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In February of 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 second 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 OSDH and OHCA wish to thank the multitude of community, tribal and state partners for their commitment and dedication to reduce the burden of diabetes across the state. This report, prepared in December 2018, 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 seventh leading cause of death, with almost 1,400 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, 2017), over 370,000 Oklahoma adults reported having a diabetes diagnosis; this equates to almost one out of every eight Oklahoman adults, or 12.7%. The current number of SoonerCare (Oklahoma Medicaid) members with a diabetes-related claim is 52,744; this is 5.2% of the SoonerCare population. For the OHCA, the number of SoonerCare members with diabetes has increased by 17.1% since 2011.

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 with an estimated 90%, or 4 out of every 5 members with diabetes having a diagnosis of Type 2.¹

Using the Centers for Disease Control and Prevention’s (CDC) estimate of 33.9%,² over 1 million Oklahomans may have pre-diabetes, 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.³

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.

The 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 Diabetes Prevention Report: 1) reducing the incidence of, 2) improving healthcare services for, and 3) controlling complications resulting from diabetes.

Diabetes includes a group of conditions in which the body has too much sugar circulating in the bloodstream. Glucose (a type of sugar) is an important and necessary fuel for the body. Diabetes occurs when the body does not produce and/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.

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 and/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.¹

**BURDEN OF DIABETES IN OKLAHOMA**

370,000 Oklahoma adults reported having been diagnosed with diabetes* in 2017. That’s about 1 out of every 8 adults.

In 2017, Oklahoma had the 8th highest diabetes prevalence in the nation.

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

# Diabetes by Social Determinants of Health

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

## Education

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than High School</td>
<td>14.6%</td>
</tr>
<tr>
<td>High School or G.E.D.</td>
<td>13.8%</td>
</tr>
<tr>
<td>Some Post High School</td>
<td>13.1%</td>
</tr>
<tr>
<td>College Graduate</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

In 2017, the highest prevalence of diabetes was **14.6%** among Oklahoma adults with **less than a high school** education.

## Income

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td>20.8%</td>
</tr>
<tr>
<td>$15,000 - $24,999</td>
<td>16.2%</td>
</tr>
<tr>
<td>$25,000 - $34,999</td>
<td>13.9%</td>
</tr>
<tr>
<td>$35,000 - $49,999</td>
<td>13.6%</td>
</tr>
<tr>
<td>$50,000 - $74,999</td>
<td>10.7%</td>
</tr>
<tr>
<td>$75,000 +</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

In 2017, the highest prevalence of diabetes was **20.8%** among those with a household income **less than $15,000**, followed by 16.2% among those with a household income between $15,000 and $24,999.

In 2017, the highest prevalence of diabetes was 16.7% among American Indian (NH) race. Next was among Asian (NH) at 13.5% followed by Other (NH) at 13.2%.

Based on trend data, Hispanics continue to have the lowest prevalence of diabetes and American Indians continue to have the highest prevalence of diabetes among any of the racial/ethnic groups.

In 2017, the prevalence of diabetes reached a high of 24.4% among adults aged 65 years and older, followed by adults aged 55-64 at 21.7%.

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

Diabetes-related co-morbidities include heart attack, stroke and arthritis.


In 2017, among Oklahoma adults who have been diagnosed with diabetes...

There is a higher prevalence of ever smokers* (53%) compared to prevalence of ever smokers* in adults who have never been diagnosed with diabetes (43%).

There is a higher prevalence of obesity (59%) compared to prevalence of obesity in adults who have never been diagnosed with diabetes (32%).

There is a higher prevalence of leisure time physical inactivity (44%) compared to prevalence of leisure time physical inactivity in adults who have never been diagnosed with diabetes (30%).

*Current everyday, someday and former smokers

In 2017, among Oklahoma adults who have been diagnosed with diabetes...

- There is a higher prevalence of heart attack diagnosis (16%) 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 (54%) compared to prevalence of arthritis diagnosis in adults who have never been diagnosed with diabetes (24%).

Diabetes is the 7th leading cause of death in Oklahoma. Determined to be the underlying cause of death in 1,400 people in 2017.

Leading Causes of Death in Oklahoma:

- Diabetes: 1,398
- Alzheimer's disease: 1,752
- Cerebrovascular diseases: 1,947
- Accidents: 2,563
- Chronic lower respiratory diseases: 3,034
- Malignant Neoplasms: 8,203
- Heart Disease: 10,771

OKLAHOMA DIABETES PREVALENCE BY COUNTY, 2017

Legend
Diabetes Prevalence
- 7.7% - 10.7%
- 10.8% - 13.3%
- 13.4% - 15.5%
- 15.6% - 17.7%
- 17.8% - 22.5%

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 Akcin, H.

Data Source:
2017 Behavioral Risk Factor Surveillance System,
Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic
Created: 11.16.2018

Disclaimer: This map is a compilation of records, information and data from various city, county and state offices 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.
**SoonerCare Diabetes Prevalence by County, 2017**

Legend
Percent of SoonerCare Members with Diabetes
- 2.0% - 3.5%
- 3.6% - 4.7%
- 4.8% - 6.1%
- 6.2% - 7.7%
- 7.8% - 9.8%

Notes:
Data represents SoonerCare members with diabetes as a percent of total SoonerCare population.

Eastern counties in Oklahoma had a higher prevalence of diabetes than western counties in Oklahoma.

Data Source:
Diabetes Analysis SFY 2017
Oklahoma Health Care Authority

Projection/Coordinate System: USGS Albers Equal Area Conic
Created: 11.16.2018

Disclaimer: This map is a compilation of records, information and data from various city, county and state offices 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.
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.\(^1\)

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.\(^1\)

In Oklahoma, diabetes and prediabetes related costs are estimated to be $3.7 billion annually. According to BRFSS, 12.7% of the adult population, or approximately 370,000 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 over 1 million Oklahomans; this is 33.9% of the state adult population.\(^3\)

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Total reimbursement for services rendered by SoonerCare members with diabetes SFY 2017:

- **1,014,983** enrolled
  - **412,471** adults
    - 38,600 with pre-diabetes
    - 51,292 with diabetes
  - **602,512** children (Ages 0 – 18 years)
    - 1,452 with diabetes
    - 26,426 with elevated BMI

**$783,991,000**

Source: Oklahoma Health Care Authority (2018). Diabetes Analysis, SFY 2017

*Total reimbursement for services rendered by SoonerCare members with diabetes SFY2017*
The 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 agreements (CDC-RFA-DP13-1305 Basic and CDC-RFA-DP13-1305 Enhanced and CDC-RFA-DP14-1422).

The graphs depict CDC funding expenditures related to diabetes strategies for the state of Oklahoma over the last two years (FY 2017 and FY 2018). Grant strategies were focused on implementing statewide and community level approaches to promote health and prevent and control chronic diseases in priority populations.
The county health departments affiliated with the OSDH do not receive state allocated funding to support diabetes programs.

County health departments offer educational programs such as the Diabetes Empowerment Education Program and Gateway to develop self-management skills of persons with diabetes, and the Diabetes Prevention Program to reduce the prevalence of diabetes.

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

There are 21 County Health Departments (CHDs) that offer diabetes programs.

In a month, 13 CHDs provide services on average to 1-10 people with diabetes and 3 CHDs provide services on average to 11-25 people with diabetes.

There are 18 full time employees trained to provide diabetes programs across the CHDs.

Diabetes imposes a substantial burden on society in the form of higher medical costs, lost productivity and premature mortality as well as intangible costs in the form of reduced quality of life. Some chronic diseases, like diabetes, are preventable, and their progression can be delayed through early identification, lifestyle changes and/or clinical treatment.

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.

58% reduction in conversion to Type 2

Improved health outcomes

Benefit beyond participant

STOP Type 2

Data Source:
Oklahoma State Department of Health Geodatabase. Sites were obtained from the CDC DPP website.

Created: 10.04.2018

Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affording 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.
**Benefits of Diabetes Self-Management Programs**

- 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

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*Hemoglobin A1c (HbA1c) reflects how well an individual’s diabetes is controlled*
DIABETES SELF-MANAGEMENT EDUCATION (DSME) SITES, 2018

Legend
- Diabetes Prevalence
  - 11.1% - 11.4%
  - 11.5% - 13.3%
  - 13.4% - 14.5%
- DSME Site - Tribal IHS
- DSME Site - General
- OK Interstate

Central Region
(Oklahoma and Cleveland Counties)
11.4%

Tulsa Region
11.1%


Projection/Coordinate System: USGS Albers Equal Area Conic

Disclaimer: This map is a compilation of records, information and data from various city, county and state offices 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.

Created: 10.08.2018
Center for Chronic Disease Prevention and Health Promotion
Oklahoma State Department of Health
Childhood Obesity Pilot – referral of children with elevated BMIs to medical nutrition therapy

Diabetes Prevention Programs – referral of SoonerCare members with high risk of developing Type 2 diabetes

Legislative Diabetes Caucus - chaired by Sen. Simpson (R-District 14), educating the public on diabetes initiatives
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.
1. **To reduce the incidence rates of diabetes**

2. **Improve health care services for diabetes**

3. **Control complications from diabetes**
To Reduce the Incidence Rates of Diabetes

Objectives

1. Implement systems change within Oklahoma Medicaid to identify SoonerCare members with prediabetes and refer them to medical nutrition therapy (MNT)

2. Implement strategies to increase access to MNT for SoonerCare members

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

Benchmarks

Target Population
Oklahoma Health Care Authority (OHCA)
SoonerCare members 19 years and above

Target Population
RD/LD providers

Target Population
OHCA SoonerCare pediatric population
(0 years – 18 years)

Increase by **10%** the number of SoonerCare members with a paid claim for MNT

Baseline (2015)
24,287 MNT units

5 Year Target (2020)
26,716 MNT units

Increase access to registered, licensed dietitians (RD/LD) providing MNT by **10%**

Baseline (2015)
171 RD/LDs

5 Year Target (2020)
188 RD/LDs

Increase by **10%** the number of SoonerCare pediatric members with a paid claim for MNT

Baseline (2015)
4,756 MNT units

5 Year Target (2020)
5,232 MNT units
To Reduce the Incidence Rates of Diabetes

**Key Activities**

1. **Provide education to clinicians on referral processes for MNT using a variety of communication resources**

2. **Identify, through use of OHCA’s claims data, SoonerCare members who meet criteria for referral to MNT**

3. **Collaborate with OHCA’s Health Care Systems Innovation (HCSI) team to identify and refer patients to MNT**

4. **Link SoonerCare providers to contracted MNT service providers**

5. **Number of RD/LDs offering medical nutrition therapy**

6. **SoonerCare members will be provided access to medical nutrition therapy**

7. **Identify SoonerCare pediatric population members at high risk of developing Type 2 diabetes secondary to elevated BMIs**

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

9. **CHDs will utilize a Registered / Licensed Dietitian to offer MNT to the SoonerCare pediatric population**

Number of RD/LDs offering medical nutrition therapy
Support OHCA submission of a state plan amendment to CMS for coverage of Diabetes Self-Management Training (DSMT) as a funded member benefit

Increase appropriateness of diabetes-related health services

Educate clinicians on claims documentation of SoonerCare pediatric members with elevated BMIs

Objectives

1. Increase appropriateness of diabetes-related health services

2. Educate clinicians on claims documentation of SoonerCare pediatric members with elevated BMIs

3. Gain authority for OHCA coverage of DSMT for SoonerCare members with diabetes

4. Increase by 5% the number of SoonerCare members with diabetes receiving annual HbA1c testing

5. Increase by 5% the number of SoonerCare pediatric member claims with BMIs documented by providers

5 Year Target (2020)
Coverage of DSMT for SoonerCare members
75.8% members

Baseline (2015)
No DSMT coverage for SoonerCare members
72.2% members

Target Population
OHCA SoonerCare adult members with diabetes

Target Population
OHCA SoonerCare members with diabetes (19 years- 75 years)

Target Population
OHCA SoonerCare pediatric population (0 years – 18 years)

Baseline (2015)
26,353 children

5 Year Target (2020)
27,671 children
**KEY ACTIVITIES**

**Submission of OHCA Legislative Report as required by SB972 (2018) – this Senate Bill mandated OHCA to determine costs associated with covering DSMT for SoonerCare members with diabetes**

**Provide training for clinicians on CMS and HEDIS quality measures on comprehensive diabetes care**

**Analyze claims data to identify SoonerCare members meeting criteria for receiving annual HbA1c testing**

**Collaborate with OHCA’s Performance & Health Improvement Program to improve diabetes-related quality strategies**

**Provide education for clinicians on screening and referring SoonerCare children with elevated BMIs to appropriate programs (i.e. medical nutrition therapy)**
### OBJECTIVES

1. If funded, implement systems change within OHCA Medicaid programs to identify and refer members with diabetes to recognized/accredited DSMT programs

2. Educate clinicians on newly funded DSMT benefits for SoonerCare members with diabetes

3. Implement strategies to increase participation of SoonerCare members with diabetes in recognized/accredited DSMT programs, when funded

### BENCHMARKS

**Target Population**
- **Baseline (2015)**: OHCA SoonerCare members with diabetes 19 – 64 years
- **5 Year Target (2020)**: OHCA SoonerCare members aged 19 years and older with Type 2 diabetes

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

- **Baseline (2015)**: 28.24 / 100,000 member months
- **5 Year Target (2020)**: 27.68 / 100,000 member months

**Increase strategies to educate clinicians on newly funded DSMT benefit for SoonerCare members with diabetes**

- **Baseline (2015)**: 0 strategies
- **5 Year Target (2020)**: 10 strategies

**If funded, increase by 4% the number of SoonerCare members with diabetes who have attended a recognized or accredited DSMT program**

- **Baseline (2015)**: 0 members
- **5 Year Target (2020)**: 2,100 members
3 CONTROL COMPLICATIONS FROM DIABETES

**KEY ACTIVITIES**

- **Secure legislative appropriations for funding of DSMT as a covered benefit for SoonerCare members with Type 2 diabetes**
- **Offer educational presentations to clinicians during Fall and Spring provider training sessions on newly funded DSMT benefit**
- **Survey clinicians on knowledge of newly funded DSMT benefit and ability to refer patients to recognized/accredited programs**
- **Collaborate with OHCA to develop a standardized referral process to facilitate referrals**
- **Secure legislative approval for funding of DSMT as a covered benefit to SoonerCare members with Type 2 diabetes**
- **Collaborate with HCSI team to educate SoonerCare members with diabetes on the benefits of attending recognized/accredited DSMT programs**
- **Provide outreach to SoonerCare members with diabetes on newly funded DSMT benefit**
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
1. Increase by 10% the number of SoonerCare members with a paid claim for medical nutrition therapy (MNT).
2. Increase access to registered, licensed dietitians (RD/LD) providing medical nutrition therapy by 10%.
3. Increase by 10% the number of SoonerCare pediatric members with a paid claim for MNT.

- Oklahomans face a higher than national average incidence of diabetes. Programs providing education on lifestyle change behaviors and self-management skills are crucial in decreasing prevalence, mortality and morbidity.
1. Increase by 10% the number of SoonerCare members with a paid claim for MNT.
2. Increase access to registered, licensed dietitians (RD/LD) providing medical nutrition therapy by 10%.
3. Increase by 10% the number of SoonerCare pediatric members with a paid claim for MNT.

**COST**

- Education on using the AMA/CDC STAT toolkit or the ACPM “screen, test, and refer” resources can be provided during OHCA’s Fall Provider training.
- Referral of SoonerCare members at high risk of Type 2 diabetes to MNT.
- Collaboration with OSDH WIC programs to identify children with elevated BMIs for referral to MNT.
GOAL 1 BENCHMARKS - RESOURCES

1. Increase by 10% the number of SoonerCare members with a paid claim for MNT.
2. Increase access to registered, licensed dietitians (RD/LD) providing medical nutrition therapy by 10%.
3. Increase by 10% the number of SoonerCare pediatric members with a paid claim for MNT.

RESOURCES

- OHCA Health Care Systems Innovation (HCSI) team
- Data Management Systems
- OHCA contracted Registered/Licensed Dietitians (RD/LD)
1. Gain authority for OHCA coverage of DSMT for SoonerCare members with diabetes.
2. Increase by 5% 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.

**NEEDS**

- Oklahomans face a higher than national average incidence of diabetes. Programs providing education on lifestyle change behaviors and self-management skills are crucial in decreasing prevalence, mortality and morbidity.
**GOAL 2 BENCHMARKS - COST**

1. Gain authority for OHCA coverage of DSMT for SoonerCare members with diabetes.
2. Increase by 5% 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**

- Total Budget: $288,114  
  State Appropriations: $100,523
- Referral of SoonerCare members with/or at risk of diabetes to MNT.
- Recruitment and contracting of RD/LDs to provide MNT for SoonerCare pediatric members with elevated BMIs.
The report submitted in response to Senate Bill 972 (2018) details the fiscal impact to the state and to the OHCA of offering DSMT as a covered benefit to SoonerCare members with diabetes.

1. Gain authority for OHCA coverage of DSMT for SoonerCare members with diabetes.
2. Increase by 5% 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.

RESOURCES

- The report submitted in response to Senate Bill 972 (2018) details the fiscal impact to the state and to the OHCA of offering DSMT as a covered benefit to SoonerCare members with diabetes.
- Data Management Systems
- Increase in number of RD/LDs contracted to provide MNT for SoonerCare pediatric members with elevated BMIs.
GOAL 3 BENCHMARKS - NEEDS

1. Decrease hospital admission rates for short-term complications related to diabetes by 2%.
2. Increase strategies to educate clinicians on newly funded DSMT benefit for SoonerCare members with diabetes.
3. If funded, increase by 4% the number of SoonerCare members with diabetes who have attended a recognized or accredited DSMT program.

NEEDS

- Oklahomans face a higher than national average incidence of diabetes. Programs providing education on lifestyle change behaviors and self-management skills are crucial in decreasing prevalence, mortality and morbidity.
1. Decrease hospital admission rates for short-term complications related to diabetes by 2%.
2. Increase strategies to educate clinicians on newly funded DSMT benefit for SoonerCare members with diabetes.
3. If funded, increase by 4% the number of SoonerCare members with diabetes who have attended a recognized or accredited DSMT program.

**Cost**

- OHCA staff time and effort to draft language for a State Plan Amendment for submission to CMS.
- Trainings for OHCA providers on screening, testing, and referring SoonerCare members to MNT or DSMT programs (when funded).
1. Decrease hospital admission rates for short-term complications related to diabetes by 2%.
2. Increase strategies to educate clinicians on newly funded DSMT benefit for SoonerCare members with diabetes.
3. If funded, increase by 4% the number of SoonerCare members with diabetes who have attended a recognized or accredited DSMT program.

**Resources**

- Legislative support of SB972 (2018) and submission of a State Plan Amendment for the OHCA to implement DSMT as a covered benefit for SoonerCare members with diabetes.
- Data Management Systems
- Legislative appropriations to support implementation of DSMT as a covered benefit for SoonerCare members with diabetes.


