

The Maine State Health Improvement Plan 2013-2017 2015 Addendum



Each year, the Maine State Health Improvement Plan is reviewed and revised based on progress and changes in priorities. In 2015, Diabetes was identified as a seventh priority for the 2013-2017 SHIP.

Categorical Priority 1

Diabetes

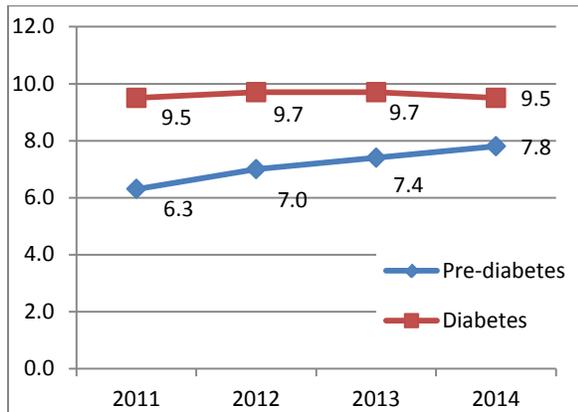
The prevalence of adults in Maine with diagnosed pre-diabetes and diabetes has remained consistent for the past several years¹. Diabetes is associated with serious complications such as heart disease, blindness, kidney failure, and non-traumatic lower-limb amputations.



Medical expenditures for people with diagnosed diabetes are 2.3 times greater than for people without diabetes. People with diagnosed diabetes have better health outcomes when they implement self-care practices, including healthy eating, regular physical activity, taking medications and monitoring blood glucose levels as directed by their health care provider. The evidence-based intervention that facilitates this is called Diabetes Self-Management Training (DSMT).

As compared to diabetes, intervening when someone has prediabetes [when a person's blood glucose (sugar) level is higher than normal, but not high enough to be diagnosed as diabetes] offers an opportunity to significantly decrease costs and improve quality of life. People with prediabetes or persons predisposed to developing Type 2 diabetes can lower their risk by more than 50% by completing a U.S. CDC-recognized evidence-based lifestyle change program, such as the National Diabetes Prevention Program (National DPP) that includes increasing physical activity and proper nutrition.

Percent of Adults 18 Years and Older With Diabetes and Pre-diabetes



Data Source: Maine Behavioral Risk Factor Surveillance System

Goal

- Increase prevention behaviors in persons with prediabetes
- Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education

Objectives

Objective 1- U.S. CDC Lifestyle Change Program: National Diabetes Prevention Program

Rationale/Justification for the Objective:

Data shows that adults with pre-diabetes or who are at high risk for developing Type 2 diabetes who complete the U.S. CDC's National Diabetes Prevention Program (National DPP) reduce the likelihood of developing Type 2 diabetes by 58 percent for ages 18-59; 71% for ages 60+. The National DPP is an evidence-based intervention that supports behaviors that can prevent the development of diabetes in this at-risk population. This will prevent new cases of Type 2 diabetes. Many experience weight

loss as well as a reduction in blood pressure, lipids, and A1c.

By June 30, 2017, increase annually by 600 the number of people with pre-diabetes or at high risk for developing Type 2 diabetes who complete the National DPP (increase of 1,200 in the two-year period).

STRATEGIES:

1.1(a) Provide information and technical assistance to health systems, businesses and community agencies to support an increase in the number sites delivering the National DPP.

1.1(b) Engage with fully recognized National DPP sites to leverage their knowledge and experience to help increase the number of National DPP programs in Maine who achieve and/or maintain full recognition from the U.S. CDC Diabetes Prevention Recognition Program.

1.2 Extend outreach and technical assistance to provider practices to support an increase in the number of health care settings that have policies/protocols in place that facilitate referral and navigation to U.S. CDC-recognized National DPP provider sites.

1.4 Work with partners and stakeholders to provide more outreach and education to the public and partnering agencies using currently available resources developed to support participation in the National DPP lifestyle intervention.

1.5 Engage with stakeholders, including payers and businesses that are willing to discuss, plan for and move towards implementing payment reform models that provide reimbursement for participation in the National DPP.

Objective 2- Diabetes Self-Management Training

Rationale/Justification for the Objective:

Evidence shows that many complications from diabetes can be avoided or reduced through participation/completion of DSMT programs and regularly scheduled medical consultations that focus on diabetes care following DSMT.

By June 30, 2017, increase annually by 6,500 the number of people with diagnosed diabetes who receive formal diabetes training known as DSMT (increase of 13,000 in the two-year period).

STRATEGIES:

2.1 Work with and utilize the Diabetes Educator community to engage with primary care provider practices to increase the number of sites delivering nationally accredited DSMT programming.

2.2 Extend outreach and technical assistance to provider practices to support an increase in the number of health care settings that have policies/protocols in place that facilitate referral and navigation to nationally accredited DSMT provider sites.

2.3 Encourage providers to use Electronic Health Records to identify all patients with diabetes, undiagnosed or uncontrolled, for referral to nationally accredited DSMT provider sites to receive DSMT.

¹ Behavioral Risk Factor Surveillance System 2011-2013