



Everyone with Diabetes Counts (EDC)

# A QIN-Led Project to Affect Behavioral Change and Improve Outcomes

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# West Virginia Statistics:

- Approximately 229,379 people in West Virginia have diabetes. Over 62,162 are undiagnosed.
- Year after year, WV is ranked among the top states with the highest prevalence of diabetes as well as obesity, MI and stroke.
- In 2001, the prevalence for Caucasian was 8.8% and for African American 9.5%; by 2010 the prevalence had risen to 11.4% and 19.7% respectively.
- Less than half of West Virginians with diabetes have had any education about the disease.
- Access to any type of diabetes education or self-management class is limited or non-existent in most rural counties and African American communities.

# New Research Estimating Annual Cost of Diabetes

- The American Diabetes Association (ADA) estimates that total costs of diagnosed diabetes have risen to \$245 billion in 2012 from \$174 billion in 2007, when the cost was last examined. This represents a 41 percent increase over a five year period.
  - Most of the cost for diabetes care in the U.S. (62.4 percent) is provided by government insurance (Medicare/Medicaid). The rest is paid by private insurance (34.4 percent) or by the uninsured (3.2 percent).

# Overview of the CMS Diabetes Disparities Reduction Program: EDC

- EDC began eight years ago as a pilot in Florida. It is now the largest national Medicare diabetes self-management education program.
- An 22 month initiative was completed in 2014 with the states of West Virginia teaching the Rural population, New York teaching the Hispanic population and Texas teaching the African American population

# EDC Goals

- Improve health literacy and quality of care among Medicare and dual-eligible beneficiaries with pre-diabetes and diabetes in minority and rural populations
- Decrease the disparity of diabetes testing in minority-vulnerable populations by improving the frequency of testing for:
  - HbA1c
  - Eye exams
  - Lipid profile
  - Foot Exams
- Improve actual clinical outcomes of these diabetes measures

# Overview of EDC

- Recruit and educate physicians whose practices include Medicare and dual-eligible beneficiaries with diabetes who are members of minority and/or rural populations on the availability of Diabetes Self-Management Education (DSME) programs/initiatives, as well as the Medicare Diabetes Self-Management Training (DSMT) benefit.
- Recruit, enroll and teach Medicare and dual-eligible beneficiaries utilizing an evidence-based DSME program curricula (i.e. DEEP - Diabetes Education Empowerment Program)

# Overview of EDC

- All classes are taught in the community and include cultural competency components.
- Key recruitment elements:
  - Physician practice sites
  - Medicare beneficiaries recruited through physician offices, senior centers, health fairs, community partnerships (i.e., grocery stores, faith-based organizations, etc.)
  - Community Health Workers (CHWs) and CHW organizations
  - Certified Diabetes Educators (CDEs)
  - Community businesses and partner organizations

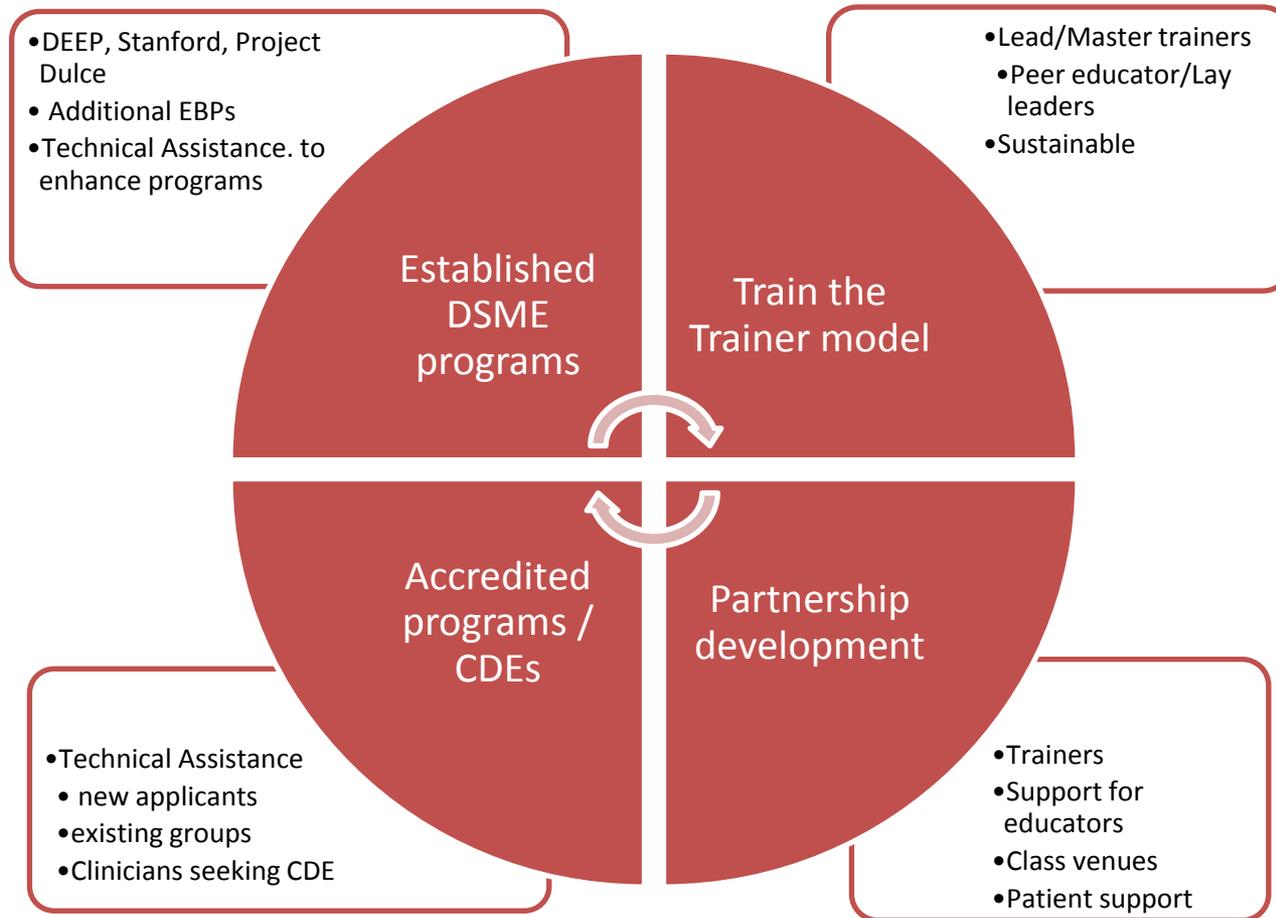
# Diabetes Education Empowerment Program (DEEP)

- Developed by The Midwest Latino Health Research Training and Policy Center at the University of Illinois at Chicago
- Created to increase the capacity of participants to plan and implement diabetes training programs that train community health workers or health promoters to become effective diabetes educators and outreach workers

# DEEP Curriculum

- Focuses on the prevention and control of diabetes through 8 learning modules (understanding the human body, diabetes and risk factors, physical activity, meal planning, exercise, and stress management)
- Training is designed to enhance clinician-patient communication skills
- Based on empowerment theory principles - patient is the center of treatment
- Participatory techniques
- Delivered by community health promoters and peer educators

# Building Sustainable Programs



# Sustainability

- Continuing partnerships within the communities
  - Agencies on Aging, FQHCs, state associations, existing health based coalitions, providers, faith based organizations, etc.
- Training Community Health Workers
- Training people who are already part of the communities where we work

# Sustainability

- Training CDEs, lay persons, pharmacists, students, RNs, LPNs, etc.
- Establishing and promoting diabetes coalitions
- Promotion of EDC classes using a local “celebrity”

# Example of an EDC Class



# B.2 Contacts

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