

The Cabinet for Health and Family Services and the
Personnel Cabinet present:

A report to the Legislative Research Commission
in fulfillment of Kentucky Revised Statute 211.752

2023

DIABETES REPORT

Executive Summary

TEAM 
KENTUCKY®

CABINET FOR HEALTH
AND FAMILY SERVICES

TEAM 
KENTUCKY®

PERSONNEL CABINET

2023 Kentucky Diabetes Report

LEGISLATION

KRS 211.752 requires that in odd numbered years, the Department for Public Health (DPH), the Department for Medicaid Services (DMS), the Office of Data Analytics (ODA) and the Personnel Cabinet – Department of Employee Insurance, Kentucky Employees’ Health Plan (KEHP), collaborate in developing a report addressing the impact of diabetes on the commonwealth and plans to address the epidemic.

A COLLABORATION BETWEEN

DEPARTMENT FOR MEDICAID SERVICES
DEPARTMENT FOR PUBLIC HEALTH
OFFICE OF DATA ANALYTICS
DEPARTMENT OF EMPLOYEE INSURANCE

ON BEHALF OF

CABINET FOR HEALTH AND FAMILY SERVICES
PERSONNEL CABINET

FOR MORE INFORMATION

This executive summary is the abbreviated version of the full report. To access or download copies of this report, visit <https://chfs.ky.gov/agencies/dph/dpqi/cdpc/Pages/diabetes.aspx>.

To request print copies of this report, please call the Kentucky Diabetes Prevention and Control Program at (502) 564-7996.

For more information about the legislation requiring the Diabetes Report, visit <https://legislature.ky.gov>.

SUGGESTED CITATION

Kentucky Cabinet for Health and Family Services and Kentucky Personnel Cabinet. Kentucky Diabetes Report. Frankfort, KY: KY Cabinet for Health and Family Services, Department for Medicaid Services, Department for Public Health, Office of Data Analytics, and Kentucky Personnel Cabinet, Department of Employee Insurance, 2023.

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A Message from the Health and Family Services Cabinet and the Personnel Cabinet

The 2011 Kentucky General Assembly codified KRS 211.752 to require the Cabinet for Health and Family Services (Department for Medicaid Services, Department for Public Health, Office of Data Analytics) and the Personnel Cabinet (Kentucky Employees' Health Plan) to compile an account of the status of diabetes in Kentucky, what is being done to address it, and goals/plans for moving this work forward. In this 2023 Kentucky Diabetes Report, we have further streamlined the format and included links to more detailed information and an infographic. This updated format makes the report more readable and user-friendly but still provides robust data and information about diabetes in Kentucky.

Diabetes is a complex, chronic disease that affects the body in numerous ways. It can cause heart disease, stroke, blindness, kidney damage, lower extremity amputations, gum disease/tooth loss, as well as pregnancy related effects on the mother and baby. It can also exacerbate the effects of COVID-19 resulting in increased death rates from this virus. We continue to analyze data related to the impact of COVID-19 on those with diabetes in Kentucky. Addressing diabetes requires the collaboration of many public and private partners, and Kentucky has a long history of such efforts in the area of diabetes prevention and control. Despite these efforts, and some successes, there is much more work to be done.

PREVENTING NEW CASES, SCREENING TO FIND CASES EARLY, OFFERING EVIDENCE-BASED SERVICES TO THOSE WITH AND AT RISK FOR DIABETES, ASSURING A SKILLED MULTIDISCIPLINARY WORKFORCE TO ADDRESS DIABETES, AND IMPROVING THE QUALITY AND MEANINGFUL USE OF DATA TO TRACK OUTCOMES ARE ALL GOALS RECOMMENDED BY THIS REPORT.

Preventing new cases, screening to find cases early, offering evidence-based services to those with and at risk for diabetes, assuring a skilled multidisciplinary workforce to address diabetes and improving the quality and meaningful use of data to track outcomes are all goals recommended by this report. Kentucky partners – healthcare providers, hospital systems, public and private health plans, persons with diabetes and their families, public health agencies, technology resources, communities and more - must continue to work together to develop and implement innovative evidence-based approaches and strengthen evidence-based strategies to offer Kentuckians a life free of diabetes or the opportunity to live a healthy and full life with diabetes.

Let this sixth statewide collaborative report foster new energy among collaborators/champions and engage more stakeholders in efforts to improve the health of the Commonwealth.

Sincerely,

Eric Friedlander, Secretary
Cabinet for Health and Family Services

Sincerely,

Mary Elizabeth Bailey, Secretary
Personnel Cabinet

Executive Summary

BACKGROUND

The 2023 Diabetes Report is a requirement of KRS 211.752 (see Attachment 1). It requires that in odd numbered years, the Department for Public Health (DPH), the Department for Medicaid Services (DMS), the Office of Data Analytics (ODA) and the Personnel Cabinet – Department of Employee Insurance, Kentucky Employees’ Health Plan (KEHP), collaborate in developing a report addressing the impact on the commonwealth and plans to address the epidemic. Although not specifically named in the legislation, the committee chose to include the Office of Health Equity (OHE), housed in DPH, in this process to ensure attention to the social determinants of health that impact hard to reach and vulnerable populations.

This sixth report was developed by a committee with representatives from each of the entities named above. A list of these committee members is included on Page 2. Changes and additions to this edition of the report include an increased emphasis on health equity and social determinants of health (SDOH); as well as continued improvements in the presentation of the data and information to make it more readily useable.

While the information in this report discusses activities and plans specific to state government agencies, it is anticipated that policy makers, communities, professional organizations and anyone interested in the health of Kentuckians will use this information to improve diabetes outcomes in the commonwealth. Included in appendices is more information on data summarized in the report, the impact of COVID-19 to date and strategies for diabetes self-management education and support.

GOALS AND ACTIONS FOR ADDRESSING DIABETES

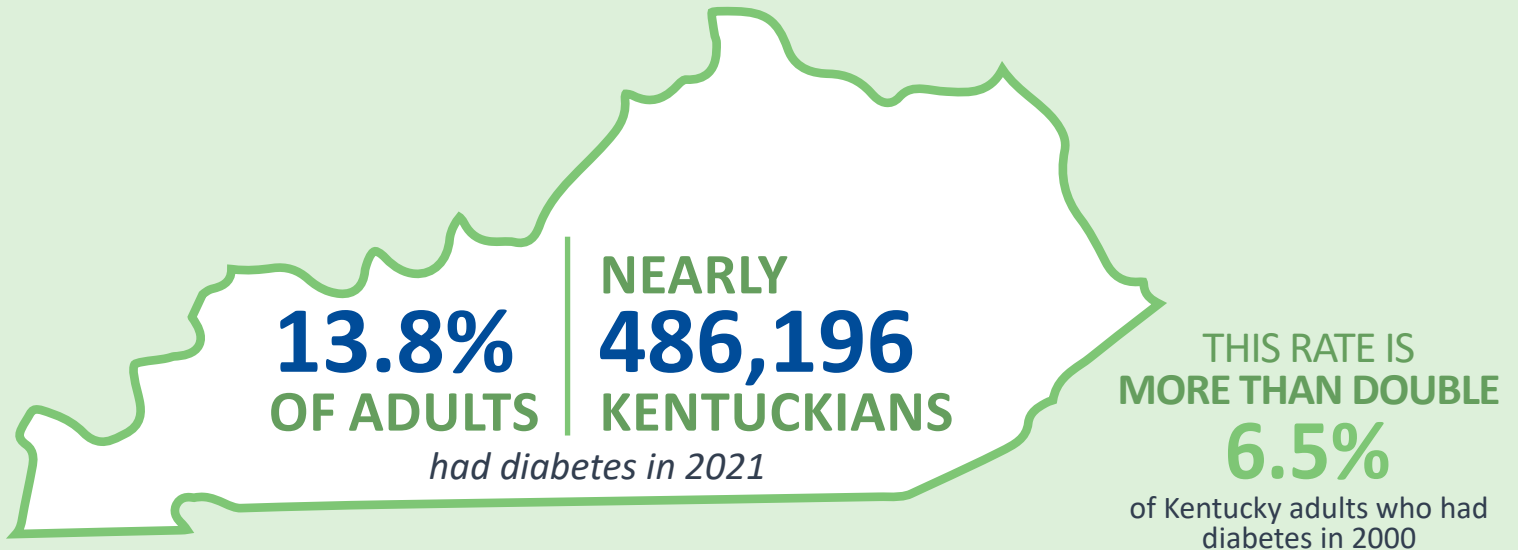
The committee has identified specific goals with related actions to strengthen diabetes prevention, minimize diabetes complications and improve our ability to have reliable data to track and understand the scope of this epidemic. Goals and actions are consistent with current standards of care and scientific evidence, national and state guidelines and initiatives, chronic disease state planning efforts and federal grant guidance from the Centers for Disease Control and Prevention (CDC). Goals include:

1. **Prevent new cases** of type 2 diabetes by promoting access to and participation in evidence-based lifestyle change programs such as the National Diabetes Prevention Program (DPP). (\$300,000)
2. **Increase appropriate screening** for prediabetes, diabetes and gestational diabetes by promoting evidence-based screening guidelines. (\$200,000)
3. **Ensure that people** with diabetes have access to evidence-based services, including Diabetes Self-Management Education and Support (DSMES), and case and disease management, which improve knowledge, skills and behaviors necessary to manage their disease and improve outcomes. (\$250,000)
4. **Fund a sustainable** diabetes prevention and control public health infrastructure and workforce at the state and local level. (\$2,600,000)
5. **Improve capacity for**, and use of, diabetes and chronic disease surveillance systems and Health Information Technology (HIT) systems needed to determine the impact of diabetes on the commonwealth and improve the quality of prevention and management efforts. (\$250,000)

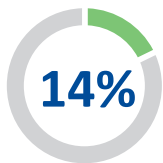
In addition, the commonwealth must also take actions to impact certain social determinants of health and equity. Social determinants of health are factors that not only negatively affect the ability of certain population groups to access healthcare, but also seriously limit their ability to live a healthy lifestyle and make lifestyle changes. These include education level, income and the ability to earn a living wage, lack of social support, chronic stress, racial discrimination, transportation access, adequate housing, access to affordable and nutritious food and access to safe spaces for physical activity. Affecting these social determinants of health will require efforts by a wide variety of community, business, and political leaders across the commonwealth.

Scope of Diabetes in Kentucky

DIABETES IS COMMON IN KENTUCKY.

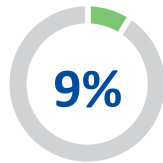


ANOTHER **12%** HAVE PREDIABETES AND ARE AT RISK FOR DEVELOPING DIABETES.



MEDICAID

adult* members had a diagnosis of diabetes in 2021



KEHP

adult* members had a diagnosis of diabetes in 2021



2,823 children under the age of 19 covered by Medicaid

306 children 17 years and younger covered by Kentucky Employees' Health Plan

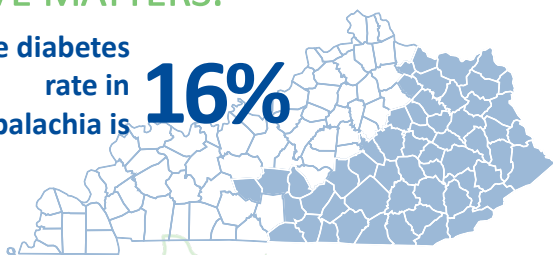
HAVE A DIABETES DIAGNOSIS

This difference in prevalence suggests a health disparity due to income.

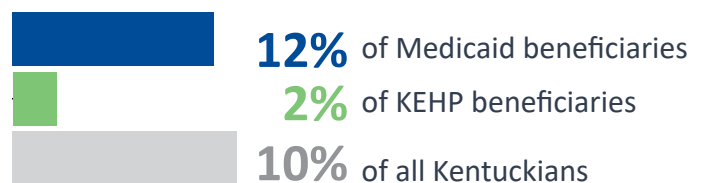
* Adults are defined as individuals over the age of 19 for Medicaid and individuals 18 years and older for Kentucky Employees' Health Plan (KEHP)

WHERE YOU LIVE MATTERS.

The diabetes rate in Appalachia is **16%**

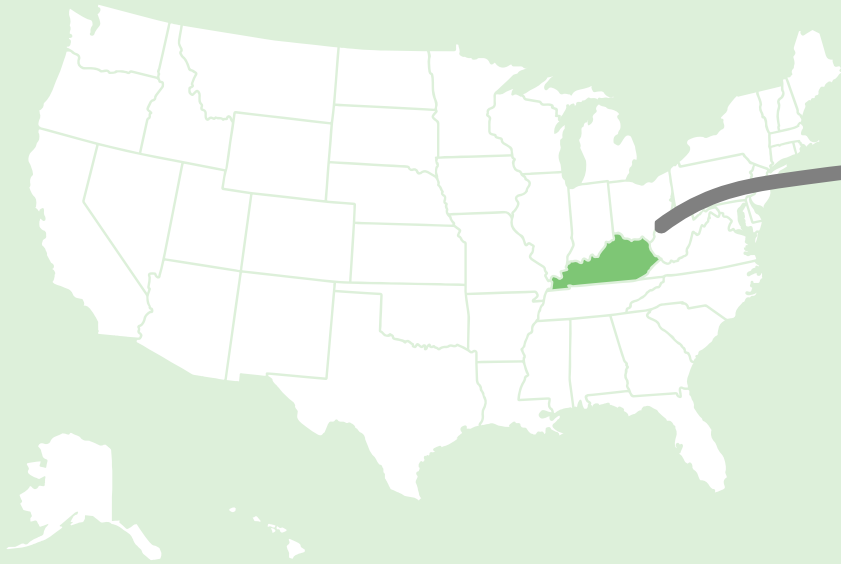


DIABETES IS COMMON DURING PREGNANCY.



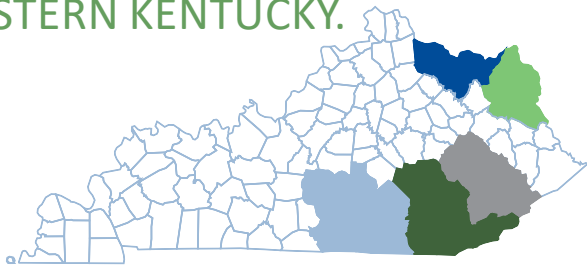
who gave birth in 2021.

DIABETES IS SERIOUS.

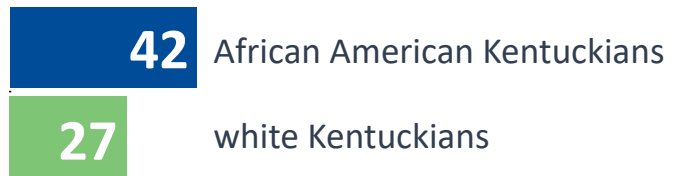


KENTUCKY HAS THE
13TH HIGHEST
MORTALITY RATE
FROM DIABETES IN
THE U.S.

THE 5 AREA DEVELOPMENT
DISTRICTS WITH THE HIGHEST
MORTALITY RATES ARE IN
EASTERN KENTUCKY.

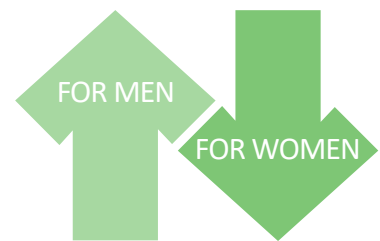


DEATH RATES ARE SUBSTANTIALLY
HIGHER FOR AFRICAN AMERICANS.



per 100,000 population

SINCE 2001,
DIABETES
MORTALITY
RATES HAVE



11,925 Kentuckians

visited the emergency department a total of **15,208 times** for diabetes in 2021.

10,588 KENTUCKIANS HAD AT LEAST ONE HOSPITAL STAY FOR DIABETES IN 2021.



Diabetes was the
primary diagnosis for
13,410
HOSPITALIZATIONS
in 2021.

AVERAGE LENGTH OF STAY
5 DAYS



DIABETES IS COSTLY.

Second most costly common chronic disease

KENTUCKY MEDICAID

\$173 MILLION

for all diabetes non-prescription claims in 2021



One of the top costly chronic conditions for active and early retirees

KEHP

\$156 MILLION

for combined medical and prescription drug costs in 2021

DIABETES COST KENTUCKY

\$5.16 BILLION  

IN TOTAL MEDICAL EXPENDITURES AND LOST WORK AND WAGES IN 2017.

(according to the American Diabetes Association)

Emergency department visits resulted in billed charges of approximately

\$99.9 MILLION

EACH INPATIENT STAY HAD AN

AVERAGE CHARGE

OF

\$42,162

resulting in



TOTAL CHARGES

OF NEARLY

\$570 MILLION

DIABETES IS MANAGEABLE AND CAN BE PREVENTABLE (TYPE 2).

Structured lifestyle change programs such as the National Diabetes Prevention Program have been proven to help prevent or delay type 2 diabetes through:



Nutrition



Physical Activity



Weight Loss

Individuals with prediabetes can cut their risk of type 2 diabetes

SCISSORS --- **IN HALF**

by losing weight through healthy eating and being more active.

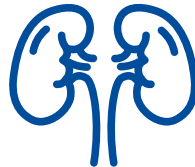
Managing type 2 diabetes effectively reduces risk for serious health complications such as:



Loss of toes, feet, or legs



Heart Disease



Kidney Failure



Stroke



Blindness

Accredited/Recognized Diabetes Self-Management Education and Support (DSMES) programs can improve A1C levels.



The number of patients with an A1C < 9 increased 46% after completing a DSMES program provided by the DPH Healthy Living With Diabetes (HLWD) program.

Quality care from healthcare teams can include:

- Aggressive treatment to manage blood sugar, blood pressure, and cholesterol
- Smoking cessation promotion
- Referral to DSMES programs

Addressing Diabetes in Kentucky

APPLYING EVIDENCE-BASED GUIDELINES TO IMPROVE DIABETES OUTCOMES

One key to the prevention of type 2 diabetes and diabetes complications is for individuals and healthcare practitioners to follow evidence-based guidelines. Guidelines include screening and diagnosing diabetes as early as possible, providing good medical care and supporting lifestyle change.

Actions designed to support the availability and sustainability of CDC-recognized DPP and accredited or recognized DSMES programs, healthcare provider referral of patients to these programs and program enrollment are primary recommendations of this report.

CURRENT DIABETES PREVENTION AND CONTROL EFFORTS

DPH, DMS, KEHP and external partners support a wide range of activities designed to improve diabetes prevention and control in their respective populations – as well as in the state as a whole.

Examples include:

- Providing access to care for prevention, early detection and treatment of diabetes.
- Providing health risk assessments to health plan members to identify those at risk for diabetes.
- Offering wellness programs to health plan members to increase physical activity levels and improve dietary choices.
- Providing Disease Management (DM) and Case Management (CM) programs for health plan members with complications of diabetes and/or multiple chronic conditions.
- Providing evidence-based lifestyle change programs like the DPP to support prevention of type 2 diabetes to the public and to health plan members.
- Offering training to healthcare providers to provide DSMES education programs.
- Educating healthcare providers about opportunities to refer patients with diabetes to DSMES programs.
- Providing statewide leadership in the development of a network of sites providing DPP.
- Facilitating diabetes professional education and quality improvement activities for healthcare

providers.

- Supporting development of referral mechanisms to connect people with or at risk for diabetes to appropriate care.
- Convening state partners to coordinate diabetes prevention and control activities and carry out evidence-based activities.
- Collecting, analyzing and disseminating of data to track diabetes prevalence, mortality and outcomes and improve the quality of care.

Successes related to these efforts include growth in access to accredited or recognized DSMES programs via telehealth. In addition, KEHP initiated a “Value-Based Benefit,” which provides medication and supplies for people with diabetes at reduced cost, with no deductible, which has increased medication adherence, decreased hospitalizations and emergency department visits and kept overall costs stable.

Measuring Progress

The partners involved in this report have agreed to establish comparable benchmarks to measure progress in diabetes management in the state. Collectively, this data provides a picture of clinical care and management, access to self-management education and support and lifestyle change programs across the commonwealth.

- Medicaid requires the Medicaid managed care organizations (MCO) to report Healthcare Effectiveness Data and Information Set (HEDIS) diabetes measures.
- KEHP reports HEDIS measures on diabetes.
- DPH reports measures on self-reported diabetes clinical benchmarks from the Kentucky Behavioral Risk Factor Survey (KyBRFS).
- ODA reports diabetes specific Prevention Quality Indicators (PQI) as defined and instituted by the Agency for Healthcare Research and Quality (AHRQ).
- DPH and CDC reports data on access to, and use of, DPP and DSMES programs.

As the burden of diabetes in Kentucky continues to grow, we must increase our efforts to make changes in our communities, healthcare systems, and personal behaviors to influence the growing epidemic. Now is the time for the Commonwealth to act on the information in this report and move forward with making changes to improve diabetes prevention and control for Kentuckians. Ultimately, this will improve the quality of life and promote better health outcomes for all Kentuckians.