Diabetes Council
Outcomes and Standards Compliance Advisory Subcommittee
Approved Meeting Minutes
January 30, 2003
TDH Board Room
8:00 A.M.-9:30 A.M.

Attendees:

Jaime Davidson, M.D., Chair
Michael Hawkins, M.D.
Lawrence B. Harkless, DPM
Jan M. Ozias, PhD, RN
Beth Devery, RN, JD
Susan Young, RN, Recorder
Sandra Rutherford, MPH
Margaret Pacillas RN, CDE
Margaret Hedrick, RN, CDE
Jim Turpin
Sossity Fair
Philip Huang, MD, MPH
Stacy Davlin, MPH
Matiana Gonzalez-Vela,EdD
Emily Cox, RN
Kathleen King-Tryce, RN
Karen Bauer Smith, RN

Call to Order

Dr. Davidson called the meeting to order at 8:05 A.M.

Recorder

Susan Young agreed to record the meeting minutes.

Roll Call and Introductions

Members and guests signed the roster.

Approval of November 6, 2002 minutes

A motion was made by K. Bauer Smith to approve the Nov. 6 2002 meeting minutes. The motion was seconded by J. Turpin and passed.

Heart of Texas Community Health Clinic

Heart of Texas CHC has 30,000 patients, 2500 with diabetes in the last year. Dr. Tim Barker, MD, gave a presentation to the group on the health clinics' electronic medical record system (EMR) that contains prompts for lab tests for patients with diabetes. The goal is to also include TDH diabetes algorithms. Diabetes education classes can also be ordered in the EMR.

Texas Association of Community Health Clinics

Beth Devery, RN, JD, reported that the Texas Association of Community Health Clinics (TACHC) participates in the National Health Disparities Collaborative funded by Health and Human Services, Bureau of Primary Health Care. The Collaborative has three components: a chronic care model, a learning model, and a data reporting system.

The program is implemented in 2 phases, through a *population of focus* and *population of spread*. In the population of focus, 100-300 patients are selected to see 1-2 providers. Clinical changes are implemented utilizing the chronic care model. During this phase, the A1c goal is <8.0. In the population of spread phase, the patient population is extended to other providers and/or geographic areas. In this phase the A1c goal is <7.0

TDH is collaborating with TACHC in obtaining non-identifiable diabetes data.

Valley Baptist Medical Center

Valley Baptist Health Plan adopted TDC algorithms and has sent them to all plan physicians. Many physicians also refer to the ADA guidelines.

Six hundred (600) coupons were issued for free A1c tests, with 46 members taking advantage of the offer.

Ms. Cox has been working with a project at the Harlingen Independent School district since Sept. 2002, She has now screened 700 employees for lipids (TC, LDL, HDL, triglycerides, VLDL, Ratio) and fasting blood glucose (FBS). Also, 49 A1c tests were completed on follow-up with those who had either an FBS over 110; or an FBS under 110 , but high triglycerides, a BMI over 25, and positive family history for diabetes.

TDH Data

Stacy Davlin, Diabetes Program epidemiologist, provided handouts of Clinical Pathology Laboratory billing data on A1c test results. Data covers two months (September thru October 2002). The data collected represents 73 counties, with few results from East or West Texas. The geographic data is based on physician zip codes. The data does not reflect which patients actually have diabetes. It only reflects those patients that have had an A1c test. If the value is below 6.0, an assumption is made that the patient does not have diabetes. Some of the data came from the same patient, and therefore skews the results.

Quest Labs sent TDH a legal agreement document for TDH attorney review. Legal changes were sent back to Quest. We are waiting for a reply.

LabCorp raised some legal and procedural questions regarding the requested data use Dr. Davidson will call or visit them to expedite getting data.

There was discussion questioning the extent to which an A1c might be ordered diagnostically on persons without diabetes, thus including cases with normal A1c in non-diabetes as contrasted to target A1c among persons with

diabetes in good control. No resolution on the concern was reached but it represents a limitation of this approach.

Dr. Celan Alo, Chronic Disease Bureau epidemiologist, provided hospital discharge data by ethnic group and by geographic public health region.

TDH Diabetes Program staff meet with Medicaid information staff February 4th to discuss available Medicaid diabetes data.

Program staff met with Texas Association of Health Plans medical directors to discuss methods of collecting diabetes-related outcome data. The medical directors endorsed utilizing the national laboratories. Also discussed was the need to collect HEDIS data utilizing a value scale along the lines of the DQIP data. The HEDIS data collected on A1c values is at the single measurement of "greater than 9.5 level". HEDIS data is gathered in March-April each year and reported in June.

Dr. Davidson stated that the American College of Endocrinology uses the nomenclature A1C, not Hgb A1C. Additionally, new lab values have been published as follows:

- A1C under 7.0
- one-hour pc 180
- two-hour pc under 140
- post prandial 7.5 in Europe, 135 in U.S.

Motion #1: K. Bauer Smith made a motion to adopt the new nomenclature of A1C instead of HgbA1c. The motion was seconded by Jim Turpin. Motion passed.

Motion #2: A motion was made by Margaret Pacillas to adopt the goal of A1C value of 6.5. The motion was seconded by Matiana Gonzalez-Vela. Motion passed.

There was discussion about Medicare standards for diabetes care. The CMS benefit for lipid profile and eye exams is every two years and A1C is annual. Dr. Hawkins recommended that agencies such as CMS and NCQA adhere to and be consistent with the ADA standards and guidelines for valid comparisons.

Motion #3: A motion was made by Karen Bauer-Smith to recommend to NCQA that the organization adopt the target or goal of an A1C being 6.5. Motion was seconded by Dr. Hawkins. Motion passes.

Announcements. There were no announcements.

Adjournment. Dr. Davidson adjourned the meeting at 9:45am.