

**“Keep It In Check”  
The Iowa Medicaid Diabetes Tel-Assurance® Program**

**Project Coordination and Grant Management by:**



**Grant Project Goal:**

To evaluate the effectiveness of telehealth strategies to improve the health of rural Iowans with **diabetes**, who are served by the Iowa Medicaid Program.

Project dates: September 1, 2009 through August 31, 2012

Participant Enrollment Campaign: Beginning February 8, 2010

Funding Agency: Health Resources Services Administration (HRSA)

Grant Management Agency: Office for the Advancement of Telehealth

**Partners:**

Iowa Medicaid Enterprise

Iowa /Nebraska Primary Care Association

Community Health Centers

Pharos Innovations, LLC

Iowa Diabetes Prevention and Control Program

Iowa Department of Elder Affairs (Chronic Disease Self-Management Support Program)

Magellan Behavioral Care

Des Moines University (Evaluation partner)

**Program Scope:**

This project seeks to enroll 250 persons with high risk diabetes (high cost healthcare utilization within the past year) who live in rural counties in Iowa and are members in the Iowa Medicaid Program. The enrollees will participate in a daily telehealth survey, utilizing an interactive voice response system, to easily identify early health concerns. This may be symptom-based, or trending in daily blood sugars. Nurse care coordinators will monitor the daily surveys and contact members who are showing “variances”. It is anticipated that this project will focus heavily on self-management support and patient education, although the care coordinators will also refer patients to physicians when appropriate. The enrollment of Iowa Medicaid members will be a cross walk between those who have a diagnosis of diabetes, those who are served in rural counties, and particularly community health centers (CHCs) and those who have high healthcare utilization patterns (hospitalizations).

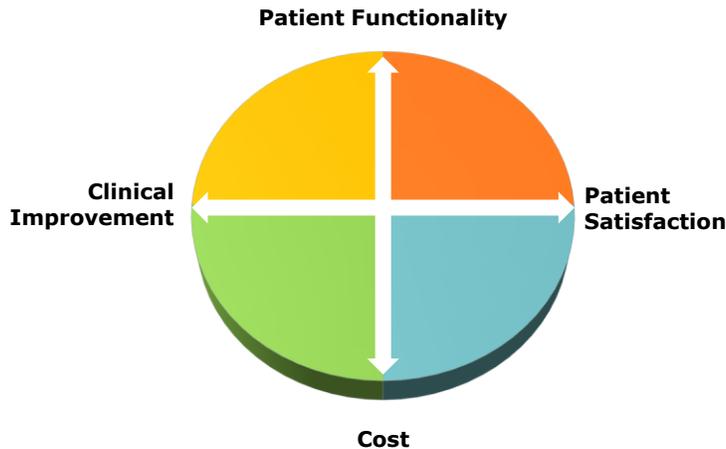
### **Community Resources:**

Project planning has included focused attention on the community resources of the State Certified Diabetes Education Programs (with over 90 programs available statewide) and the Chronic Disease Self-Management Support Programs (CDSMP). Currently, only about 5% of Iowa Medicaid members with diabetes access these educational/support resources. For this project, the Iowa Department on Aging will waive the registration fee if participants enroll in a community CDSMP program. The IME nurse care coordinators will encourage participants to utilize both of these community resource programs as appropriate.

### **Evaluation Plan:**

This project was funded to explore the benefits of using telehealth strategies along with traditional medical management. Therefore, there will be a rigorous evaluation plan. Outcomes will be evaluated using the Clinical Value Compass model, which includes the domains of clinical improvement, functional improvement, patient and provider satisfaction and healthcare utilization patterns of the participants and a matched cohort of members who did not participate.

## **Clinical Value Compass**



Developed by Hitchcock Clinic

The following goals and objectives have been identified within the evaluation plan.

**Goal #1:** Enrollees will utilize the healthcare system in a more proactive and preventative way

*Objective: Improve the medical stability of Iowa Medicaid beneficiaries (and uninsured?) with diabetes as evidenced by keeping regularly scheduled provider appointments, and avoiding ER and hospitalizations*

**Goal #2:** Enrollees will have lower total medical costs as compared to a prospectively matched group who did not receive the telehealth strategy

*Objective: Lower total medical costs for program enrollees.*

**Goal #3:** Participation in the telehealth program will promote early detection of concerning symptoms and improved self- management skills

*Objective: Successful self-management skills will be evidenced through improved HbA1C levels, reduced episodes of hypo or hyper glycemia, more stable blood pressure readings (other criteria)*

**Goal #4:** Depression, a key barrier to effective self-management support, Depression, will be identified and intervention provided per protocol

*Objective: Every participant will be screened for depression and a protocol for referral and follow-up through the designated Mental Health Provider*

**Goal #5:** This program will be evaluated for sustainability based on positive outcomes key areas: (improved quality of life, reduced healthcare utilization, improved clinical measures, patient satisfaction)

*Objective: The Iowa Medicaid Enterprise will support this program through the 1115 waiver program upon positive outcomes within the first 18 months*

### **Reporting:**

Project reports and required program data (for purposes of a larger evaluation collaborative of all OAT telehome projects) will be completed every six months. Program participation rates, disenrollment rates and daily survey adherence will be reported and evaluated each month. The planning committee has requested more frequent program assessments initially, in order that changes can be made if needed.

### **For questions, contact:**

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