Fighting Type 2 Diabetes Through Policy Reform: New Jersey and North Carolina as Case Studies
Identify policy opportunities to enhance type 2 diabetes prevention and management.
PATHS Project Design

Learn
- Independent Research
- Stakeholder Interviews

Report
- New Jersey and North Carolina State Reports
- Include State Profiles and Policy Recommendations
- Federal Recommendations for 2015 Policy Summit
- State Best Practices Reports 2016

Act
- Stakeholder Coalitions to Advocate and Implement Reforms
- Technical Assistance
PATHS Structural Analysis

Disease Prevention / Environment
- Food
- Physical Activity

Disease Management
- Access
- Quality
Diabetes Type 2 Prevention Themes

- Economic Access to Healthy Food
- Geographic Access to Healthy Food
- Physical Activity/Built Environment
- Nutrition and Cooking Education
- Early Childhood, School Food, and Wellness Programs
- Diabetes Prevention Programs
Type 2 Diabetes Management Themes

Access to Key Services

Access to Providers

Managing Health Disparities

Healthcare Delivery System

Whole-Person Diabetes Care Teams
Current State of Diabetes and Other Risk Factors

**North Carolina**
- Diabetes: 18th
  - 10.4% of adults
- 7th leading C.O.D
- Obesity Ranking: 17th
  - (29.6% of adults)
- Childhood Obesity (2-4 yrs low-income): 7th

**New Jersey**
- Diabetes: 32nd
  - 9.3% of adults
- 6th leading C.O.D
- Obesity Ranking: 42nd
  - (24.6% of adults)
- Childhood Obesity (2-4 yrs low-income): 2nd

**USA-1**
- Diabetes: 29 million
- 7th leading C.O.D
- Prediabetes: 86 million
- Black, Hispanic, American Indian 2x as likely to be diagnosed.
PATHS MAJOR FINDINGS:
NEW JERSEY
PREVENTION / ENVIRONMENT

**Economic Access**
- Increase funding for SNAP and WIC fruit and vegetable programs

**Geographic Access**
- Incentivize healthy food retail
- Fund development of farmers markets

**Built Environment**
- Expand DPP reimbursement to those not currently recognized (e.g., YMCA)
- Fund Safe Routes to School Programs
PREVENTION / ENVIRONMENT

Schools
- Increase standards and time for physical activity
- Raise nutrition standards for school foods

Agriculture
- Increase local food procurement
- Increase funding for specialty crops
- Increase primary care reimbursement in Medicaid
- Authorize pilot program to reimburse pharmacists for DSM services within Medicaid
- Cover DSME & MNT under Medicaid for pre-diabetics and diabetics
MANAGEMENT

- Cover all diabetes equipment recommended by providers, including insulin pens under Medicaid

- Expand number of organizations certifying and training CHWs from underserved areas with low healthcare access
Overview of the Camden Coalition of Healthcare Providers

**Vision:** Camden will be the first city in the country to bend the cost curve while improving quality.

**Mission:** To improve the quality, capacity, coordination and accessibility of the healthcare system for all residents of Camden.

55+ staff, $4.8 million annual budget
Mix of foundation, federal grant funding and hospital support
Membership organization, 20 member board, incorporated non-profit

www.camdenhealth.org
How Do Patients Engage with DSME?

Between September 2011- December 2013, 244 patients have attended a DSME class.

Overall, patients typically attend DSME over the course of two months. Many patients will attend multiple classes. The most classes any one patient has attended is 32!
What is DSME/T?

Empowering patients to make the behavior changes they need/want/can make:

- Healthy Eating
- Being Active
- Taking Medication
- Monitoring
- Problem Solving
- Reducing Risks
- Healthy Coping

AADE7™
Empowerment & Investment

- Focus group
- Review 2014 NJ State PATHS report
- Leadership Forum
- DSME Leadership Working Group
- Survey Monkey
- DSME Legislative recommendations
Who can provide DSME? CDE or an entity accredited by the ADA or AADE

How many visit? Medically necessary

Diabetes Prevention

Expenses for any diabetes supply or equipment recommended by provider
PATHS MAJOR FINDINGS:
NORTH CAROLINA
PREVENTION / ENVIRONMENT

Safe Exercise Space
- Support creation of joint use agreements to increase community access to public and private spaces

Diabetes Prevention Program
- Expand DPP reimbursement to those not currently recognized (e.g., YMCA)

Built Environment
- Ensure DOT is able to fund bike lane projects, pedestrian-friendly infrastructure, and sidewalk extensions
- Create Diabetes Self-Management Task Force to:
  (1) negotiate DSME and MNT reimbursement
  (2) resolve billing challenges
  (3) promote programs maximizing DSMS

- Offer decreased cost of supplies to patients who successfully self-manage (e.g., maintain stable A1C levels)

- Increase state support for measuring the implementation of a shared Medicaid case management system between primary and behavioral care management networks
MANAGEMENT

Community-Provider Communication

- Strengthen community-provider connection by creating centralized communication website for information sharing

Community-based Support

- Expand number of organizations that can certify and train CHWs from underserved areas with low healthcare access
Next Step:
Technical Assistance in North Carolina

- Diabetes Prevention Program (DPP) Reimbursement
- Diabetes Self-Management Task Force
- Community Health Workers (CHW)

NC Diabetes Working Groups
Implications for Other States

**Health**
- Cover crucial services: DSME, MNT, medical supplies, and DPP*
- Enhance the connection between providers and community-based programs
- Utilize community health workers

**Food and Physical Activity**
- Increase incentives for healthy food retail
- Improve the reach of federal food assistance programs (SNAP, WIC, NSLP, NSBP)
- Enhance built environments (e.g., Complete Streets)
The PATHS Website: www.diabetespolicy.org
THANK YOU!

QUESTIONS?