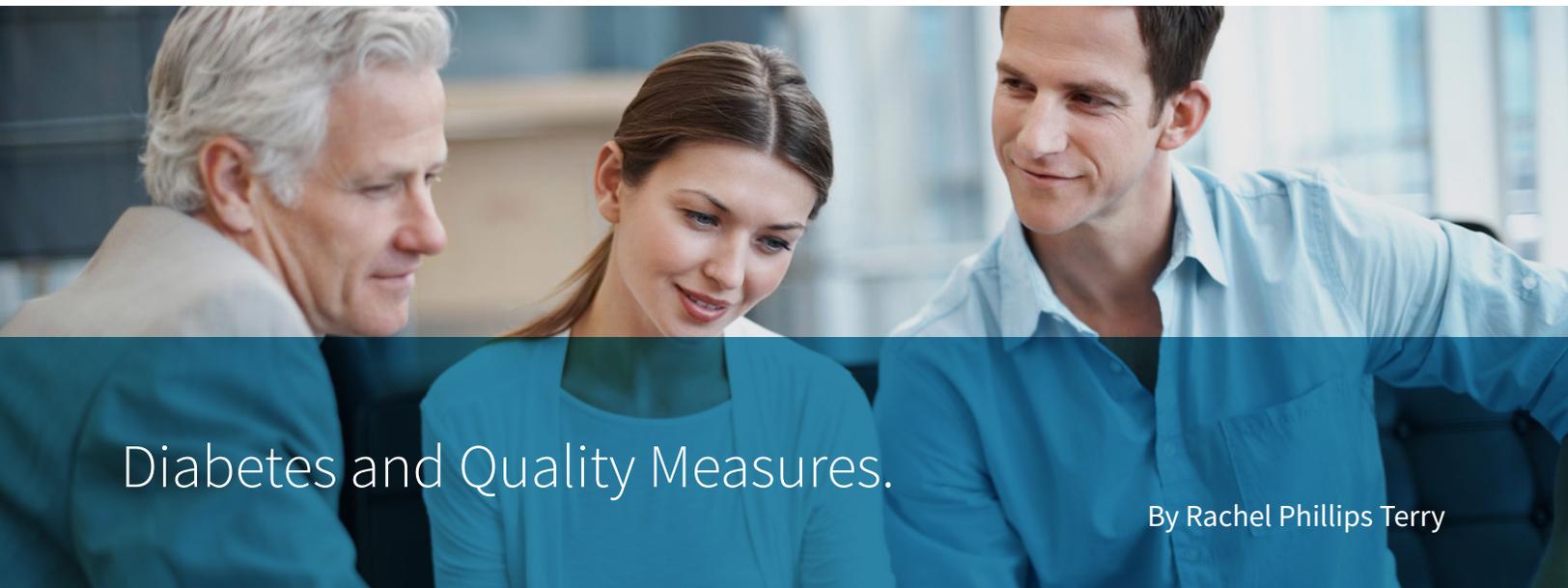




REDUCING COSTS, CLOSING GAPS, AND IMPROVING MEMBER HEALTH



Diabetes and Quality Measures.

By Rachel Phillips Terry

Executive Summary

According to the Centers for Disease Control, 29 million people in the U.S. have diabetes. Another 86 million – more than 1 out of every 3 adults – have prediabetes. Shockingly, more than 1 in 4 people don't even know they have the condition.

This white paper presents current facts, statistics, and best practices related to diabetes with an emphasis on prevention through screening, early detection, and proper treatment. It cites several studies that indicate the best first step is to be screened and describes the importance of lifestyle changes for those who test positive. BioIQ has set a new standard of care with a user-friendly screening solution [program, process] that generates exceptional outcomes for patients and health plans. This joint solution has been proven with major health plans and thousands of participants.

Statistics and Industry Challenges

“Diabetes is costly in both human and economic terms. It’s urgent that we take swift action to effectively treat and prevent this serious disease,” says Ann Albright, Ph.D., R.D., director of CDC’s Division of Diabetes Translation.¹ A recent U.S. study published in the American Journal of Preventive Medicine found that only one out of nine adults with elevated blood sugar, a marker of prediabetes, was aware of the problem.² In another recent study, Shivani A. Patel of the Rollins School of Public Health at Emory University stated, “Smoking is on the decline, and obesity and diabetes may soon become the number one risk factors for cardiovascular disease.” She said that early identification and intervention is critical.

As with many chronic conditions, researchers have found that adults who were aware of their condition were 30% more likely to exercise and to engage in at least 150 minutes of moderate activity per week, and almost 80% more likely to try losing weight and to have had at least a 7% reduction in their body weight in the past year.³ Learning of the presence of the condition is the first step to empowering patients to make lifestyle changes that can arrest development of the disease and lower health risks.

Best Practices in Diabetes Screening

Many barriers exist for members to get screened, such as taking time from work, fasting, and making doctor’s appointments. In a Kaiser Family Foundation report released in May, 2014 that looks at access to health care under the Affordable Care Act (ACA), the authors examine the causes behind why people do not access medical care. Forty-two percent of women surveyed stated that lack of time or inability to take time from work was a reason that they did not access the health care system for services, preventative or otherwise. Additionally, 57% of these women report having a chronic health that requires monitoring, care or medication. Similarly, 50% of men have delayed, postponed, or forgone care.⁴

Sadly, most do not know that there are testing technologies that allow members to bypass many of these barriers altogether via a simple finger stick. These tests allow members, in the comfort of their home and first thing in the morning, to have these conditions identified conveniently.

As with many broad-scale population health identification programs, critical program components for making diabetes screening initiatives successful include:

- Integrated screening and laboratory interfaces.
- Proven test kit technology.
- Progress-tracking and ongoing continuous member communications supported by an incentive program to increase compliance.
- Ongoing measurement of outcomes and clinical values, communicated to all stakeholders.
- An organized system of engagement and education for all participants in the program, including health plan staff, health system partners, and members. Ideally, member engagement is facilitated through a comprehensive technology platform.
- Consistent real-time reporting that supports the engagement system, ideally through an online administrative dashboard.

The overall flow of this type of integrated program is illustrated below.

An Integrated Approach



Managing the Comprehensive Diabetes Care Measure ⁵

Many barriers exist for members to get screened, such as taking time from work, fasting, and making doctor's appointments. In addition to the identification of high-risk members in health plan population, there are other HEDIS measures that make sense for ongoing screening programs and member management. One of the HEDIS Effectiveness of Care composite measures is Comprehensive Diabetes Care, compilation of seven different rates that identifies how well a health plan is measuring its members who have diabetes. It looks at the percentage of diabetics in a population that meet specific criteria:

- Have had a hemoglobin (HbA1c) blood test.
- Have controlled diabetes (HbA1c <7%) for a selected population.
- Have poorly controlled diabetes (HcA1c >9%).
- Have been screened or monitored for kidney disease.
- Have controlled diabetes (HbA1c <8%).
- Have blood pressure <140/90mm Hg.
- Have had a retinal or dilated eye examination.

The same testing technology, Lab in an Envelope (LIAE), that allows for overall screening of a population for elevated blood glucose can also be utilized to screen and monitor a diabetic population. Another home test kit, for kidney function screens urine for microalbumin and creatinine. Deployment of programs using this technology allows a health plan broader collection of diabetic member lab values, increased identification of high-risk members, and broader compliance in fulfilling this important HEDIS measure.

Screening for Diabetes in Marketplace Plans

With the implementation of the ACA and millions of new, formerly uninsured members, many health plans are looking for ways to better understand and risk-stratify this new model. In the release of its 3rd edition Exchange Pulse™ Report, Express Scripts says that diabetes treatment medications make up 10.79% of the total drug spend of marketplace plans. The same population of patients is also 43% non-adherent to their treatment regimens. ⁶ It has become critical for companies offering plans through the marketplace to look at innovative ways of identifying these high-risk patients and engaging them with health improvement and chronic-condition management programs. A broad population-health screening initiative using LIAE can assist Marketplace plans in identifying members with elevated HbA1c as well as elevated cholesterol, another important risk factor. As the study by the American Journal of Preventive Medicine highlighted, people with prediabetes who know of their condition are much more likely to engage in lifestyle change and other programs to forestall the onset or further progression of diabetes.

Streamlining the Screening Process

Conducting population health screening programs involves several steps. The health plan has to identify noncompliant members, reach out to their physicians, generate lab requisitions, coordinate lab testing, create electronic health records, and integrate the data into its information systems to verify gap closures and fulfill HEDIS mandates.

The BioIQ Approach

BioIQ has developed a healthcare quality platform that automates this entire cycle. Participating organizations simply supply an eligibility file containing information about members who are out of compliance. BioIQ initiates an at-home screening program and implements a robust engagement campaign to garner high compliance.

BioIQ sends a series of invitations, alerts, and reminders by phone, mail, email, SMS, mobile, and Interactive Voice Recording (IVR) mediums. As each member completes the screening, BioIQ creates electronic health records and passes the data to all

pertinent constituents including physicians, health plans, and partner health services companies. Members can view lab results through a secure portal or opt for a paper lab report delivered by mail. Either way they receive recommendations for discussing those results with a primary care physician.

BioIQ observes all pertinent security regulations, such as HIPAA guidelines governing personally identifiable information. BioIQ handles all necessary interfaces with health plans to ensure the secure, automatic transfer of member clinical data. Additionally, BioIQ can take advantage of existing claims-based file exchanges with laboratory partners. Customization includes health plan branding, member reporting, reinforcement of primary care provider relationships, and integration with existing medical management programs.

The BioIQ technology platform is highly configurable to the needs of each client. The diagram illustrates the opportunities available:

BioIQ Modular Delivery Options

Engagement Only

- Comprehensive engagement and compliance messaging across multiple methods
- Member outreach via phone, IVR, SMS, mail or email
- Online Portal
- PCPs
- Engagement Letters
- Clinical Outcome Reports

At-Home Test Kit

- Outreach via phone, SMS, mail, or email
- Kit shipped direct to member
- **Member collects & returns sample**
 - Reminder communications
 - Friendly, easy collection experience
 - FIT, Blood, or Urine Kit
 - Pre-paid return envelopes
- Results automatically integrated with BioIQ and sent to Member, PCP, and Health Plan

CNP Home Visits

- Outreach via phone, SMS, mail, or email
- Visit scheduled by Call Center
- **Nurse Practitioner home visit/retail visit experience**
 - Administration of Health Assessment
 - Body Measurements
 - Blood, FIT, or Urine Kit
 - Vaccinations
- Results automatically integrated with BioIQ and sent to member, PCP, and Health Plan

Why Work with BioIQ?

BioIQ has conducted tens of thousands of population health programs across consumer, employer, and health plan populations. Numerous health plans and employers use our LIAE methodology to screen employees for baseline and subsequent HgA1c data.

BioIQ has a fully-integrated service delivery network, including:

- LabCorp and other diagnostic laboratories (at a claims-based billing level).
- National and regional nurse practitioner / MD staffing options.
- National retail pharmacies (large and small market pharmacy network).

While this white paper focuses on diabetes screening, BioIQ addresses a wide variety of other HEDIS measures, including all of the preventive Effectiveness of Care measures, as illustrated below.

BioIQ Supported HEDIS Gap Closures

Via Engagement Only

- Cancer Screening
 - Breast
 - Cervical
- Well Child Visits
 - 0 – 15 months
 - 3 – 6 years
 - Immunization Status
 - Adolescent Well Care
- Annual Wellness Assessment
- Immunizations for Adolescents
- HPV Vaccinations for Female Adolescents
- Annual Dental Visit
- CDC-Retinal Eye Exam

Via At-Home Test Kit

- Comprehensive Diabetes Care
 - A1C, followed by supportive MTM
 - Micro Albumin, kidney disease
- Colorectal Cancer Screening

Via BioIQ Network Providers*

- Lead Screening in Children
- Chlamydia Screening
- Adult BMI Assessment
- Care for Older Adults
- Annual Monitoring for Patients on Persistent Medications
- Controlling High Blood Pressure
 - Vaccinations
 - Flu (age 18-64)
 - Flu (age 65+)
 - Pneumococcal

*Includes LabCorp Patient Service Centers, Home Visit Providers, and Retail Pharmacy Sites

BioIQ takes a versatile approach to reaching your members through at-home test kits, nurse home visits, and/or retail pharmacy delivery models, with emphasis on:

- **Experience:** Media to engage and guide members.
- **Data:** Insight to enable members, administrators, and care stakeholders.
- **Logistics:** System interactions with labs, pharmacies, and service providers.

Get started today! Contact BioIQ today to learn more or to schedule a demonstration.

About the Author



Rachel Phillips Terry is a corporate vice president at BioIQ, a healthcare technology company based in Santa Barbara, California. Ms. Phillips Terry has worked in healthcare for more than 20 years and held key positions at America's Health Insurance Plans (AHIP), Anthem, and several oncology management organizations. She brings this broad base of experience to the BioIQ Star program, where she helps clients improve their quality reporting initiatives for HEDIS, Star, and Quality Rating System measures. Ms. Phillips Terry attended George Mason University in Fairfax, VA.

End Notes

¹ <http://www.cdc.gov/features/diabetesfactsheet/>

² [http://www.ajpmonline.org/article/S0749-3797\(15\)00124-5/abstract](http://www.ajpmonline.org/article/S0749-3797(15)00124-5/abstract)

³ [http://www.ajpmonline.org/article/S0749-3797\(15\)00124-5/abstract](http://www.ajpmonline.org/article/S0749-3797(15)00124-5/abstract)

⁴ <https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>, pages 2-14.

⁵ HEDIS® 2015 Narrative, Volume 1, copyright 2014

⁶ <http://lab.express-scripts.com/Insights/Government-Programs/First-Look-2015-Public-Exchange-Plan-Rx-Trends>