

**Texas Diabetes Council
Meeting Minutes
January 13, 2022
1:00 p.m.**

Location: Microsoft Teams Meeting Platform

Texas Diabetes Council members who attended the Thursday, January 13, 2022 meeting.

NAME	IN ATTENDANCE
Dr. Mitchel Abramsky (Non-Voting)	Yes
Dr. Kelly Fegan-Bohm (Non-Voting)	Yes
Dr. Gary Francis	No
Ms. Felicia Fruia-Edge	Yes
Ms. Lisa Golden (Non-Voting)	Yes
Mr. Dirrell Jones	Yes
Ms. Diane Kongevick (Non-Voting)	Yes
Ms. Aida (Letty) Moreno-Brown	Yes, audio only
Ms. Umme Salama Oan Ali (Non-Voting)	Yes
Dr. Feyi Obamehinti	Yes
Dr. Stephen Ponder	Yes
Dr. Ninfa Pena-Purcell	Yes
Ms. Ardis Reed	Yes
Mr. Jason Ryan	Yes
Ms. Maryanne Strobel	Yes
Dr. Christine Wicke	No

Agenda Item 1: Welcome

Dr. Feyi Obamehinti, Chair of the Texas Diabetes Council (TDC), convened the meeting at 1:02 p.m. and welcomed everyone in attendance.

Dr. Obamehinti introduced Ms. Sallie Allen, HHSC, Advisory Committee Coordination Office, to provide logistical announcements.

Agenda Item 2: Roll Call, Excused Absences, and Determination of Quorum

Ms. Sallie Allen, HHSC, Advisory Committee Coordination Office, stated Dr. Christine Wicke provided notice she would not be in attendance for the meeting. Ms. Allen conducted a roll call of the members and determined a quorum was present. She called on members again and they acknowledged and approved the absence of the member recognized.

Agenda Item 4: Consideration of October 28, 2021, Meeting Minutes

Ms. Allen introduced the October 28, 2021, meeting minutes and asked if there were any edits from the members. Dr. Obamehinti addressed edits to Agenda Item 8c, 8d and 8e to include wording to reflect Dr. Obamehinti's introduction of each state agency representative; Agenda Item 9, second line, add wording to read, "...are on hold because of meeting room availability"; Agenda Item 11, first line, add wording to read, "...next meeting is scheduled..."; and in the second paragraph, change the word October to "January" meeting.

MOTION: Dr. Obamehinti motioned to approve the October 28, 2021, meeting minutes with the corrections presented. Dr. Stephen Ponder seconded the motion. Ms. Allen conducted a roll call vote and the motion carried with no objections or abstentions.

Agenda Item 4: Disparities in Access to Continuous Glucose Monitoring Devices & the Clinical and Economic Evidence Related to Diabetes

Outcomes

Dr. Obamehinti read a Disclaimer and then introduced Dr. Anniece Spencer & Dr. Pranav Patel, with Abbott Diabetes Care. They referenced the PowerPoint, *Disparities in Continuous Glucose Monitoring (CGM) Access*.

Highlights included:

- Approximately 2.5M Texans are expected to be diagnosed with diabetes, majority of them being adults with Type II diabetes.
- Data from CDC suggests that the diabetes prevalence rates in Texas by race ethnicity are Non-Hispanic Whites 10.3%, African Americans 14.2%, and Hispanics 15.9%, respectively.
- Majority of Texas Medicaid beneficiaries with diabetes-related claims are people of color.
- Data from National Committee for Quality Assurance (NCQA) highlights the disparities in quality metrics with a percentage of people achieving an A1c of less than 8% across different insurance types, where Medicaid beneficiaries are less likely to achieve A1c goals compared to those with Medicare/Private insurance.
- Benefits of Continuous Glucose Monitoring (CGM) devices:
 - Lower A1c readings were observed among CGM users compared to non-CGM users with public insurance or lower household incomes.
 - CGM utilization was associated with significant A1c reductions in patients with diabetes across treatment regimens in multiple studies.
 - Analysis of electronic health record data, researchers found that patients experienced reductions in A1c, regardless of the CGM device they are utilizing.
- Disparities in CGM Access:
 - Children with Medicaid are less likely to utilize CGM compared to those with private insurance respectively.
 - According to an ADA press-release, children with Medicaid are ~3.5X less likely to utilize a CGM compared to those with private insurance. This could be a result of disparities in CGM initiation rates and/or CGM continuation rates.
 - Minorities were not only less likely to start on a CGM device, but also less likely to continue using a CGM device.
- Possible causes of disparities:
 - Therapeutic Inertia
 - Implicit Bias

- Differential coverage – privately insured patients typically have better coverage
- Digital/health literacy
- Rapidly evolving diabetes technology landscape
- Social determinants of health (SDoH)
- Complexity in patient journeys through the healthcare system
- Potential Solutions
 - Patient-Centered Shared-Decision Making – coverage policies should enable an environment where patient-provider preferences can be honored to enable patient-centered treatment choices.
 - Screening for and addressing implicit bias.
 - Explore telehealth/telemedicine models outlined in HB 4, and Project ECHO (Extension for Community Healthcare Outcomes).
 - Reduce barriers to access – better coverage policies, explore easier access experience through pharmacies, and the benefits of HB 3459, such as, reducing insurance red-tape by gold-carding providers with high percent of PA approvals.
 - Provider and patient CGM education to increase awareness and improve confidence with using the technology.

Dr. Obamehinti thanked Dr. Spencer & Dr. Patel for their presentation and proceeded to Agenda Item 5.

Agenda Item 5: Implications and Applications of Telehealth & Telemedicine

Dr. Obamehinti introduced Ms. Celia Levesque, RN, MSN, CNS-BC, NP-C, CDE, BC-ADM, with The University of Texas M.D. Anderson Cancer Center, and she referenced the PowerPoint, *Telemedicine for Diabetes*.

Highlights included:

- Definition for telehealth, telemedicine
- Various forms of telehealth technologies include text messaging, smart phone apps, website, phone and video/virtual connection
- Pros and Cons of patient and provider use of telemedicine/telehealth
- Regulatory requirements associated with various forms of reimbursement and approval to practice in the state patient is physically in at time of visit.

Members discussed:

- With the recently passed infrastructure bill which has earmarked \$14 billion to help low-income families pay for high-speed Internet and expand broadband infrastructure, is one of the Council priorities to improve access to diabetes education.
- What is the expected timeline of potential infrastructure changes and when can we expect them to be distributed?
- Announcement was released just this morning about the FCC and the broadband expansion. It pertains to telehealth and outlines restrictions, qualifications and enrollment for certain programs. The document will be sent to DSHS program staff to share with members.

- Member reiterated the importance of telemedicine and being able to participate in their son's routine physician appointments, while he is attending college out of state. It is extremely beneficial for continued success for the patients that are utilizing those services.
- Most patients prefer the telemedicine visit over lab visits, but there are a few people that don't, so an in-person clinic visit is still available.
- Technology is our friend, and it going to continue to expand for all of us.

Dr. Obamehinti thanked Ms. Levesque for her presentation and stated that this would be an ongoing conversation for the Council and hoped to be in touch with her again.

Agenda Item 6: University of Nebraska Medical Center's Extension of Community Healthcare Outcomes (ECHO) Project to Reduce COVID-19 Health Disparities

Dr. Obamehinti introduced Ms. Ardis Reed, MPH, RD, LD, CDCES, Council Member, and she referenced the PowerPoint, *Reducing COVID-19 Health Disparities through Quality Improvement: An Overview of the University of Nebraska-Medical Center, Project Echo*.

Highlights included:

- Quick overview of Nebraska:
 - Total population is 1,826,341; gender distribution is 50/50; approximately 40% is over 60 yrs. of age; 35% live in rural and 65% live in urban areas; poverty rate is 10%; and 11.6% of population have diabetes.
- Based on research, we know those with chronic disease have multiple comorbidities and are at high risk for developing COVID-19.
- Serves as subject matter expert (SME) and provides content resource support for the Project ECHO team.
- Project ECHO is designed to eliminate health disparities and improve the well-being of Nebraskans and to provide quality improvement projects in support of Tele mentorship and delve into cultural sensitivity which is increasing in Nebraska.
- Funding from CDC, a \$1.6million grant, the Nebraska Department of Health and Human Services provides training on health equity, infection control and quality improvement. Also covers free coaching to assist program participants with quality improvement projects and provides seed money for any organization that is enrolled in the project.
- The ECHO team is comprised of 16 members from University of Nebraska Medical Center, Institute for Healthcare Improvement (IHI) and TMF Health Quality Institute
- Program is 18 months long and meets twice a month via zoom for 90 minutes.
- The curriculum focuses on four modules: health equity, cultural sensitivity, COVID-19 and infection, control and quality improvement.
- Project timeline is divided into three phases:
 - Foundation phase: November 2021 – June 2022
 - Implementation phase: June 2022 – February 2023
 - Evaluation phase: February 2023 – May 2023

- There are different Project ECHOs across the country however, Ms. Reed is not in the communication stream. She noted the format is new and hopes the success and data being obtained will promote it to being expanded.

Dr. Obamehinti thanked Ms. Reed for her presentation and proceeded to Agenda Item 7.

Agenda Item 7: State Agency Representative Updates

Dr. Obamehinti introduced Dr. Kelly Fegan-Bohm, Community Health Improvement Medical Director, Department of State Health Services.

a. Department of State Health Services

Dr. Kelly Fegan-Bohm did not have any agency level updates to share with the council. She introduced and turned the floor over to Ms. Rachel Wiseman, Tobacco, Diabetes, and School Health Unit Director, DSHS, and she provided the program update.

Highlights included:

Program Updates

- Ms. Kelsii Dilley, Diabetes and School Health branch manager has left DSHS and taken a position with the HHS Family Violence program.
- Ms. Natalie Gonsalves is moving from the diabetes program to the heart disease and stroke program, all of which are within the health promotion and chronic disease prevention section.
- In the process of hiring a Program Specialist V to work on special projects related to our federal grant
- Ms. Ashley Doyle, the Diabetes Team Lead has taken a position with the Office of Border Public Health. I'd like to thank Ashley for all her work with the diabetes program and especially with the Texas Diabetes Council. We are going to miss her and her subject matter expertise.
- Ms. Priya Patel will be the contact person for the Texas Diabetes Council contact while we work to fill Ashley's position. If you have any questions, please contact Priya or Natalie, at the Diabetes@dshs.texas.gov email address.
- Dr. Obamehinti commented on Miss Ashley Doyle role serving the Council. Basically, she has been the face of the program. She has been here at the agency for over 14 years, in this specific diabetes program. She opened the floor to council members, and several extended the gratitude to Ashley for her leadership, wisdom, guidance, hard work and for keeping the Council on a straight line. In turn, Ashley thanked the members for their well wishes and that she will miss them all, but she will not be far away, so feel free to contact her.

b. Employees Retirement System of Texas (ERS)

Dr. Obamehinti introduced Ms. Diane Kongevick, Director of Group Benefits, Employees Retirement System of Texas, to provide update.

Highlights included:

- The Employees Retirement System of Texas is the plan for state employees, state retirees, their families, and higher education, except for University of Texas system and Texas A&M.
- That represents approximately more than half a million members, about 80% of them are covered under our Health Selective Texas plan and the backbone of the program is the role of the primary care physician to help manage care with their patients and to also get to know their patients and help them navigate through the various stages of life or illness.
- ERS health select plan covers telemedicine, however we did not have a lot of usage of telemedicine through a providers' platform until COVID.
- ERS has programs for virtual visits, such as Doctor on Demand and MD Live to help provide access to care 24/7, including holidays, weekends, and that has always been a popular program.
- Since beginning of COVID in March 2020, we've had a significant increase with the use of telemedicine, especially with behavioral health.
- In our prescription drug plans, we provide a free glucometer program with test strips and supplies for folks and there is no deductible, so the cost is manageable for most.
- Other areas that have shown benefits of a telemedicine diagnosis includes mental health, upper respiratory infection, and diabetes to mention a few.
- Our contractor providers and members like the telemedicine concept and we are seeing more utilization and better access than ever before. We are monitoring virtual visits and telemedicine very closely and connecting access and utilization with other conditions that may or may not be affected by COVID.

c. Health and Human Services Commission

Dr. Obamehinti introduced Dr. Abramsky, HHSC Medicaid and CHIP Services, to provide update.

Highlights included:

- Changes regarding the policy for the continuous glucose monitoring adjunct and Omni pod were discussed earlier.
- Pharmacy benefit vendor drug is looking at the possibility of having some supplies available through the pharmacy instead of just through the DME Provider.
- The DSMES topic referral is still under review. The hope was to have it done this fiscal year, but with all the delays and COVID, it could possibly be delayed further.

d. Teacher Retirement Systems of Texas

Dr. Obamehinti introduced Ms. Umme Salama Oan Ali, Senior Health Engagement Specialist, TRS, to provide update.

- Ms. Oan Ali stated she did not have any updates to share with the Council.

e. Texas Workforce Commission (TWC)

Dr. Obamehinti introduced Ms. Lisa Golden, MA, Vocational Rehabilitation (VR) Services Diabetes Specialist provided an update.

Highlights included:

- TWC is working hard to respond to customer requests and bring services back to in person.
- In December, conducted an in-person Texas Confidence Builder training at the Criss Cole Rehabilitation Center (CCRC) in Austin, to a small group (5) of diabetes education providers.
- Training focused on teaching diabetes care and education specialists about how to work with people with disability and diabetes
- The CCRC is reopening the dorms and providing in person services. Plans under way to admit two groups this month bringing the capacity to close to 50%.
- Field offices are opening to about 50% capacity in person Customers are requesting to see their counselors, VR teachers, and diabetes education providers in person.
- TWC held a hybrid model conference and I presented on the importance of diabetes services. Over 100 participants attended in person and even more attended virtually.
- Will begin hosting a virtual disability friendly diabetes support group this month called the Wellness Watchers. We understand the importance of peer-to-peer support and when disability is present, it is often difficult to connect individuals who understand. This support group looks to meet this need for our customers across the state.
- If clients need help with any TWC services, have questions or need assistance with getting to the right resources, my email address is: lisa.golden@twc.texas.gov.

Agenda Item 8: Announcements

Dr. Obamehinti announced and introduced Dr. Mary Kate Sain, the new volunteer co-leader for the health professionals and outcomes workgroup. Dr. Sain was in attendance and she provided the council with a brief introduction of herself.

Dr. Sain stated she currently practices optometry in Fort Worth at a federally qualified health care center and serves as a professor of practice to fourth-year students from the University of Houston College of Optometry at the clinic in Fort Worth. They clinic primarily serves the underserved and underprivileged communities. A large portion of that patient population is diabetic and on a daily basis we treat diabetic retinopathy and ocular complications. She is very excited to work with the council and Dr. Ponder on the workgroup to help reduce the burden of diabetic problems within our Texas relations.

Agenda Item 9: Public Comment

Public comment was not received for the meeting.

Agenda Item 10: Next Meeting

Dr. Obamehinti stated the next meeting is scheduled for Thursday, April 14, 2022, at 1:00 p.m. and will be conducted as a hybrid meeting.

The four major topics for this meeting are:

- A presentation from the National Center for Farm Work Health presentation. It will be covering rural areas
- A presentation from a physician's perspective on House Bill 4 (HB 4) as it relates to telehealth telemedicine. We will look at implications and use of telehealth and telemedicine and patient confidentiality protocols. Dr. Ponder mentioned Dr. Biggs, endocrinologist in Amarillo that speaks to ACE? on telehealth and telemedicine issues. He will contact him and follow up with Dr. Obamehinti.
- A presentation from Dr. Rushi Parikh on the feasibility and importance of type one diabetes screening and staging education for healthcare providers.
- Last, an in-depth robust discussion on HB4. We need a guiding question on directing and guiding Medicaid and other public benefit programs recipients so that they have the option to receive services using telecommunications or information technology.

Mr. Jason Ryan stated it has been a while since the workgroups have met and wanted to know the status if there are plans to meet in April. Dr. Obamehinti advised that DSHS has not given any update as to availability and the possibility of when the workgroups meeting will resume. In the event, the agency does not have the space for the workgroups to meet, we will continue with the General Council meeting in the hybrid format and look to discuss House Bill 4 as a whole council.

Agenda Item 11: Adjournment

Dr. Obamehinti thanked the members for their valuable input, the DSHS and HHSC agency staff and facilitation team for their support and administration, and the public for the participation. She also thanked the presenters for their time and sharing their knowledge with the Council. She adjourned the meeting at 3:30pm.

To access the archived webcast recording of the January 13, 2022 meeting go to:

<https://texashhsc.new.swagit.com/videos/152893>