Board of Public Health Meeting

Tuesday, November 10, 2015
Commissioner’s Update

Brenda Fitzgerald, MD
Commissioner, DPH
DPH Employee
Worksite Wellness Program

E. Susanne Koch, MS
Worksite Wellness Coordinator, DPH
Why Worksite Wellness?

• 65% decreased safety and quality incidences
• 37% decreased absenteeism
• 25% decreased turnover
• 21% increased productivity
• In a time when companies are going “leaner,” employees must stay healthy and wellness programming can increase productivity.
The Full Cost of Poor Employee Health

- **Personal Health Costs**
  - Medical & Pharmacy Costs
    - 25% Medical Care
    - Pharmacy $3,376 PEPY

- **Productivity Costs**
  - Absenteeism
  - Presenteeism
    - 75% $10,128 PEPY

- **Total Costs**
  - $13,504 PEPY
<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>DPH New Agency Commissioner Priority Developed InSTEP Research Study</td>
</tr>
</tbody>
</table>
| 2012 | **FTE Hired**  
*Physical Activity Policy*  
Wellness Committee  
Designate Walking Trails  
Designate Healthy Eating Options  
Group Fitness Program  
-Trained Staff Instructors  
Lunch and Learns  
Collaboration with Ext/Int Resources |
| 2013 | Weight Management Programs  
EAP/SHBP Collaboration  
Focus on Healthy Eating  
Improving Stairwell Usage  
**Lactation Support Policy**  
**CPR/AED Program**  
Lactation Room  
Fitness Center  
Renovation of Break Rooms  
Branded GetFit |
| 2014 | Chronic Disease Management Programs  
UGA Workplace Climate Survey  
Expand Internship Program  
Annual Employee Wellness Event  
Fine Tuned Health Observance Calendar of Events  
Stairclimbing Program  
**Healthy Meeting/Eating Policy**  
**Tobacco Policy** |
| 2015 | District Wellness Funding  
Healthy Eating Options-GMM, Fruit/veggie coop  
Standing Desk Pilot Study  
Physioball Project  
ARC Blood Drives  
Weight Watchers  
State of GA Captain KP Event  
**KP’s Fittest Company 2015**  
AHA Fit-Friendly Worksite Designation  
Process of Accreditation |
Lactation Support

• Policy implemented May 2013
• Lactation Room August 2013
• 75% used room > 6 months
• 82% encouraged to breastfeed longer by room access
• 67% increased their breastfeeding time by ≥3 months
Physical Activity

- Physical Activity Policy
- On-site Fitness Center
  - Nearly 500 members since inception
  - Hosted over 3,250 group exercise classes
- Quarterly Staff Walk/Jog events
- Stairwell Climbing program
- Encourage stepometer/FitBit use
Healthy Eating

- Renovated Break Rooms – Sept 2013
- Developed Healthy Eating logos/posters
- Healthy Vending updates at Skyland/Lab
- Working with GVRA-new 2nd fl vendor
- Several Healthy Eating LNL’s
Evaluation – UGA WHG

• Holiday Weight Management Program
  – Mean BW ↓ 4.3 pounds
  – Waist circumference ↓ 1.9 inches

• Standing Workstation Project
  – ↑ Standing by 3 hours/day
  – ↓ Systolic BP of 6 mmHg
  – Reported significant ↓ fatigue
Wellness Climate 2014 v 2015

- Overall Health: 2014 - 50%, 2015 - 57%
- Overall Diet: 2014 - 29%, 2015 - 40%
- Overall Physical Activity: 2014 - 25%, 2015 - 34%
- Health Conscious: 2014 - 33%, 2015 - 42%
Other Outcomes

• Training Future Wellness Leaders
  o CDC/Ashlin Work@Health Course
  o CPR/BLS Instructors: 5 employees
  o CPR/AED Certified: 230 employees
  o Group Fitness Instructor: 10 employees have taught nearly 500 classes = $12,000 savings
  o Expansion of fitness rooms/equipment at Skyland/Lab
  o Expanded University Collaboration with 18 interns serving with DPH Worksite Wellness since 2013
“Balancing work and family is a challenge that many parents can relate to; couple that with the postpartum stresses and guilt of leaving a young baby that is still vulnerable to every germ imaginable can be overwhelming. I chose to breastfeed because of the benefits I learned about and witnessed in my first son (limited illness in his first year). I struggled to produce enough using my portable pump when I returned to work and was on the verge of quitting when a friend told me about the lactation room at 2 Peachtree. Access to the worksite lactation room has provided me with the tools and privacy to continue breastfeeding my baby. I have surpassed my goal of breastfeeding through 6 months and will continue as long as possible. He is now a very healthy 7 months and I am one happy mama.”
“Two years ago I was taking Metformin (1000 mg) for my type 2 Diabetes. My A1C at that time was 8.0. As of October 2014, I am currently totally off Metformin at my doctor’s recommendation and have maintained an A1C of 5.5 since coming off Metformin. Additionally, I was taking Lisinopril (40 mg) for my hypertension two years ago and my blood pressure averaged 140/90. As of October 2014, my doctor reduced the dosage for the Lisinopril to (20 mg) and I have maintained an average blood pressure of 120/80.”

-Matt Carter, DPH Procurement Manager
Next Steps…

- Partnership with UGA Workplace Health Group
  - Study long-term outcomes of standing workstations
  - Weight Management Programs
  - Annual Climate Survey
  - Middle Manager Communication Program

- Expand Healthy Eating
  - Collaborate with local eateries
  - Analyze vending machine outcomes

- Stress Management
  - Employee recognition of EAP
  - Regularly scheduled education/handouts
  - Develop new Stress Management program

- Ergonomic Enhancement
  - Portable Standing Workstations
  - Proper Workstation Set up Education
  - Pain Management Education/Opportunities
“Better Health Starts on the Hill.”

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404-657-2566
Georgia Telehealth Initiative

Suleima Salgado, MBA
Telehealth & Telemedicine Director, DPH
What is Telehealth?

We Protect Lives.
Telehealth vs. Telemedicine

- **Telehealth** – the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing on a secure, private network with store-and-forward imaging, streaming media, and wireless communications.

- **Telemedicine** – the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology. May involve medical scopes, x-rays, ultrasound or other medical applications.
Telehealth Goals

• **Increase access to care**
  - Address the state’s most pressing health challenges, including infant mortality, oral health, obesity and associated diseases
  - Connect Georgians with the specialized care they need that may not exist in every community, i.e. monitoring of a high-risk pregnancy.

• **Increase capacity at DPH sites statewide**
  - Implement Telehealth in each of the state’s 18 Public Health Districts and all 159 counties
Telehealth Network

- Teledentistry
- Telemedicine
- Network Hub (Waycross)
- End Point Locations
  (Video Conferencing in HDs & WIC Centers)

1-1 Northwest
1-2 North Georgia
2 North
3-1 Cobb/Douglas
3-2 Fulton
3-3 Clayton
3-4 Gwinnett, Newton, & Rockdale
3-5 DeKalb
4 District 4

5-1 South Central
5-2 North Central
6 East Central
7 West Central
8-1 South
8-2 Southwest
9-1 Coastal
9-2 Southeast
10 Northeast

Created: December, 2014
By: Office of Health Indicators for Planning (CHIP)
Source: Department of Public Health
Projection: Georgia Statewide Lambert Conformal Conic.
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<td>171 Emery Hwy</td>
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<td>Tele-Geneerics</td>
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<td>16 Ware</td>
<td>Southeast (Waycross)</td>
<td>Waycross CNN Building</td>
<td>1057 Grove Avenue</td>
<td>Waycross</td>
<td>31501</td>
<td>Tele-Asthma / Neurosurgery</td>
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Network Hub (Waycross, GA)

- Waycross was chosen as the *State hub* because of the rural location which allows us to receive the Universal Services Funds as well as a history of telehealth use and experience.
- SEHD began using Telemedicine at Ware County Health Department in 1993.
- Due to success of program, SEHD decided to build its own network.
- Funding was secured from grants, programs, and special projects.
Telehealth Use / Benefits

• **Administrative/Operational** - employment interviews, staff meetings, worksite wellness, distant learning, state of public health updates, translations, etc.

• **Emergency Preparedness** – During times of disaster/emergency we use network for community partner engagement, language translation, planning, communication, disease monitoring, and training

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**BENEFITS:**

• Decreased travel (limited funding)
• Access to specialty services & new technology (closer to home)
• Increased Distance Learning Opportunities
• Target Hard to Reach populations
Telemedicine

- **Originating Site**

- **Patient Site** - the actual location where a patient is located

- **Medical Cart** – interactive and secure telecommunications system

- **Distant Site** – The site where physician or practitioner is located

- **Distant Site**
Telemedicine Projects

**High Risk OB Clinic**
- Centering Pregnancy
- Ultrasound / Colposcopy
- Consult w/ Maternal Fetal Medicine Specialist

**Children’s Medical Services**
- Developmental & Genetics
- Endocrinology
- Nephrology
- Neurosurgery
- Pulmonology
- Sickle Cell

**WIC Nutrition**
- Breastfeeding Support
- Nutrition Education
- Staff Training/Development

**Infectious Disease (HIV/AIDS)**
- Patients at local clinics see DPH Infectious Disease specialist
- Mobile presentations from home or community setting
High Risk OB (Centering)

• Access to telemedicine allows ultrasounds and Maternal Fetal Medicine consults to be performed on-site.

• On-site telemedicine allows for better coordination of services.

• Through a partnership with Women’s Telehealth, Dr. Patterson is included in facilitated discussions in Centering sessions on pre-term labor and gestational diabetes via the telemedicine cart.

• Telemedicine allows easy access to providers for many consult needs including cardiac, dermatology and mental health.
WIC (Women, Infants, & Children)

- Individual Education & Consultation
- Group Nutrition services on demand
- Breastfeeding Support & Boot Camps
- Staff Training and Updates
- Translations

We Protect Lives.
Caseload average @ one County Health Department:

- Pulmonology    CHOA    87
- Pulmonology    GRU     31
- Nephrology     GRU     42
- Endo/Diabetic  Dr. Wright 82

Looking to expand and provide Genetics & Neurology

- CMS provides Care Coordination
- CMS can assists eligible families with medications, tests, or supplies, if needed.

We Protect Lives.
Infectious Disease (HIV/AIDS)

- Patients at local clinic see Infectious Disease Specialist
- Mobile Presentations from home or Health Department
- Mobile applications geared towards the more immuno-compromised patients with difficulty traveling to clinics
- Primarily a PH RN or Nurse Practitioner present patient
Teledentistry

- School-based dental clinic provides cleaning, fluoride, x-rays, and education
- Referrals and case management for follow-up
- Primarily HRSA Grant funded
- Access to children in four counties
Additional Programs

- **Department of Behavioral Health & Developmental Disabilities**
  - Home Health Patient Monitoring Pilot
  - Using existing rural health field nurses to diagnose, assess clients and connect w/ doctors in Atlanta (ER Diversion)

- **Collaborative School-based behavioral health telemedicine pilot**
  - Lamar County Schools (existing SBHC) just added TM for behavioral health consults
  - Using CSBs and DBHDD resources
  - Cross state agency collaborative (DCH/DPH/DJJ/DBHDD/Voices for GA Children)

- **Pediatric Primary Care Telemedicine Pilot in Rural Georgia**
  - Location: Webster/Stewart (West Central/Columbus Health District)
  - Partners: WellCare, local FQHC, Peach State, DCH, Georgia Partnership for Telehealth, DPH (state/local), local Family Physician and Columbus Pediatrician (Dr. Kathryn Cheek)
Additional Programs

• **DPH/Emory Dermatology/ Private Large Employer**
  – Feasibility Pilot Project @ health fair at a power plant or headquarters distant from Atlanta
  – Goal: Telederm consult w/ practitioner (nurse practitioner or PA)
  – Principle investigator, other collaborators:
    • Suephy C Chen, MD, MS (PI)
    • Robert Harshman, MD
    • Public Health (Suleima Salgado, MBA, & Jean O’Connor, JD, DrPH)

• **Emergency Preparedness:**
  – Mobile TM solutions (Backpacks) being deployed to health districts for daily use but can also be used and available for deployment in the event of a state wide emergency
  – Telehealth technology was used to communicate and update districts on Ebola Response efforts
Additional Programs

- **Sickle Cell Telemedicine Pilot Clinic**
  - Georgia Regents University
  - Dublin/Valdosta/Waycross (DPH Sites)

- **Environmental Health Telehealth Pilot:**
  - DeKalb County Board of Health
  - Pilot project to use mobile solutions in the field during environmental health food inspections, pool inspections, etc.

- **Breast Cancer Genomics Project:**
  - to increase access to HBOC screening for women between the ages 18-49, focusing on racial and ethnic minorities and the medically underserved

- **Under Development:** Asthma, Diabetes Self Management, Direct Observation Therapy (VDOT), Georgia Volunteer Healthcare Providers
Some Telemedicine Partners

Children’s Healthcare of Atlanta
Dedicated to All Better

DBHDD

WOMEN’S TELEHEALTH

GEORGIA REGENTS UNIVERSITY

ASTHO

Georgia Technology Authority

USDA

GEORGIA PARTNERSHIP FOR TeleHealth

We Protect Lives.
Georgia Telehealth Highlights:

Targeted telemedicine efforts based on health outcomes (barriers to care & rural access gaps)

- **Telehealth capability in 157 counties**
  - USDA funded (network / infrastructure)
  - Significant increase in utilization (training/education)
  - Strong statewide coordination (partnerships with private/public)

- **Sixteen telemedicine carts successfully deployed**
  - On average, approximately 300 patients are currently being served, per month via Telemedicine, statewide
  - Six additional carts to be deployed in 2016
  - Mobile equipment for home health visits & disaster response

- **Over $1 million secured in grant funding**
  - Strong grant applications which show collaboration (Teledentistry, HRSA, Georgia Technology Authority, ASTHO, Public Health Preparedness, State Programmatic funding)
Telehealth/Telemedicine Funding

• **Universal Service Funds**
  – Available b/c rural location; reduced cost for monthly line charges

• **State Programmatic Funding**
  – Special Supplemental Nutrition Program for Women, Infants, and Children
  – Oral Health Program
  – Emergency Preparedness

• **Grants for Telehealth Networks**
  – Teledentistry (Schools/HDs), Home Health High Risk OB
  – All grants (include TH language)
Telehealth/Telemedicine Funding

- **Public Health Emergency Preparedness (PHEP Grant) $250k (Y1) $94k (Y2)**
  - Infrastructure and Equipment focused
  - One-time expenses without reoccurring cost
  - Justification: Allows us to use equipment year-round so that in times of emergency staff are familiar with equipment and can activate/deploy as needed

- **Broadband Grants (GTA) $200k**
  - Physician Survey
  - Business Model
  - Certified Training
  - Marketing/Communications
  - Equipment
  - Travel/Professional Development
Next Steps

• **Secure Additional Funding Sources**
  – Purchase additional telemedicine carts

• **Increase Distant Learning Opportunities**
  – Internal & Stakeholders

• **Expand Network**
  – Develop sustainable business model

• **Increase available services**
  – Expand Teledentistry
  – Expand High Risk OB / Centering Pregnancy
  – Division of Family & Children Services (DFACS)
Contact Information

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Director of Telehealth & Telemedicine

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404.657.2305

For scheduling contact:
GA Public Health Video Network
1.855.PHVIDEO

DPH-GPHVN@dph.ga.gov
Improving Stroke Care and Outcomes

Ernie Doss, Deputy Director
Office of EMS & Trauma, DPH
Improving Stroke Care and Outcomes

Effective EMS System
Improving Stroke Care and Outcomes

Effective EMS System

<table>
<thead>
<tr>
<th>System Components</th>
<th>Count</th>
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<tbody>
<tr>
<td>Ground Ambulance Services</td>
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</tr>
<tr>
<td>Air Ambulance Services</td>
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</tr>
<tr>
<td>Neonatal Transport Services</td>
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</tr>
<tr>
<td>Medical First Responder Services</td>
<td>94</td>
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<tr>
<td><strong>Total Service Providers</strong></td>
<td><strong>364</strong></td>
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### Improving Stroke Care and Outcomes

#### Effective EMS System

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<td>EMT-Intermediates</td>
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<td>Advanced EMTs</td>
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<td>Cardiac Technicians</td>
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<td>Paramedics</td>
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<td><strong>Total Medics</strong></td>
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Improving Stroke Care and Outcomes

Effective EMS System

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<td>Air Ambulance - Helicopters</td>
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<td>Neonatal Transport Ambulances</td>
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<td><strong>Total Vehicles</strong></td>
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## Improving Stroke Care and Outcomes

### Effective EMS System

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<td>Emergency Scene Responses</td>
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<tr>
<td>Unscheduled Inter-Facility Transports</td>
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<td>Scheduled Medical Transports</td>
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<td>Scheduled Inter-Facility Transports</td>
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<td>Standbys</td>
<td>5,718</td>
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<td>Patient Assists</td>
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<tr>
<td><strong>Total 2014 System Activity</strong></td>
<td><strong>1,802,347</strong></td>
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Improving Stroke Care and Outcomes

Effective EMS System

Room for Improvement

While all 159 counties in Georgia are assigned to a zoned ambulance service under O.C.G.A. § 31-11-3, four (4) Georgia counties do not have an ambulance physically located in the county.

Echols (8-1), Glascock (6), Taliaferro (6), and Twiggs (5-2).
Improving Stroke Care and Outcomes

Improved Documentation
Improving Stroke Care and Outcomes

Improved Documentation

Provider’s Primary Impression = N/A

- 2011
- 2012
- 2013
- 2014

Not Available
Improving Stroke Care and Outcomes

Improved Documentation

Providers Primary Impression = Stroke/CVA

We Protect Lives.
Improving Stroke Care and Outcomes

Improved Documentation

In 2016 OEMS will upgrade GEMSIS to the new national data standard NEMSIS v3.4.

- Data field for “Time Last Known Well”.
- The new version is HL7 compatible.
- The new version will host a datamart allowing access to other datasets (registries) such as the Stroke Registry.
Improving Stroke Care and Outcomes

Focused Education
Improving Stroke Care and Outcomes

Focused Education

- Coverdell EMS Pilot Project (current)
  - Clayton County Fire/EMS
  - Floyd EMS
  - Gold Cross EMS
  - Habersham EMS
  - Houston EMS
  - MetroAtlanta EMS
  - National EMS
  - Puckett EMS
  - South Georgia Medical Center EMS
Improving Stroke Care and Outcomes

Focused Education

• Coverdell EMS Pilot Project (new)
  • Grady EMS
  • Spalding Regional EMS
  • Douglas Fire/EMS
  • Effingham County EMS
  • Hamilton EMS
Improving Stroke Care and Outcomes

Focused Education

• Approved 40 continuing education classes in 2014 and 2015.

• Coverdell and others have conducted dozens of ASLS courses for the EMS community.

• At every speaking opportunity with EMS partners stressed the importance of early notification and documentation of “Time Last Known Well”.
Improving Stroke Care and Outcomes

Focused Education

New Virtual EMS Classroom – Partnership with GPSTC
Improving Stroke Care and Outcomes

Hospital Hub Pilot Project
Improving Stroke Care and Outcomes

Hospital Hub Project
Improving Stroke Care and Outcomes
Hospital Hub Project
Improving Stroke Care and Outcomes

Hospital Hub Project

![Image Trend](image.png)

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We Protect Lives.
Improving Stroke Care and Outcomes
Hospital Hub Project
Improving Stroke Care and Outcomes

Questions?
Improving Stroke Care and Outcomes

Contact Information

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We Protect Lives.
Diabetes Action Plan

Jean O’Connor, JD, DrPH
Chronic Disease Prevention Director, DPH
Acknowledgements

**DPH Staff**
- 1305 Team in Chronic Disease Prevention
- Government Relations
- Communications
- Epidemiology
- Office of Nursing
- Finance
- Contracts

**Partners**
- Diabetes Advisory Council Members
- ADA
- AADE
- GHA
- Rollins School of Public Health
- Grady
Burden of Diabetes in Georgia

Key Facts

- Approximately 1 in 10 Georgia adults has diabetes.
- Georgia’s death rate for diabetes is 8% higher than the national average.
- The prevalence of diabetes has increased by almost half since 2000 when an estimated 6.8% of adults had diabetes, compared to 9.7% in 2010.
- Between 2000 and 2013, there were 223,924 diabetes-related hospitalizations in Georgia.
- Approximately 6.5% of Georgians with diabetes have not been tested and are unaware they have the disease.

We Protect Lives.
Disparities and Diabetes in Georgia

- Blacks non-Hispanics were significantly more likely (13.7%) to have ever been diagnosed with diabetes than Hispanics (7.2%).
- Prevalence highest among adults aged 65 years and older (23.0%).
- Adults with a household income of less than $15,000 were the most likely (15.7%) to ever have diabetes.
- Adults with less than a high school education (14.3%) significantly more likely to ever have diabetes when compared to college graduates (7.6%).
Cost of Diabetes in Georgia

- Diabetes hospitalizations for Medicaid and SHBP populations resulted in charges of $30 million in 2013 for just 36,567 admissions.
- As of 2013 the total cost of diabetes in Georgia is approximately $5.1 billion.
- Of the $5.1 billion, $3.3 billion was attributed to direct medical cost.
- The remaining $1.8 billion was attributed to loss of productivity and sick days.
Recommendations

Enhance Diabetes and Pre-diabetes Surveillance

Reimbursement for Evidence-Based Prevention and Control Services

Ensure Provider Professional Education

Support Self-Management at the Community Level

Promote Quality Improvement in Health Systems
Developmental Recommendations

Surveillance
- Requiring laboratories to report and gain access of A1C levels.
- Obtain and analyze Medicare and Medicaid claims data.
- Encourage broader use of EHR to share data.

Reimbursement
- Ensure access to diabetes screening, treatment and self-management services.
- Provide access to and reimbursement for the Diabetes Prevention Program and Diabetes Self-Management Services.
- Encourage insurance plans to offer the Diabetes Prevention and Management Programs.
Developmental Recommendations

Ensure professional education for providers around—

• Medicaid and Medicare reimbursement policies, as well as coding for diabetes, pre-diabetes, and gestational diabetes.
• Local community resources to support patients and families in achieving healthier weights and better nutrition.
• Early detection of diabetes and prevention of type 2 diabetes and management of diabetes and associated conditions.
• Quality improvement tools and strategies to ensure use of electronic health record data to manage patients with diabetes.
DPH Focus: Self-Management at the Community Level

1. Promote awareness and the need for screening and early detection of diabetes.

2. Ensure that persons newly diagnosed with diabetes are referred to Diabetes Prevention Programs and Diabetes Self-Management Education programs.

3. Establish accredited and evidence-based Diabetes Prevention Programs and Diabetes Self-Management Education programs.

ADA & AADE Accredited Programs
DPH Focus: Promote QI in Health Systems

1. Increase the number of health care providers participating in continuous quality improvement initiatives (NQF 59).

2. Support local partnerships and communications between employers, payors, physicians.

3. Develop or support the development of tools for use in electronic health records systems.
# 2015-2016 DPH Diabetes Goals and Targets

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<tr>
<th>Goal</th>
<th>Status as of July 2015</th>
<th>Target July 2016</th>
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<tr>
<td>Increase the number of accredited DSME sites.</td>
<td>92 Sites</td>
<td>102 Sites</td>
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<td>Increase the proportion of counties with accredited DSME sites.</td>
<td>40 counties</td>
<td>45 Counties</td>
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<td>Increase the proportion of people with diabetes who have at least one encounter with accredited DSME program.</td>
<td>2.7%</td>
<td>2.9%</td>
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<td>Start or expand a DSME telehealth pilot</td>
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<td>Implement the Diabetes Nurse Protocol in Health Districts</td>
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<td>Offer private healthcare provider webinars on NQF 59 through GCT2</td>
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<td>Train public health nurses as CDEs</td>
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<td>Support health systems in improving NQF 59 performance</td>
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QUESTIONS AND/OR BOARD INPUT
Closing Comments

Phillip Williams, PhD
Chair
The next Board of Public Health meeting is currently scheduled on Tuesday, January 12, 2016 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send an e-mail to huriyyah.lewis@dph.ga.gov