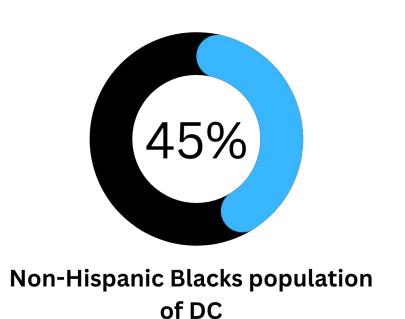
Diabetes Demonstration Project: Increasing Access to DSMES for a Medicaid Population

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Background

The District of Columbia (DC) has an estimated population of 712,000, with Non-Hispanic blacks living mostly in neighborhoods with limited access to Diabetes Self-Management Education and Support (DSMES) programs. [1]



Black residents are 8 times more likely (17%) to have diabetes than white residents (2%).

95% of non-elderly Medicaid enrollees are people of color. [2]

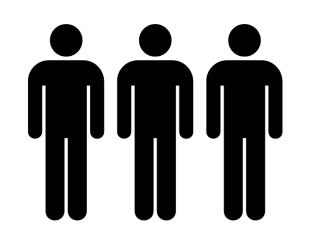
Objectives

The DC Diabetes Demonstration Project was a collaborative effort by the DC Department of Health (DC Health), Medicaid Managed Care Organizations (MCOs) and Sorogi Inc. This year long project was funded by DC Health with the goal of improving access to DSMES for Medicaid enrollees living with diabetes.



Program Design

Sorogi Inc worked with 3 DC medicaid MCOs to identify enrollees diagnosed with diabetes and provide direct referrals to the Sorogi DSMES program.



Care Coordinators submitted referrals via:



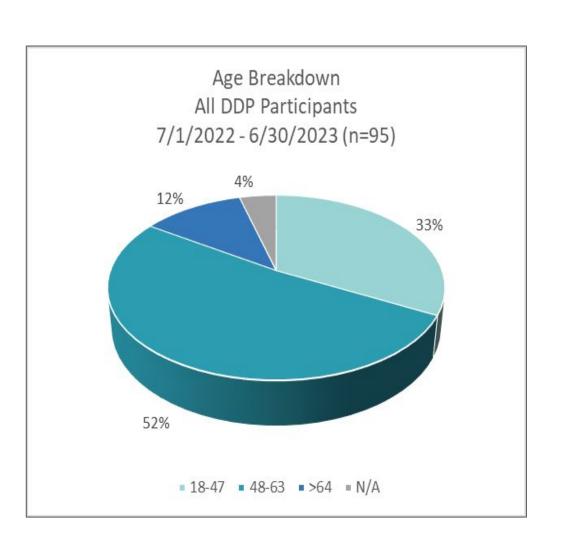


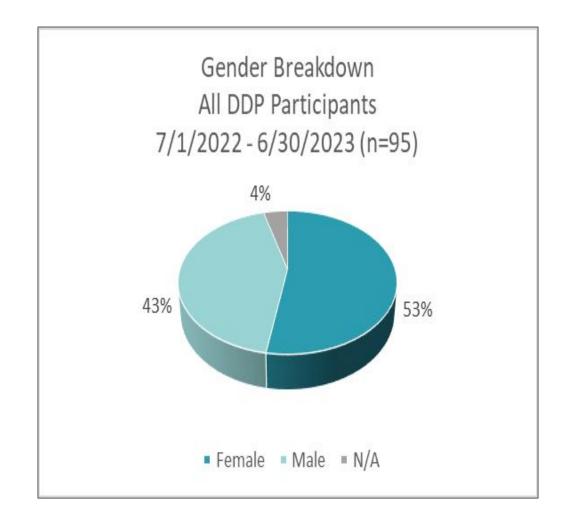
Enrollment was on a rolling basis with a cut off date of 05/30/2023.

Eligibility criteria: DC medicaid recipient, Adults 18+, diagnosed with diabetes, not participating in another DSMES program and willingness to participate in the program.

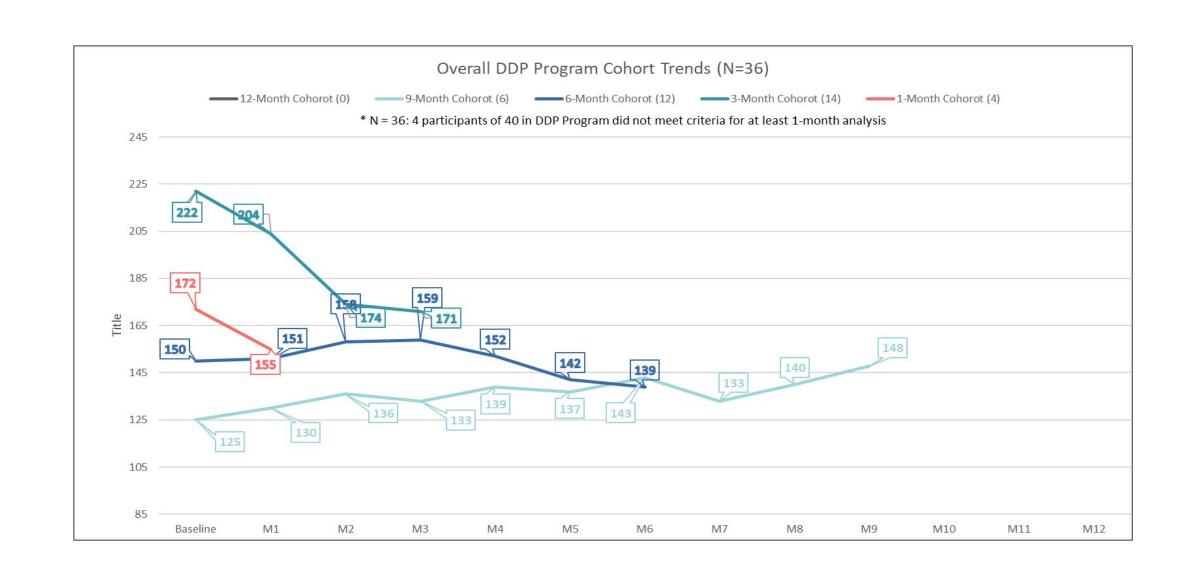
DSMES was offered as a hybrid program with an in-person onboarding session followed by weekly virtual education classes. Participants were offered a bluetooth connected glucometer, and CGMs for glucose monitoring were also supported. Incentives were offered for regular participation.

Results

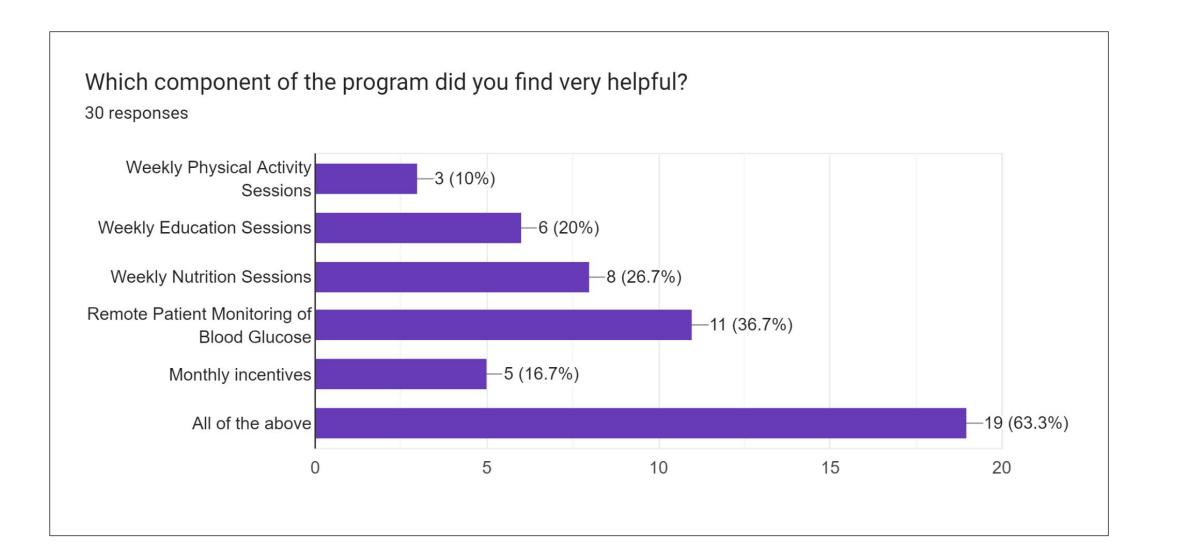


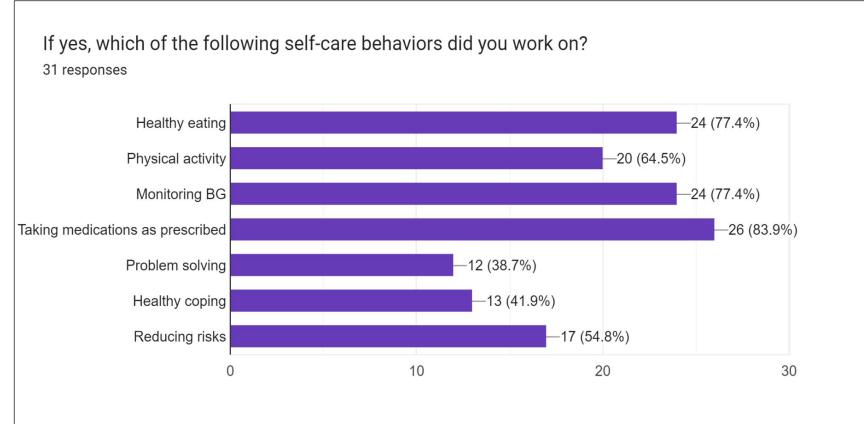


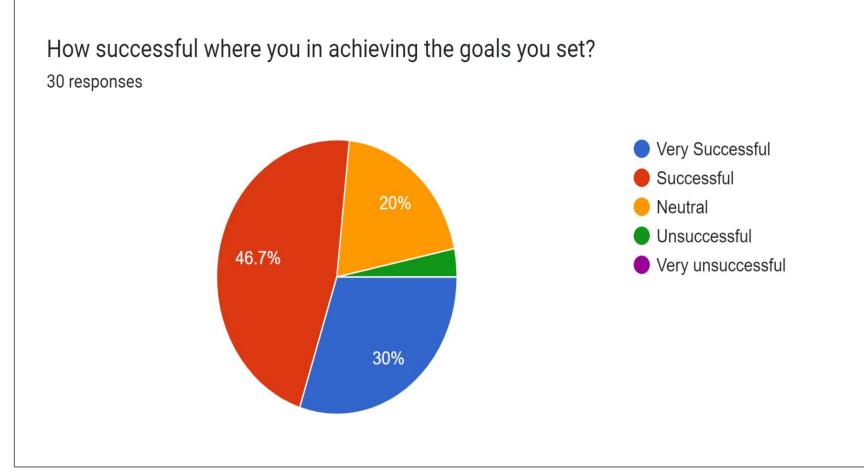
Average A1C improved by 0.22%. Baseline A1c (8.44%) vs Current A1C (8.22%)



Participant Post-Program Survey







Discussion

- Direct referral from MCOs to the Sorogi DSMES program improved clinical and behavioral health outcomes for DC medicaid recipients.
- Incorrect contact information for DC medicaid recipients was a significant barrier to reaching enrollees referred to the DSMES program.
- Need to consider the use of Community Health Workers in future programs to assist with efforts in reaching participants eligible for the program.
- Need to implement more effective workflows to allow for easy access to information by PWP primary care providers.
- Spanish speaking participants did not complete the program effectively due to the language barrier.
 Future programs would implement methods that better serve these participants.
- DC Medicaid must approve a fair reimbursement fee schedule for DSMES services for long-term sustainability.

References

- 1. Community Description
- https://ourhealthydc.org/dc-chna/community-description/
- 2. https://files.kff.org/attachment/fact-sheet-medicaid-state-DC