

Diabetes Advisory Council Quarterly Meeting
January 19, 2016
Via Conference Call

Participants

Members Present

Christel Aprigliano
Lisa Buckloh
Elizabeth Cayson
Joseph Chebli
Nina Clark
Chet Evans
Larry Fox
Leslene Gordon
Donald Grossman
Mark Kummer
Nancy Murphy
Melvin Price
Kimberly Reed
Donna Ryan
Ed Shahady
Janet Silverstein

DOH Staff

Shay Chapman
Jamie Forrest
Ade Oladokun
Shamarial Roberson
M.R. Street

Guest

Betty Springer, Florida Society of Medical Assistants
Thomas Hobbs, Liberty Partners
Doug McAlarney, Liberty Partners
Karen Chang, Agency for Health Care Administration (AHCA)
Susan Williams, AHCA

Meeting Summary

1. Welcome/Roll-Call

- Ms. Street welcomed members and guests and took roll.
- Dr. Silverstein chaired the meeting. She asked new members to introduce themselves
 - Christel Aprigliano – Interested Citizen
 - Elizabeth Cayson – Community Health Center
 - Joseph Cheblis – Employer
 - Nancy Murphy – Interested Citizen
 - Donna Ryan – CDE-Nursing
 - Kimberly Reed – Ophthalmology/Optometry

2. Dr. Silverstein asked for review and approval of October 2015 meeting minutes.

- Motion by Dr. Shahady
- Seconded by Dr. Fox
- Minutes approved

3. Ms. Forrest gave an update on the DAC Legislatively Mandated Report

- Ms. Forrest reviewed the requirement for a report and the current status. As a reminder, a requirement was added to the DAC in the 2015 legislative session, requiring a report every odd

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year (beginning on January 10, 2017). The report is to be developed by the DAC in conjunction with the Department of Health (DOH), the Department of Management Services (Office of State Group Insurance) (DMS/OSGI), and the Agency for Health Care Administration (AHCA). The report must cover four categories of diabetes: Type 1, Type 2, Gestational, and Prediabetes. It will spotlight the costs of diabetes and the impact of current programs to prevent diabetes or delay its complications. The report will focus on three categories: Medicaid population (AHCA), state employees (DMS/OSGI), and the general population (DOH). Five areas of focus are:

- Data illustrating costs and impact of diabetes (take data that you have)
- Current benefits (what are you doing and where are the funds coming from to pay)
- Collaborative efforts to address diabetes
- Evidence-based recommendations for legislative action to reduce impact of prediabetes, diabetes, and diabetes-related complications
- Estimated budget (cost recommendations or no cost)

A data subcommittee was formed to gather and analyze existing data. The partner agencies will compile the data, DOH will write the narrative, and the DAC will approve the report before it is submitted to the Governor and Legislature. The data subcommittee was scheduled to meet on January 20. A Doodle poll will be sent to members of the full committee to determine next steps.

4. Bureau of Chronic Disease Prevention Updates

- Ms. Roberson and Ms. Street gave updates on the bureau activities. The bureau is working on the Year 4 application for funding under 1305 (Diabetes, Heart Disease, Obesity, Other Risk Factors, and School Health Grant). The continuation application will include and enhance diabetes-related activities, including:
 - Diabetes Prevention Program (DPP) Hub – The American Diabetes Association is our statewide champion for diabetes prevention, promoting provider referral to CDC-recognized DPPs and increasing awareness of the importance of diabetes prevention through conference exhibits and professional journal articles. Currently, 14 programs on the CDC registry are receiving mini-grant funding to increase provider referrals.
 - Diabetes Self-Management Education (DSME) Hubs – Three health councils provide coordination for mini-grant funding and provision of technical assistance to organizations to improve access to quality DSME services. Funds can be used to (1) improve infrastructure such as training for staff and purchasing curriculum; (2) prepare to apply for ADA recognition or AADE accreditation; or (3) establish a satellite location. Ten programs were funded totaling \$143,240. Funded programs serve Alachua, Bay, Broward, Calhoun, Collier, DeSoto, Gulf, Lake, Lee, Levy, Liberty, Putnam, Miami-Dade, and Washington counties.
 - DPP Social Marketing Campaign – The University of South Florida is spearheading this initiative to raise awareness about prediabetes and the Diabetes Prevention Program. This campaign targets health plans (reasons for including DPP as a covered health benefit) and providers (refer eligible patients to DPP). The campaign complements a national prediabetes awareness campaign by the Centers for Disease Control and Prevention (CDC) and the Ad Council. USF held one webinar about DPP that was so successful, they are holding an encore presentation. They will be training Lifestyle Coaches to teach DPP. For

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more information, contact DAC member Nicole Johnson at nicjoh@aol.com. The website for the national campaign is www.doihaveprediabetes.org.

5. Florida Diabetes Alliance Update – Ms. Street

- The Alliance is planning to hold a one- or two-day strategic planning session. More details to follow.

6. Insurance Coverage of Meters – Dr. Grossman

- A question was received from a DAC member about the frequent changing of covered supplies and meters and the fact that in some cases the covered meters are the generic kind that give different readings than the brand name ones and some can't be downloaded. Dr. Grossman led the following discussion:
- Dr. Grossman: Glucose meters are covered along with strips. Meters are almost a giveaway because the cost is for the strips. Different companies manufacture glucose meters. They approach insurance companies with good deals on meters. In the middle of the year, an insurance company may get a better deal on meters. They are in business to save money. If the glucose meter is being changed and the physician feels the current meter is appropriate for the patient's condition, the physician can request to keep the current meter.
- Dr. Fox: The type of meter that is discounted is of questionable quality and does not download data. The insurance company allows three test strips per day; most patients need at least four strips per day.
- Dr. Grossman: Americhoice approved 300 strips per month for Type 1 patients under 16 years old.
- Dr. Fox: Families are faced with their child's pump being authorized but not the strips. Families and providers must go through lots of red tape
- Dr. Silverstein: More parity is needed between what Medicaid and Medicare pay for. DSME provided according to the national standards is required in the statutes ([s. 627.6408, Florida Statutes](#) and [Rule 59B-17.001, Florida Administrative Code](#)).
- Dr. Shahady: Complaints are the same. Solution is always, "take it to the Surgeon General." Nothing happens. We need to look at the issue from a different approach. Every health care provider should contact their representatives.
- Dr. Grossman: The new DAC legislatively mandated report is a new opportunity to make recommendations at a high level. Guidelines should be put together based on evidence.
- Dr. Fox: There should be a subcommittee on Practice and Insurance for the legislatively mandated report. Dr. Silverstein volunteered to lead the subcommittee. Dr. Gordon volunteered to be on the committee. Others should please email M.R. if they want to be on the committee.
- Ms. Aprigliano noted that a report will be released in the first quarter of 2016 that identifies meters that do not meet FDA accuracy standards. She will share as soon as it is available.

7. Insulin Pens: Dr. Silverstein raised a question about hospital practices regarding use and disposal of insulin pens. Right now the insulin pens are being thrown away after only a day or two of use. These pens hold 300 units and usually last a month or more in new-onset patients. The insulin is very expensive nowadays; 5 Lantus pens cost \$432 and 5 Novolog pens cost \$540. These pens are specifically labelled for each patient, and patients have difficulty paying for these pens on discharge,

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especially during the weekends when we can't get pre-approval by insurers. Several are now only paying for Regular and NPH- need pre-authorizations. Is there any way we can attempt to allow patients to take their pens home with them?

- Dr. Kummer: Some hospitals are refusing to use insulin pens.
- Dr. Silverstien: The regulations state that every patient must have their own pen. Hospitals are afraid of the wrong pen being used.
- Dr. Kummer talked to the author of a CDC report. It was never their intent to eliminate pens from hospitals. Dr. Kummer would like this to be part of their recommendation.

8. Public Comment

- Dr. Shahady suggested that the DAC create a newsletter which could be posted on the DAC website. Ms. Roberson agreed that this could be done. See Attachment 1 for details.

9. Next Meeting

- A suggestion was made to hold the next meeting as a face-to-face meeting. Ms. Chapman and Ms. Roberson agreed to allot funding to make this happen. Ms. Street will send out a Doodle poll to determine the best date for a meeting to take place in Tampa in May or June 2016. The main topic of the meeting will be reviewing the DAC legislatively mandated report. Dr. Chebli will also be on the agenda to present "The Metabolic Surgeon Perspective."

10. Adjourn – The meeting was adjourned at 10:20 A.M.

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Attachment 1

Message from Ed Shahady, MD

January 19, 2016

Subject: Proposal for a DAC Newsletter

As a follow up to today's conference call:

1. I would be willing to serve as editor of the newsletter
2. The letter be published on the DAC website in PDF format--I will edit articles and send to MR for final edits and publication on the web site
3. It be distributed to a wide audience of individuals interested in Diabetes in the State
4. Articles would be solicited from DAC and Alliance members
5. Articles would cover information about diabetes care including information discussed at today's meeting.
6. Articles would be 200 to 400 words to provide a brief discussion of the issue and references or contact if reader desires to learn more about the subject.
7. Need 2 to 3 others from DAC and maybe the alliance to be on the editorial board. Suggest serve for 2 years with possible reappointment one time. Role would be to guide direction of the newsletter and help solicit articles.
8. Possible title "Florida Diabetes"--a newsletter about diabetes information of interest to health care providers in Florida.
9. Articles will not be political in nature but will just provide information about issues--today's discussion provided some great information that could be used to create informative non political articles about issues.

Let me know what you think

Ed