Health Plan Traditional Diabetes Program Description

Program Objective

The traditional Diabetes program provides telephonic outreach, education and support services to optimize blood glucose, blood pressure and lipid control to minimize the development and/or progression of diabetic complications; optimize nutrition, healthy-eating options, and self-care behaviors; improve self-management skills to increase compliance associated with HbA1c, lipids, and blood pressure testing; and Promote statin therapy for patients with cardiovascular disease and diabetes.

Eligibility Criteria

An individual is considered to be medically eligible for the Program if any of the following conditions are met:

- 2 or more primary or secondary diabetes claims
- 1 or more primary diabetes inpatient days
- 1 claim for a glucose regulator and 1 or more primary or secondary diabetes claims
- 1 pharmacy claim for a glucose regulator and no claims for polycystic ovaries

Individuals with more than one eligible condition will be encouraged to enroll in the appropriate program based on the Envolve PeopleCare's (EPC) Hierarchy of Disease algorithm.

An individual is considered medically eligible for the On.Demand Diabetes Program and Cardiovascular Disease (CVD) if the following conditions are met:

- Members who have a qualifying diagnosis (unless pediatric members) are covered per client contract:
  - Diabetes Mellitus type I or Diabetes Mellitus type II and have one or more claims with a primary or secondary diagnosis of CAD or CAD inpatient days;
  - Members diagnosed with diabetes and CAD or CVD that are included in this measure do not have a diagnosis of clinical atherosclerotic CVD; and/or
  - Members diagnosed with diabetes and with one or more pharmacy claims for anti-anginal medication.

Enrollment

Eligible members may be identified for enrollment in a variety of ways including claims data (i.e. medical, behavioral, pharmacy, etc.), encounter data, health appraisal results, referrals from the health plan (i.e. Utilization Management, Case/Care Management, etc.), physician (i.e. lab values, etc.), a current or previous program participant, eligible individual list from client organizations

(i.e. Population Health Category 5a Health Coaching Report), data from wellness or health coaching programs, and advanced data sources such as EDW.

An introductory mailing is sent to targeted Members with program information and informing Members they will receive a phone call. Several attempts are made to contact the Member by telephone. Members who do not respond to telephone outreach are sent a post card encouraging enrollment.

Once contact is made, the Program is explained to Members, eligibility is confirmed and a health assessment is initiated to identify clinical risk, education needs and assign the Member to the appropriate Health Coach (Certified Diabetes Educator).

Ongoing Coaching

The Health Coach will complete the assessment and develop an individualized care plan based on the participant's knowledge of their condition, lifestyle behaviors, and readiness to change. Internal clinical guidelines are developed from nationally recognized evidence-based guidelines published by the American Diabetes Association and the American Association of Clinical Endocrinologist.

Components of the program include but are not limited to:

- Telephonic behavior change health coaching with a licensed Primary Health Coach with clinical experience matched to the participant's needs
- Disease/condition-specific education including early identification of symptoms
- Medication education and compliance management
- Prevention of diabetic complications
- Self-management tools and education including self-monitoring of blood glucose levels, warning signs & symptoms of high and low blood glucose levels and how to treat
- Recognizing signs of low and high blood glucose levels
- Nutrition coaching for carbohydrate counting and weight management
- Recommended annual screening for diabetic complications
- Blood pressure and cholesterol management
- Optimizing physical activity levels to meet recommended guidelines
- Supporting tobacco cessation
- Education materials enhance understanding and compliance
- Individualized goal setting and management to minimize modifiable risk factors including high blood pressure & high cholesterol levels, glycemic control, excess weight, tobacco use and physical inactivity
- Depression screening

- Access to self-management tools and education as agreed upon with Primary Health Coach if participating in health coaching or in the monitoring group not alerting via EPC's online portal
- Preventive care (i.e. Flu and pneumonia vaccinations, preventative screenings, etc)
- Unlimited inbound calls

Throughout the program, the Health Coach will work with the participant to identify social determinants of health/barriers to care plan compliance and will address questions regarding condition management.

Pediatric Members

Pediatric-specific internal clinical guidelines are used for Members under the age of eighteen (18) years. Health coaching services are provided to the parent or guardian of the Member with participation of the Member as appropriate

Defined Program Goals

- Increase the percentage of members who report or have evidence of receiving an annual flu vaccination during the reporting period by 10% compared to the previous year;
- Increase the percentage of members who report or have evidence of an HbA1c screening within the past 12 months within the reporting period by 5% compared to the previous year.
- Increase the percentage of members who report or have evidence of a low-density lipoprotein cholesterol (LDL-C) screening within the past 12 months within the reporting period by 5% compared to the previous year.
- Increase the percentage of members who report or have evidence of a microalbuminuria screening within the past 12 months within the reporting period by 5% compared to the previous year.
- 30% of members ages 40-75, with a diagnosis of diabetes and cardiovascular disease (CVD), will be dispensed at least one statin medication of any intensity during the reporting period (HEDIS).

Program Length

Members may participate in the Program as long as they remain medically eligible, are receiving primary health care coverage with the HMO and have not requested to be disenrolled from the program

Disenrollment or Exclusion

Members may be Disenrolled or Excluded from the Program under the following circumstances:

- Member dies;

- Members with serious or life-threatening medical conditions including mental health will be referred to case management.
- Member's health care coverage with HMO terminates or HMO no longer provides the Member's primary coverage as determined under applicable coordination of benefits rules by HMO and communicated PROVIDER;
- Member is no longer capable of participation in the Program, in the reasonable determination of PROVIDER.