

Kentucky Diabetes Report (aka, Diabetes Action Plan)

Diabetes Council Meeting/Call

April 9, 2014



Outline

- Background on the Legislation in Kentucky
- Partners Involved
- Process
- Results/Progress to date
- Lessons Learned

Background

- Legislation was passed in June, 2011
 - KDPCP became aware of the bill after it was filed and sent to DPH for review
 - Department's review included concern about the data collection required
 - Legislation was amended to address this concern and require only existing data
- Required a report to the legislature in January of each odd numbered year – beginning Jan., 2013

Early Concerns

- Where did this legislation come from and why?
- Potential duplication of effort between this plan and other diabetes/chronic disease plans
 - What kind of “plan” was required
- Other entities/diabetes advocates were not included in the required participants
- Time required

Legislation

- **KRS 211.752** - The Department for Medicaid Services, the Department for Public Health, the Office of Health Policy, and the Personnel Cabinet shall submit a report to the Legislative Research Commission by January 10 of each odd-numbered year on the following:
 - The financial impact and reach diabetes of all types is having on the entity, the Commonwealth, and localities.
 - An assessment of the benefits of implemented programs and activities aimed at controlling diabetes and preventing the disease.
 - A description of the level of coordination existing between the entities on activities, programmatic activities, and messaging on managing, treating, or preventing all forms of diabetes and its complications
 - The development or revision of detailed action plans for battling diabetes with a range of actionable items for consideration by the General Assembly
 - The development of a detailed budget blueprint identifying needs, costs, and resources required to implement the plan identified

Partners

- Legislation required the participation of:
 - Department for Public Health (DPH)
 - Office of Health Policy (OHP)
 - Department for Medicaid Services (DMS)
 - Personnel Cabinet
 - Kentucky Employees Health Plan
- Kentucky is fortunate that DPH, OHP and DMS are all in the same Cabinet
- Kentucky chose to include a representative from the National Association of Chronic Disease Directors (NACDD) in our discussions/planning in August, 2012

Process

- The Cabinet Secretary assigned DPH to be the lead agency
- The DPH Commissioner asked the diabetes program manager to coordinate the effort
- Representatives were selected and meetings began in June, 2011
- The group spent quite a bit of time trying to determine what the legislation was really asking for and what the report should look like
 - Especially for the data section

Process (continued)

- It was determined that the report would contain:
 - Data about diabetes in Kentucky
 - What each agency was currently doing individually to address this burden
 - What the agencies were currently doing together to address this burden
 - What should/could the agencies be doing (Recommendations)
 - What would that cost (budget)

Process (cont.)

- Note: it was not called a “Diabetes Action Plan”
- It was called the “Kentucky Diabetes Report”
- Each agency produced data content, as well as information about current programming and effectiveness
 - Shared Chronic Disease and Diabetes State Plans
- Lead agency combined these into a document for editing.

Process (continued)

- Multiple edits and reviews took place
- Recommendations/plan was developed jointly
- Lead agency drafted the final document

Final Report

- The final report was submitted in January, 2013
- You may access a copy of the report at:
www.chfs.ky.gov/dph/info/dpqi/cd/diabetes

The image shows the cover of a report titled "Kentucky Diabetes Report 2013". The title is split into two columns by a vertical line. The left column contains the words "Kentucky", "Diabetes", and "Report" stacked vertically. The right column contains the date "January 10" at the top and the year "2013" in a large, bold, blue font below it. A horizontal line is positioned below the title and date. Below this line, there is a block of small text on the left and the alphanumeric code "KRS 211.752" on the right.

Kentucky
Diabetes
Report

January 10
2013

Report to the LRC on diabetes-related efforts in the Department for Medicaid Services, the Department for Public Health and the Office of Health Policy within the Cabinet for Health and Family Services, and Department for Employee Insurance within the Personnel Cabinet.

KRS 211.752

Plan Highlights

- Data Highlights
 - Saw data from Personnel for the first time
 - Very rich data source
- Describing our work
 - DPH's diabetes work was in a state of transition
 - DMS was in the middle of implementing managed care
- Recommendations/plan
 - Group decided that there was no need for a new “plan” since there are many plans
 - Coordinated Chronic Disease Plan, Diabetes Plan, and 2020 were all in progress

Plan Highlights (cont.)

- Support expansion of, and sustainability strategies for the Diabetes Prevention Program (DPP).
- Expand the availability and sustainability of Diabetes Self-Management Education opportunities across a wide variety of possible providers
- Implement pilot projects with the Kentucky Employee Health Plan (KEHP) related to DPP and Diabetes Self-Management Education (DSME).
- Support policies that will move health care providers toward the use of electronic health records (EHR) AND connecting those EHR's to the Kentucky Health Information Exchange (KHIE).

Plan Highlights (cont.)

- Require unique record identifiers on administrative claims data collected by the Office of Health Policy to allow Kentucky to better understand patterns of hospitalization and emergency department visits.
- Support expansion of the Kentucky Behavioral Risk Factor Survey (BRFS) to better understand the health disparities facing the Commonwealth.
- Take advantage of the opportunity for expansion of the access to care provision of the Affordable Care Act such as the Health Benefit Exchange and Medicaid eligibility expansion

Results/Progress

- No response from the legislature; however there was a lot of discussion about the document within the Department/Cabinet , other states, advocates, etc.
- Progress
 - DPP
 - Received a DPP grant from NACDD
 - DPP pilot for state employees
 - DPP made a covered benefit for state employees
 - Several meetings/discussions with Medicaid
 - Medicaid Expansion/KHIE
 - State funding designation?

Next Steps

- The committee has been meeting regularly regarding the 2015 report.
- Efforts to maximize plan alignment with other chronic disease plans, initiatives, grant objectives, etc. to better drive policy
 - Kyhealthnow – new initiative by the Governor (includes DPP, and A1C)
 - Develop benchmarks
- Including a progress report

Lessons Learned

- This is not just another report!
- Assignment for project management for this level of task needs to be carefully considered when working between agencies/departments
 - The DPCP can be a good place to coordinate this work.
- People involved need to have the ability to make decisions/speak for their agency – or have clear access to someone who can.
- Time consuming process. Requires you to regularly engage partners over a long period of time.

Lessons Learned (cont.)

- We were able to do the report with existing resources/personnel – but that may not be possible for everyone
- The term “Diabetes Action Plan” can create confusion for leadership as well as stakeholders since there are other diabetes plans (we called it the “Kentucky Diabetes Report”)
- Assistance from NACDD was helpful
- Writing things down matters

Summary

- The development of the report was a long and challenging process but:
 - Multiple agencies working together across Divisions, Agencies, Cabinets, etc. on how to address diabetes is a great thing!
 - The report is a worthwhile product and has been a valuable tool for diabetes prevention and control advocates at the state and national level.
 - Valuable policy tool
 - The relationships built during this process have been extremely valuable (especially KEHP)

For More Information

- You may access a copy of Kentucky's report at:
www.chfs.ky.gov/dph/info/dpqi/cd/diabetes
- For more information contact:
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