North Carolina Diabetes Advisory Council

Date of Meeting:	February 5, 2016	**Time:**	9:30-12:30 pm.
Minutes Prepared by:	Health Systems Unit Team	**Location:**	Cardinal Room at 5605 Six Forks Road, Raleigh, NC
Attendance at Meeting:	**DAC Members & Liaisons Present:** Ronny Bell, Paul Bray, Laura Edwards, Yvonne Garton, Austin Grainger, Carol Koeble, Sue Liverman, Monique Mackey, Christine Memering, Earline Middleton, Jerry Munden, Jan Nicollerat, Sharon Pearce, Necole Smith, Jim Straight, Joyce Swetlick, Angie Wester, Marti Wolf, Larry Wu		
Invited Guests and Staff Present: Sammy Bailey, Karen Bartoletti, Kathryn Combs, Amanda Donovan, Lauren Foster, Tracie Heavner, Kate Kaczmarek, Mary Bea Kolbe, Sanga Krupakar, Rachel Berthiaume, Ann Lefebvre, Jeana Partington, Ruth Petersen, April Reese, Sharon Rhyne, Cathy Thomas, Joyce Wood			

Meeting Highlights

Topics and Points of Discusssion	Carry-over Item?
1. Welcome, Introductions, Approval of Minutes • Dr. Ronny Bell, Diabetes Advisory Council (DAC) Chair, welcomed everyone, introduced new diabetes members Earline Middleton from the Food Bank of Central and Eastern NC, Larry Wu from Blue Cross and Blue Shield, and Carol Koeble from the NC Hospital Assiciation. He facilitated introductions from participants and discussed the importance of today's ADA/AHA joint collaboration in Go Red for Women Day. • The meeting highlights from December 4, 2015 were approved as submitted. The meeting highlights and handouts will be posted to the DiabetesNC.com website.	No No
2. Introduction of Diabetes Awards Ronny introduced a way of promoting the Diabetes Prevention and Management Guide by establishing annual awards for people who implement the strategies. Prior to the next meeting, staff will work to develop the number, type and criteria for nominations. The plan is to present the awards at the October meeting. Please contact Ronny, Jan or April if you are interested in serving on the selection committee and/or to help develop the awards criteria.	No

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3. Summary of Plan activities since the launch Jan shared the following information about the success of the launch of the Plan: - The Public Affairs office at DHHS tweeted the event in December and it received 1,355 likes. - Duke Univeristy ran the story in the December employee newsletter, which has over 2,200 staff and faculty in the Medical Center. - The Bryan YMCA in Greensboro ran the story in their December newsletter. - It also ran in the Eat Smart Move More NC newsletter, which goes to 300 people. - Over 15,808 DHHS employees received the story at the end of January, this number does not include temporary staff. - The Craven County Now website ran the story and had 435,949 unique IP addresses that logged 11,205,164 hits in January. - Additionally, Jan presented the plan to the Community Advisory Board of the YMCA of the Triangle on January 21. - Joanne Rinker will present on the guide at the AADE conference in San Diego in August.	Yes
4. Themes for 2016 April shared that in an effort to keep the momentum of the past two years going and to ensure use of the Diabetes Prevention and Management Guide, the DAC and Chronic Disease and Injury leadership have decided to focus each year on a theme from the guide, standardize the meeting format and establish a process for speakers. The theme for 2016 will be patient engagement, which involves identifying and addressing barriers to participation in Diabetes Self-Management Education and Diabetes Prevention Programs. The meeting formats will include standard items such as introductions, minute approval and announcements, including any timely updates from previous meetings. The meetings will also include speakers who are vetted through a speaker request process and some group work. The speaker request form gives the leadership an opportunity to ensure that presentations are aligned with the Diabetes Prevention and Management Guide, that proper time on the agenda has been alloted for the presentation and discussion and gives presenters the opportunity to describe their audiovisual needs.	No

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5. Barriers to Participation in Self-Management Education Support (Nancy Winterbauer, Stephanie Smith) and Barriers to Participation in Diabetes Prevention Programs (Carmen Samuel-Hodge, Tainayah Thomas) Dr. Carmen Samuel-Hodge, a Research Assistant Professor at UNC-CH, and Tainayah Thomas, a doctoral student from UNC-CH, shared their work around Diabetes Prevention Programs (DPPs) including how much participants are willing to pay for sessions, how long they are willing to participate and how they feel about community health workers leading the classes. Focus group participants included health care providers and potential DPP participants. **Key findings**: Providers: • Concerns about the use of Community Health Workers (CHWs) as DPP lifestyle coaches: o Potential competition between CHWs and health educators o Who will train the CHW and who will pay for this training o Sustainability of CHW as DPP coaches Participants: • Barriers to participation included: o Ambiguity over diagnosis o Lack of knowledge about prevention o Limited instruction from primary care providers o Family history seen as a “generational curse” o Lack of time was the #1 barrier to participation • Preferences for program delivery o Split 16 weeks into 13 sessions with CHW, 3 sessions with a Registered Dietitian (for nutrition information preferred a dietitian - seen as trained, knowledgable and credible; CHW was who they looked to for information about resources available in the community) • Cost o Willing to pay up to $250 for the program for results o Thought there should be cost sharing or payment plans o Willing to pay $39/month if led by traditional leader, $30/month if led by CHW or $19/month for on-line program delivery o Dr. Nancy Winterbauer,Assistant Professor at ECU and Dr. Stephanie Smith, Director of the Office of Community Engagement and Impact at UNC Wilmington gave a qualitative analysis of focus group data collected by the Division of Public Health around barriers to particiaption in DSME. The focus groups included Medicaid recipients and State Employees.	No

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Dr. Nancy Winterbauer, Assistant Professor at ECU and Dr. Stephanie Smith, Director of the Office of Community Engagement and Impact at UNC Wilmington gave a qualitative analysis of focus group data collected by the Division of Public Health around barriers to particiaption in Diabetes Self-Management Education (DSME). The focus groups included Medicaid recipients and state employees.
 	
Key findings:
 	
Focus group responses could be grouped into three types of factors that influence participation, individual level factors, system-level factors and program factors
 	
• Individual-level factors include:
  ○ Emotional readiness of participants which is dependant upon their degree of self-efficacy and disease severity
  ○ Support from peer/family and primary care providers
  ○ Capacity of the participant (awareness/education/literacy) and resources they have (insurance, finances, transportation)
• System-level factors include:
  ○ Patient-provider level of dis-engagement spefically around the referral process and patient/provider communication (or lack of)
  ○ Complexity of the program delivery in any community which agencies are referring, what programs are they referring to, who is eligible, what is covered, what type of follow-up is offered
  ○ Provider awareness of program availability
  ○ Competing market forces “health coaches”
• Program factors include:
  ○ Cost
  ○ Delivery of the program included location, time and limited availability
  ○ Structure of time limit on receipt of instruction after initial education visit, limit on education after first year
 	
Both presentations are on the DAC website to view.	

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6. Group Discussion After the presentations, The format was modified by from small group discussion with facilitators to one large group discussion.facilitated by April Reese. Discussion focused on barriers to DSME predominantly . • There was lively discussion regarding the value of group medical visits as a primary means of DSME delivery . Participants shared how this was implemented in various practice settings as a value added service. EBR supports Group Medical visits as a valuable tool in DSME delivery. It would not replace formal structured ADA/ AADE/ Recognized programs . Our Diabetes Action Plan supports the state DERP) DiabetesSmart . • Discussion ensued with barriers to DSME related to billing, coding and reimbursement. There are multiple ways to bill for services depending on the type of practice setting, providers, state rules, Medicare- Medicaid contraints as well as differences among private insurors. At this juncture, all reimbursement (if attained)does not begin to cover the cost of services. Dr. Wu stated he would be willing to follow-up on this matter as it relates to private insurance in NC if the DAC will provide him with DSME billing codes, data , criteria, for the 3 primary NC insurers to investigate if a consensus plan could feasibly be designed to address this issue . It would not address governmental contracts , or all private insurers , or out of state coverage. April will f/u regarding collecting this information . • Participants voiced concerns that the DSME referral was a barrier to care based on completing the required data, and getting this referral to the correct program with prompt schedule. After much discussion, it is clear the DSME referral is required as a prescription for these services and this is evidenced based in the literature . The process , however, including communication lends itself for improvement as weill as education providers how this can be accomplished with minimal effort. . Once the referral is scheduled, there need to be clear communication mechanisms for both patients and providers to know this is an active order in process. • Dr. Peterson commented that the DAC can best use its energies in implementing the Diabetes Action Guidelines based on current evidence and documented best practices. . Future goals should continue to identify a matrix of different patient engagement methods based on best practices 1. Design a blog for physicians to show what resources are available for their patients (DPP and DSME).	No

Next Meeting: *Date Change*: June 3, 2016 9:30-12:30
Cardinal Room at 5505 Six Forks Road, NC Division of Public Health