

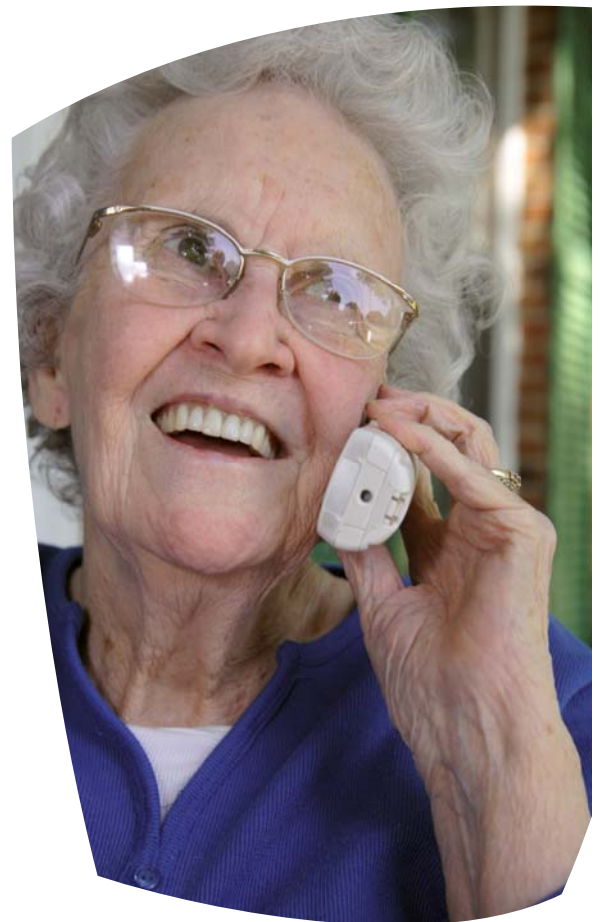
# Medicare

## *Diabetes Screening Project*

### A Framework for Communities to Increase Utilization

#### ***NH Medicare Diabetes Screening Project (MDSP)***

The Healthcare Leadership Council (HLC), with funding from Novo Nordisk, partnered with the Medicare Diabetes Screening Project (MDSP), *A National Drive to Find the Undiagnosed*, to reach out to Medicare beneficiaries who need reliable information on how to get the greatest value from the new Medicare benefits, and more specifically, to promote utilization of the Medicare diabetes screening benefit.





### ***NH MDSP Outreach Template***

This document aims to provide lessons learned to serve as a template others might use in implementing a similar community outreach effort. Currently, the Medicare diabetes screening benefit is underutilized: 60 percent of Medicare beneficiaries are at risk for diabetes, however, less than 10 percent of beneficiaries nationally used the free Medicare diabetes screening benefit in 2007, according to CMS.

A critical first step in correcting this problem is ensuring that all beneficiaries are screened and diagnosed. Medicare provides for annual diabetes screenings for those at risk for diabetes and up to twice a year for those with pre-diabetes.

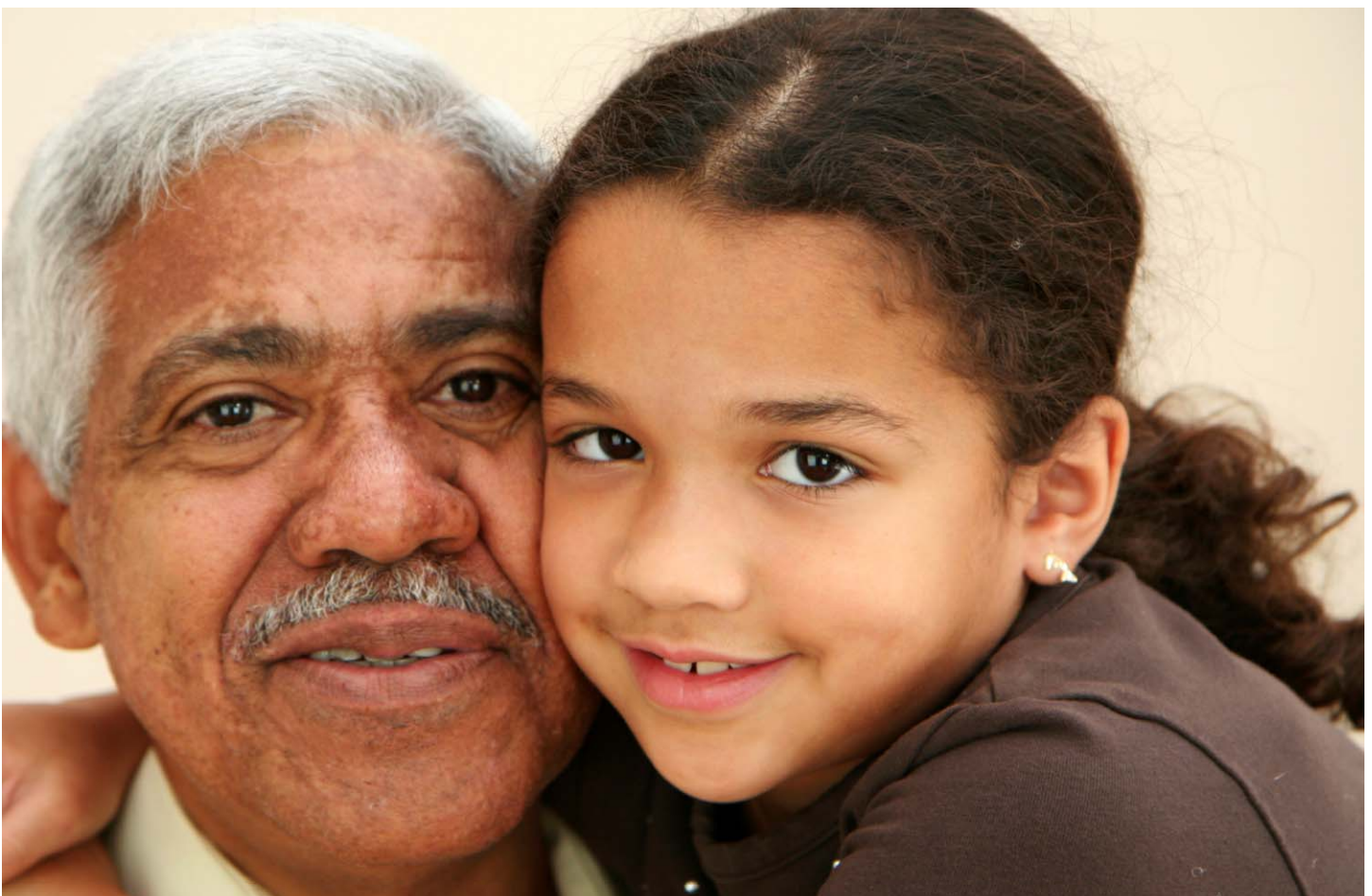
In 2005, the Congressional Budget Office released a report that found a disproportionate share of spending consistently going toward the care of the chronically ill in the Medicare program. If we are able to increase utilization and awareness of the diabetes screening benefit, and initiate early treatment for diabetes, we hope to reduce spending in the Medicare program as it relates to diabetes and improve the quality of life for Medicare beneficiaries at risk for or already living with diabetes.

Several challenges have contributed to the underutilization of the Medicare diabetes screening benefit. They include:

- Lack of awareness about current Medicare benefits, specifically the diabetes screening benefit
- Skepticism of the relatively new Medicare benefits
- Confusion on how to utilize the Medicare diabetes screening benefit
- Concerns about costs of treatment if diagnosed

To address these challenges, the Healthcare Leadership Council conducted a pilot program in New Hampshire. The objective of this program is to increase utilization of the Medicare diabetes screening benefit by using the following four-pronged approach:

1. Engaging partners and supporters
2. Developing and disseminating educational materials to providers and their staffs
3. Conducting a grassroots education campaign that brings information and expertise to beneficiaries, utilizing trusted intermediaries in their own communities
4. Engaging providers and their staffs to increase awareness about diabetes



Another important piece of this outreach is targeting and reaching key groups who can build on and sustain our current efforts of increasing awareness and utilization of the Medicare diabetes screening benefit. These groups include:

- Partners to sustain the effort
- Providers and their staffs to utilize and raise awareness about the benefit
- Beneficiaries to encourage utilization and raise awareness of the new Medicare diabetes screening benefit





## 1. Engaging partners and supporters.

**Partner Recruitment.** HLC acts as a hands-on organizer of the partner recruitment effort, serving as a central clearinghouse in coordinating partner recruitment. The messages, strategies and tactics of the coalition must be compatible with the respective positions and principles of each of its participating members. It is essential to create an “executive committee,” made up of leaders and designees of major organizations, which will communicate on a regular basis to discuss messages, strategies and tactics, etc., and to evaluate, on an ongoing basis, the effectiveness of partnership activities.

- Having a broad-based coalition of organizations is a key element to success as it makes everyone’s efforts more effective. For groups with limited resources, it offers the opportunity for higher visibility and an expanded grassroots impact. Although a coalition should be as broad-based and inclusive as possible, the size of the coalition must be manageable in order to accomplish its goal. Determining the appropriate size is a key consideration. The coalition cannot be too small, because everyone probably cannot attend every meeting; at the same time there must be enough people at each meeting to make decisions for the group.



### **Engaging partners and supporters (con't).**

- Put together a list of 50 people and organizations that meet the determined criteria to contact and get involved. The following is a list of possible groups to start with:
  - Area Agencies on Aging offices
  - Healthcare providers
  - Businesses
  - Healthcare companies
  - Libraries
  - Churches
  - Civic groups (Kiwanis, Lions, Rotary, etc.)
  - Media (especially radio and television)
  - Senior centers
  - YMCAs
  - Chambers of Commerce
  - Diabetes groups

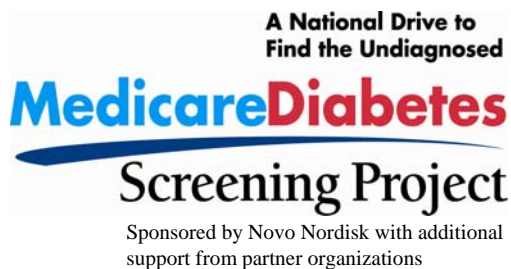


### **Engaging partners and supporters (con't).**

- Draft a letter of invitation asking identified potential members to attend an organizational meeting. It is a good idea to have the letter signed by a well known individual who is willing to lend his or her prestige to the coalition-building effort.
- Meet with potential members individually first.
  - Potential partners should include those who have a specific interest in the Medicare diabetes screening benefit, including Medicare beneficiaries, healthcare providers and companies involved in pilot projects related to the Medicare diabetes screening benefit.
  - Potential partners should also include nontraditional groups that would not normally be linked to the Medicare diabetes screening benefit, such as senior groups and churches, but are trusted information sources for Medicare beneficiaries.

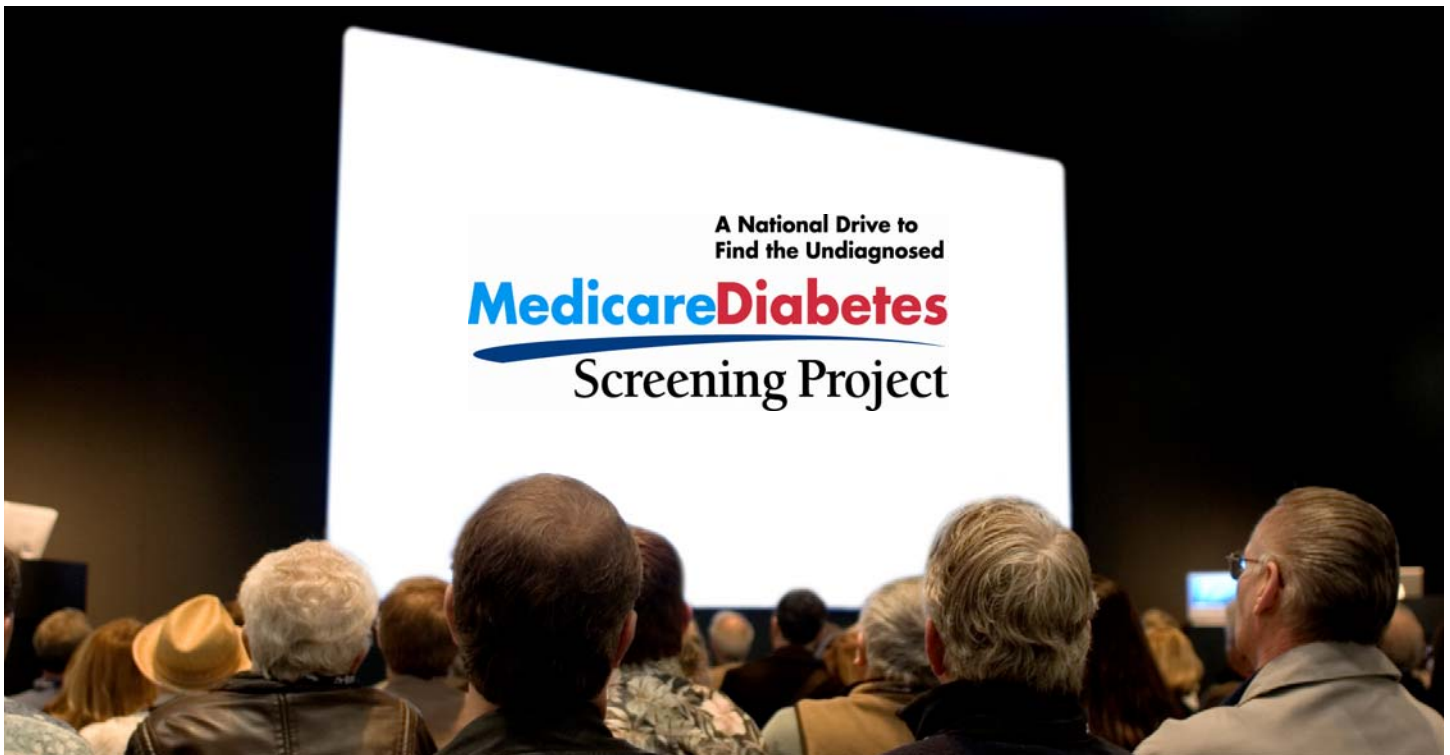
## Engaging partners and supporters (con't).

- From the participating groups, create an executive committee to do the following:
  - Hold regular meetings to discuss project progress and possible next steps. Make sure to include a description of what is expected as well as a calendar list of dates when the group will meet throughout the year at the first meeting. This should not be overly burdensome and can be a conference call at times, if it fits with the group's dynamics.
  - Develop the roles and responsibilities of coalition members. Make sure to have some duties or activities already developed to include in the roles and responsibilities. Keep in mind that leveraging coalition members' resources up front can save time and spread the word about the project faster.
  - Assist in the development of materials to ensure that they are community specific and to determine the best distribution outlets.
  - Determine effectiveness of the pilot program through surveys.
  - HLC's NH MDSP partnership is nonpartisan, nonpolitical and dedicated to educating beneficiaries and providers about the Medicare diabetes screening benefit. Partner organizations represent seniors, patients, healthcare providers and professionals, employers, minorities, women, faith-based groups, caregivers and others with a stake in the successful utilization of the diabetes screening benefit.
  - Be sure to keep in mind success is the best way to keep people involved in a coalition. Everybody loves to be a winner. Look for ways in which different partners' goals overlap and capitalize on them so that everyone feels that they are succeeding.



## NH PARTNERS

AARP (NH Chapter)  
ADA (NH Chapter)  
American Association of Diabetes Educators (NH Chapter)  
American Dietetic Association (NH Chapter)  
Area on Aging (NH Chapter)  
Family Practice Physicians (NH Chapter)  
Granite State Independent Living  
Healthy Eating Active Living Initiative  
HICEAS  
Manchester Housing Authority  
National Association of State Units on Aging (NH Chapter)  
NH Chapter of Chain Drug Stores  
NH Hospital Association  
Pocketbook Therapy  
Portsmouth Housing Authority  
ServiceLink (NH SJIP)  
State of New Hampshire, HHS Bureau of Elderly Affairs



### **Engaging partners and supporters (con't).**

The following are some examples HLC's NH MDSP has used for partner activities or engaging the public:

- Placing articles about the Medicare Diabetes Screening Project, *A National Drive to Find the Undiagnosed*, in membership publications.
- Placing diabetes screening benefit information, brochures, and stories on membership websites.
- Sending information, tools, and announcements to members in regular membership emails.
- Partner organization representatives, sales representatives or leaders speaking to patient groups or provider groups.
- Partner organization representatives, sales representatives or leaders distributing education materials.
- Offering exhibit space, conference breakouts, or poster sessions at annual meetings that reach organization leaders and members.
- Sponsoring and/or participating in Medicare diabetes screening benefit events.
- National partners encouraging local affiliates to volunteer or participate in activities.
- Developing materials and information tailored to membership and constituents (i.e., healthcare Providers toolkit).



## 2. Developing and disseminating educational materials to providers and their staffs.

**Material Development and Dissemination.** Materials are critical for educating beneficiaries and providers. Developing simple and easy to read materials to educate beneficiaries and providers about the benefits of the Medicare diabetes screening benefit is critical. This will increase utilization by giving beneficiaries more information about the benefit and making providers aware of the benefit and the proper coding information it requires.

- Utilize the executive committee and partners to assist in the development of materials and to ensure that they are community specific and to determine the best distribution outlets.
- Research and get estimates for material development from multiple vendors to ensure the best price.

## Developing and disseminating educational materials to providers and their staffs (con't).

- Possible outreach and education materials can include:
  - Information kits (list of contacts, general information, NH specific statistics, etc.)
  - Media kits (articles for placement, letters to the editor, press releases, etc.)
  - Brochures/flyers
  - Laminated coding cards
  - Fact sheets
  - Giveaways (such as pens, bags, etc.)
  - Website
  - Templates for program replication
  
- HLC's NH MDSP provides information about the Medicare diabetes screening benefit and appropriate coding for reimbursement to healthcare providers and their staffs through a variety of methods that include:
  - Speaking to medical societies and other provider groups to disseminate materials.
  - Hosting office staff educational events to disseminate materials.
  - Visiting offices and other facilities that deal with screening-eligible patients to disseminate materials.
  - Counseling referral phone line.
  - Using media outlets to disseminate materials via telethon or radio talk shows.

### A National Drive to Find the Undiagnosed

## MedicareDiabetes

### Screening Project

Sponsored by Novo Nordisk with additional support from partner organizations



## NH Brochures





**3. Conducting a grassroots education campaign that brings information and expertise to beneficiaries, utilizing trusted intermediaries in their own communities.**

**Grassroots Education Campaign.** Directed to beneficiaries, caregivers and providers to inform them of the Medicare diabetes screening benefit and to encourage utilization. The education campaign is multifaceted as it encompasses outreach events and meetings, material distribution, leveraging partner resources, and media relations.

- Consider what type of format will be most effective for outreach events.
  - A variety of event styles (one-on-one counseling, town hall meetings, provider meetings, etc.) helps when reaching out to target populations since each community has its own unique diversity.



**Conducting a grassroots education campaign that brings information and expertise to beneficiaries, utilizing trusted intermediaries, in their own Communities (con't).**

- Distribute materials to beneficiaries, providers and the public at large through outreach events.
- Utilize partners as trusted intermediaries to host events at senior centers, community halls, pharmacies, places of worship, and other locales where seniors congregate, to directly educate beneficiaries.
- Leverage partner resources and participate in piggyback outreach events rather than creating a host of stand-alone events. It's important to remember not to reinvent the wheel every time you have an event; building on where opportunities make themselves available can save time and resources.
  - Build on existing call-in line to refer people for more information.

**Conducting a grassroots education campaign that brings information and expertise to beneficiaries, utilizing trusted intermediaries, in their own Communities (con't).**

- Host informational forums on the Medicare diabetes screening benefit as a part of presentations to Rotary Clubs, workplace “lunch and learn” sessions, etc.
- Educate providers through multiple office visits to provide them with appropriate coding documents and heighten their awareness of the Medicare diabetes screening benefit.
- Establish partnership presence through multimedia outreach by conducting a local earned media campaign that disseminates information to beneficiaries and providers to educate them about the Medicare diabetes screening benefit.
  - Local media coverage is key to generating interest from partners and the general public.
  - Media efforts can enhance public awareness about the Medicare diabetes screening benefit and add legitimacy to the campaign. These efforts should also include a rapid-response capability to respond to any media stories that may question the value of the Medicare diabetes screening benefit.
  - The NH MDSP garners media through a variety of methods that include:
    - Conducting print, television, radio and online media outreach to ensure a continuing drumbeat on the issue.
    - Submitting op-eds and letters to the editor.
    - Maximizing visibility at the local level by placing articles in coalition members’ newsletters, local senior publications, and faith-based community weekly bulletins.



#### 4. Engaging providers and their staffs to increase awareness about diabetes.

**Provider Outreach.** The NH MDSP utilizes partnerships, promotions, and outreach to increase awareness about diabetes prevention by educating healthcare providers – with an emphasis on outreach to the full team engaged in providing care for people with diabetes and pre-diabetes – on actions they can take to improve systems of care and use NH MDSP’s tools to support patient care and interventions for people with diabetes and those at risk for diabetes.

- NH MDSP conducts outreach activities with providers in New Hampshire on the benefits of utilizing the Medicare diabetes screening benefit. Such partnership activities include scheduling MDSP presentations at the annual meetings of provider organizations, placing articles in journals and newsletters, conducting one-on-one workshops with providers using a “train the trainer” model, and providing unique opportunities for collaboration on activities and events to promote MDSP’s resources to healthcare providers.

#### **Engage Providers and Staff.**

- Offer training for doctors and their staff. Put together a luncheon or coffee break for local providers – or more importantly, their office managers and medical secretaries, to alert them to the MDSP and educate them about better utilization of the Medicare diabetes screening benefit.
- Use pharmacists as allies. Pharmacists are often closely involved with individuals’ healthcare needs. Encourage pharmacists to post information on their counter or distribute them to those they serve.

#### **Survey Providers.**

- Finding out whether or not providers are utilizing the Medicare diabetes screening benefit is the best way to determine how best to approach providing improved education and outreach. As part of the NH MDSP outreach strategy, a MDSP representative surveyed 10 providers and their staff in December 2008.
  - The results indicated that diabetes education is of great importance to the majority of providers. The respondents identified the CMS coding sheets as the most useful diabetes education material at hand, and also suggested that additional and updated materials would be helpful. However, the results also highlighted the need for increased promotion and education regarding the screening benefit to ensure the majority of Medicare beneficiaries are screened for diabetes/pre-diabetes.

5. **Other items to consider which enhance the four-prong approach.**

**Metrics.** NH MDSP uses carefully drawn program metrics to determine if its initiatives are achieving their desired success. Metrics should be developed in concert with partners; first determining overall project objectives, and then specific quarterly tactics to reach those objectives. Metrics are also a good way to showcase positive results by quantifying the project's efforts.

- Process metrics (to achieve outcomes). It's important to set up a metrics collection system at the beginning of the program rather than later. Often times metrics are lost if no collection system is in place, which makes quantifying efforts difficult.
- Determine outcome metrics by comparing existing CMS data to metrics in order to quantify the impact of the program.

**Staff.** NH MDSP has a paid employee working to leverage community driven outreach by tapping into existing resources. For example, staff built on an existing referral call in-line hosted by a MDSP partner in order to direct individuals to more information about the Medicare diabetes screening benefit.





## Helpful Do's

- Be inclusive. Don't limit the types of organizations and individuals to approach for membership.
- Understand the needs and concerns of each prospective member and organization. Make sure everyone understands what you are trying to accomplish, and how they can help.
- Be very clear about the roles and responsibilities of the coalition. People need to understand what is expected of them.
- One-on-one counseling is key.
- Conduct outreach events with knowledgeable partners.
- Keep materials clear and simple.
- Plug into existing events.

## Helpful Don'ts

- Don't be too demanding of partners.
- Don't forget reminders – when sending out a meeting notice, follow-up with a phone call the day before the meeting to remind people.
- Don't forget to send newsletters, minutes, and regular updates to keep everyone engaged.
- Don't try to do everything too quickly. Take time to lay the groundwork. It will pay off in the end.

# Community Outreach Checklist

- Engage partners and supporters.**
  - Build a broad-based coalition
  - List of 50 people and organizations
  - Letter of invitation
  - Meet with potential members (traditional and nontraditional groups)
  - Create an executive committee
- Develop and disseminate educational materials to providers and their staffs.**
  - Material development
  - Utilize executive committee
  - Research vendor prices
  - Develop ideas for ways to disseminate outreach materials
- Conduct a grassroots education campaign that brings information and expertise to beneficiaries, utilizing trusted intermediaries, in their own communities.**
  - Develop grassroots education campaign strategy
  - Distribute materials
  - Utilize partners as trusted intermediaries to host events
  - Leverage partner resources and participate in piggyback outreach
  - Host informational forums
  - Educate providers through multiple office visits
  - Develop local earned media campaign
- Engage providers and their staffs to increase awareness about diabetes.**
  - Provider outreach
  - Engage providers and staff
  - Survey providers
- Other items to consider which enhance the four-pronged approach.**
  - Metrics
  - Staff

## Notes



A National Drive to  
Find the Undiagnosed

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Some of the tips on partner  
development come from (*Cover  
the Uninsured Week*) toolkits.