OKLAHOMA DIABETES PREVENTION REPORT

2023
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In February 2015, Sen. Paddack (D - District 13) authored Senate Bill 250 requiring the Oklahoma Health Care Authority (OHCA) and Oklahoma State Department of Health (OSDH) to identify benchmarks and develop goals to reduce the incidence rates of, improve health care services for and control complications resulting from diabetes. Sen. Pittman (D – District 48), along with Reps. Denney (R – District 33) and McDaniel (D - District 78), co-authored the bill. Governor Fallin (R) signed the bill on April 10, 2015.

This is the third biennial report outlining the collaborative efforts of the OHCA and OSDH to create an action plan with identified goals and benchmarks to reduce the prevalence of diabetes and improve health outcomes of Oklahomans living with diabetes.

The Oklahoma Diabetes Prevention Report is authorized by statute (63 O.S. §7301) to be submitted to the President Pro Tempore of the Senate and the Speaker of the House of Representatives by January 10th of odd-numbered years. The OHCA and OSDH thank the many community, tribal and state partners for their commitment and dedication to reduce the burden of diabetes across the state. This report, prepared in December 2022, is hereby respectfully submitted to state leaders and to all the people of the great State of Oklahoma.
Diabetes is a serious public health concern for Oklahoma. It is the eighth leading cause of death, with 1,552 Oklahomans losing their lives to diabetes-related causes. Individuals with diabetes have a two-fold higher risk of death than individuals without diabetes.

According to the most recent data reported by the Behavioral Risk Factor Surveillance System (BRFSS, 2021), more than 390,000 Oklahoma adults reported having a diabetes diagnosis; this equates to about one out of every eight Oklahoman adults, or 12.8%. The current number of SoonerCare (Oklahoma Medicaid) members with a diabetes-related claim is 58,433; this is 5.4% of the SoonerCare population. For OHCA, the number of SoonerCare members with diabetes has decreased by 0.2% since 2019.

The economic impact to Oklahomans with diabetes can be attributed to higher medical costs, both direct and indirect; economic instability due to lower rates of employment and higher rates of absenteeism; and a reduced quality of life. Diabetic patients often pay up to 2.3 times more for healthcare than their non-diabetic peers.

Type 2 diabetes is the most prevalent type of diabetes in the SoonerCare population. An estimated 75%, or 3 out of 4 members with diabetes have a diagnosis of Type 2.

Using the Centers for Disease Control and Prevention’s (CDC) estimate of 34.5%, over 1 million Oklahomans may have prediabetes, a precursor to Type 2 diabetes; nine out of ten of these individuals do not know they are at risk for developing diabetes. Without a change in lifestyle behaviors 15 – 30% of these individuals (155,000 – 300,000) will convert to Type 2 diabetes in 5 – 10 years.

Type 2 diabetes is considered preventable through changes in lifestyle behaviors. Increasing physical activity, maintaining an optimum weight, eating a balanced diet, stopping smoking and managing stress are lifestyle changes for preventing or delaying the development of Type 2 diabetes.

OHCA and OSDH have identified strategies for reducing the prevalence of diabetes and improving health outcomes of Oklahomans affected by diabetes. These align with the three goals of the Oklahoma Diabetes Prevention Report: 1) reducing the incidence of, 2) improving healthcare services for and 3) controlling complications resulting from diabetes.
**INTRODUCTION**

**Diabetes** includes a group of conditions in which the body has **too much sugar** circulating in the blood stream. **Glucose** (a type of sugar) is an important and necessary **fuel for the body**. Diabetes occurs when the **body does not produce** or **use insulin properly**. **Insulin**, a hormone made by the pancreas, assists with the **transfer of sugar** from the blood into muscles, liver and fat tissues where it is used as fuel or stored for later use. **Without insulin, sugar builds up** in the body resulting in diabetes.

**Type 1**

*Loss or malfunction of insulin producing cells*

**Type 2**

*Body tissues are resistant to insulin*

Several factors contribute to what type of diabetes diagnosis an individual may have. **Type 1** is caused by a loss or malfunction of the insulin-producing cells. This may be a result of **genetic conditions, autoimmune disease, viral infection** or **environmental** factors. **Type 2**, the **most common** form of diabetes representing 90 – 95% of cases, is when the body’s tissues are resistant to insulin. The **occurrence** of Type 2 **increases** with **age**, **physical inactivity** and **obesity**.

**Gestational diabetes** is when diabetes is diagnosed during pregnancy. **Pregnancy hormones interfere** with the way **insulin** works in the mother’s body leading to **higher levels of sugar** (glucose) **in the blood**. **After the pregnancy is over**, most women’s blood sugars return to normal; 20 – 50% of these women will **develop Type 2 diabetes within 10 years**.
Over 390,000 Oklahoma adults reported having been diagnosed with diabetes* in 2021

That’s about 1 out of every 8 adults

In 2021, Oklahoma had the 9th highest diabetes prevalence in the nation

* Type 2 diabetes accounts for 90% to 95% of all diabetes cases

Among those diagnosed with diabetes

About 1 in 3 (29.8%) are taking insulin

13.2% have diabetes affecting their eyes

More than half (58.8%) have taken a class in managing diabetes

Almost one-third see a health professional for their diabetes 4 times in a year

A majority have their A1C checked between 1-4 times in a year

As education and income levels increase, the prevalence of diabetes decreases.

**EDUCATION**

- Less Than High School: 16.7%
- High School or G.E.D.: 12.7%
- Some Post High School: 13.6%
- College Graduate: 9.8%

In 2021, the highest prevalence of diabetes was **16.7%** among Oklahoma adults with **less than a high school** education.

**INCOME**

- Less than $15,000: 18.8%
- $15,000 - $24,999: 18.6%
- $25,000 - $49,999: 12.6%
- $50,000 - $74,999: 10.4%
- $75,000 +: 10.4%

In 2021, the highest prevalence of diabetes was **18.8%** and **18.6%** among those with a household income **less than $15,000** and **$15,000 and $24,999**.

Based on trend data, Hispanics continue to have the lowest prevalence of diabetes, and for the last two years Blacks to have the highest prevalence of diabetes among any of the racial or ethnic groups.

In 2021, the highest prevalence of diabetes was 19.7% among the Black (NH) race.

In 2021, the prevalence of diabetes reached a high of 25.5% among adults ages 65 years and older.

Obesity is a strong risk factor for diabetes.

Physical inactivity is associated with diabetes.

Smoking is causally linked to Type 2 diabetes.

**Diabetes-related behavioral risk factors include smoking, obesity, and physical inactivity.**

In 2021, among Oklahoma adults who have been **diagnosed with diabetes**...

- **ever smoking** is more prevalent (53%) compared to prevalence of ever smoking* in adults who have never been diagnosed with diabetes (41%).

- **obesity** is more prevalent (59%) compared to prevalence of obesity in adults who have never been diagnosed with diabetes (36%).

- **leisure time physical inactivity** is more prevalent (44%) compared to prevalence of leisure time physical inactivity in adults who have never been diagnosed with diabetes (26%).


*Current everyday, someday and former smokers
In 2021, among Oklahoma adults who have been diagnosed with diabetes:

- There is a higher prevalence of heart attack diagnosis (13%) compared to heart attack diagnosis in adults who have never been diagnosed with diabetes (4%).
- There is a higher prevalence of stroke diagnosis (11%) compared to stroke diagnosis in adults who have never been diagnosed with diabetes (3%).
- There is a much higher prevalence of arthritis diagnosis (51%) compared to prevalence of arthritis diagnosis in adults who have never been diagnosed with diabetes (23%).

Diabetes Mortality

Diabetes is the 8th leading cause of death in Oklahoma.

Determined to be the underlying cause of death in over 1,500 people in 2020.

Leading Causes of Death in Oklahoma

<table>
<thead>
<tr>
<th>Cause</th>
<th>Deaths</th>
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<tbody>
<tr>
<td>Diabetes</td>
<td>1,552</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>1,817</td>
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<tr>
<td>Cerebrovascular Diseases</td>
<td>1,955</td>
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<tr>
<td>Accidents</td>
<td>2,628</td>
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<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>2,936</td>
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<tr>
<td>COVID-19</td>
<td>4,847</td>
</tr>
<tr>
<td>Malignant Neoplasms</td>
<td>8,368</td>
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<tr>
<td>Heart Disease</td>
<td>11,758</td>
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OKLAHOMA DIABETES PREVALENCE BY COUNTY, 2020

Legend
Diabetes Prevalence
- 8.7% - 11.3%
- 11.4% - 13.2%
- 13.3% - 14.9%
- 15.0% - 16.2%
- 16.3% - 22.0%

Notes:
Diabetes is defined as respondents who have been told by a doctor that they have diabetes.

County-level data were estimated using a generalized linear mixed effects regression model with binomial outcome and a logit link function. This model was based on work by Serbotnjak et al., Zhang, X. et al., and Akin, H.

Data Source:
2020 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

SOONERCARE DIABETES PREVALENCE BY COUNTY, 2021

Legend
SoonerCare Members with Diabetes ICD Codes
- 3.7% - 4.7%
- 4.8% - 6.0%
- 6.1% - 7.2%
- 7.3% - 8.2%
- 8.3% - 10.5%

Notes:
Data represents SoonerCare members with diabetes as a percent of total SoonerCare population. It includes members with at least two claims with diabetes International Classification of Diseases codes in SFY2021.

Data Source:
SoonerCare SFY 2021, Oklahoma Health Care Authority

Projection/Coordinate System: USGS Albers Equal Area Conic
Created: 10.24.2022

Projection/Coordinate System: USGS Albers Equal Area Conic
Created: 01.03.2023
According to the latest report from the American Diabetes Association (2018), estimated total overall costs for people diagnosed with diabetes is $327 billion. Individuals with diabetes can expect to spend 2.3 times more on medical care as individuals without a diabetes diagnosis.\(^4\)

After adjusting for inflation, economic costs of diabetes have increased by 26% between 2012 and 2017. This is due in part to an increased prevalence and higher medical costs per person with diabetes.\(^4\)

In Oklahoma, diabetes and prediabetes related costs are estimated to be $3.7 billion annually. According to BRFSS, 12.8% of the adult population, or approximately 390,000 Oklahoma adults, have diabetes.\(^2\) Prediabetes, a condition where blood glucose levels are higher than normal but not yet high enough to be diagnosed as diabetes, affects more than one million Oklahomans; this is 33.9% of the state adult population.\(^5\)

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\(\text{FISCAL IMPACT – SOONERCARE}\)

1,075,881 enrolled

- 460,043 adults
  - 25,523 with prediabetes
  - 54,647 with diabetes
- 615,838 children (Ages 0 – 18 years)
  - 3,786 with diabetes
  - 36,206 with elevated BMI

\(\text{Total reimbursement for services rendered by SoonerCare members with diabetes SFY2021}\)

Source: Oklahoma Health Care Authority (2020). Diabetes Analysis, SFY 2021

\(\$975,156,839^*\)

*Total reimbursement for services rendered by SoonerCare members with diabetes SFY2021
OSDH does not receive state-appropriated funding specifically designated for diabetes prevention or self-management programs.

Activities and strategies aimed at reducing the prevalence of diabetes and increasing self-management skills are funded through time-limited CDC cooperative agreement (CDC-RFA-DP18-1815 Category A).

The graphs depict CDC funding expenditures related to diabetes strategies for Oklahoma over the last four years (FY 2019 - FY 2022). Grant strategies were focused on implementing statewide and community level approaches to promote health and prevent and control chronic diseases in priority populations.

**BARRIERS**

- COVID-19 has halted or delayed activities around reducing the prevalence of diabetes and increasing self-management skills.
- DPP and DSMES program sites were temporally closed and groups were unable to meet in-person. Lack of broadband services affected offering programs virtually.
- Strategies and protocols developed to increase referrals to DPP and DSMES programs sites are disrupted and stalled due to closed sites.
The county health departments (CHDs) affiliated with the OSDH do not receive state allocated funding to support diabetes programs. CHDs fall within 10 Districts across Oklahoma.

CHDs offer educational programs such as the Conversation Map Diabetes Self-Management Curriculum to develop self-management skills of persons with diabetes, and the Diabetes Prevention Program (DPP) to reduce the prevalence of diabetes. Trainings were provided to over 80 District staff in either Diabetes Self Management Education & Support (DSMES) or DPP. Each District is expected to begin a DSMES class in January 2023.

Federal grant funding supports a limited number of high prevalence counties with resources to address diabetes in their communities.

There are 23 County Health Departments (CHDs) that reported* offering diabetes programs.

In a month, 20 CHDs reported* providing services on average to 1-10 people with diabetes and 1 CHD reported* providing services on average to 11-25 people with diabetes.

There are 33 full time employees reported* as trained to provide diabetes programs across the CHDs.

Attendance and participation are down

Trained staff turnover

*Note: Data captured via Fiscal Impact of Diabetes Survey administered in December 2022.
It is estimated 15-30% of individuals with prediabetes will develop Type 2 diabetes within five years. Participation in a Diabetes Prevention Program (DPP) could reduce the incidence of diabetes through use of intensive diet and lifestyle counseling for individuals at high risk for developing diabetes.
**IMPROVES CONTROL OF BLOOD GLUCOSE, BLOOD PRESSURE AND CHOLESTEROL LEVELS**

Each 1% reduction in HbA1c* reduces risk of complications by 40%.

*Hemoglobin A1c (HbA1c) reflects how well an individual’s diabetes is controlled.

**BENEFITS**

- Improves control of blood glucose, blood pressure and cholesterol levels
- Each 1% reduction in HbA1c reduces risk of complications by 40%
- Lowers number of hospitalizations, length of stay, and inpatient costs

**DSMES PROGRAMS, 2022**


Disclaimer: This map is a compilation of accuracy and data from various city, county, and state officials and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.
**COLLABORATIVE EFFORTS**

**SoonerCare Providers**
- Including primary care providers and registered dietitians regarding diabetes and obesity initiatives for SoonerCare members

**DSMES Programs**
- Referral of SoonerCare members with diabetes diagnosis

**Legislative Diabetes Caucus**
- Chaired by Sen. Hicks and Rep. Dempsey, educating the public on diabetes initiatives

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**KEY PROGRESS AND UPDATES**

- DSMES providers expanded (effective March 2021)
- DSMES services approved for telehealth indefinitely
- Coverages of new drug therapies approved by the FDA
- Coverage of new Freestyle Libre 3 GCM after it was approved by the FDA
- Increasing engagement of pharmacists in the provision of medication management or DSMES for people with diabetes
- Implement systems to identify people with prediabetes and refer them to lifestyle change programs
The process for improving the health of Oklahomans incorporates awareness, education and availability of programs. To reach populations at highest risk for development of chronic diseases, specifically diabetes, requires programs to be locally based, inclusive, culturally appropriate and sustainable.

All of the individual, community and health system elements must work together in shared responsibility. The sharing of ideas, resources and people between communities and health systems can improve clinical and population health. As a chronic disease, diabetes is not self-limiting but spans a lifetime. Biology, environment and social factors interact during an entire lifetime to influence health and disease in later life.

Interventions focused on preventing or delaying chronic diseases across the continuum must be implemented with a long-term perspective and sustained effort.

This action plan includes progress and updates on the goals, objectives, benchmarks and activities established in the 2021 Diabetes Legislative Report. The Action Plan Progress section summarizes results from the initial 5 year plan with a baseline for most of the benchmarks starting in 2015.
1. **To Reduce the Incidence Rates of Diabetes**

   1. Adult Medical Nutrition Therapy (MNT) claims **increased** by 6.9%.
   2. **Exceeded 2020 target** (target = 26,716; actual = 27,208)
   3. Leadership approved an effort initiated around **adding DPP** as a **covered service** but has been **tabled** until after the launch of delivery system reform.
   4. Child MNT claims **increased** by 20% in FY20, and then **slightly decreased** in FY21.

2. **Improve Health Care Services for Diabetes**

   1. DSMES expanded to include pharmacists, RDs, and RNs.
   2. **Initiated strategies** specific to diabetes via care management partners
   3. Annual HbA1c testing rates **decreased**.
   4. **Target updated**.
   5. Pediatric BMI claims **increased** by 113%.
   6. **Exceeded 2020 target** (target = 30,800; actual = 62,712)

3. **Control Complications from Diabetes**

   1. Hospitalization admission rates **decreased** by 12.4% from FY19. Target updated.
   2. **Increased** the number of DSMES providers.
   3. **Exceeded 2020 target** (target = 6; actual = 24)
   4. **SoonerCare** members with diabetes who **attended DSMES** has increased.
   5. **Exceeded 2020 target** (target = increase from 0; actual = 105)
To Reduce the Incidence Rates of Diabetes

Objectives

1. Implement strategies within Oklahoma Medicaid to increase the utilization of MNT by SoonerCare members with prediabetes

2. Continue Oklahoma Medicaid initiative of adding coverage of Diabetes Prevention Program (DPP) as a SoonerCare benefit

3. Implement system changes to identify and refer SoonerCare pediatric populations at high risk for developing Type 2 diabetes to education programs

Benchmarks

Baseline (FY21)
27,208 MNT units

Baseline (2022)
No DPP coverage

Baseline (FY21)
5,785 MNT units

Current Value (FY21)
27,208 MNT units

Current Value (2022)
No DPP coverage

Current Value (FY21)
5,785 MNT units

5 Year Target (FY26)
29,928 MNT units

1 Year Target (2027)
DPP coverage

5 Year Target (FY26)
6,363 MNT units

Target Population
OHCA SoonerCare members 19 years and older

Target Population
OHCA SoonerCare members 19 years and older

Target Population
OHCA SoonerCare pediatric population (0 years – 18 years)
1 To Reduce the Incidence Rates of Diabetes

**Key Activities**

- **Collaborate with providers (PCPs and RDs/LDs) to implement strategies that increase referrals for MNT.**

- **Gain authority and make policy changes for adding DPP as a service for SoonerCare members with Prediabetes.**

- **Collaborate with SoonerQuit to implement strategies to increase the number of RDs/LDs contracted with OHCA.**

- **OHCA will implement strategies that improve identification and referral of population.**

- **Determine up-to-date projected budget for coverage of DPP for SoonerCare population.**

- **OSDH will collaborate with WIC programs to identify children with elevated BMIs.**

- **As the service becomes active work with OHCA internal divisions to insure effective implementation.**

- **CHDs will utilize RDs/LDs to offer MNT to the SoonerCare pediatric population.**
**OBJECTIVES**

1. Develop and implement strategies for improving health care services for diabetes for SoonerCare members

2. Increase the percentage of members with diagnosis of diabetes receiving annual HbA1c testing

3. Improve health care services for pediatric members with elevated BMIs

**BENCHMARKS**

- **Implement strategies, including policy changes/updates, for improving health care for diabetes**
  - Baseline (2022): 0 strategies
  - Current Value (2022): 0 strategies
  - 5 Year Target (2027): 3 strategies

- **Increase by 20% the number of SoonerCare members with diabetes receiving annual HbA1c testing**
  - Baseline (2020): 60% members
  - Current Value (2020): 60% members
  - 5 Year Target (2025): 72% members

- **Increase by 5% the number of SoonerCare pediatric member claims with BMIs documented by providers**
  - Baseline (FY21): 62,712 children
  - Current Value (FY21): 62,712 children
  - 5 Year Target (FY26): 65,848 children
2 IMPROVE HEALTH CARE SERVICES FOR DIABETES

KEY ACTIVITIES

- Collaborate with the Diabetes Caucus for information on statewide initiatives and priorities for improving diabetes services.
- Coordinate efforts with OHCA initiatives relevant to improving HbA1c testing for members with diabetes, including PCMH and the various care management programs.
- Collaborate with the OHCA SoonerQuit team and pharmacy & medical divisions to identify and prioritize strategies for improving diabetes services.
- Collaborate with the Diabetes Caucus for information on statewide initiatives and priorities for improving diabetes services.
- Monitor data and outcomes from OHCA strategies in support of annual HbA1c testing for members with diabetes.
- Collaborate with SoonerQuit team to provide or coordinate education for clinicians on screening and referring SoonerCare children with elevated BMIs to appropriate programs (i.e. DSMES and medical nutrition therapy).
- If new initiatives and strategies are identified, work with OHCA divisions and other relevant entities to implement strategies.
Develop strategies to decrease diabetes related hospital admissions

Increase the number of DSMES providers enrolled as diabetes educators with Medicaid

Implement strategies to increase participation of SoonerCare members with diabetes in recognized and accredited DSMES programs

Objectives

Benchmarks

Decrease hospital admission rates for short-term complications related to diabetes by 2%

Baseline (FY20)
21.62 / 100,000 member months

Current Value (FY20)
21.62 / 100,000 member months

5 Year Target (FY25)
21.19 / 100,000 member months

Target Population
OHCA SoonerCare members with diabetes 19 – 64 years

Increase by 100% the number of DSMES providers

Baseline (2022)
24 providers

Current Value (2022)
24 providers

1 Year Target (2027)
48 providers

Target Population
OHCA SoonerCare contracted clinicians (MD, DO, PA, ARNP, etc.)

Increase by 100% the number of SoonerCare members with diabetes in DSMES services

Baseline (2022)
105 members

Current Value (2022)
105 members

5 Year Target (2027)
210 members

Target Population
OHCA SoonerCare members ages 19 years and older with Type 2 diabetes
Collaborate with OHCA’s SoonerQuit team to recruit DSMES providers to enroll with Medicaid, including education about the enrollment process.

Collaborate with the Diabetes Caucus on initiatives focused increasing the availability of DSMES services.

Collaborate with OHCA care management and pharmaceutical review initiatives to identify and implement strategies to reduce non-emergent ER utilization.

Collaborate with OHCA’s SoonerQuit team to provide education and outreach to SoonerCare members with diabetes on the benefits of attending DSMES services.

Collaborate with the Diabetes Caucus and OHCA’s SoonerQuit team to develop strategies to help educate SoonerCare members about DSMES services.

Collaborate with the Diabetes Caucus and other entities to develop strategies to educate PCP providers about DSMES services.
Oklahoma statute (63 O.S. §7301) requires the Oklahoma Health Care Authority (OHCA) and the Oklahoma State Department of Health (OSDH) to develop a detailed budget blueprint identifying **needs, costs** and **resources** required to achieve the **goals** and to reach projected benchmarks.

**GOAL 1**
- Reduce the incidence rates of diabetes

**GOAL 2**
- Improve health care services for diabetes

**GOAL 3**
- Control complications from diabetes

**NEEDS**
- Oklahomans face a higher than national average incidence of diabetes. Identifying barriers to care and providing education programs on lifestyle change behaviors and self-management skills are critical in decreasing prevalence, mortality and morbidity.
### Goal 1: Reduce Incidence of Diabetes

#### Benchmarks

1. Increase by 10% the number of SoonerCare members with a paid claim for medical nutrition therapy (MNT).
2. Add DPP as a covered service, obtaining the necessary authority and approvals.
3. Increase by 10% the number of SoonerCare pediatric members with a paid claim for MNT.

#### Cost

- Recruitment and training of providers and education and outreach to SoonerCare members for MNT services.
- Data reporting.
- Initial projected cost of DPP was $445,000, however a new budget impact statement will need to be developed.
- Training of providers for MNT services.

#### Resources

- OHCA personnel
- Data Management Systems
- OHCA contracted Registered Dietitian/Licensed Dietitians (RD/LDs)
- OSDH
GOAL 2: IMPROVE HEALTHCARE SERVICES

**BENCHMARKS**

1. Implement at least 3 new strategies, including policy changes/updates, for improving health care for diabetes.
2. Increase by 20% the number of SoonerCare members with diabetes receiving annual HbA1c testing.
3. Increase by 5% the number of SoonerCare pediatric member claims with BMIs documented by providers.

**COST**

- OHCA staff time and effort collaborating with internal and external entities.
- Training of providers on screening and referral for BMI.
- Data reporting.

**RESOURCES**

- OHCA’s SoonerQuit team
- Pharmacy and medical divisions
- Diabetes Caucus
- Data Management Systems
GOAL 3: CONTROL COMPLICATIONS

BENCHMARKS

1. Decrease hospital admission rates for short-term complications related to diabetes by 5%.
2. Increase by 100% the number of DSMES providers.
3. Increase by 100% the number of participation of SoonerCare members with diabetes in DSMES services.

COST

- OHCA staff time and effort collaborating with community partners.
- Training of providers in DSMES services.
- Recruitment and training for DSMES providers and programs.
- Education and outreach to SoonerCare members on DSMES services.

RESOURCES

- OHCA’s SoonerQuit team
- Pharmacy
- Diabetes Caucus
- Data Management Systems


