

Improving Quality and Access to Diabetes Self-Management Programs in Michigan

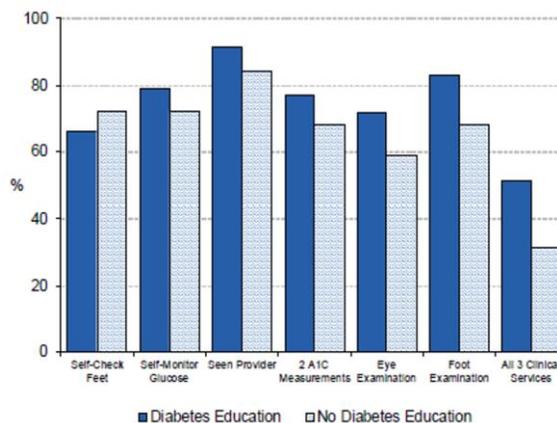
By monitoring quality of and access to DSMES in Michigan, the MDHHS DSMT Certification Program has provided people living with diabetes access to value-based DSMES opportunities that can help them better manage their health.

Problem

As of 2015, 30.3 million Americans (9.4% of the US population) have diabetes.¹ In 2014, an estimated 10.4% (799,350) of Michigan adults 18 years and older were diagnosed with diabetes.² In 2013 and 2014, an average of 48,693 Michigan Medicaid recipients had a diagnosis of diabetes.³ In 2013, diabetes was the seventh leading cause of death in Michigan. People with diabetes experience average medical costs of approximately \$16,750 per year, more than half of which is attributed to diabetes.⁴ Diabetes is an expensive disease; those of low income are at an added disadvantage for having resources necessary to manage the disease. Access to quality Diabetes Self-Management Education and Support (DSMES) services, and diabetes educators knowledgeable of their community resources, plays a role in helping people living with diabetes better manage their health. Participating in DSMES results in statistically significant decreases in average blood glucose measurements.⁵ From 2011-2013, adult people with diabetes in Michigan who received formal diabetes education showed significantly higher adherence to seeing health professionals for diabetes-related check-ups, eye examinations, and foot examinations annually. In addition, 51.1% of adult people with diabetes in Michigan who had diabetes education also had all three clinical services compared to 31.2% of adult people with diabetes who did not have formal diabetes education (Figure 1). Therefore, establishing, maintaining, and sustaining accessible, quality DSMES services, and addressing or removing difficult barriers for providers of DSMES services, is of utmost importance.



Figure 1. Improved Self-Management of Adults with Diabetes, Michigan 2011-2013 Combined.⁶



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Intervention



The Michigan Department of Health and Human Services (MDHHS) Diabetes and Kidney Unit administers a certification program to monitor quality of and access to DSMES for Medicaid reimbursement purposes. Michigan's certification program provides an added layer of quality by providing technical support to coordinators. At the same time, it allows the MDHHS to have a pulse on where the certified DSMES programs are located throughout the state, as well as where to direct efforts when gaps are identified. From 2014-2018, the number of programs has fluctuated from 80 to 94. To enhance efforts to identify need, MDHHS staff invites a small group of coordinators from various geographic locations throughout the state to serve on an advisory committee. The group provides insight into issues within the programs as well guidance on MDHHS efforts, such as the promotion of diabetes management. On-site visits by MDHHS staff are conducted annually at approximately 10% of the certified programs. Site visits provide an opportunity for State staff to review adherence to MDHHS review criteria for national standards, as well as the opportunity to provide technical assistance to a program coordinator on an individual basis. An annual training for new coordinators is offered to provide a more solid understanding of MDHHS review criteria of DSMES national standards. An annual coordinators' conference that serves multiple purposes and is open to all certified DSMES program coordinators. Approximately 60% of coordinators attend each year. Coordinators receive education on current topics in diabetes, the national standards and review criteria, and Michigan Medicaid updates. Coordinators network with their peers, providing opportunities to gather new ideas for use in their programs.

Health Impact



The MDHHS DSMT Certification Program is a means of increasing access to quality care for all with diabetes in the state of Michigan--with a focus on low income individuals. The value in the certification program is clear. Despite a change in Medicaid policy in 2016, which made certification optional instead of mandatory, 96% of programs have maintained MDHHS certification. Based on short interviews in 2016, DSMES program coordinators appreciated the support received from MDHHS in answering program questions, providing technical assistance, and providing networking opportunities through the conference. MDHHS serves as a neutral convener for the network of programs, so coordinators stay connected and focused on topics related to quality improvement, the National Standards for DSMES, underserved populations, Michigan Medicaid policies, goal-setting, and best practices for DSMES services in Michigan.

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References

1. The Centers for Disease Control and Prevention (CDC, 2017) (Centers for Disease Control and Prevention [CDC], 2017)
2. http://www.michigan.gov/documents/mdhhs/Diabetes-in-Michigan-Update-2015_516855_7.pdf
3. Byrd, H.C., Michelle. Michigan Department of Health and Human Services (2016). Round Table – Epidemiology Surveillance. 1305 Partnership Meeting. Lansing, Michigan, pp 4-6.
4. Economic Costs of Diabetes in the U.S. in 2017, American Diabetes Association, Diabetes Care; Mar 2018, dcil 80007; DOI: 10.2337/dc18-0007
5. Chrvala CA, Sherr D, Lipman RD. Diabetes self-management education for adults with type 2 diabetes mellitus: a systematic review of the effect on glycemic control. Patient Educ Couns 2016;99: 926-943.
6. Michigan Behavioral Risk Factor Surveillance System, 2011-2013 [www.Michigan.gov/brfs]

