

## **DPCP Update – November 2, 2017**

### **Diabetes Prevention: Tamah Gustafson**

As of October 2017, Michigan has 65 CDC recognized Diabetes Prevention Programs (DPPs), 10 of which have full CDC recognition. The Diabetes Prevention media campaign, which launched in April in the Traverse City radio market (23 county reach, airing during April and June), had 727,000 impressions. In the Detroit radio market (6 county reach airing during April and May), the campaign had over 5.65 million impressions. Transit bus ads promoted diabetes prevention messages in Washtenaw County April through June and had over 4.6 million impressions. Diabetes Prevention Program class offerings in Michigan can now be found on the [www.mihealthyprograms.org](http://www.mihealthyprograms.org) website. DPP providers can submit their class offerings to be promoted, health care providers can find classes to refer patients to, and the public can find DPP class offerings in their own communities.

The MI Diabetes Prevention Action Plan Work Groups continue to carry out action plan activities related to increasing screening, testing and referring (STR) of individuals with prediabetes and coverage/reimbursement of the DPP through employers and health plans. Current work focuses on assessing Michigan health systems about STR practices, as well as webinars to educate and assist employers or health plans interested in covering the DPP for employees or members. Work group calls are held every other month and in-person meetings take place in conjunction with Michigan Diabetes Prevention Network meetings. The next Michigan Diabetes Prevention Network meeting will be March 21, 2018 in Okemos, MI. For more information, visit [www.midiabetesprevention.org](http://www.midiabetesprevention.org)

### **DSMT CERTIFICATION PROGRAM: Kim Lombard**

Michigan currently has 82 MDHHS certified DSMES programs. (The 2017 standards have formally added “Support” to the term Diabetes Self-Management Education and Support, abbreviated DSMES.) We welcomed Kalkaska Memorial Health Center as our newest, certified DSMES program in March of 2017. We have experienced a changing landscape of DSMES services in Michigan. Since the beginning of 2017, we have seen the closure of seven programs, impacting both rural and urban areas. A Medicaid DSME policy change in October 2016 also contributed to change. As a reminder, the policy allows for reimbursement of DSMES services by Medicaid through the demonstration of meeting national standards to Medicaid Provider Enrollment in one of three ways: evidence of ADA recognition, AADE accreditation or state certification. Under the new policy, four programs relinquished their State Certification but continue to provide services to Medicaid beneficiaries and receive Medicaid reimbursement. However, the policy change brings new opportunities to engage additional partners and increase access to DSMES services for Medicaid beneficiaries. For example, Medicaid is now reimbursing a hospital-based DSMES program that had national accreditation but had declined state certified.

Additionally, DPCP staff is partnering with the Oral Health Unit at MDHHS to develop diabetes screening guidelines for oral health professionals. Planned work over the next six months will also forge partnerships with the HIV Unit as well as WIC.

### **EPI AND SURVEILLANCE: Michelle Byrd**

The Chronic Disease Epidemiology Section (CDE) of the Lifecourse Epidemiology and Genomics Division and the Diabetes Prevention and Control Program (DPCP) is currently preparing two briefs on diabetes-

related health-care utilization by adult Michigan Medicaid beneficiaries. By analyzing Medicaid claims and prescription data, income bias can be removed. The first brief describes diabetes-related health care utilization changes over time by age among adult Medicaid beneficiaries 2007-2012. Beneficiaries 18-24 years of age with diabetes had the highest hospitalization rate due to short-term complications and uncontrolled diabetes compared to the rates of beneficiaries 25-64 years of age. However, less than half of these young adults had at least two diabetes-related office visits annually. The second brief compares adult Medicaid population (18-64 years) and diabetes cases pre- and post-Healthy Michigan Plan's implementation (HMP). Based on utilization of services, diabetes prevalences among adult beneficiaries were higher prior to HMP implementation (2012 and 2013) than prevalences post HMP implementation (2015 and 2016). Because of the ICD-9 to ICD-10 conversion in 2015, we are still waiting to post hospitalization and procedure statistics among Michigan adults with diabetes. An updated Gestational Diabetes Fact Sheet is in the works for the spring.