Addressing the Effects of Opioid Use and Diabetes
A National Rural Health Day Webinar
November 16, 2017
Speakers for Today

• Linda Johnson, Moderator
  – NJ Rural Health Advisory Committee
• Deborah Burt, Patient Representative
• Lynda Bascelli, MD
  – Project H.O.P.E. Inc./West Street Health Center
• Adam Bucon, LSW
  – DOH Division of Mental Health and Addiction Services
• Diana Haniak, BA
  – Healthcare Quality Strategies Inc./Quality Insights
• Janet Knoth, BS, RN, CHPN, CPHQ
  – Healthcare Quality Strategies Inc./Quality Insights
Patient Story
Project H.O.P.E. Inc.

Camden Healthcare for the Homeless
Diabetes and Opioid Use Disorder

Lynda Bascelli, MD
Chief Medical Officer
Project H.O.P.E. Camden
In the next 15 minutes:

- What are opioids and why are they used?
- How are diabetes and opioid use disorder related?
  - Risks associated with opioid treatment
  - Guidelines for safe use
- Underserved populations
- Providing medication-assisted treatment for opioid use disorder at Project H.O.P.E.
What are Opioids?

• A type of medication used to treat pain
• Work by lowering the number of pain signals your body sends to your brain, and change the way your brain responds to pain
• Most often prescribed for certain conditions associated with acute pain:
  – Injuries
  – Surgeries
  – Dental procedures
• Are sometimes prescribed for chronic pain due to cancer
Opioids

- Opium
- Codeine
- Fentanyl
- Hydrocodone
- Heroin

- Methadone
- Morphine
- Hydromorphone
- Oxycodone
- Oxymorphone
Why might a patient with diabetes be prescribed opioids?

- Peripheral neuropathy
- Osteoarthritis
- Conditions related to obesity
Safe prescribing

- In combination with non-pharmacologic and non-opioid treatments
  - Behavioral health interventions
- Functional goals
- Lowest effective dose
- Plan in place to taper treatment
- Treatment agreement
- Prescription drug monitoring program
- Urine drug testing
- Naloxone
Risks associated with opioid treatment in patients with diabetes

- Weight changes
- Glycemic dysregulation
- Difficulty recognizing symptoms of hypoglycemia, hyperglycemia, DKA
- Difficulty adhering to a medication regimen
- *Overdose
- *Opioid use disorder
Opioid use disorder: DSM-5 Criteria

• At least 2 criteria within a 12 month period
  – 1. Opioids are often taken in larger amounts or over a longer period of time than intended.
  – 2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
  – 3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
  – 4. Craving, or a strong desire to use opioids.
  – 5. Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.
  – 6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
  – 7. Important social, occupational or recreational activities are given up or reduced because of opioid use.
  – 8. Recurrent opioid use in situations in which it is physically hazardous
  – 9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.
DSM-5 Criteria: tolerance and physical dependence

*Tolerance, as defined by either of the following:

– (a) a need for markedly increased amounts of opioids to achieve intoxication or desired effect

– (b) markedly diminished effect with continued use of the same amount of an opioid

*Withdrawal, as manifested by either of the following:

– (a) the characteristic opioid withdrawal syndrome

– (b) the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms
Treatment for opioid use disorder

• Medication-assisted treatment
  – Methadone
  – Buprenorphine

• Access: rural and urban underserved populations

• Our experience at Project H.O.P.E.
The Opioid Crisis and Addiction in New Jersey
Addressing the Effects of Opioid Use and Diabetes

November 16, 2017

Adam Bucon, LSW
NJ Opioid Statistics

• Drug Related Deaths in NJ
  - 2010 - 843
  - 2011 - 1,026
  - 2012 - 1,294
  - 2013 - 1,336
  - 2014 - 1,305
  - 2015 - 1,587
  - 2016 - ????

• 2016 Total Treatment Admissions = 76,509
  - Heroin as Primary Drug = 33,147 (43%)
  - Other Opioids as Primary Drug = 5,187 (7%)
  - Alcohol as Primary Drug = 20,880 (27%)
Substance Use Disorder Treatment Statistics

• According to the 2012 Treatment Episode Data Set (TEDS), New Jersey was fourth in the nation for primary heroin admissions ages 12 and older.

• The rate of admissions per 100,000 population aged 12 and older was 336 for heroin and 111 for non-heroin opiates/synthetics.

• 2016 Total Treatment Admissions= 76,509
  Heroin as Primary Drug= 33,147 (43%)
  Other Opioids as Primary Drug= 5,187 (7%)
Statistics

• Every 5.5 hours in 2015, someone died from a drug-related death in New Jersey. Every 9.1 hours, someone died from a heroin-related death.

• In 2015, there were 1,587 illicit and prescription drug overdose deaths in New Jersey. Of these, 961 (61%) were heroin-related.

• The number of heroin-related deaths increased each year from 2010 to 2015 in New Jersey, rising 196% from 325 deaths in 2010 to 961 deaths in 2015.

• The number of heroin-related deaths spiked sharply from 2014 to 2015, rising from 776 to 961, or 24%, in just one year.
Statistics

• Heroin-related deaths in New Jersey outnumbered deaths by homicide, firearm, motor vehicle crashes, and suicide in 2015.

• Illicit and prescription drug overdoses claimed 4.3 times as many lives as homicides (369), 3.4 times as many lives as firearm deaths (465), 2.8 times as many lives as motor vehicle crashes (562), and 2.1 times as many lives as suicides (772).

• If the rate of drug-related deaths for the second half of 2016 are consistent with the first half, New Jersey will report over 2,000 drug-related deaths in 2016 with over 1,200 of those deaths related to Heroin and nearly 700 attributable to Fentanyl.
Accessing SUD Treatment Services

• **ReachNJ (1-844-ReachNJ)** Identifies all caller needs
  - Children are referred to PerformCare and the Children’s System of Care (CSoC) *(1-877-652-7624)*
  - Families referred to NJConnect for Recovery *(1-855-652-3737)*
  - Adults without insurance referred to the IME Addictions Access Center *(1-844-276-2777)*
  - Individuals with Private Insurance are helped by Reach NJ
  - Individuals who are 18 and 19 years old are helped by ReachNJ

• **No Wrong Door Approach – Can walk into any agency**
Accessing SUD Treatment Services

- For Adults Without Private Insurance
  - IME Addiction Access Center
    - Takes calls from ReachNJ through a direct line using warm handoff
    - Takes direct calls from the public
    - Makes targeted referrals using a database of treatment providers with their Level of Care (LOC) and eligible funding sources
      - Screens for addictive disorders, emergency levels of care, eligibility for public funds
  - Provides Care Coordination
    - Clients admitted to withdrawal management (detox)
    - Clients referred but not contacted by provider within 3 business days
  - IME Patient Placement
    - Using ASAM determines client eligibility for services
Resources to Address the Opioid Crisis

- Governor’s Initiatives 2017
- H.R.6 - 21st Century Cures Act
- State Targeted Response to the Opioid Crisis Grants
- Substance Abuse Block Grant (SABG)
- Strategic Prevention Framework for Prescription Drugs (SPF Rx)
- Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)
- Targeted Capacity Expansion: Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA)
Governor’s 2017 Initiatives

Governor Chris Christie released his plan to deploy eight state departments to implement 25 initiatives that will create or enhance opportunities for addiction prevention, treatment and recovery. Approximately $200 million is being committed to enhance programs and services that are national models to address the opioid and substance use disorder emergency.

Recommendations came from the Governor’s Task Force on Drug Abuse Control and involved interdepartmental/interbranch collaboration.

Programs to be implemented or expanded by DMHAS include:

- Incentive-Based Opioid Recovery Pilot Program
- Recovery Coach Program
- Supportive Housing
- On-Campus Recovery Programs
- Screening, Brief Intervention, and Referral To Treatment Program
- Consumer Helpline
• The 21st Century Cures Act is a United States law enacted by the 114th United States Congress in December 2016.

• The 21st Century Cures Act designated $1 billion in grants for states over two years to fight the opioid epidemic.

• Funds may be used to: improve prescription drug monitoring programs, make treatment programs more accessible, train healthcare professionals in best practices of addiction treatment, and expand research the most effective approaches to prevent dependency.
2017 State Targeted Response to the Opioid Crisis Grants

• New Jersey’s allocation is $12,995,621 annually for two years.

• The program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin).

• Grants were awarded to states and territories via formula based on unmet need for opioid use disorder treatment and drug poisoning deaths.
The goals and objectives of New Jersey’s project, called the State Targeted Opioid Response Initiative (STORI) are to:

- Address the opioid crisis confronting the state, using a variety of strategies.
- Increase access to treatment, reduce unmet treatment need, and reduce opioid-related deaths.
Prevention/Training

Primary Prevention
• Prevention efforts will focus on community education programs for older adults with the goal to reduce demand for and misuse of opiate prescriptions.

Secondary Prevention
• Training on naloxone will be provided to schools, jails and prisons and naloxone kits will be distributed.

Training
• Training for primary health and behavioral health care practitioners on: best practices for the prescribing of opiates; non-opioid management of pain; recognizing addiction in the primary care and pain management patient; and expanded use of MAT.
Prevention/Training

• Peer training for volunteers in the Law Enforcement Addiction Assisted Recovery and Referral Program (LEARP) and for the additional Opioid Overdose Recovery Programs (OORP).

Extension for Community Healthcare Outcomes (ECHO)

• Project ECHO is a collaborative model of medical education and care management that empowers clinicians to provide better care to more people.
• Two ECHO projects will be implemented for pain management and recognition of SUD in collaboration with Rutgers University and Robert Wood Johnson Partners.
State Targeted Opioid Response Initiative (STORI) FFS

• A new fee-for-service (FFS) treatment initiative, called the STORI, was developed that includes a wide range of levels of care and use of evidenced-based practices, particularly MAT. STORI FFS services include (or will soon include):
  - Assessment, withdrawal management (detox), short-term residential, outpatient/ intensive outpatient, and methadone outpatient/intensive outpatient.
  - Case management
  - Medication enhancements (Buprenorphine and Vivitrol)
  - Smoking cessation services & nicotine replacement therapy
  - Peer services
Opioid Overdose Recovery Program (OORP)
• The OORP, which is currently operating in 11 counties, was expanded to the remaining 10 counties through STORI.
• OORP utilizes Recovery Specialists and Patient Navigators to engage individuals who were reversed from an opioid overdose and provide non-clinical assistance, recovery supports and referrals for assessment and OUD treatment.

Support Team for Addiction Recovery (STAR)
• STARs were awarded in 10 high-risk counties
• Key goals are relapse prevention and prevention of another overdose
Treatment/Recovery Support

Telephone Recovery Support (TRS)
- TRS provides weekly phone calls to people in recovery from alcohol and/or drug addiction.
- Trained TRS volunteers call to “check in” and ask how people are managing their recovery.

Family Support Center (FSC)
- Family support will be provided through the development of three regional Family Support Centers (FSCs).
- The FSC will also offer families support, education, resources and advocacy in an environment that is safe and non-stigmatizing.
Anticipated Outcomes

• Anticipated outcomes of the STORI include: Reduction/ abstinence from drugs and alcohol, increase in employment, reduced criminal justice involvement, increase in stable housing, increased social connectedness, and increased percentage of individuals completing treatment at the recommended level of care.

• Additional outcomes include: reducing opioid overdoses, increasing retention in treatment, reducing length of time to relapse and prolonging recovery, and increasing number of individuals receiving Medication Assisted Treatment (MAT).
Observed Outcomes

- As of August 31, 2017, OORPs have cumulatively served 3,579 individuals. More than one-fifth (22%) of individuals served in 2016 and 2017 were referred to withdrawal management or substance use disorder treatment. An additional 36% individuals sought recovery supports.

- 17% of individuals refused services bedside and 25% did not receive OORP services for involuntary reasons (e.g., clients who are in crisis services, jail, hospitalized, or who left a medical facility, or do not have a way for Recovery Specialists to contact them).

- From July 3, 2017 to October 20, 2017, 536 new clients were admitted into treatment in the STORI FFS.
Questions

For more information contact:

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State Opioid Treatment Authority
Division of Mental Health and Addiction Services
Office of the Medical Director

Email: adam.bucon@doh.nj.gov
Phone: (609) 438-4156
Opioid Misuse and Diversion
A Special Innovation Project

Diana J. Haniak, BA
Practice Integration Advisor
Quality Insights Quality Innovation Network

November 2017
Who is Quality Insights?

- Quality Insights is a “QIN-QIO” – Quality Innovation Network – Quality Improvement Organization
- QIN-QIOs are healthcare quality improvement specialist that are funded by CMS* to work with providers (and in some cases beneficiaries) across the continuum of care to help meet health care quality goals targeted towards FFS Medicare beneficiaries.
- Focus on national and local quality priorities

*Centers for Medicare & Medicaid Services
The QIN-QIO Program’s Approach to Clinical Quality

Aims

- Make care safer
- Strengthen person and family engagement
- Promote effective communication and coordination of care
- Promote effective prevention and treatment
- Promote best practices
- Make care affordable

Foundational Principles
- Enable innovation
- Foster learning organizations
- Eliminate disparities
- Strengthen infrastructure and data systems
QIN-QIO: Quality Insights

- Five-year contract with CMS under its 11th Scope of Work (SoW)
- Includes Delaware, Louisiana, New Jersey, Pennsylvania and West Virginia
Examples of Quality Insights’ Initiatives

• **Everyone with Diabetes Counts (EDC)**
  – Providing and facilitating Diabetes Self-Management Education (DSME) training classes through partnerships with providers and community organizations with goals to:
    • Improve HbA1c, lipid, blood pressure and weight control outcomes
    • Decrease # of people who require lower extremity amputations
    • Improve health literacy of people with Medicare who have diabetes
    • Increase providers’ adherence to clinical guidelines related to HbA1c, lipids and eye exams

• **Medication Safety**
  – Working with care coordination communities to reduce preventable ADEs with 3 groups of high-risk medications; conduct ADE surveillance
    • Anticoagulants, diabetes drugs, opioids
Opioid SIP: Project Goals

Reduce opioid use statewide by:

- Providing education, resources and tools supporting prescribing guidelines to clinicians
- Sharing best practices for safe opioid use
- Assisting with identifying and understanding the compliance of state and federal regulations on opioid prescribing
- Supporting and encouraging increased utilization of the Prescription Drug Monitoring Programs (PDMP)
- Developing and disseminating patient and family education materials
- Encouraging and facilitating multiple statewide stakeholder collaboration
  - Medical societies, state government, physicians, patients and health care organizations
- Monitoring prescribing patterns to better guide interventions
Opioid SIP: Fact Sheets

Reducing Opioid Misuse and Diversion
A Special Innovation Project

The use of prescription opioid analgesics has increased dramatically in the United States over the past two decades. There has been a corresponding increase in fatal drug overdoses, with deaths reaching an all-time high in 2014. Opioid overdoses and deaths affect the entire population, including Medicare beneficiaries, of the states served by Quality Insights Quality Innovation Network – Delaware, Louisiana, New Jersey, Pennsylvania, and West Virginia.

About the Project
Through the Reducing Opioid Misuse and Diversion project, Quality Insights’ team:

- Engages patients and families by providing educational materials in physician offices
- Provides tools and resources on prescribers’ use of Prescription Drug Monitoring Program (PDMP) databases
- Promotes the adoption of CDC’s Guidelines for Prescribing Opioids for Chronic Pain
- Serves as a convener at the state level for partners and stakeholders to promote and adopt strategies to reduce opioid misuse and diversion

As a result of these efforts, we hope to see:
- A decrease in beneficiaries who fill opioid prescriptions from multiple providers
- A decrease in beneficiaries who fill concurrent opioid prescriptions

Fast Facts
- In March 2016, the Centers for Disease Control & Prevention (CDC) estimated that 20% of patients seen in physician offices with non-cancer pain and/or pain-related diagnoses receive prescriptions for opioids.
- Opioid analgesics are the most commonly prescribed class of medications in the United States.
- Prescriptions for opioid pain relievers have quadrupled since 1999.
- The rate of opioid overdoses tripled between 2000 and 2014.

Supporting Data

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Opioid Misuse and Diversion: The Big Picture – A Guide for Practice Change

This comprehensive tool includes resources to help providers feel more confident about safely prescribing opioids, detecting abuse or emerging addiction, or addressing these issues with their patients. The package includes:

- Guidelines to improve patient outcomes
- Tips to implement a multidisciplinary team approach
- Techniques to help patients manage pain

To view or print any of the resources included in this package, visit www.qualityinsights-qin.org and click on the Opioid Misuse and Diversion page located under the initiative tab.

Get involved by contacting Eddy Smith at (800) 642-4868 ext. 3252 or edsmith@qualityinsights.org.
Opioid SIP: Postcard

Reducing Opioid Misuse and Diversion

Are you looking for resources to help reduce opioid misuse and diversion while also helping Medicare patients manage pain?

Ask about our FREE Opioid Practice Change Package today.

Quality Insights offers a free Opioid Practice Change Package as part of our Reducing Opioid Misuse and Diversion project. The package includes:

- Guidelines to improve patient outcomes, including opioid management mandates by state and state-specific storage and disposal programs
- Tips to implement a multidisciplinary team approach
- Techniques to help patients manage pain, including tools for pain assessment, alternative therapies, monitoring treatment, discontinuation and much more


To request hard copies of the printed tools, please contact Buddy Smith at 800.642.8626 ext. 7252 or bsmith@qualityinsights.org. We also have physician-level prescriber reports available for your review.

Quality Improvement Organizations
Sharing Knowledge, Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES
Opioid SIP: QPP Alignment Document

The Quality Payment Program and The Opioid Misuse and Diversion Special Project
How can we help you meet Merit-based Incentive Payment System (MIPS) requirements?

This document was designed to help you be successful with the Quality Payment Program (QPP) by highlighting two performance categories: Quality Measures and Improvement Activities — related to The Opioid Misuse and Diversion Special Project. Below are examples of measures and activities from each of these categories that can be reported in 2017 to avoid a penalty and earn a positive payment adjustment in 2020.

Quality Measures
In order to earn the maximum score for the quality category, eligible clinicians (ECs) or practices must report six quality measures, one of which must be an outcome or high-impact measure. These are the Quality Measures that align with Quality Innovations Opioid Misuse and Diversion Special Project. A minimum of three MIPS points will be awarded for each quality measure reported. Additional points are earned if data reporting requirements are met and benchmarks are available for the measure.

- QUALITY ID 130: Documentation of Current Medications in the Medical Record
- QUALITY ID 131: Pain Assessment and follow-up
- QUALITY ID 400: Opioid Therapy Follow-up Evaluation
- QUALITY ID 412: Documentation of Signed Opioid Treatment Agreement
- QUALITY ID 414: Evaluation or Interview for Risk of Opioid Misuse

Improvement Activities
There are 12 Improvement Activities in the QPP. Each activity is worth a certain number of points based on the weight assigned to the activity, the number of ECs in the practice, and where the practice is located. Completing at least one of the activities below will allow each EC or practice to earn a positive payment adjustment in 2019.

- Annual Registration in the Prescription Drug Monitoring Program (Weight: Medium)
  - Eligible clinicians or groups register annually in the prescription drug monitoring program of the state where they practice. Activities that require registration are not sufficient. MIPS eligible clinicians and groups must participate for a minimum of 8 months.

- Consultation of the Prescription Drug Monitoring Program (Weight: High)
  - Clinicians would award 80 percent for the first year or 75 percent for the second year of consultation of prescription drug monitoring program prior to the issuance of a Controlled Substance Schedule II (CII) prior prescription that lasts for longer than 1 year.

- Completion of Treatment and Receipt of Approved Waiver for Prescriptions of Opioid Medication-Assisted Treatments (Weight: Medium)
  - Complete training and obtain an examination score of 70% for medication-assisted treatment of opioid use disorder using buprenorphine.

- Additional Improvements in Access as a Result of QIN/Opioid (Weight: Medium)
  - As a result of Quality Innovation Network Quality Improvement Organizations technical assistance, implement additional activities that improve access to services (e.g., investment of non-diabetes educators).
Opioid SIP: Available Resources

QIO program has facilitated recording and posting of state-specific information to help promote the use of the PDMP.

- **Intended Audience:**
  - Prescribers and support staff
  - Pharmacists and pharmacy administrators
  - State licensing boards: prescribers, dispensers
  - State/territory/district government
  - Departments of public health
  - Medical examiners
  - Law enforcement
Opioid SIP: Available Resources

QIO program has facilitated recording and posting of state-specific information to help promote the use of the PDMP.

- **Speaker for NJPMP**
  - Sindy Paul, MD, MPH, FACPM, Medical Director, NJ Board of Medical Examiners
    - NJPMP Overview
    - Exceptions/Exclusions for Reporting
    - Data Exchange Time Period
    - Approved Users
    - Obligations
    - Exemptions to Mandatory Look-Up
    - Limitations of Matching Data
    - Data Availability
    - Analytics
    - Shared State Databases
Opioid SIP: Available Resources

- **PDMP State Videos:**
Opioid SIP: Available Resources

- Medication Teach-Back Cards:
Opioid SIP: Available Resources

- Practice Change Package (PCP):
  - Guidelines to improve patient outcomes
  - State-specific storage and disposal programs
  - Tips to implement a multidisciplinary team approach
  - Techniques to help patients manage pain
  - Tools for pain assessment
  - Ideas for alternative therapies
  - Tips for monitoring or discontinuing treatment

Link to the electronic version:
Opioid SIP: Available Resources

- Institute for Safe Medication Practices (ISMP):
Opioid SIP: Available Resources (continued)

- Patient education flyers
  - Not Just a Pill
  - New Jersey Opioid Law
  - Powtoon in development
Contact Us

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Connect with Quality Insights Quality Innovation Network on social media.

[Social media icons]
Everyone with Diabetes Counts (EDC)
A CMS National Initiative

Janet Knoth, BS, RN, CHPN, CPHQ
Master Trainer/Quality Improvement Specialist
Quality Insights Quality Innovation Network

November 2017
Everyone with Diabetes Counts

- Decrease the number of beneficiaries who require lower extremity amputation due to complications from diabetes
- Improve self-management of diabetes and pre-diabetes in beneficiaries of the targeted populations (African American, Hispanic/Latino, Native American, Asian, rural, and Lower Socioeconomic Status (SES)) by providing CMS-approved, evidence-based, lay-led diabetes self-management education (DSME) classes
- Increase adherence to clinical guidelines by participating practices (PP) and providers
Everyone with Diabetes Counts

• Increase the number of educators available to teach DSME curriculum (community health workers (CHWs) & certified diabetes educators (CDEs))

• Educate providers on the Medicare DSME & DSMT (diabetes self-management training) benefit and MNT (medical nutrition therapy) benefits to improve DSME/T referrals and utilization

• Increase the number of American Association of Diabetes Educators/American Diabetes Association (AADE/ADA) recognized programs
Everyone with Diabetes Counts

• Trained educators from HQSI and local community volunteers offer Diabetes Self-Management Education (DSME) throughout NJ

• Diabetes Self-Management Program/Education
  – Incorporates the needs, goals and life experiences of the person with diabetes
  – Guided by evidence-based standards
NJ EDC Success

• As of Oct 2017, educated over 1,200 people; 908 with Medicare and diabetes
• Multiple success stories in which graduates lost weight, learned ways to manage stress and made changes that positively impacted health and lives
• Partnerships with various organizations throughout the state
• Trained over 30 Peer Leaders
Relative Improvement – “Yes”: 152.2%

Do you know healthy ways to handle the stress related to your diabetes?

- I don't know: 14.3% (Pre PAS) | 1.6% (Post PAS)
- I don't think so: 7.0% (Pre PAS) | 1.6% (Post PAS)
- Maybe: 29.2% (Pre PAS) | 9.2% (Post PAS)
- No: 15.1% (Pre PAS) | 1% (Post PAS)
- Yes: 34.3% (Pre PAS) | 86.6% (Post PAS)

Quality Improvement Organizations
Sharing Knowledge, Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Quality Insights
Diabetes Prevention and Control Program

Resources in New Jersey

Chris Christie
Governor

Kim Guadagno
Lt. Governor

Cathleen D. Bennett
Commissioner

NJ Health
New Jersey Department of Health
Goal of DPCP

- Goals are driven by population-based strategies

- Reduce the burden of diabetes by:
  - Implementing community-clinical linkages and health systems interventions that increase awareness of the disease
  - Controlling disease related complications
  - Increase quality improvement processes in health systems, in the delivery of services to residents with diabetes.

- Strategy
  - Increase access to, referrals to, and utilization of specific diabetes self-management education (DSME) and diabetes prevention programs (DPP).
Diabetes Resources Coordination Center Model

- Promote community-based DSME and DPP
- Develop policies to refer pre/diabetes patients into community based DSME and DPP
- Develop communications to increase awareness of DSME and DPP
Diabetes Resources Inventory

• **Diabetes Prevention Programs (DPP)**
  • 20 programs in NJ
  • National Diabetes Prevention Program (NDPP)
  • YMCA Diabetes Prevention Program (YDPP)

• **Diabetes Self-Management Education (DSME)**
  • 70 programs in NJ
  • American Diabetes Association (ADA)
  • American Association of Diabetes Educators (AADE)
  • Stanford Model Diabetes Self-Management Program (DSMP)
• **Statewide non-emergency, information call center and website**

• **DSME and DPP resources can be accessed through**
  • Call Center
  • Website search
  • Chat and text services
Question & Answer Session
Thank you for your participation.