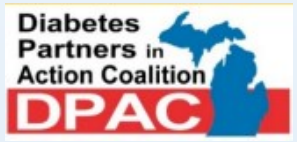
Michigan Diabetes Partners in Action Coalition (DPAC)

Virtual Annual Meeting

November 17, 2021

1:00 p.m. - 3:45 p.m.

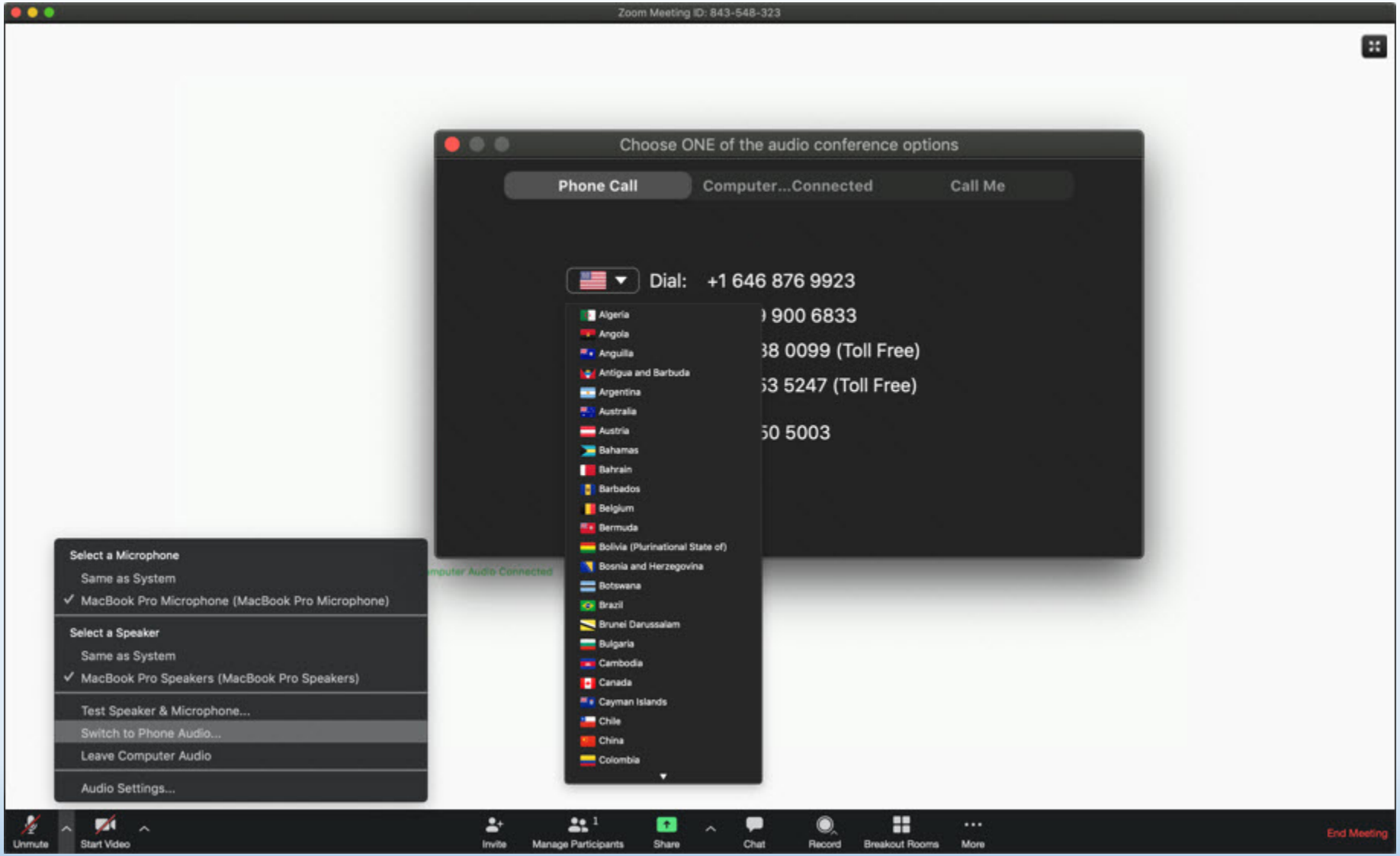


Welcome

Lauren Neely, MDHHS – Diabetes & Kidney Unit

Housekeeping

- Mute
- Closed captioning
- Questions
- Slides to be posted on www.DPACMI.org
- Join our DPAC email list
- Evaluations and making this group better



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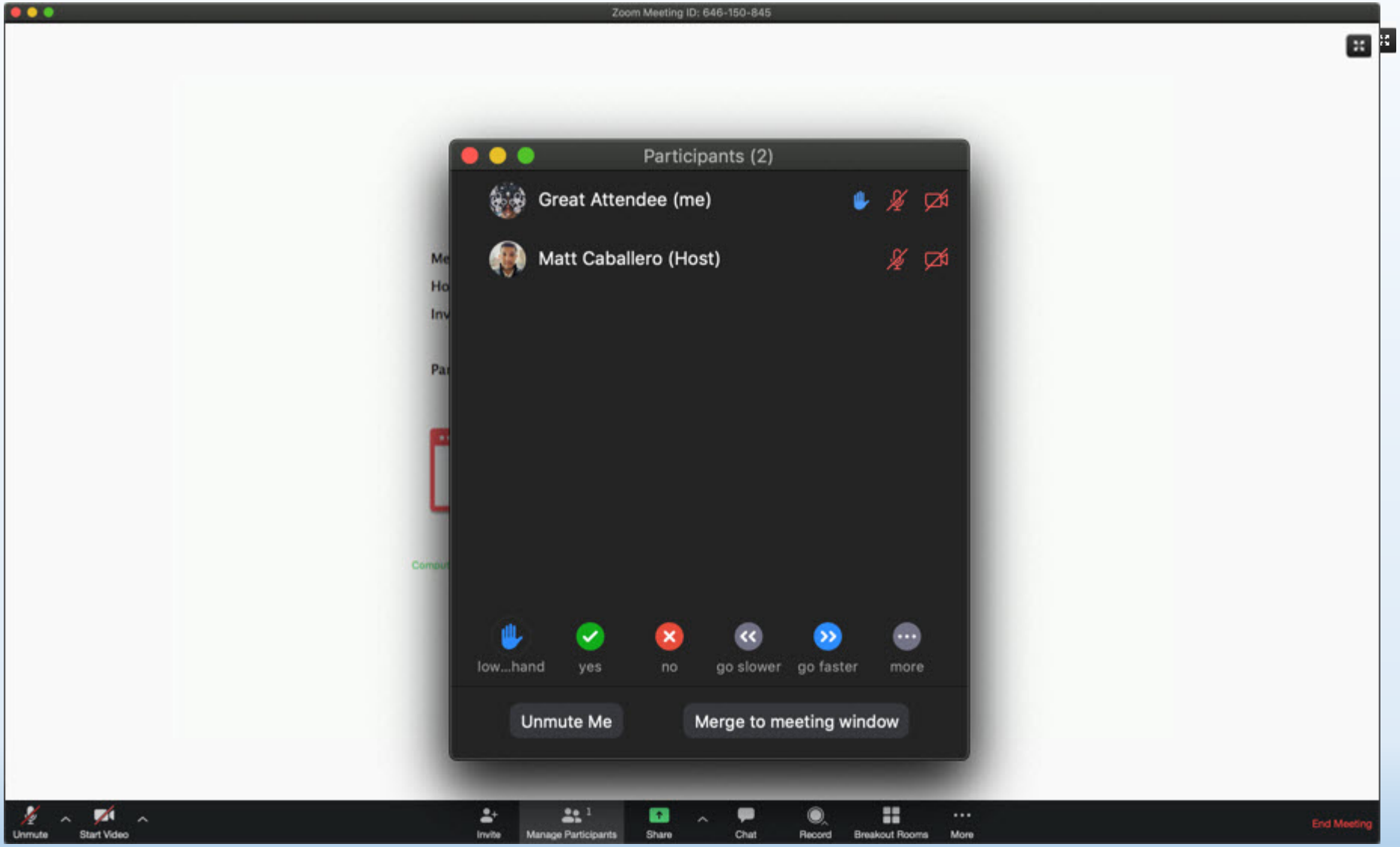

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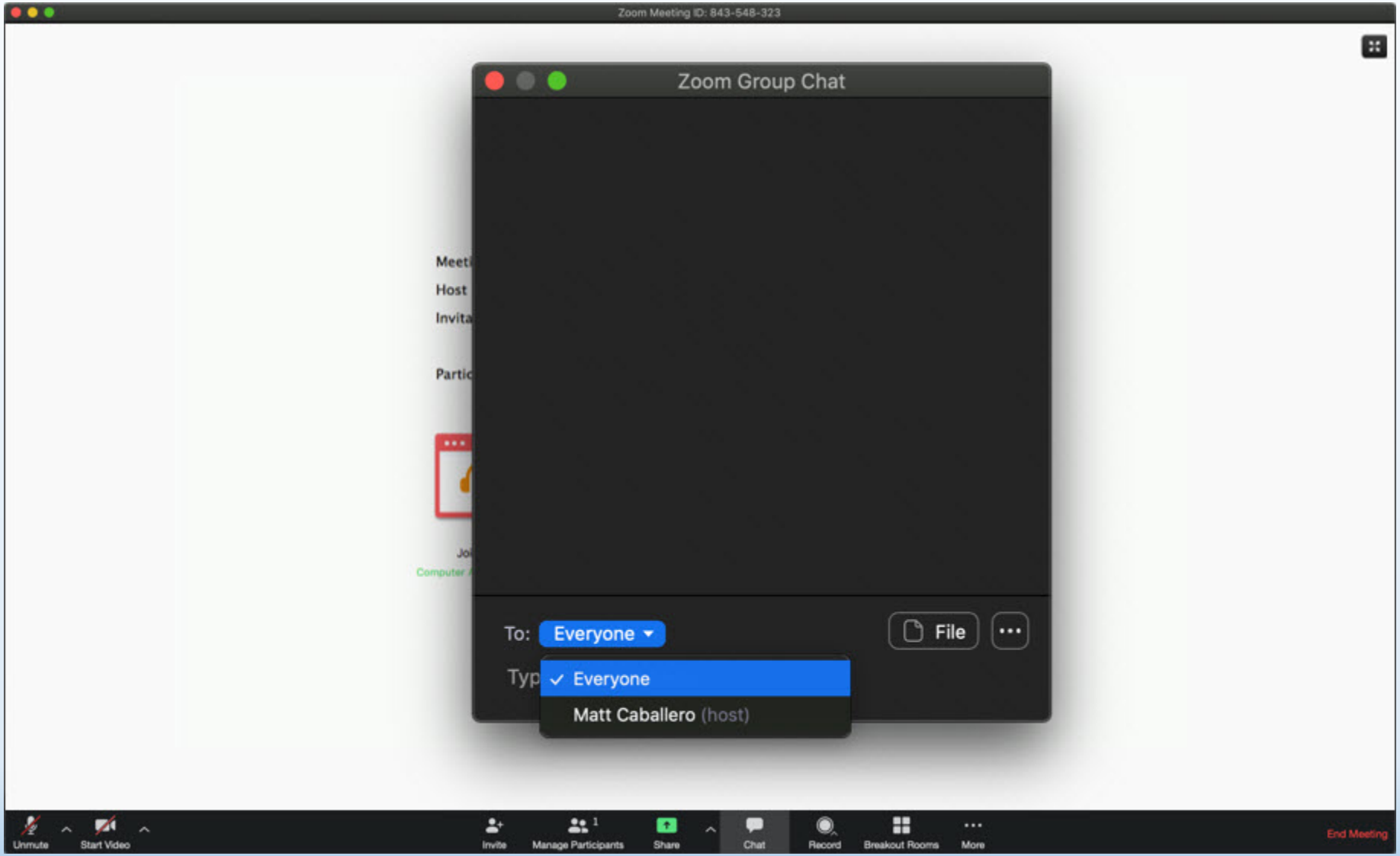


Housekeeping – Zoom Meeting viewer interaction

Agenda

Time	Topic
1:00 p.m. – 1:05 p.m.	Welcome and Introductions
1:05 p.m. – 1:20 p.m.	MDHHS Updates & MI Diabetes Improvement Plan
1:20 p.m. – 1:35 p.m.	American Diabetes Association Updates
1:35 p.m. – 1:50 p.m.	Juvenile Diabetes Research Foundation Updates
1:50 p.m. – 2:00 p.m.	Break
2:00 p.m. – 2:45 p.m.	Food Policy, Security, and Connection to Chronic Disease and Diabetes
2:45 p.m. – 2:55 p.m.	Break
2:55 p.m. – 3:35 p.m.	Introduction to the Michigan Collaborative for Type 2 Diabetes
3:35 p.m. – 3:45 p.m.	Close-Out & Evaluation

MDHHS Updates

Lauren Neely, MDHHS – Diabetes & Kidney Unit

Staff Introductions

Michigan Diabetes Improvement Plan

- 5y plan for MDHHS Diabetes Prevention and Control Program
- 3 priority areas:
  - State leadership
  - Diabetes prevention
  - Diabetes management
- Seeks health equity in all work

State Leadership

Enhance network partnerships.

Engage leaders.

Drive innovation and expand cross-program collaboration.

Provide support and educational opportunities for diabetes professionals.

Diabetes Prevention

Reduce barriers to Diabetes Prevention Program (DPP) participant engagement and success.

Enhance policy and coverage for prediabetes and the DPP.

Build systems to support 'Screen, Test, Refer' for prediabetes.

Diabetes Management

Enhance medical coverage of Diabetes Self-Management Education and Support (DSMES).

Increase utilization of technology.

Increase incentives for health care providers.

Advance care for people living with diabetes.

Diabetes and Kidney Unit Update

- Diabetes Self-Management Education and Support Certification Program

- HIV and Diabetes
- HIV and CKD

- CDC Cooperative Agreement---1815
- CDC Cooperative Agreement---Innovative 1817

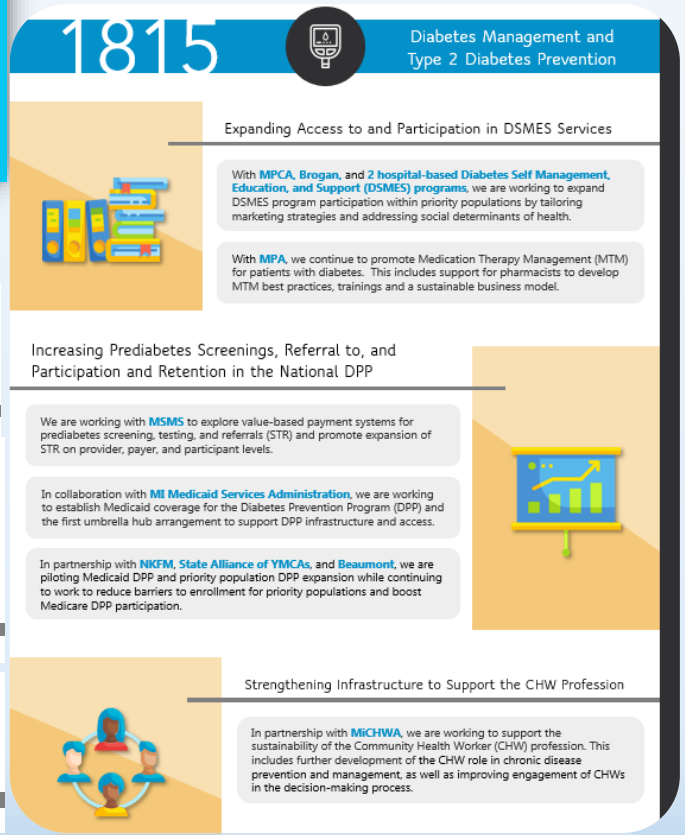
1815 [Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke]

Expanding Access to and Participation in DSMES Services

Increasing Prediabetes Screenings, Referral to, and Participation and Retention in the National DPP

Strengthening Infrastructure to Support the CHW Profession

Diabetes



1817 [Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke]

Diabetes

Improving Access to and Participation in the DPP for People with Prediabetes

Improving Access to and Participation in the DPP for People with Prediabetes

Promoting Early Detection of CKD

1815

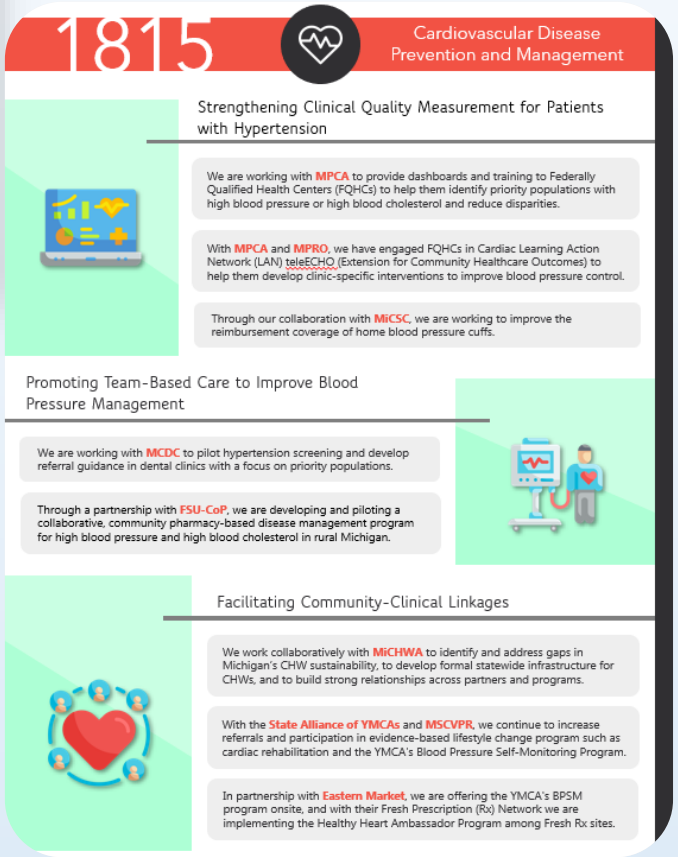
Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke

Strengthening Clinical Quality Measurement for Patients with Hypertension

Promoting Team-Based Care to Improve Blood Pressure Management

Expanding Community-Clinical Linkages

Heart Disease and Stroke Prevention



1817 [Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke]

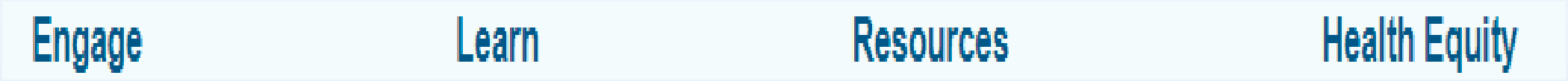
Promoting Evidence-Based Quality Measurement and Identification of Patients with Hypertension

New Approaches to Team-Based Care

Expanding Community-Clinical Linkages

Heart Disease and Stroke Prevention

Health Equity & Social Justice



- Health equity section on DPAC website, www.DPACMi.org
- Working to weave into the work we do
- Please share extra resources or feedback with MichiganDPP@gmail.com

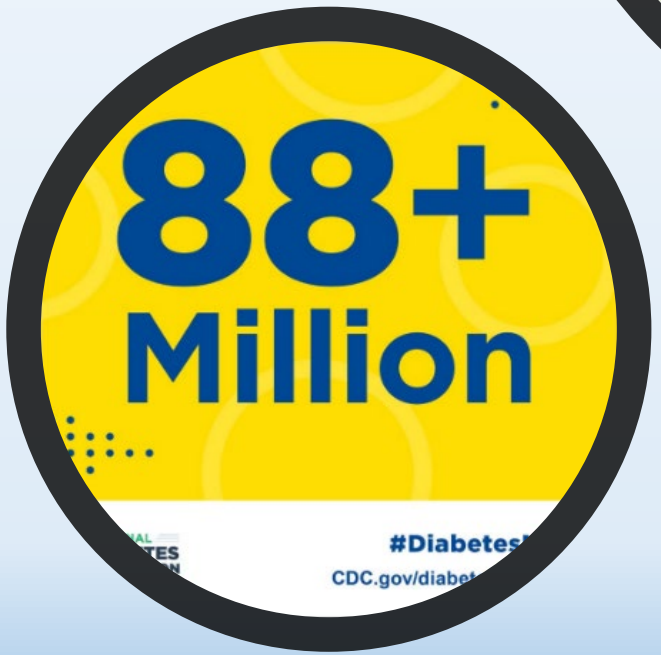
November = Diabetes Awareness Month!

- The 2021 proclamation of November as Diabetes Awareness Month in Michigan approved; as is the Federal declaration
- National-level materials and social media plan options available – email us!
- Great opportunity to promote you and your programs, raise awareness of prediabetes and diabetes

Graphics and Social Media Plans Available

- Materials posted on www.MiDiabetesPrevention.org

- Social media outreach plan available – Email MichiganDPP@gmail.com



What questions do you have?

American Diabetes Association

DIABETES PARTNERS IN ACTION COALITION (DPAC)

November 17, 2021

Gary Dougherty
Director, State Government Affairs
gdougherty@diabetes.org

INSULIN ACCESS & AFFORDABILITY

- **Insulin prices have tripled between 2002 and 2013[1] and have doubled since then[2] - for a medicine that is nearly 100 years old.**
- **About one in four insulin users ration their insulin, primarily due to cost[3]**
- **People shouldn't die because they can't afford to live.**
- **If insulin is not affordable, it is not accessible.**

[1] https://doi.org/10.2337/dci18-0019
[2] https://healthcostinstitute.org/research/publications/entry/spending-on-individuals-with-type-1-diabetes-and-the-role-of-rapidly-increasing-insulin-prices
[3] http://main.diabetes.org/dorg/PDFs/2018-insulin-affordability-survey.pdf

HB 4346 *(Rep. Sara Cambensy)*

- ***"An insurer that delivers, issues for delivery, or renews in this state a health insurance policy that provides coverage for prescription insulin drugs shall cap the total amount that an insured is required to pay for prescription insulin drugs at an amount not to exceed $50.00 for each 30-day supply of prescription insulin drugs."***

- **Applies to people in state-regulated commercial health plans**

HB 4346 *(Rep. Sara Cambensy)*

- **INTRODUCED** February 24, 2021
- **REPORTED FAVORABLY** by House Health Policy Committee
  - March 3, 2021 (14-2 vote)
- **PASSED** House of Representatives
  - March 24, 2021 (91-16 vote)
- **PENDING** in Senate Health Policy & Human Services Cmte

INSULIN COPAY CAPS

- Colorado - $100
- Illinois - $100
- New Mexico - $25
- Maine - $35
- West Virginia - $100
- Utah - $30
- Washington - $100
- New York - $100
- Virginia - $50
- Minnesota - $50
- Delaware - $100
- New Hampshire - $30
- Connecticut - $25
- Vermont - $100
- DC - $30
- Kentucky - $30
- Alabama - $100
- Oklahoma - $30
- Oregon - $75
- Texas - $25
- Rhode Island - $40

SB 155 / SB 156 *(Sen. Kevin Daley)*

- **EMERGENCY INSULIN WITHOUT VALID/CURRENT Rx**
  - **Help individuals who**
    - **have run out of insulin,**
    - **no longer have refills left on their insulin prescription,**
    - **are not able to reach their doctors to call in a refill**

- **INSURANCE COVERAGE**

ADDITIONAL LEGISLATION

- HB 4353 – Copay Accumulator Adjustment Programs

- HB 4358 – Non-Medical Switching

Gary Dougherty
Director, State Government Affairs
gdougherty@diabetes.org

Juvenile Diabetes Research Foundation
Updates

Jillian Crane
Senior Development Manager
Juvenile Diabetes Research Foundation

JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.

Jillian Crane
Senior Development Manager
JDRF MI/NOH

Our Mission

Improve lives today and tomorrow by accelerating life-changing breakthroughs to cure, prevent and treat T1D and its complications.

JDRF In the Community

The JDRF Michigan & Northern Ohio Chapter covers the entire state of Michigan in addition to Northern Ohio starting Toledo through the Cleveland area.

JDRF T1D Resources

- **Bag of Hope**
- **Teen Toolkit**
- **Adult Care Kit**
- **T1Detect**
- **TypeOneNation Summit**
    - **T1D Connections Program**
    - **Peer Support Group**

JDRF 2021 Highlights

- Center of Excellence in New England – Stem Cell Institute – Harvard University
- Affordable Healthcare Act - JDRF is pleased with this decision that keeps in place the healthcare principles and protections for which JDRF has been advocating for many years.
- JDRF announced a new grant awarded to Albert Einstein College of Medicine and Montefiore Health System. Led by endocrinologist Shivani Agarwal, M.D., M.P.H., and by psychologist Jeffrey Gonzalez, Ph.D., the study will utilize telemedicine to deliver cognitive behavioral therapy to young adults with T1D to reduce diabetes-related distress.
- JDRF congratulates Vertex Pharmaceutical on the announcement of positive results from the phase I/II clinical trial for VX-880. As early funders of beta cell replacement therapies, we are excited to see continual advancement around this area of research, which can ultimately lead to a cure for the type 1 diabetes community.
- JDRF is encouraged by provisions in the Build Back Better Act that would make insulin more affordable – including a $35 per month out-of-pocket cap on insulin for those with Medicare or commercial insurance. This legislation is currently under consideration by the U.S. House of Representatives and marks a significant step towards national insulin affordability, a cause for which JDRF and our vast community of volunteers have long advocated.
- T1Detect, JDRF's screening education and awareness program, will arm you with the information you need before and after getting screened for T1D autoantibodies

Insulin Affordability

JDRF is encouraged by provisions in the Build Back Better Act that would make insulin more affordable – including a $35 per month out-of-pocket cap on insulin for those with Medicare or commercial insurance. This legislation is currently under consideration by the U.S. House of Representatives and marks a significant step towards national insulin affordability, a cause for which JDRF and our vast community of volunteers have long advocated.

2021 FDA Highlights

- The U.S. Food and Drug Administration (FDA) has approved Medtronic's Extended Wear Infusion Set (EWIS), which is the first infusion set approved for seven days. The EWIS is approved for a significantly longer duration; no other infusion set is currently approved for more than 3 days.
- JDRF applauds the U.S. Food and Drug Administration's (FDA) approval of the first interchangeable biosimilar insulin product, Semglee® (insulin glargine-yfgn) , for those living with type 1 and type 2 diabetes.
- JDRF applauds the U.S. Food and Drug Administration (FDA) on its decision to provide clearance for the Bigfoot Unity™ Diabetes Management by Bigfoot Biomedical. This new system fills a critical gap and brings benefits of automation and device interconnectedness to people with diabetes who rely on multiple daily injections to manage their blood sugar levels.
- JDRF applauds the U.S. Food and Drug Administration's (FDA) Advisory Committee positive recommendation in support of approval of teplizumab for those at risk for developing clinical T1D. We thank the committee for their thorough and considerate review of the evidence and future impact of teplizumab. If approved, this will be the first disease-modifying drug for individuals at-risk for developing clinical T1D, and thus, today is a major milestone for our community and our mission to accelerate life-changing breakthroughs. Disease modifying therapies put us on the critical pathway to preventing and ultimately curing T1D.

Children's Congress 2023

- **JDRF Children's Congress**

  The next JDRF Children's Congress event will take place in June 2023!

- Selected Delegates and one parent/guardian per Delegate must attend Children's Congress in Washington, D.C. in June 2023. Delegates will be asked to make local media appearances, complete tasks relating to JDRF Children's Congress before, during, and after the event, interact with other Delegates, visit Capitol Hill to meet with national lawmakers and staff, and spread JDRF's mission of creating a world without type 1 diabetes.

JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.

BECOME AN ADVOCATE TODAY!

Questions?

THANK YOU

JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.

jdrf.org

Food Policy, Security, and Connection to Chronic Disease and Diabetes

Winona Bynum
Executive Director
Detroit Food Policy Council

The Michigan Collaborative for

TYPE 2 DIABETES

Caroline Richardson, MD

MCT2D Program Director

11/17/21

mct2d.org

MCT2D
MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

Agenda

- What is a CQI?
- MCT2D: Approach and Quality Improvement Initiatives
- Data and Participation in MCT2D

MCT2D
MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

What is a CQI?

What is a Collaborative Quality Initiative?

- Statewide quality improvement initiatives, **developed and executed by Michigan physicians**
- **Funding and support** from BCBSM and their HMO subsidiary, Blue Care Network.
- Promote partnerships with physicians, physician organizations, and hospitals to create **strong collaboration** and reward systems for health care transformation
- Rely on **data to drive evidence-based change** and improve the standard of care in Michigan

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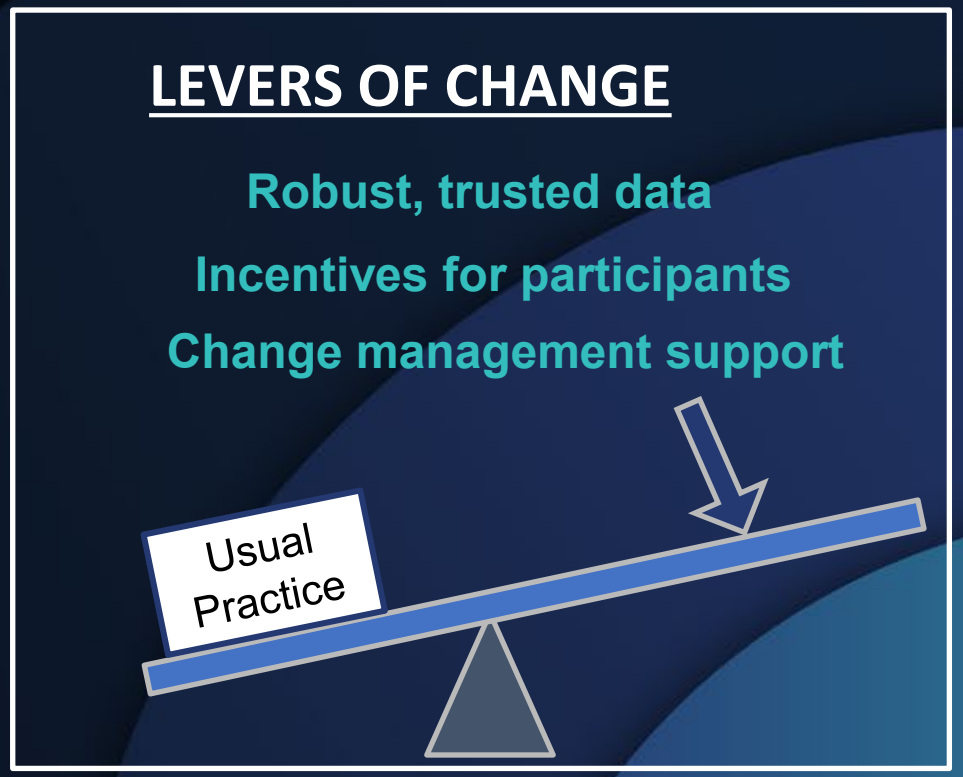
How CQIs Function

CQIs are **ALL-PATIENT, ALL-PAYER** initiatives.



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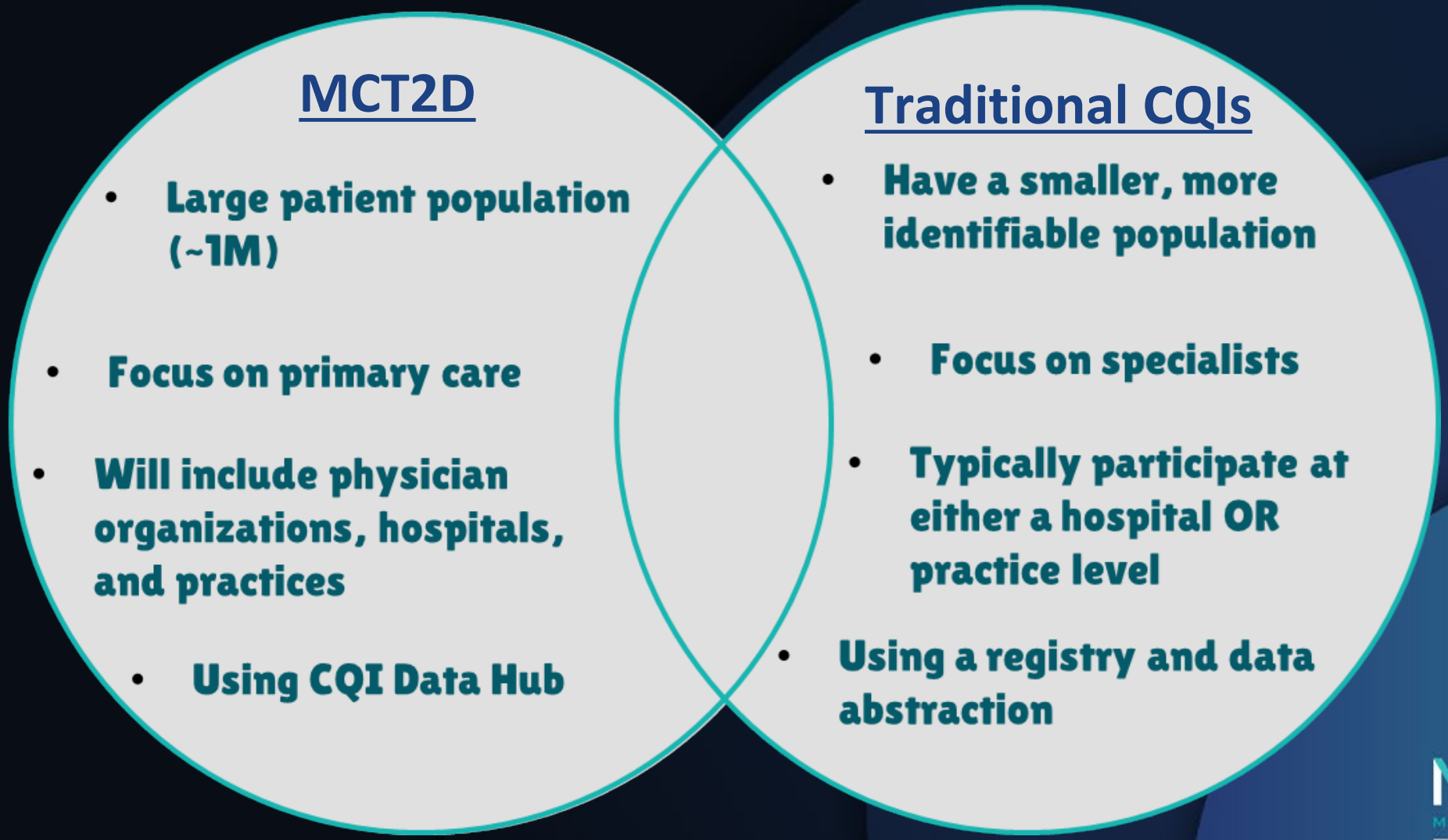
Michigan's Statewide CQIs

- ASPIRE (Anesthesiology)
- BMC2 (Angioplasty/Vascular surgery)
- HMS (Hospital Medicine)
- I-MPACT (Care Transitions)
- MAQI2 (Blood Clot Prevention)
- MARCQI (Knee and Hip)
- MBSC (Bariatric Surgery)
- MEDIC (Emergency)
- MOQC (Oncology)*
- HBOM (Health Behaviors)
- MROQC (Radiation Oncology)
- MSQC (General Surgery)
- MSSIC (Spine Surgery)
- MSTCVS (Cardio and Thoracic)
- MTQIP (Trauma)
- MUSIC (Prostate Cancer)*
- MVC (Value Collaborative)
- OBI (Low-Risk Cesarean Sections)
- **MCT2D (Type 2 Diabetes)***

* = Practice based CQI, rest are hospital based

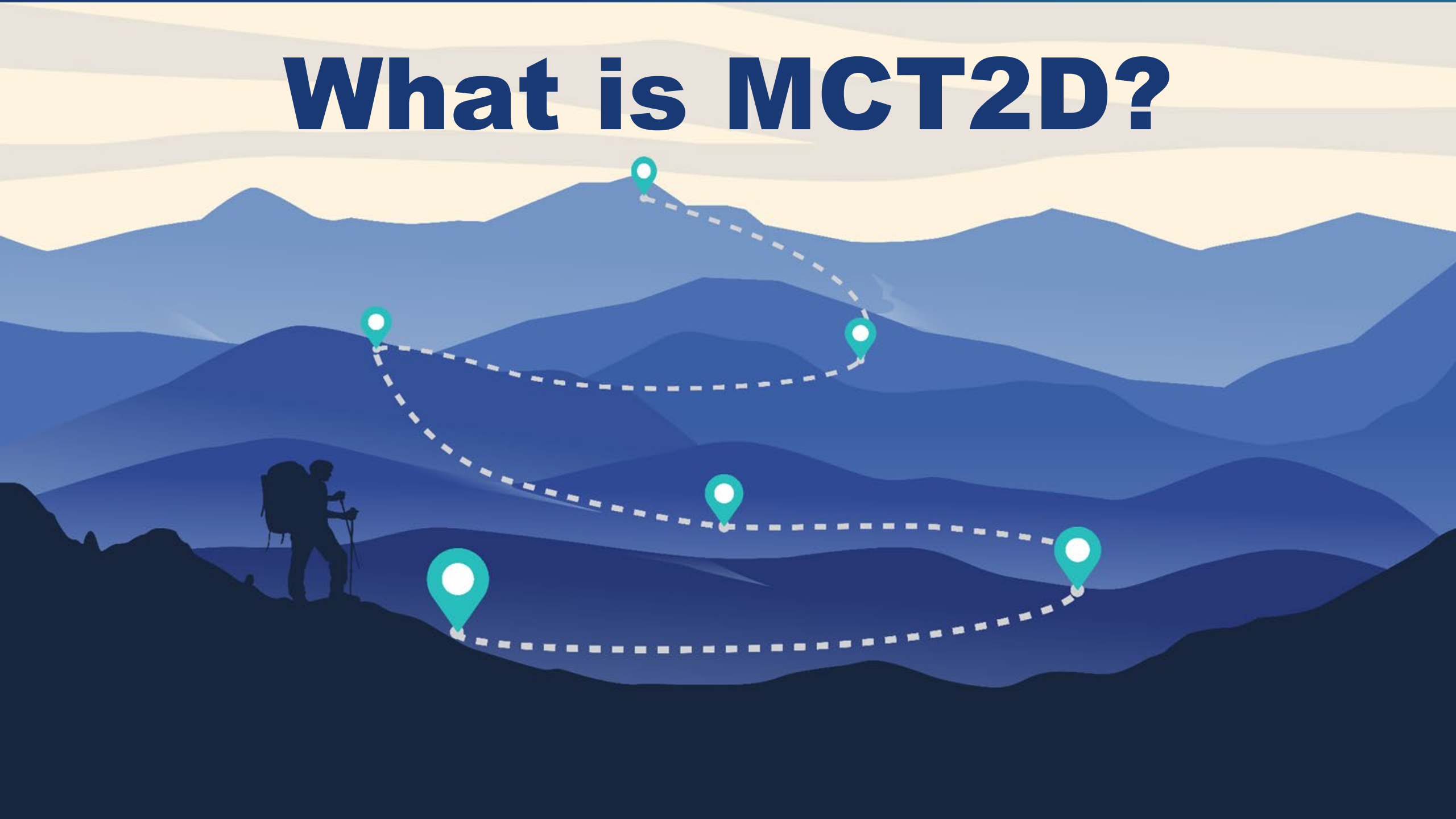
MCT2D
MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

How MCT2D is Different



MCT2D
MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

What is MCT2D?



OLD PARADIGM OF T2 DIABETES

Current Standard of Care

RISK IS GENETIC

Patient says: *"Diabetes runs in my family"*

+

IT'S HARD TO CHANGE BEHAVIORS

=

Diabetes cannot be PREVENTED.

PROGRESSIVE LIFELONG DISEASE

"I saw what it did to my family member. It just gets worse and worse until they start cutting tiny pieces off you."

+

At best, we can aim to

REDUCE RISKS OF COMPLICATIONS, SLOW PROGRESSION

Insulin is the best treatment.

=

Diabetes cannot be REVERSED.

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MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

NEW PARADIGM of T2D

Diabetes is preventable and reversible. Shifting towards a culture of healing and repair.

- T2D ≠ insulin deficiency
- Insulin, in fact, accelerates T2D

MCT2D Leadership

Caroline Richardson, MD
Program Director
Practicing family physician

Jim Aikens, PhD
Program Co-Director
Practicing health psychologist

Lauren Oshman, MD, MPH
Program Co-Director
Practicing family physician

MCT2D
MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

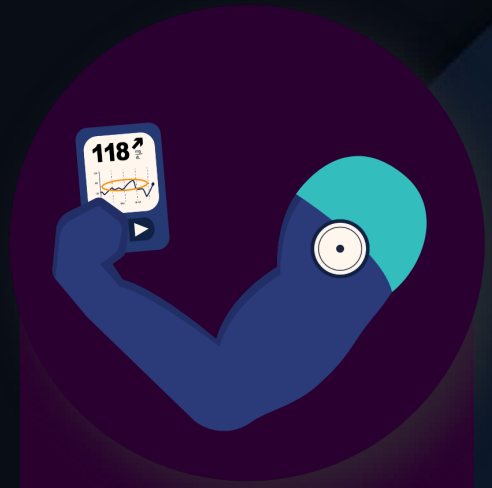
How MCT2D Will Work

- **MCT2D enrolls physician organizations (POs) in Michigan**
  - POs enroll eligible primary care, nephrology, and endocrinology practices
- **MCT2D trains PO and practice clinical champions on the quality initiatives**
- **Work is guided by a steering committee of MCT2D participating sites and a patient advisory board**
- **The MCT2D Coordinating Center provides support and guidance such as:**
  - Development of implementation guides and educational materials
  - Reporting of data on QI initiatives
  - Convening of regional meetings to discuss opportunities, success and challenges

MCT2D
MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

MCT2D QUALITY IMPROVEMENT GOALS

PRESCRIBING GLP1 AGONISTS & SGLT2 INHIBITORS



EXPANDING USE OF CONTINUOUS GLUCOSE MONITORING (CGM)

SUPPORTING LOWER CARB DIETS

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MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

PRESCRIBING GLP1-RA AND SGLT2-I

New classes of anti-hyperglycemic medications, specifically GLP-1 agonists and SGLT-2 inhibitors:

- Improve glucose control
- Decrease adverse cardiovascular events
- Slow the progression of chronic kidney disease
- Support weight loss – decrease insulin resistance
- Decrease mortality

PRESCRIBING GLP1 AGONISTS & SGLT2 INHIBITORS

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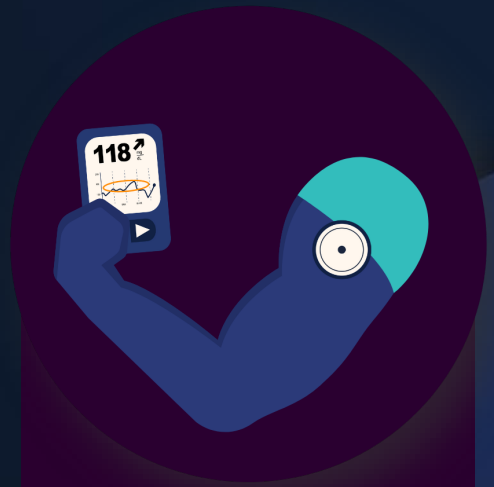
MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

EXPANDING USE OF CGM

Continuous glucose monitoring (CGM) devices

- Low cost
- User friendly
- Newer CGM devices are now less expensive than frequent daily finger stick glucose testing
- Patients are more compliant with testing because it does not require a needle stick
- Real time feedback on food and exercise choices
- Nighttime hypoglycemia detection



EXPANDING USE OF CONTINUOUS GLUCOSE MONITORING (CGM)

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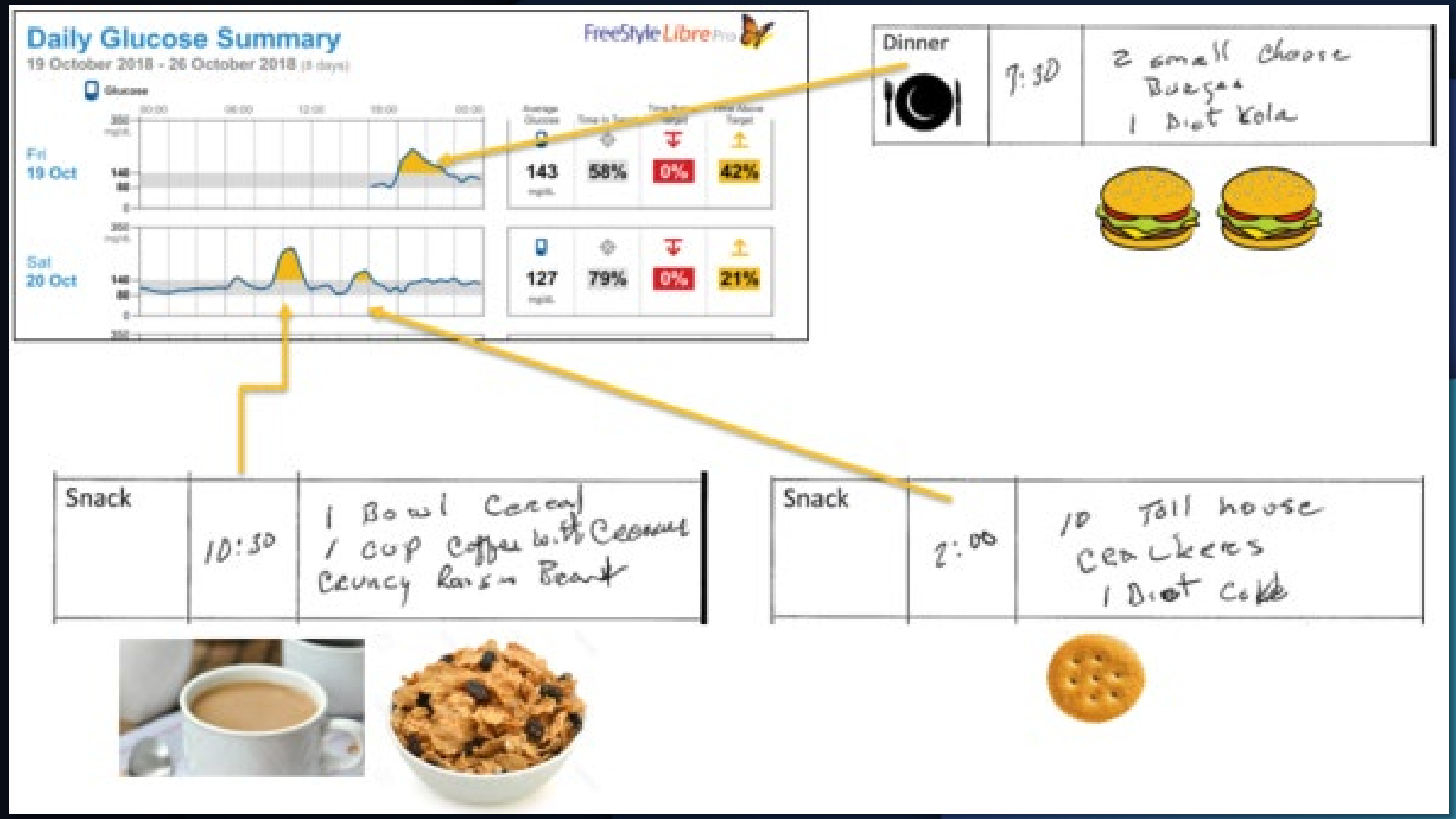
EXPANDING USE OF CGM

GM tracing with glucose variation mapped to a diet log.

This visual representation of the impact of dietary choices on glucose levels can reinforce diabetes education and behavior change.



SUPPORTING LOWER CARB DIETS

Traditional diabetes diets

- Emphasize lower fat / higher carbohydrate diets.
- Do not distinguish between slower and faster carbs
- Use fast carbs to manage post prandial crashes
- Lows at night, highs during the day

New Focus on decreasing carbohydrates to

- Decrease glucose variability (both highs and lows)
- Decrease hunger and cravings for sugar / fast carbs
- Decrease insulin requirements
- Support weight loss
- Limit slow carbs, eliminate fast carbs

SUPPORTING LOWER CARB DIETS

Paired with CGM to give visual feedback about carbohydrate quality & quantity.

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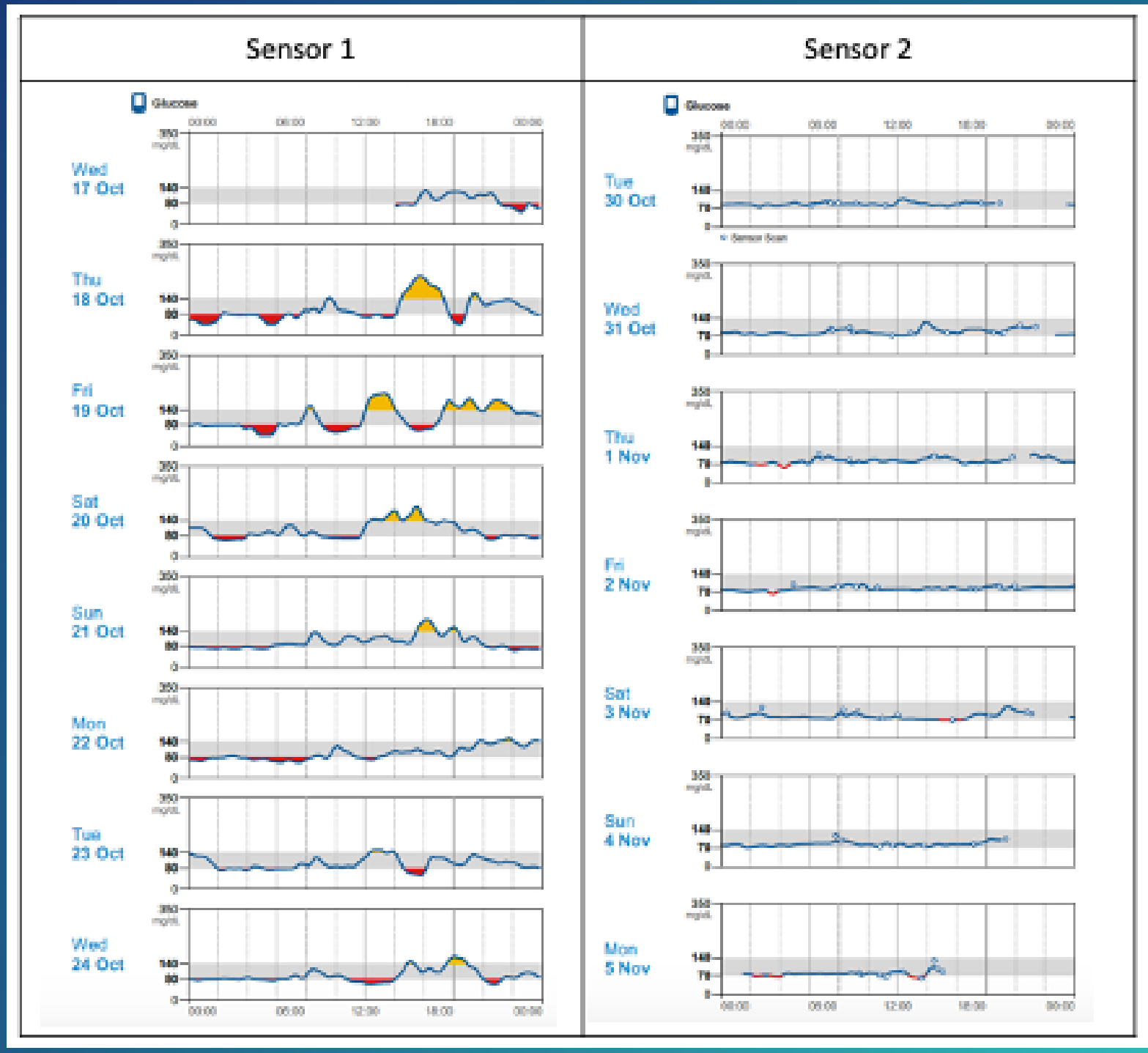
CGM tracings BEFORE and AFTER a 1-hour session on lower carbohydrate diet with dietician

No medication change

For those on insulin: We decrease insulin by up to 50% before lowering carbohydrates.



Data and Participation

How MCT2D Will Receive Data

Problem – Diabetes management at the population health level requires a lot of data.

Challenge- Traditionally, CQI programs have relied on a manual data abstraction process, but with the large patient population in the diabetes space, another solution is needed.

Plan- Using new Michigan wide data resources to collect data with minimal burden on physicians:

- Michigan Health Information Network (MiHIN)
- Michigan Data Collaborative's (MDC) and their efforts to build a statewide multi- payer, multi-provider healthcare data and informatics platform

Opportunity- Statewide data hub that can be leveraged for multiple conditions. The CQI Data Hub will include: claims, clinical data, social and behavioral data, patient survey data, remote sensor data etc.

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Initial MCT2D Data Elements

- In order to have the data that we need to effectively implement MCT2D's quality initiatives, we will need both claims data and data from EMRs.
- The CQI Data Hub will include the following data elements:

Medications

- SGLT2
- GLP1
- Insulin
- CGM prescription
- Etc.

Labs

- A1C
- Lipids
- Renal
- Liver
- EGFR
- Urine Protein

Anthropometrics

- Weight
- Height
- Blood Pressure

Procedure and Diagnosis Codes

Problem lists, comorbidities, & complications

Common Key Identifier

Name

Gender

Race & Ethnicity

Date of Birth

Social Security Number

Zip Code

Email address, telephone #

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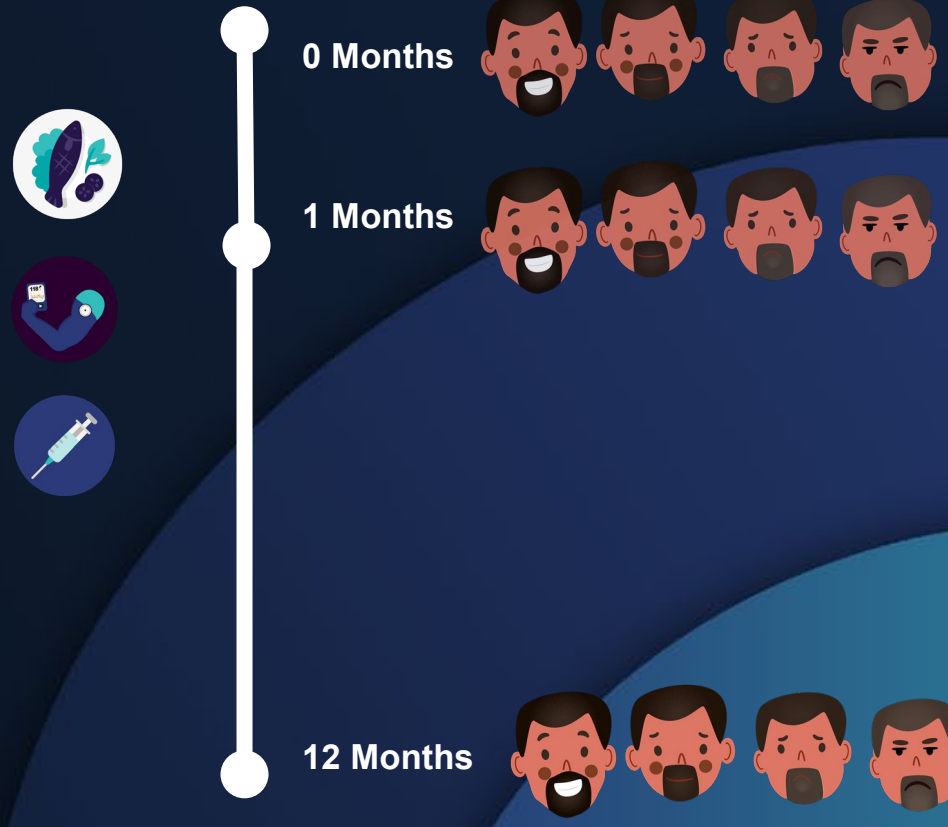
Patient Reported Outcomes

- MCT2D is also collecting patient reported outcomes, using the Diabetes Distress Scale as a baseline, and then 30 days after their initial appointment, sending specific questions based on the intervention the patient received (CGM, low carb diet, or an SGLT2/GLP1) along with the Diabetes Distress Scale a second time.
- MCT2D also plans to follow up with patients at 1 year with another PROs survey.



MCT2D
MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

Current MCT2D Participation

217 primary care practices across Michigan,

with over **760** physicians participating, all represented

by **25**

Physician Organizations.


WEXFORD
PHYSICIAN HOSPITAL
ORGANIZATION


BRONSON
MEDICAL GROUP


MidMichigan Health
UNIVERSITY OF MICHIGAN HEALTH SYSTEM


Great Lakes
Physicians Organization


LAKELAND CARE SM
Local. Compassionate. Dependable.


MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN


hvpa
Huron Valley
Physicians Association P.C.


OLYMPIA
MEDICAL SERVICES


Oakland
Physician
Network
Services


Henry Ford
MEDICAL GROUP
INVENIO
COMMITTO
1915


UNITED
PHYSICIANS
Advancing Physician Performance


Primary Care
Partners
Your partners in health


Physician
HealthCare
Network


MedNetOne
HEALTH SOLUTIONS


JACKSON HEALTH
NETWORK


RELIANCE™
HEALTHCARE


GMP Network


PMC
Professional Medical Corporation


DSP
POWERED BY ADMINISTRATIVE NETWORK


Metro
Health
Integrated
Network


SPECTRUM HEALTH
Medical Group

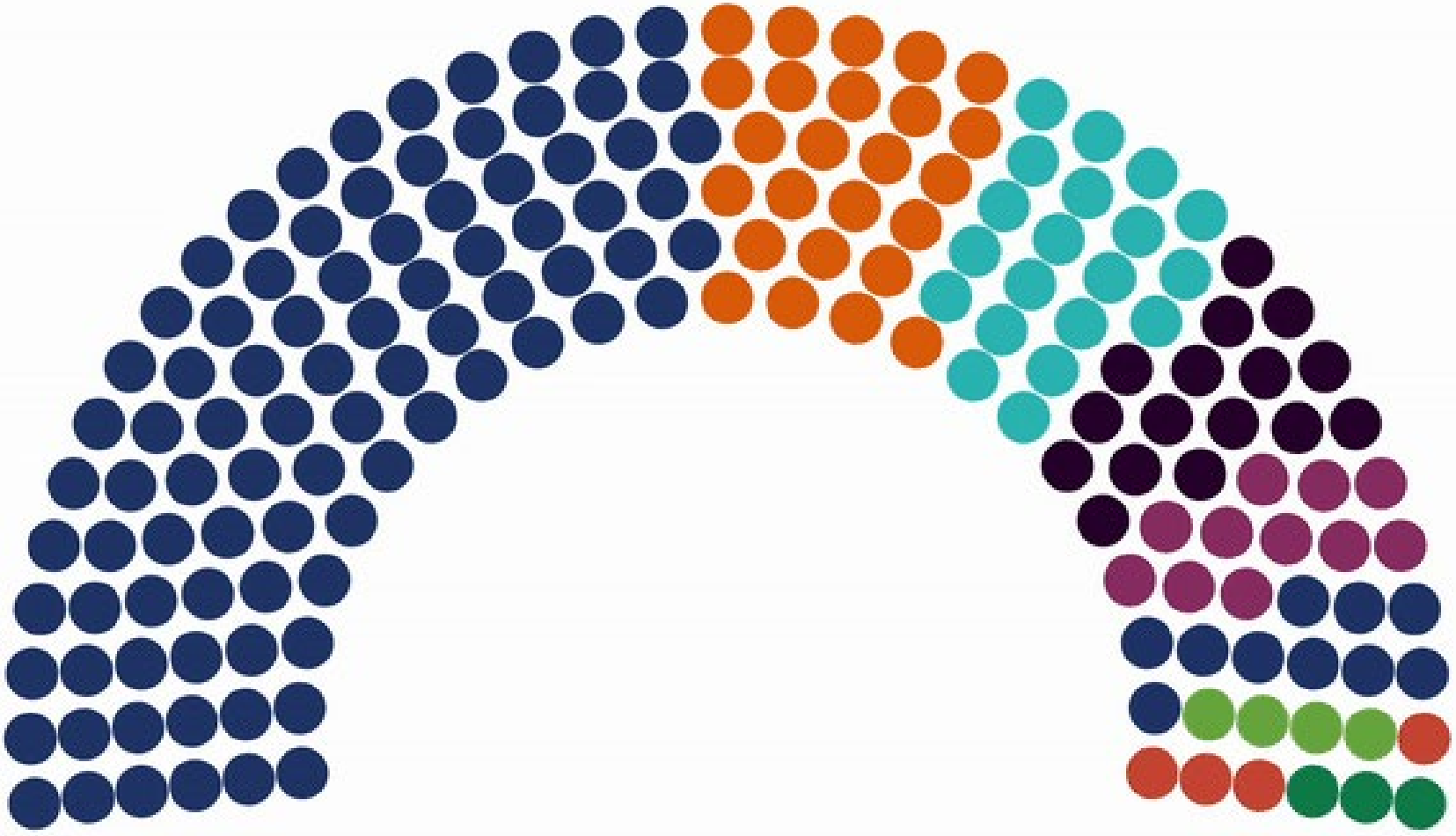

CIPA
Consortium of Independent Physician Associations


Livingston
Physician
Organization

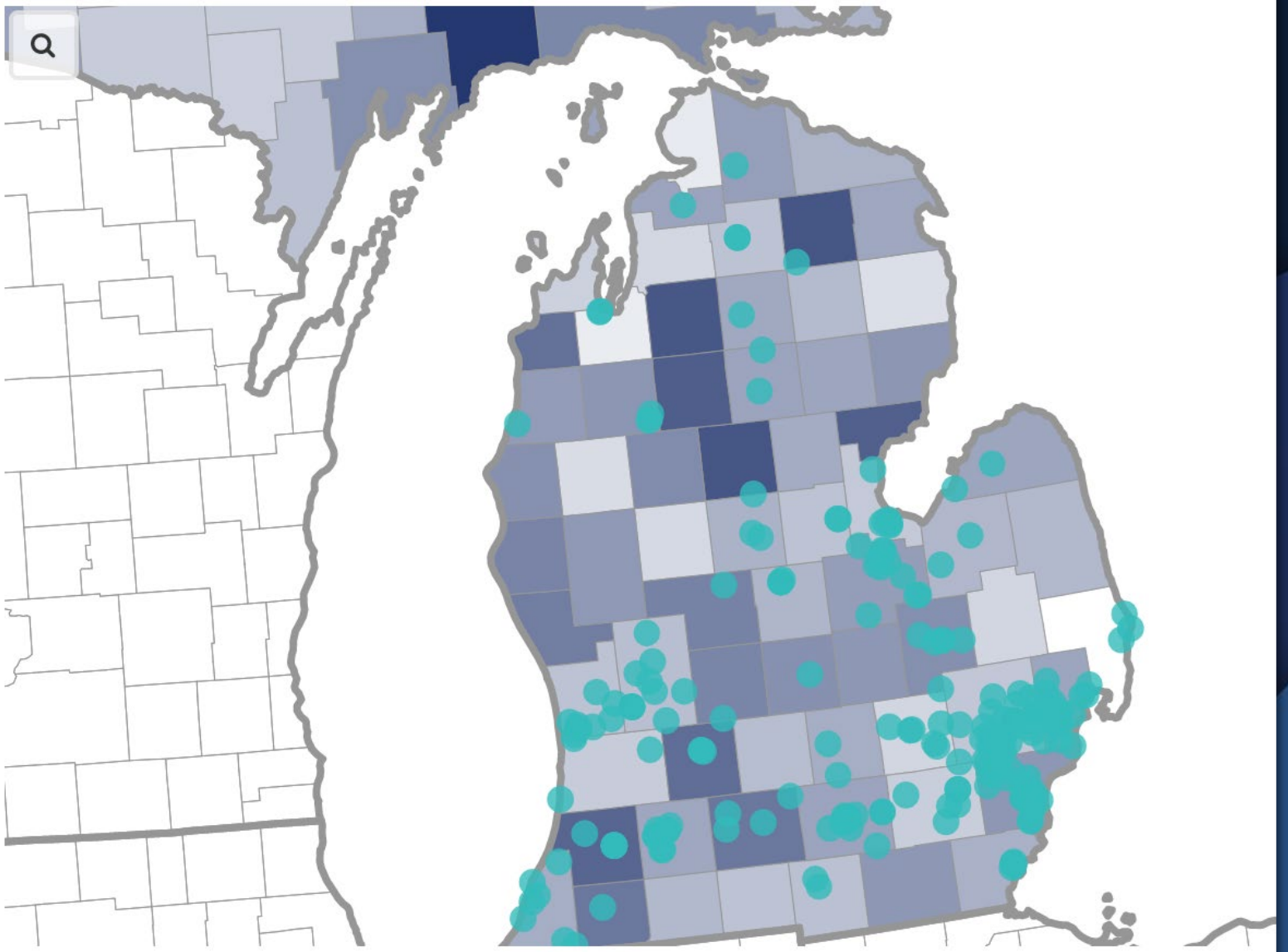

holland pho
Physician Hospital Organization


MCT2D
MICHIGAN COLLABORATIVE
FOR TYPE 2 DIABETES

2021 MCT2D Clinical Champions



% of adults diagnosed with diabetes 4.3 16.8



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Patient Advisory Board

- In addition to MCT2D participating POs and practices, there is a patient advisory board made up of patients across the state representing the different physician organizations.
- The patient advisory board will advise on what matters to patients, ensure that patient focused materials are clear and helpful, and help us understand what the patients most need from their healthcare teams
- First meeting of the patient advisory board is 12/1

MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

Thank you!

Questions?

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mct2d.org

Twitter: @MCT2D

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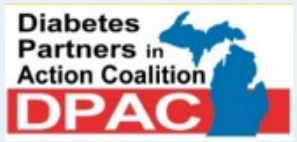
Close-Out & Evaluation

Lauren Neely

MDHHS – Diabetes & Kidney Unit

Evaluation

- Please fill out a short survey to let us know how the meeting went
- Linked here, posted in the Chat, and will be sent as follow-up to attendees
- Link: https://www.research.net/r/3KL2Y6B



Thank you!