



Expert Panel Meeting Summary

DIABETES EXPERT PANEL Meeting Summary January 6, 2002

Panel Participants: Peggy Adams, Barbara Bodnar, John Brehm, M.D., Cathy Chadwell, Sonia Chambers, Richard Crespo, Ph.D., Mary Emmett, Ph.D., John Grey, Stephen Grubb, M.D., Carol Haugen, Sallie Hunt, Sandra Joseph, M.D., Elizabeth LaPlante, Gretchen Oley, M.D., Kathy Parsons, Cathy Taylor

The Diabetes Expert Panel met on January 6 from 1:30 to 3:30 at the offices of the West Virginia Health Care Authority. Sonia Chambers, Chair of the West Virginia Health Care Authority convened the panel and provided an overview of its purpose, which is to develop utilization and quality measures. This purpose comes from SB 458 passed in 1997 by the Legislature.

Mary Emmett reviewed the contents of the notebook prepared for the panel meeting. She described the criteria for measure selection and presented a summary of the information on existing measures. (Presentation is attached.) The summary was used as a basis for further discussion. Dr. Brehm stated that the data on diabetes from the West Virginia Health Care Quality Improvement Project (HCQIP) is dated and new data are available. His suggestion was noted and the data are corrected. Peggy Adams clarified the data on amputations reported in Healthy People.

Dr. Crespo presented the information and results from the initiative to improve management of diabetes through the RHP Clinics. His presentation accompanies this summary of the meeting. Discussion followed and several points were made –

- HbA1c – measurement may not be consistent from one lab to another.
- Physicians know what is “the right thing to do” for diabetic care
- Non-compliance will always be a challenge
- Access to medications is a problem for those who do not have financial resources
- Insufficient numbers of diabetes educators to assist with patient education; there is a need to examine innovative ways of addressing this challenge. Rhode Island and Massachusetts have developed their own certification programs.
- How can paramedical support be used to assist diabetes in remaining compliant
- Many members of the panel reiterated the cost of paying for diabetic care, education and supplies. The challenge is to identify the burden of diabetes to West Virginia and examine alternative solutions to addressing the financial issues.

Barbara Bodnar shared the results of The “How To” Develop a Diabetes Foot Screening Program. Medical students at the RHEP sites did this program. Foot care is important because it promotes early detection of foot problems (neurological problems) and the prevention of

amputation. Discussion followed on the value of the foot exam in diabetic care. Since a foot exam is part of the routine exam, how can physicians maintain compliance with the guidelines to conduct this exam? Suggestions were made that others could prepare the client for the exam and remind physicians to do the exam.

Kathy Parsons, Health Plan, reported that the clinics associated with the Health Plan use the HEDIS measures. Elizabeth LaPlante, Blue Cross and Blue Shield reported on ways the company acts as a facilitator of community and physician engagement in improving health.

Several questions came from the panel. 1. Would it be possible for a majority of insurers to agree on a common set of guidelines for diabetic care? 2. How can access to optometric services be increased in rural areas? 3. What is the financial burden of diabetes to West Virginia? 4. How can reimbursement for diabetic services be increased?

The members suggested that data are acquired for the common measures for diabetic management and baseline information prepared for annual eye exam, HbA1c, lipid profile, routine exam, and hospital specific indicators of complications as well as emergency department visits. When data are analyzed the panel would convene and act on that information.

Respectfully submitted,

Mary Emmett, Ph.D.