

## DIABETES MELLITUS DISEASE MANAGEMENT

SYSTEMATIC PROGRAM TO PROVIDE BEST OUTCOMES IN DIABETES CARE AT CENTERS OF CLINICAL EXCELLENCE

The Diabetes Mellitus Disease Management Program is our most mature effort. This program is critically important because of the enormous health burden imposed on the Health Care Service Division hospitals and the State of Louisiana by the increasing numbers of diabetes patients.

Our present population of patients with diabetes measures about 22,000, representing about a 6% increase over 2006. The average age of these patients is 56 years old.

All 7 Medical Centers maintain their by the American Diabetes Association certification for diabetes education. Centers must meet certain national educational standards covering eleven content areas, audit progress by patients, and report results on a regular basis in order to remain certified. Only certified programs may bill Medicare for services. Our centers are the only ones in the state where indigent patients may receive education, as it is not reimbursed by Medicaid. This may account in part for our better performance in meeting diabetes treatment targets by our Medicaid patients than is achieved by the Medicaid population as a whole.

We have chosen quality performance benchmarks from the Diabetes Quality Improvement Project (DQIP), Health Employees Data Information Set (HEDIS), and the Department of Health and Human Services Healthy People 2010 goals. Each facility in the system is responsible for devising its own strategy for achieving the desired outcomes, but all are compared against the same benchmarks.

Overall, we meet or exceed national targets for diabetes care in percentages achieving good glucose, lipid, and blood pressure control, while lagging in percentage of patients receiving dilated eye exams. The percentage of patients meeting all three targets is 10%, which exceeds the national average of 7%.

Access to services- primary care providers, specialty services (endocrinology, diabetes foot clinic, and ophthalmology), ancillary services (nutrition, exercise physiology, psychology, and diabetes education) remains a significant barrier to improving the care to patients with diabetes. Our data shows that our percentage of patients reaching targets improve when the person has been seen in clinic within the past quarter as opposed to those who have not had recent appointments.

While we certainly have room to continue to improve our delivery of care, we have data that reflects the quality of care that we provide to our disadvantaged population, and we are proud of the work we do. With additional resources, including funds for more space and personnel, we are confident that our patients have outcomes that compare to some of the best centers in the country.

## Diabetes Process Measures

Process Measure	Quarter 4 2000	Quarter 2 2007	Significant?
A1C in last 6 mo	53%	56%	$p < 0.001$
Lipids in last year	59%	64%	$p < 0.001$
Eye exam in last year	31%	37%	$p < 0.001$
Foot screen in last year	21%	49%	$p < 0.001$
ASA	28%	52%	$p < 0.001$
Kidney screen in last year	50%	76%	$p < 0.001$

## Diabetes Outcomes Measures

Outcome measure	Quarter 4 2000	Quarter 2 2007	Significant?
A1C < 7%	48%	52%	$p < 0.001$
Mean A1C	7.78%	7.63%	$p < 0.001$
BP < 130/80	27%	29%	$p = 0.275$
Mean LDL	116 mg%	104 mg%	$p < 0.001$
LDL < 100	38%	50%	$p < 0.001$

### Comparisons ADA/NCQA Diabetes Recognition – Process Measures

Process measure	Diabetes Recognition	LSU	HEDIS Com/MC/M'caid
Eye exam	> 60%	37% (1 year)	55%/62%/51% (2 years)
Nephropathy eval	>80%	72%	80%/85%/75%
Lipid testing		64% (1 yr); 80% (2 yrs)	83%/85%/71% (2 years)
A1C testing		74% (1 year)	88%/87%/78% (1 year)

### Comparisons ADA/NCQA Diabetes Recognition – Outcome Measures

Outcome Measure	Diabetes Recognition	LSU	HEDIS Com/MC/M'caid
A1C < 7%	> 40%	<b>52%</b> vs 29% HEDIS	42%/46%/30%
A1C > 9%	<15%	17% vs 54% for 9.5 HEDIS	30%/27%/49%
BP >140/90	<35%	50%	39%/42%/43%
BP <130/80	>25%	<b>29%</b>	30%/30%/30%
LDL >130	< 37%	<b>22%</b>	
LDL <100	> 36%	<b>52%</b> vs 33% HEDIS	43%/47%/31%