



North Carolina Diabetes Advisory Council

Date of Meeting: (MM/DD/YYYY)	June 12, 2015	Time:	9:30-11:30
Minutes Prepared by:	April Reese	Location:	JC Arboretum at NCSU
Attendance at Meeting:	DAC Members & Liaisons Present: Ronny Bell, Lisa Davis, Ed Fisher, Yvonne Garton, Gayle Harris, Jeff, Katula, Karla Kiriako, Julie Kirk (by phone), Sue Liverman, Chris Memering, Jerry Munden, Jan Nicollerat, Shaylah Nunn, Amy Quesinberry, Jim Straight, Joyce Swetlick, Marti Wolf		
Invited Guests and Staff Present: Melanie Batchelor, Maggi Birdsell, Katherine Combs, Carolyn Crump, Sharon Davis, Deidre Dockery, Michelle Easterling, Austin Grainger, Debbie Grammer, Tracie Heavner, Lisa Holmes, Carole Koeble, Mary Bea Kolbe, Ann Lefebvre, Robert Letourneau, Karla Loper, Beth Lovette, Laura Maynard, Michelle Mielke, Sharon Nelson, Anna Norton (by phone), Thomas O'Connor, EB Odom, Sarah Overholt, Ariana Pancaldo, Ruth Petersen, April Reese, Sharon Rhyne, , Cathy Thomas, Maria Tucker, Sheree Vodicka, Amy Ward, Larry Wu			

Meeting Highlights

Topics and Points of Discussion	Carry-over Item?
<p>1. Welcome, introductions, Approval of Minutes</p> <ul style="list-style-type: none"> Ronny Bell, Diabetes Advisory Council (DAC) Chair, welcomed everyone, called the meeting to order and asked everyone present to introduce themselves The meeting highlights from the February 6, 2015 were approved with the addition of Dr. Adrienne Mimms and Maria Tucker of Alliant Quality as invited guests 	No
<p>2. Reegens Rule and Community Health Worker Updates</p> <ul style="list-style-type: none"> Dr. Bell advised that Reegen's Rule (SB27, HB 20) had been altered to encourage healthcare providers to educate parents on the signs and symptoms of diabetes instead of requiring screening. The bill is currently referred to the Committee on Health Care. Sharon Nelson gave a brief update on activities related to Community Health Workers. There was a meeting in Raleigh on April 30 that was attended by over 70 statewide stakeholders. There were presentations on various Community Health Worker models and ideas presented about credentialing and reimbursement for Community Health Workers. Future meetings will include more input from Community Health Workers and the formation of an advisory council. The Area Health Education Center has agreed to take over facilitation of this topic. 	No



North Carolina Diabetes Advisory Council

Topics and Points of Discussion	Carry-over Item?
<p>3. Durham Diabetes Coalition</p> <p>Vice Chair Jan Nicollerat introduced a new way of helping DAC members and guests learn about community level diabetes interventions. The June 6, DAC meeting marks the first in a series of presentations from Diabetes Coalitions across the state. The presentations will provide an overview of all local/regional diabetes activities and highlight activities related to the Diabetes Action Guide and/or the Diabetes Strategic Plan. The first Coalition Spotlight was on the Durham Diabetes Coalition. Dr. Lisa Pullen Davis, is a Senior Project Manager at Duke Translational Medicine Institute and works closely with the Durham Diabetes Coalition. The Coalition also works closely with the Durham County Health Department, Healing with CAARE and Lincoln Community Health Center. The Coalition started with a grant from Bristol-Myers Squibb as part of their Together on Diabetes funding. Dr. Pullen Davis' slide set can be viewed on the www.diabetesnc.com website. The Durham Diabetes Coalition YouTube Channel can be accessed at: https://www.youtube.com/user/DurhamDiabetesNC. They are also on Facebook and Twitter.</p>	No
<p>4. North Carolina Office of Minority Health and Health Disparities</p> <p>Cornell Wright was recently selected as the Executive Director for the NC Office of Minority Health and Health Disparities. He provided a brief history of the how the office was created, why it is still relevant and shared the names of community groups that have recently received Communities Eliminating Health Disparities grants that will focus on diabetes. They are: Access Care, Appalachian Regional Healthcare System, Buncombe County Health and Human Services, Community Health Interventions & Sickle Cell Agency, Inc., Lincoln Community Health Center, Inc., Lumbee Nation Tribal Programs, Inc., Margaret R. Pardee Memorial Hospital, Onslow County Health Department, Scotland Community Health Clinic, Wake County Medical Society-Community Health Foundation, Wayne County Health Department.</p>	No
<p>5. NC Diabetes Advisory Council By-law change</p> <p>In order to keep up with modern board procedures, the DAC leadership introduced a conflict of interest policy into the DAC by-laws. Members were sent the proposed changes on May 4 allowing members 30 days to review and be able to vote on the change at the meeting. Ed Fisher motioned for approval and Gayle Harris seconded the motion which passed unanimously. The revised DAC by-laws can be viewed at www.diabetesnc.com.</p>	No



North Carolina Diabetes Advisory Council

Topics and Points of Discussion	Carry-over Item?
<p>6. DSME Focus Group Update</p> <p>Since 1996, Insurers in North Carolina were required to cover Diabetes Self Management Education. However, in 2013, 44.5% of North Carolinians with diabetes reported that they had never taken a diabetes class. The State Health Plan estimates that it only pays \$11k-\$14k per month for Diabetes Self Management Education. Our Diabetes Education Recognition sites report that less than 5% of their participants have Medicaid as their primary insurance. The Health Systems staff wondered why people who have DSME as a covered benefit are not taking advantage of it. In the months of April and May, we worked with Independent Contractors, Jenni Albright and Rachel Pohlman, to hold 11 focus groups with persons who have Medicaid, Medicare, or the State Health Plan as their primary insurer. Jenni and Rachel shared the initial findings from the focus groups. A more detailed analysis will be presented at the October 2 DAC meeting. The slides from the initial analysis are available at www.ncdiabetes.com. North Carolinians with diabetes are legislatively allowed to have insurance coverage for diabetes self-management education. In 2013, 44.5% of BRFSS respondents indicated that they had never taken a diabetes class.</p>	<p>No—but we will provide additional updates at the next meeting</p>
<p>7. Statewide Diabetes Initiatives</p> <p>Several activities are occurring statewide related to diabetes. April Reese prepared a Powerpoint to highlight statewide initiatives; but the presentation was shortened due to time constraints. The Powerpoint is available at www.ncdiabetes.com and an overview of the slide set is shown below. Items that were presented at the meeting are bolded. The statewide diabetes initiatives are shown in four categories: Access to Care, Patient Engagement, Quality Care and Training.</p> <p><u>Access to Care:</u></p> <ul style="list-style-type: none"> • The ADA has renewed their recognition of our Diabetes Self Management Education sites (30) for another 4 years. This will allow Local Health Departments that participate in the NC Diabetes Education Recognition Program to continue to provide recognized education. Kudos to Mary Bea Kolbe and the Diabetes Regional Consultants for pulling together the application and data submission. • Eat Smart, Move More, Weigh Less is becoming a CDC Recognized lifestyle prevention program provider. The group will offer a virtual choice for diabetes prevention education in early 2016. 	



North Carolina Diabetes Advisory Council

Topics and Points of Discussion	Carry-over Item?
<p><u>Patient Engagement</u></p> <ul style="list-style-type: none"> • There have been 11 Diabetes Self-Management focus groups and 4 Diabetes Prevention focus groups to help delivery sites learn what motivates people to participate in these types of classes. UNC has lead the Diabetes Prevention focus groups and will conduct a survey with several Local Health Departments to learn how they make the decision to implement diabetes prevention programs and what type of Return on Investment they anticipate. • The Diabetes Education Recognition Program has been working with the Regional Consultants and Outside Raleigh (a marketing firm) to produce patient and provider materials that are regionally customized. The materials encourage people with diabetes to find and enroll in DSME. • The CCCPH Branch has developed a blood pressure wallet card that will be used in a pharmacy intervention planned with Food Lion pharmacies. The wallet card features questions to ask pharacists about medication and a place to record blood pressure. The wallet cards can be accessed on the www.startwithyourheart.com and www.diabetesnc.com websites. • Towards the end of June, the CCCPH Branch will send out a survey to over 800 pharmcies in North Carolina to determine how public health can assist them in the areas of referral to DSME, CDC recognized lifestlye change programs, chronic disease self management eduction; medication adherence and reconcillation, etc. <p><u>Quality Care</u></p> <ul style="list-style-type: none"> • Lisa Holmes has been working with Albemarle Regional Health Services and Appalachian Health District on how they use their electronic health record to better identify and manage people with diabetes and high blood pressure. Once they are able to complete an initial baseline data collection, they will work together over the next year to standardize procedures and reports that can be shared with other Local Health Departments that use the same electronic health records in subsequent years. • The CCCPH Branch will be surveying safety net providers (community health centers, free clinics, local health departments, rural health centers and Community Care of North Carolina clinics to determine how the Division of Public Health can assist them with working with Community Health Workers, Community Pharmacists, reporting of national quality measures, using their electronic health records to address health disparities. • The CCCPH Branch will be distributing the new hypertension guidelines once they are released. 	<p>No</p>



North Carolina Diabetes Advisory Council

Topics and Points of Discussion	Carry-over Item?
<p><u>Training</u></p> <p>In January and February the CCCPH Branch engaged Carolinas Centers for Medical Excellence in helping 8 Local Health Departments recoup some of the funding they lost due to inadequate reporting for Physician Quality Reporting Standards. There was a series of meetings and 4 of the Local Health Departments followed up with changes that will allow them to receive incentive funding for their Medicare reporting for 2014. An additional 2 will use the information for reporting for 2015. Others will avoid future penalties by being able to better respond to requests for information.</p> <p>In May and June, all DERP staff will receive training in ICD 10 coding, motivational interviewing, and other topics to help them improve their service delivery. They also participated in Mini Blood Pressure Trainings and received automatic blood pressure machines through a partnership with WISEWOMAN. All of the training came with Continuing Education credits.</p> <p>In May eight Health Departments were trained in the Preventing Diabetes Healthy Partnerships or HELP-PD diabetes prevention program at Wake Forest University. Sharon Davis of the CCCPH Branch is working with those trained to be able to begin holding classes within six months.</p>	



North Carolina Diabetes Advisory Council

Topics and Points of Discussion	Carry-over Item?
<p>8. Diabetes Workgroup Activities</p> <p>Several diabetes and pre-diabetes stakeholders have been meeting since January of 2014. These meetings have yielded information that is being compiled into two documents. The first is the Diabetes Action Guide that was sent to all stakeholders in advance of the 6/12 meeting. The Action Guide is a practical guide that North Carolinians can use to prevent diabetes and diabetes complications in their preferred area of service: community, employment, healthcare, research or policy. The DAC leadership, Ronny Bell and Jan Nicollerat along with the Workgroup leadership: Beth Lovette, Jeff Katula, Chris Memring and Michelle Mielke will work with the CCCPH Health Systems Unit members and the team from UNC to incorporate all of the feedback shared by stakeholders regarding the Action Guide into a cohesive document over the summer. The revised Action Guide will live on the www.diabetesnc.com website and will have a place where citizens and others can share their experiences with the Action Guides. The Diabetes Advisory Council will annually track guide use and discuss it at one of the three meetings.</p> <p>Another document that will be created based on diabetes stakeholder feedback is a diabetes strategic plan. This plan will have goals, objectives and strategies to prevent diabetes and diabetes complications. This document is written primarily for a public health audience and is required by our primary funder, CDC. This document will be completed over the summer and will also be available on the www.diabetesnc.com website.</p>	<p>Yes—additional meetings, writing, editing and designing will take place over the summer. Final documents will be presented at the October 2 DAC meeting.</p>

Next Meeting October 2—Cardinal Room at Six Forks Road