



# Diabetes Expert Panel Meeting Summary

## WEST VIRGINIA HEALTH CARE AUTHORITY DIABETES EXPERT PANEL MEETING SUMMARY MAY 20, 2002

**Location:** West Virginia Health Care Authority. Charleston, West Virginia

**Present:** Peggy Adams, RN, Barbara Bodner, RN, John Brehm, M.D., Cathy Chadwell, RN, Sonia Chambers, Richard Crespo, Ph.D, Mary Emmett Ph.D., John Grey, Stephen Grubb, M.D., Sallie Hunt, Sandra Joseph, M.D., Gretchen Oley, M.D., Kathy Parsons, RN, Cecil Pollard, Ph.D., Annette Riehle, RN, Linda Sovine, Kathy Taylor, Marilyn White, RN

**Unable to Attend:** Scott Spradlin, M.D. Lisa Lewis, RN

The meeting was held at the offices of the West Virginia Health Care Authority (HCA) 10:30 am to 12:30 pm. Cathy Chadwell, Health Planner at the HCA, welcomed participants and reviewed the meeting agenda. Major items for discussion included a review of the Diabetes Practice Guideline search and summary, the review of data findings for indicator topics of interest and a report by Richard Crespo, Ph.D. on the preliminary results for the Progress in Diabetes Management in Rural Health Centers program.

### *Guideline Search and Summary*

Cathy Chadwell began by reviewing the purposes of the guideline development project, which includes the identification of key prevention-oriented care recommendations for use by health care providers in West Virginia. Key national, state and local provider guidelines were reviewed and aspects of care were selected that reflected prevention-oriented activities. The aspects of care included screening, diagnosis, monitoring, management and documentation. Recommendations were summarized and presented for discussion to the panel. Early discussion included a clarification of the intent of the guideline (gold standard versus minimum standard). Members agreed that the recommendations would generally reflect best practice while acknowledging the importance of clinician discretion and patient differences. During the allotted time, panel members reviewed, discussed and provided recommendations on content for 3 aspects of care. Cathy requested that the panel continue their review independently for the remaining areas and provide their recommendations via mail by June 15, 2002. A conference call to discuss these recommendations will be scheduled late in June.

### *Indicator Data Findings*

Mary Emmett, Ph.D. presented potential data sources for the panel to consider in support of tracking indicators of interest for diabetes in West Virginia. First, aggregate data from the West Virginia HCA uniform billing database, based on specifications for hospitalization indicators from the Agency for Healthcare Research and Quality, were presented. Secondly, data derived from the Behavioral Risk Factor Surveillance System (BFRSS) was presented that correlated

with prevention indicators of interest. Advantages and disadvantages of each data source were reviewed. Panel members recommended the BRFSS data as useful for providing national and state-level comparative information but not acceptable as a substitute for claims data to track prevention indicator trends. It was recommended that the use of claims data be explored for the prevention indicators. Dr. Emmett advised the panel members of emerging work from the National Quality Forum in the area of Core Performance Measures for Adult Diabetes Care. The release of these measure recommendations is expected soon and will be mailed to panel members when available.

*Progress in Diabetes Management in Rural Health Centers*

Dr. Crespo presented some preliminary findings from this multi-year project involving 17 clinics across the state. Data were reported from the period of March 2001 to February 2002. The study sample of 954 patients was drawn from a pool of over 3000 patients. Interventions used to improve care include education, flowcharts, annual clinic-specific feedback and other tools (e.g., posters in waiting rooms). Preliminary data show measured improvement in targeted aspects of care. Further analysis is underway.

Barbara Bodner described the recent success of an intervention to obtain eye exams for diabetic clients. The Optometrist was brought to a primary care health clinic resulting in increased access to care. Barbara recommended this approach to primary care providers as a successful solution to accessing eye care for diabetic patients. Cathy Taylor then described a new grant opportunity from the Robert Wood Johnson Foundation to showcase examples of what has worked to improve health care delivery and test new strategies. She requested that anyone interested in this opportunity contact her as soon as possible.

The meeting was adjourned with the plan that members will complete the guideline recommendation review process and a conference call will be scheduled in late June.

Respectfully submitted,

Mary Emmett, Ph.D.