program, but may be able to get some data at earlier timepoint(s) (16 weeks?)
- Will not be able to determine timeline until have more information about the programs, how we will access/share the data, etc.

4. Priorities/Activities – Next Steps to prepare for next meeting

- Tracy Newsome will provide more information on the What Can I Eat? Program.
- Dr. Rose will check to see what payers are doing currently (what is currently being done).
- Tracy will send more information to the group regarding the What Can I Eat Program and some of the other Chronic Disease Management programs (i.e. St. Agnes, Keswick Multi-Care programs, etc.).
- Tracy will also look into what health outcomes may be measured by these programs (e.g. weight, BMI, A1c, confidence in their ability to make behavioral changes/healthier choices, etc.) that we could also use to measure the burden of diabetes.
- Jessica Kiel will send a doodle poll to set up the next phone meeting.
- Discuss our specific plan as to how we will increase the utilization of the evidence-based programs chosen

- How will we increase awareness about these programs?
- Who will we target?
- How will we target our proposed audience?
- How/should we somehow measure whether we have been successful in increasing awareness of these programs?
- Determine who/how/if we will be able to get data from the programs identified above
 - How will these be done?
 - Merging and storage of data?
 - Data interpretation?

5. Follow-up Call Prior to July Council Meeting

The Committee will have another phone call prior to the next in-person meeting (in June) to finalize the action plan.

6. Adjournment

The meeting was adjourned at 9:57 am.