

Diabetes & the Medicare Population: Washington

Introduction to the Report

Diabetes has a considerable impact on the nation's healthcare system and on individuals living with the condition. This report is intended to support efforts within Washington's communities to monitor and improve diabetes-related quality measures. Data represents the year of July 2016 – June 2017. This report's population also includes individuals under age 65 who qualify for Medicare due to chronic disability (approximately 20% of the Medicare population). It does not include data on individuals living outside the state who may seek care in the state.

Through our work as Medicare's Quality Improvement Network – Quality Improvement Organization (QIN-QIO) in Idaho and Washington, Qualis Health is assisting providers and patients to develop systems to better manage and monitor this disease. We are also working with communities throughout both states to improve care coordination, prevent adverse drug events, and reduce unnecessary rehospitalizations. To learn more about our QIN-QIO activities, please see:

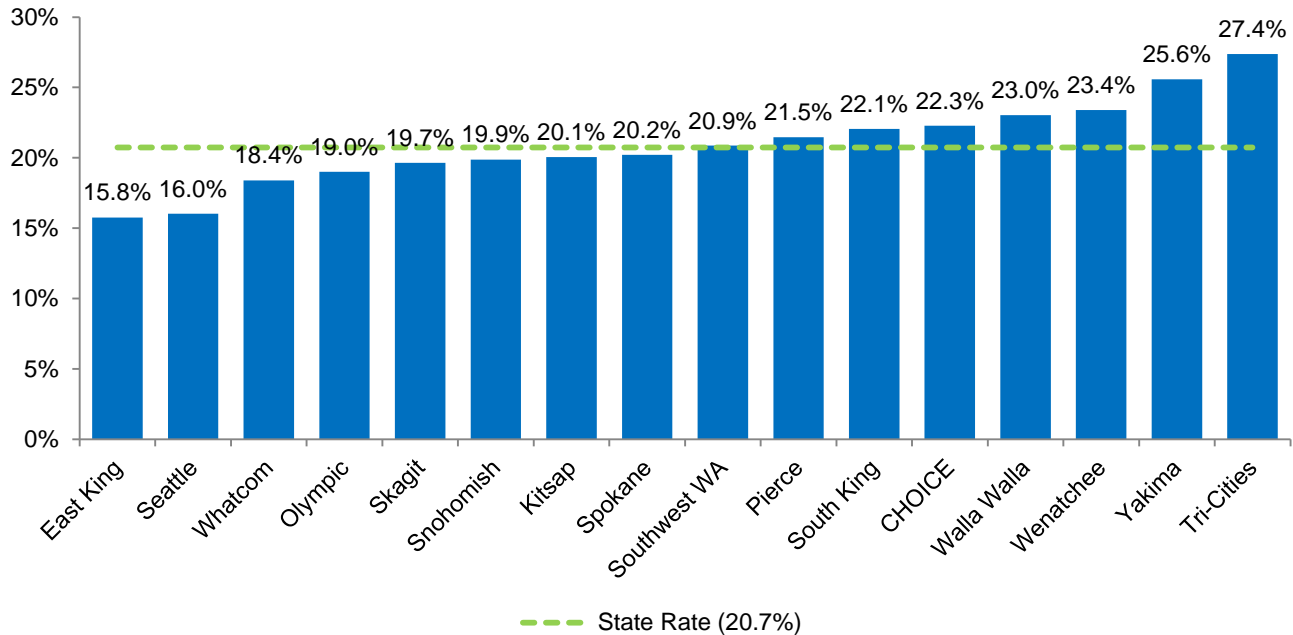
- Diabetes-related consulting for primary care physicians
www.Medicare.QualisHealth.org/DiabetesProvider
- Diabetes self-management education for Medicare beneficiaries and their family members and caregivers
www.Medicare.QualisHealth.org/EDC
- Consulting related to care coordination and reducing unnecessary rehospitalizations on a community level
www.Medicare.QualisHealth.org/Transitions



Disease Prevalence

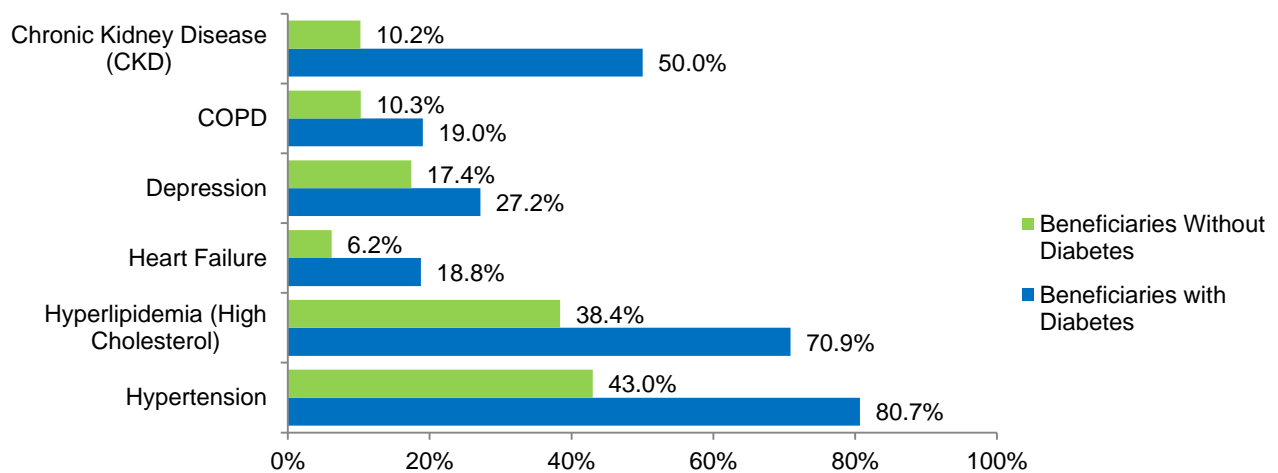
Over 120,000 of Washington’s Medicare beneficiaries have been diagnosed with diabetes. While diabetes is prevalent throughout the state, the difference between the communities with the lowest and highest rates is stark: the rate of diabetes among Medicare beneficiaries residing in the Tri-Cities is 70% higher than that of East King.

Figure 1: Prevalence of Diabetes among Medicare Beneficiaries by Community, July 2016 – June 2017



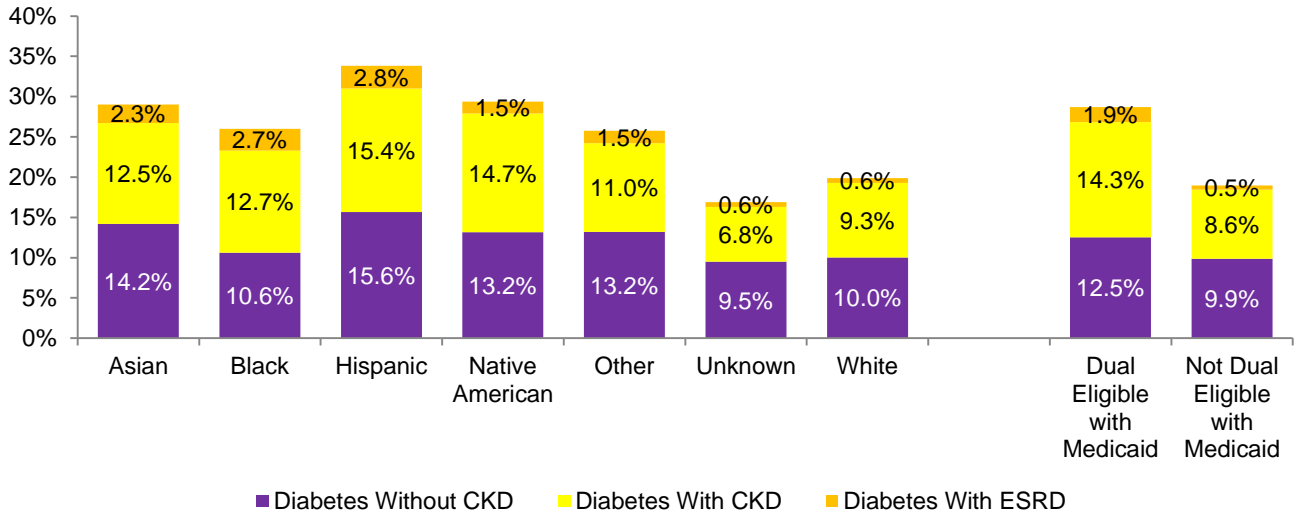
Medicare beneficiaries with diabetes also face increased morbidity from other chronic conditions. Figure 2 shows the prevalence for select chronic conditions for beneficiaries with and without diabetes.

Figure 2: Prevalence of Select Comorbidities among Medicare Beneficiaries With and Without Diabetes, July 2016 – June 2017



There are also racial disparities in the prevalence of diabetes as well as in the prevalence of Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD), which can be caused by uncontrolled diabetes.

Figure 3: Prevalence of Diabetes, Chronic Kidney Disease (CKD), and End Stage Renal Disease (ESRD) among Medicare Beneficiaries by Race and Dual-Eligibility with Medicaid, July 2016 – June 2017



The racial disparities in CKD prevalence lead to racial disparities in health care utilization, such as admissions and 30-day rehospitalizations, as shown later in this report.

Appropriateness of Care

People with diabetes have greatly increased risk for cardiovascular disease and other comorbidities, so screening for glycemic and lipid control and neuropathic complications is part of ongoing care management. The charts below show variation by community for recommended care measures.

Figure 4: Percent of Medicare Beneficiaries with Diabetes Receiving Annual HbA1c Test by Community, July 2016 – June 2017

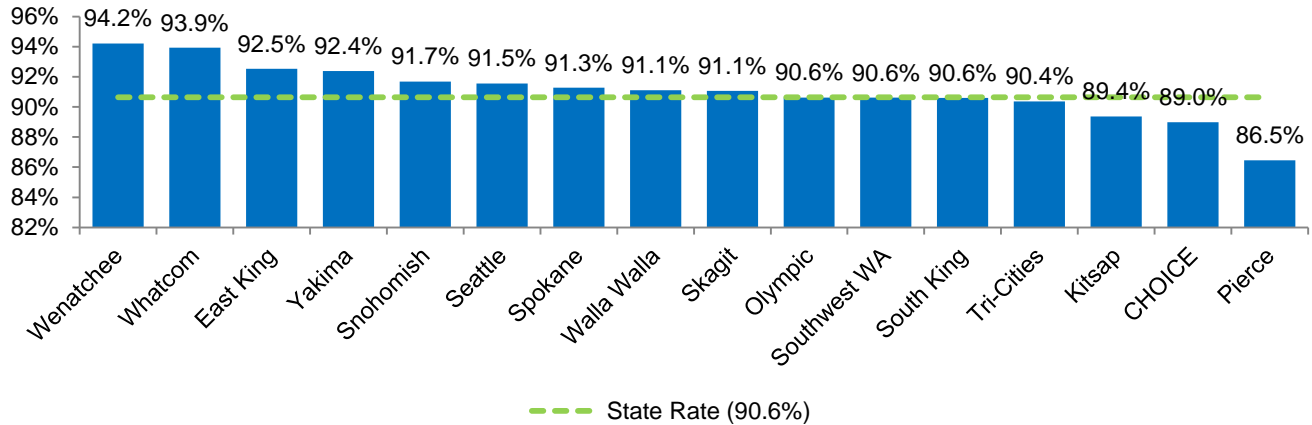


Figure 5: Percent of Medicare Beneficiaries with Diabetes Receiving Annual Lipid Test by Community, July 2016 – June 2017

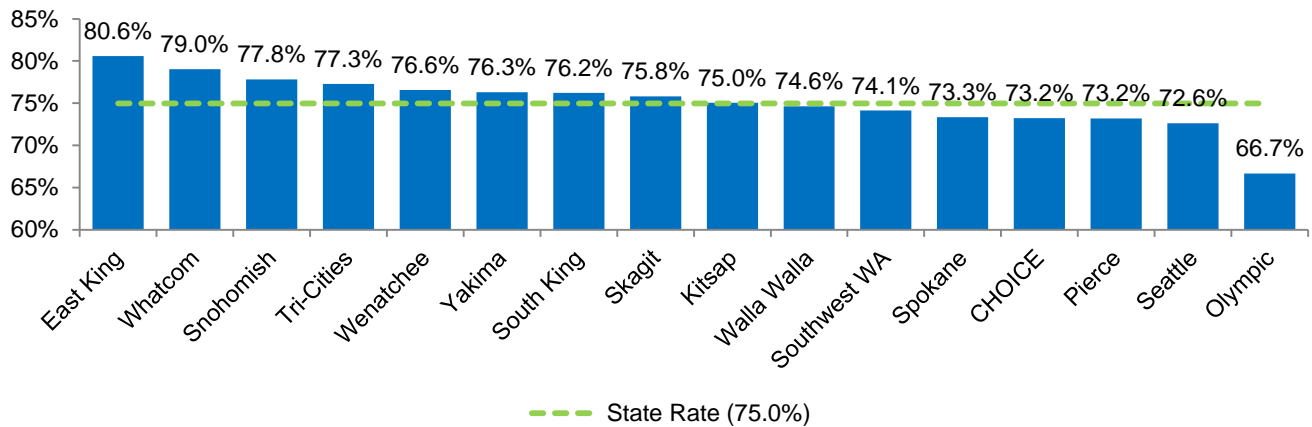


Figure 6: Percent of Medicare Beneficiaries with Diabetes Receiving Annual Eye Exam by Community, July 2016 – June 2017

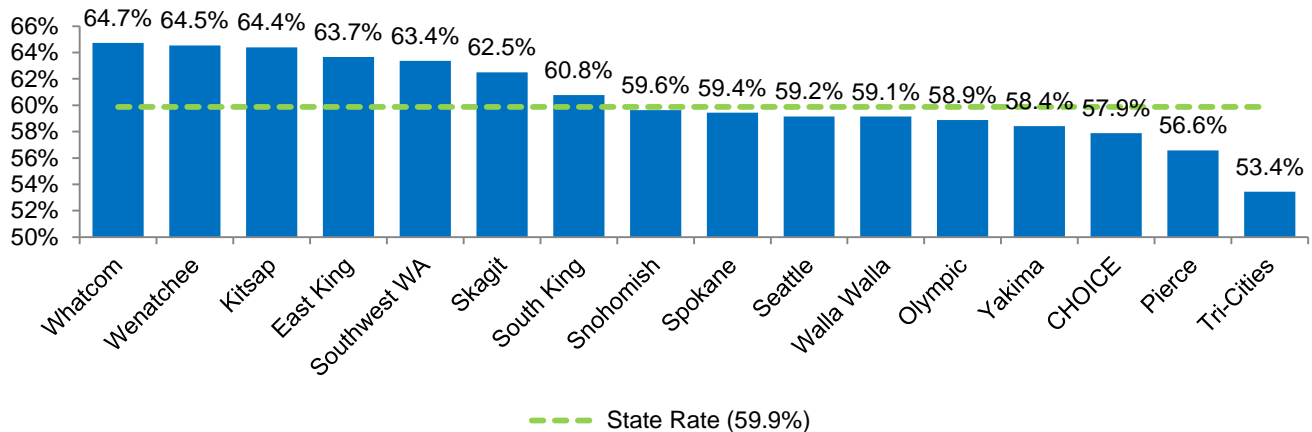


Figure 7: Percent of Medicare Beneficiaries with Diabetes Ever Receiving At Least One Pneumococcal Vaccine by Community, July 2016 – June 2017

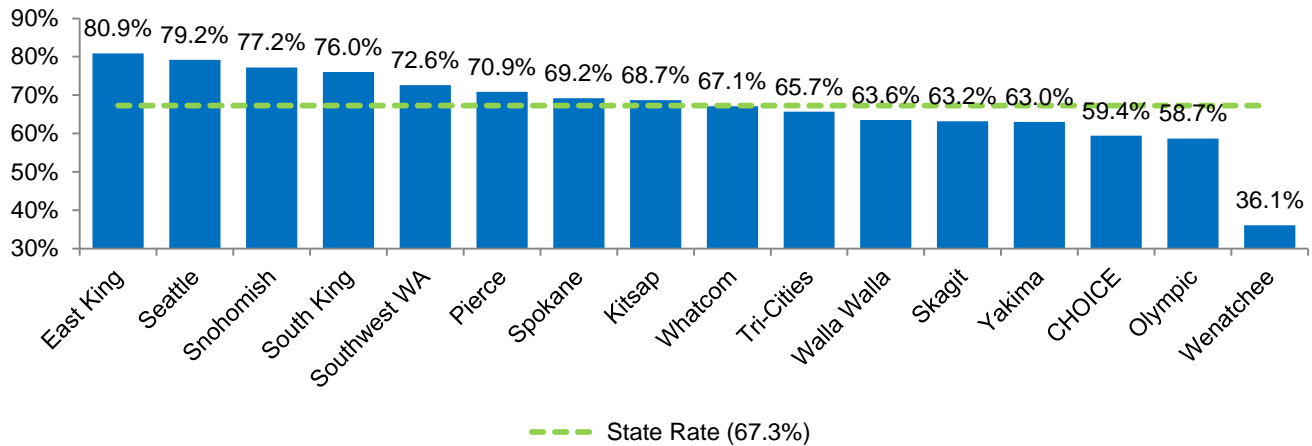


Figure 8: Percent of Medicare Beneficiaries with Diabetes Receiving Annual Influenza Vaccine by Community, October 2016 – March 2017

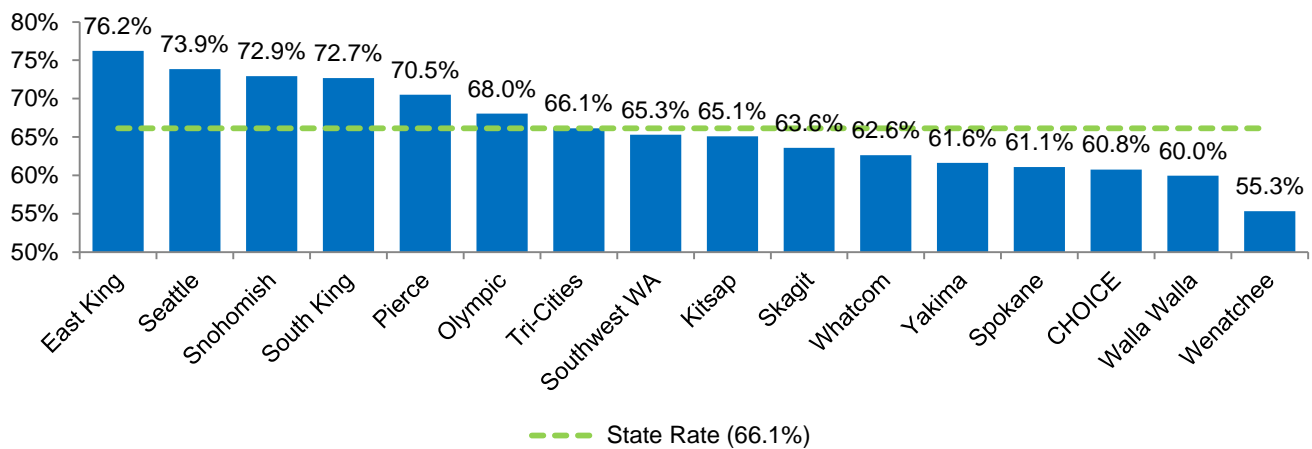


Figure 7: Percent of Medicare Beneficiaries with Diabetes Ever Receiving At Least One Pneumococcal Vaccine by Rurality, July 2016 – June 2017

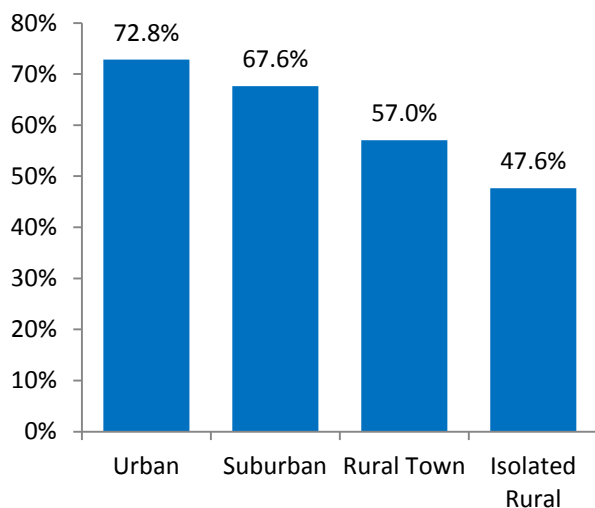
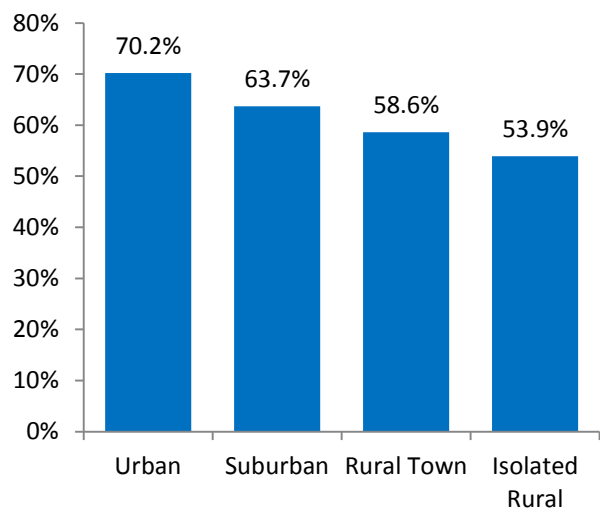


Figure 8: Percent of Medicare Beneficiaries with Diabetes Receiving Annual Influenza Vaccine by Rurality, October 2016 – March 2017



Hospital Utilization and Medicare Spending

Medicare beneficiaries with diabetes have increased admission, 30-day rehospitalization, and Emergency Department (ED) rates compared to beneficiaries without diabetes. However, that utilization is largely driven by individuals who have diabetes that has progressed to Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD). The figures below show utilization, mortality, and per capita costs for individuals by diabetes status.

Figure 7: ED Visits, Hospital Admissions, and 30-Day Re-Hospitalizations by Diabetes Status for Medicare Beneficiaries, July 2016 – June 2017

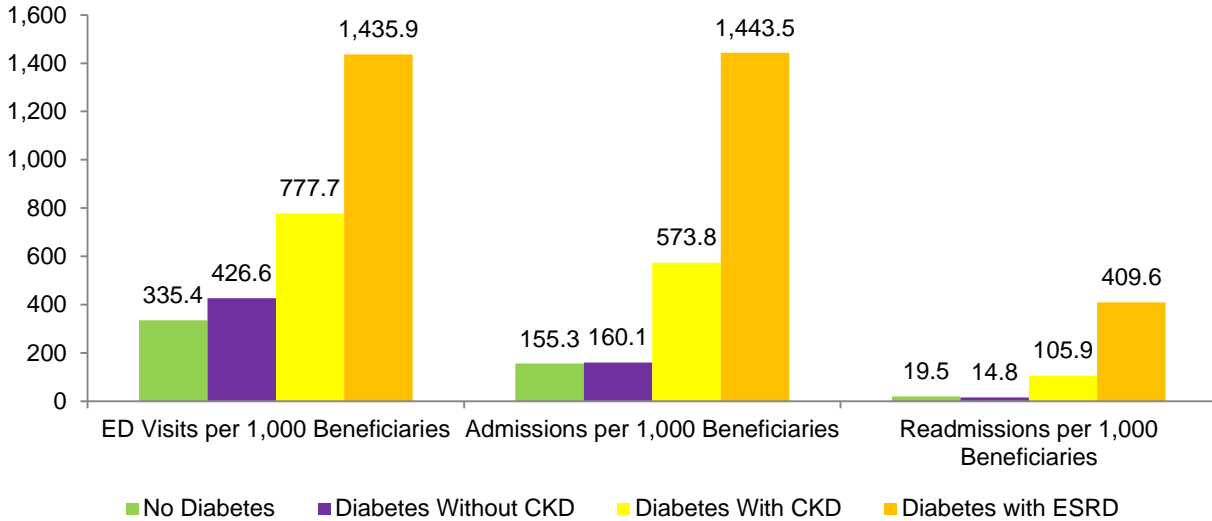


Figure 8: Mortality by Diabetes Status for Medicare Beneficiaries, July 2016 – June 2017

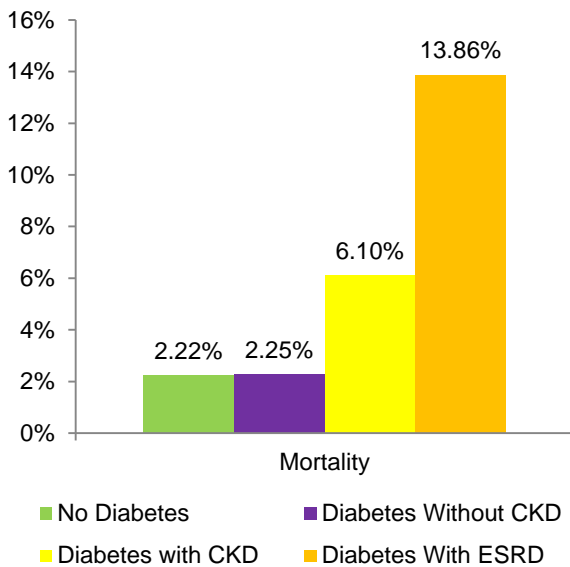
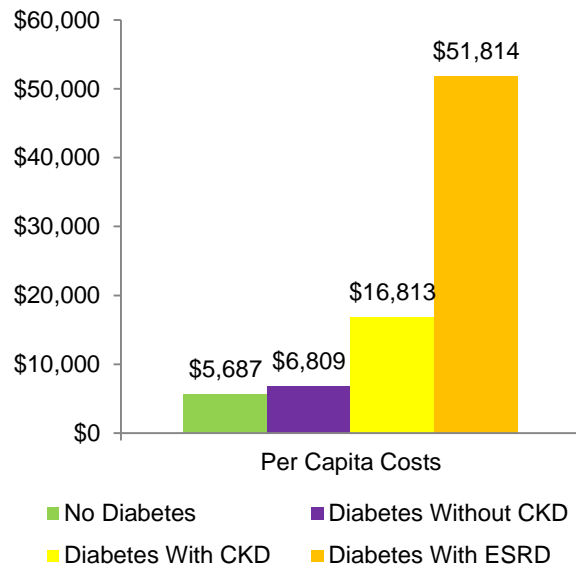


Figure 9: Per Capita Costs by Diabetes Status for Medicare Beneficiaries, July 2016 – June 2017



In part as a result of racial disparities in diabetes progression, there are racial disparities in utilization among beneficiaries with diabetes.

Figure 10: Admits per 1,000 Beneficiaries with Diabetes by Race, July 2016 – June 2017

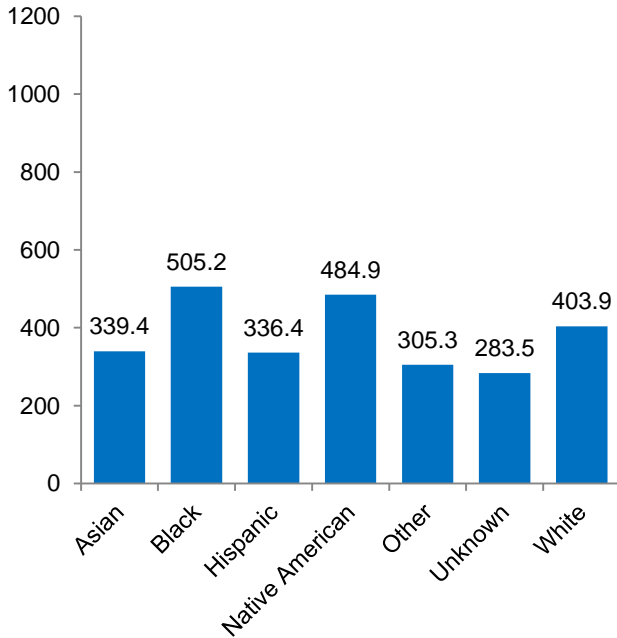


Figure 11: ED Visits per 1,000 Beneficiaries with Diabetes by Race, July 2016 – June 2017

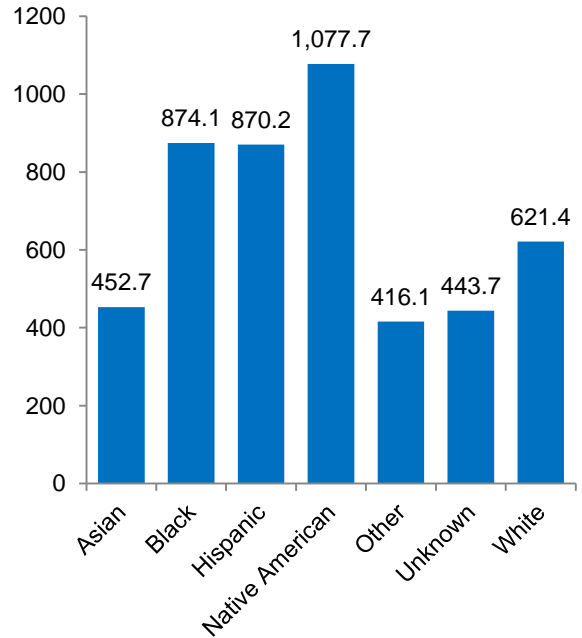


Figure 12: 30-Day Rehospitalizations per 1,000 Beneficiaries with Diabetes by Race, July 2016 – June 2017

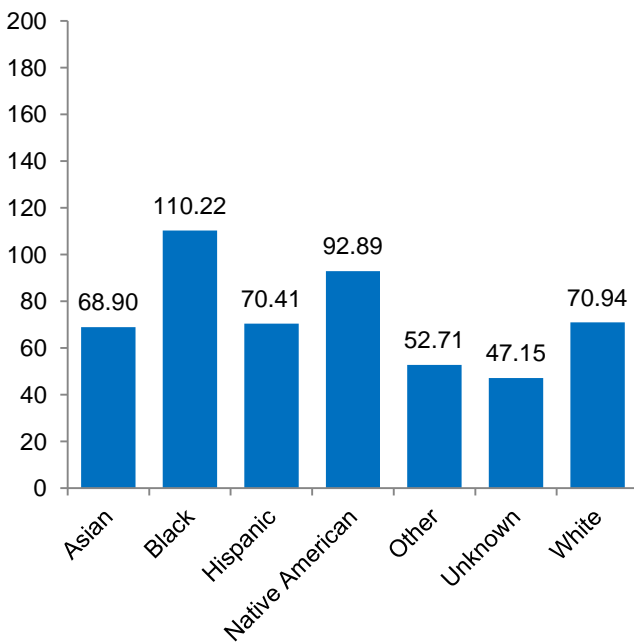
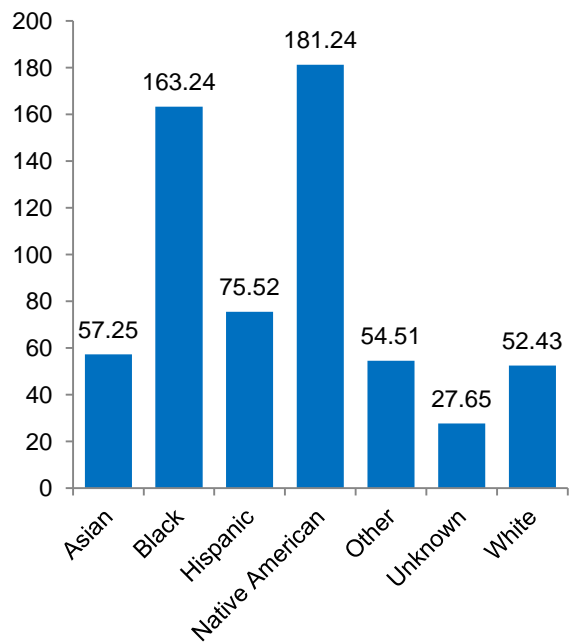
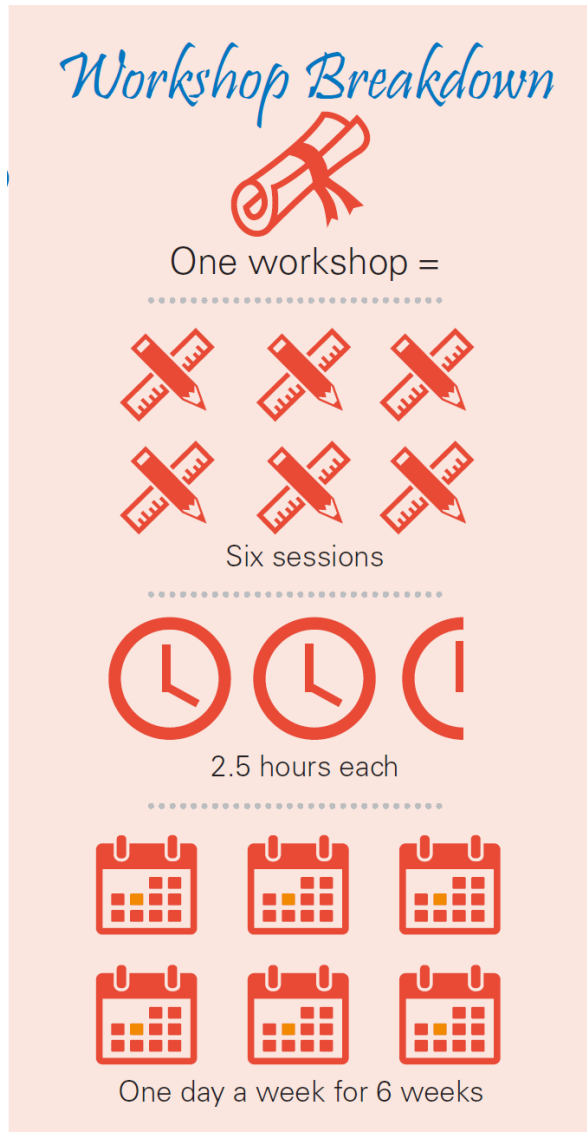


Figure 13: LEAs per 100,000 Beneficiaries by Race, July 2016 – June 2017



Diabetes Self-Management Education Outcomes

Qualis Health is currently partnering with community organizations to support Diabetes Self-Management Education by offering the evidence-based Diabetes Self-Management Workshops. This gold-standard strategy, originally developed at Stanford University, empowers people with diabetes to manage their symptoms, address day-to-day problems and improve the quality of their lives. Participants learn, practice and master skills such as goal-setting and action -planning, blood sugar monitoring, medication management, meal planning, safe physical activity, stress and depression management, problem-solving and decision-making.



Curriculum

Subjects covered include:



Techniques to deal with the symptoms of chronic disease, fatigue, pain, depression and stress



Appropriate exercise for maintaining and improving strength and endurance



Healthy eating



Appropriate use of medication



Making action plans



Working effectively with health care providers



Problem Solving

Pre- and post-class patient activation surveys indicate that participants¹

- Participants were more likely to feel able to ask their doctor questions about their treatment plans after participation (68% before vs. 94% after).
- Participants were more likely to feel able to make a plan with goals that will help control their diabetes after participation (55% before versus 91% after).

¹ Complete national and state results of pre-class and post-class Patient Activation Surveys are available upon request. Organizations partnering with Qualis Health can receive this data for participants of their specific classes in aggregate form after they have had at least 20 individuals complete pre- and post-class surveys.

Community Data Table

Table 1: Utilization and Per Capita Costs for Medicare Beneficiaries with Diabetes by Community, July 2016 – June 2017

	Percent with CKD	ED Visits per 1,000	Admissions per 1,000	30-Day Rehospitalizations per 1,000	Lower Extremity Amputations per 100,000	Per Capita Costs
CHOICE	47.1%	684.34	388.55	66.39	67.94	\$12,992
East King	51.0%	494.94	396.45	69.11	37.51	\$13,972
Kitsap	47.7%	687.28	346.95	57.85	41.89	\$12,111
Olympic	44.7%	656.60	331.84	54.70	40.09	\$12,158
Pierce	51.8%	545.25	432.08	80.97	62.51	\$14,020
Seattle	54.0%	559.88	456.00	95.01	53.87	\$14,783
Skagit	45.8%	633.60	374.88	70.49	36.45	\$12,763
Snohomish	54.0%	539.18	449.32	90.53	62.70	\$13,679
South King	55.0%	568.86	416.28	76.49	67.84	\$14,108
Southwest WA	54.0%	593.98	459.55	83.73	79.06	\$13,386
Spokane	47.3%	654.78	396.21	64.23	58.72	\$13,972
Tri-Cities	56.9%	673.48	387.69	77.14	67.53	\$12,772
Walla Walla	48.4%	949.25	376.53	55.08	63.72	\$13,043
Wenatchee	55.2%	647.92	332.13	50.74	56.04	\$11,476
Whatcom	46.4%	413.09	361.79	57.02	19.74	\$12,142
Yakima	46.4%	854.33	369.67	64.44	62.51	\$11,770
Statewide	50.0%	626.44	399.02	71.55	56.95	\$13,251