

Controlling Diabetes

Impact of Diabetes in Rural Northern California

- Diabetes is a leading cause of disability and death in far Northern California, affecting about 8.6% of adults¹⁹. Overall, the prevalence of Diabetes in rural areas is 30% higher than in urban cities.²⁰
- Obesity and sedentary lifestyle are associated with Type 2 Diabetes²¹. These factors are significant in rural areas as nearly 2 in 3 adults are overweight (34%) or obese (29%).²²
- It is common for individuals with diabetes to have additional chronic health problems. More than 80% of Medicaid enrollees with diabetes have at least one additional chronic illness.²³
- The average medical expenditures among people with diabetes are more than twice that of people without diabetes.²⁴

How Health Centers Provide the Necessary Care

Clinical Interventions

- Use a continually updated online registry to plan and track the care for diabetic patients.
- Follow evidence-based clinical guidelines on retinal screening, foot care, lab testing, and glycemic management including improved support for patient self-management.
- Practice redesign to encourage group visits for diabetic patients in the health center.
- Utilize patient care coordinators to monitor the health of patients and coordinate their care during any encounter with a patient, even visits unrelated to their diabetes.
- Implement pre-visit summary reports to review the needs of patients coming to the health center to ensure that patient care is in accordance with clinical guidelines.

Community Interventions

- Screen adults with high blood pressure (> 139/89) for type 2 diabetes at health fairs.
- Teach at risk adults how to incorporate physical activity into their daily routines. Set up walking groups or other programs to support positive behavior change.
- Provide access to fresh foods through farmers markets and offer nutrition education.

¹⁹ California Health Interview Survey. CHIS 2009 Adult Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research. [Note: "Far northern California" = all counties in the Northwest and Northeast HEDIS reporting regions for Partnership HealthPlan of California: Del Norte, Humboldt, Siskiyou, Trinity, Shasta, Modoc, and Lassen.]

²⁰ Schiller JS, Lucas JW, Ward BW, Peregoy JA. Summary health statistics for U.S. adults: NHIS, 2010. National Center for Health Statistics. Vital Health Stat 10(252). 2012.

²¹ Mokdad, AH, Bowman BA, Ford ES, et al. The continuing epidemics of obesity and diabetes in the U.S. Journal of the American Medical Association 286(10):1195-1200, 2001.

²² California Health Interview Survey. CHIS 2009 Adult Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research, March 2013.

²³ Kaiser Commission on Medicaid and the Uninsured. The Role of Medicaid for People with Diabetes. The Henry J. Kaiser Family Foundation, Washington DC, November 2012.

²⁴ Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

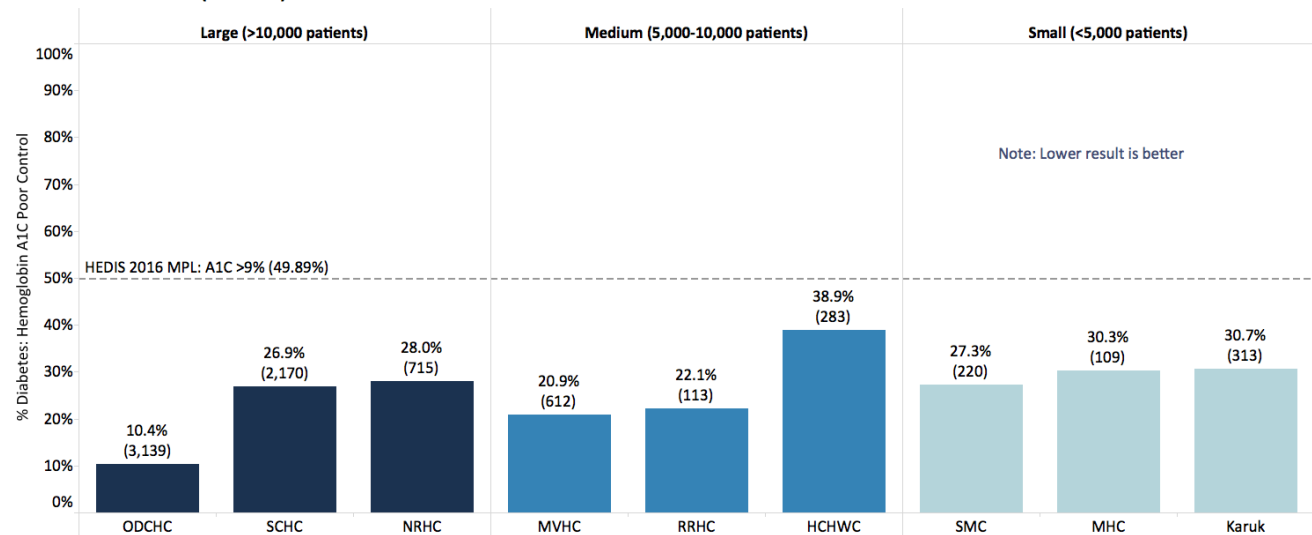
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Rural Northern California Health Center Data

Key Points

- Health centers in rural Northern California serve low-income and uninsured populations that are heavily affected by diabetes and other chronic health conditions.
- There are significant racial/ethnic health disparities. Rates of diabetes are 2 to 5 times higher among Native Americans and 87% higher among Mexican Americans than among whites. Lack of access to health care among migrant or seasonal farm workers places them at risk for diabetes related premature death.

Diabetes in Poor Control (UDS 2015)



Quality Measure Definitions

The percentage of patients age 18-75 with diabetes who had poor control of blood sugar levels as measured by a Hemoglobin A1c (HbA1c) test of greater than 9.0 percent or missing.

- Adults with diabetes receive regular blood tests to monitor whether their blood sugar level is under control.
(UDS & QIP) Blood sugar levels at or less than 9% are considered in adequate control.
(HEDIS) Blood sugar levels less than 8% are considered in adequate control.
- For every 1% reduction in HbA1c, the risk of developing eye, kidney, and nerve disease decreases by 40% and the risk of heart attack decreases by 14%.
- Note this is a “negative” measure, which means the *lower* the number of patients with poor control, the better the performance on the measure.

National Quality Goals and Benchmarks

HEDIS 25th (MPL): HEDIS is a national data set, which measures the performance of health plans on quality of care. The Minimum Performance Level (MPL), or 25th percentile for the Comprehensive Diabetes Care: HbA1c Poor Control (>9%) measure is 49.89%.