01/08/08
Florida Alliance for Diabetes Prevention and Care
Leadership Council Quarterly Business Meeting
Tampa, FL

MEMBERS PRESENT:
Pauline Lowe, Chair
Babu Balagopal
Phyllis Bruno
Rita Diaz-Kenney
Barbara Jacobowitz
Nicole Johnson
Rob Lombardo
Martha Pelaez
Ferdie Richards
Ed Shahady
Trina Thompson

MEMBERS ABSENT:
Rosa Carranza
Lory Gonzalez
Rachel La Croix
Tina Zayas

GUESTS:
Joanne Vaccaro-Kish
Diane Chronis
Kathleen Lightbourne
Veronica McCrackin (via conference call)

STAFF:
M.R. Street

Ms. Lowe called the meeting to order at 12:40 PM.

1. Review/approval of minutes: The highlighting in the November 07, 2007 meeting minutes was for Ms. Lowe's information only. It is not part of the minutes and will be removed prior to finalization. Dr. Shahady moved to accept the minutes of the November 07, 2007 meeting. Ms. Jacobowitz seconded. The minutes were approved without objection.

2. FMQAI: Ms. Chronis provided information on a project of FMQAI's physician practice team. The focus is to implement an electronic health records system, starting with a registry. One focus is diabetes. Currently they have electronic documentation of A1Cs, lipid profiles, eye exams, flue and pneumonia shots. They are going one step further into case management, which will include mammography, colorectal screenings, flu and pneumonia shots, kidney disease, and interventions to improve outcomes across the board. They are working with practices to electronically manage patient care. They have worked with the Florida Academy of Family Physicians and over 200 others. They are looking for practices that would be appropriate to include. Letters of support from relevant practices would be appreciated.

Ms. Lightbourne reported on the progress of Every Diabetic Counts, a pilot program through which FMQAI has conducted over 10 trainings with community partners. There are two more trainings coming up. They will share the flyers. The pilot runs through October. One of their goals is working with community health workers focusing on diabetes self-management education. Ms. Jacobowitz would like Ms. Lightbourne to participate in the Educational Forum.

Dr. Richards volunteered to present the programs in more detail at a future Leadership Council meeting.

3. Membership Form/Cover Letter/Member Directory: Ms. Street reported that the new membership form and cover letter have been drafted. The new membership form is attached to these minutes. Ms. Street will also distribute an electronic version of the cover letter soon. Ms. Street will inquire about the possibility of making the membership form a fillable pdf document.

The directory includes members who responded that they wanted to be included. Tammie Johnson developed the program for the directory. Mr. Lombardo thanked staff for

creating the directory. The directory will be emailed to the Alliance membership. It is public record, so anyone who requests a copy will have access to the information. Several members stated that they were not included in the directory but wished to be. Only the people who responded are included. When Ms. Street emails the directory to the Alliance, she will include a reply option to encourage additional members to request inclusion in the next update of the directory.

4. Communication Committee: Ms. Diaz-Kenney is the chair of this ad-hoc committee. She described CDSynergy, a communication tool developed by the CDC. This is a software program that guides you through a complete communication plan, including how to market the Alliance internally and externally. She should have additional information within a month.

Dr. Richards stated that FMQAI has a communications plan for Medicare, applying four methodologies from four areas of the state to help Medicare focus their communication and outreach. He will be happy to share the information when complete.

Mr. Lombardo proposed that people have freedom to contact partners to move the business of the Alliance forward without waiting for a communications plan. Ms. Lowe stated that is allowable.

5. Best Practices Website: Dr. Shahady is the chair of this ad-hoc committee to develop a website to share best and promising practices. The purpose is to provide a resource tool describing the best practices in different settings. The site should highlight creative projects around the state that have proven to be beneficial to patients. Criteria must be identified for defining "best practices," "promising practices," and "proven benefit." Best practices are evidence-based; promising practices are unique, creative programs that may have some evaluation. Best and promising practices, such as the Closing the Gap project in Duval County, should be highlighted at the Educational Forum. Once the Leadership Council provides a downloadable document, the DPCP can include the site on its Department of Health website, www.floridadiabetes.org. Ms. Jacobowitz suggested a grassroots contest. Ms. Lowe requested Ms. Jacobowitz, Ms. Johnson, and Dr. Shahady to flesh out this idea, then let the committees know if their involvement is needed. For instance, a data gathering tool would be needed so information collected is uniform. Please let Ms. Street know if you would like her to set up conference calls to discuss this initiative.

6. Bylaws: Ms. Lowe appointed an ad hoc committee to develop recommendations for changes to the bylaws. Rachel La Croix is the chair and members are Ms. Diaz-Kenney and Mr. Lombardo. Ms. La Croix has asked for feedback on areas of concern. Please email Ms. Street by January 22 with your comments. She will forward all responses to the Bylaws Committee. The committee will meet via conference call by the end of the month.

Ms. Lowe noted that her primary concern is with the committee structure. Whereas the membership form allows Alliance members to select an area of interest, it does not actually designate the members of the committees. Ms. Lowe asked each committee chair to develop an email message inquiring about interest in active participation on their committee and describing what committee membership entails. Committees should be limited to between six and 15 members.

7. Strategic Plan: Ms. Street and Sarah Cawthon have been working to prepare a draft strategic plan based on the discussions and decisions at the combined Diabetes Advisory

Council/Leadership Council strategic planning meeting and subsequent individual meetings in Tampa in November. The document is too incomplete to be considered a draft plan, but it does show where the Leadership Council needs to continue its work in developing their action plans. Mr. Lombardo noted that the two goals are linked to the BRFSS. How they will be measured needs to be included. The baseline details for DSME need to be included.

The group discussed the BRFSS, who decides what questions are included, and what ability the Leadership Council has to recommend inclusion of additional questions. Ms. Thompson had requested information on the process for determining what questions are included. She read an email describing the protocol. The CDC requires the DPCP fund the diabetes module which includes 12 questions. Additional questions may be added if they meet the protocol. The cost is $4,000 per question to add to the whole population or $3,000 for a subpopulation.

Ms. Lowe requested each committee to develop a one-page plan of action that they will take to impact the strategic planning goals:

- Increase the diagnosed prediabetes rate from 1.2% to 10% by December 31, 2013 (upstream).
- Increase by 5% the number of persons with diabetes who receive diabetes self-management education (downstream).

8. Education Committee Report: Ms. Diaz-Kenney, Committee Chair, reported that the recommended location of the 2008 Educational Forum is Palm Beach County. Ms. Jacobowitz is working with a local planning team at Palm Health Care Foundation to develop logistical plans.

Dr. Shahady objected to holding the meeting after June 30 but did not suggest an alternate date. He stated his opinion that the Forum should happen before the change in leadership of the Alliance, and that he would like to focus on his initiatives come July 1. Ms. Lowe commented that holding the Forum in August would not prohibit Dr. Shahady working on future activities/meetings in that the work of the Alliance is ongoing and should flow from one year to the next.

Ms. Diaz-Kenney outlined why the education committee selected this date and expressed concern about the quality of the activity if there is not enough time built into the planning process or if it is held during popular vacation times or in conflict with other major events. The date of August 22 was put to a vote. The motion failed 4-3. Ms. Lowe asked the Education Committee to review their plans for the Educational Forum and look at alternate dates.

The content of the Educational Forum was discussed. Proposed presentations would include (1) Welcome from the Chair of the Florida Diabetes Leadership Alliance, including description of the Alliance and Our Mission and objectives of the forum; (2) Introduction to the Palm Healthcare Pavilion; (3) Community Partnerships and the Creation of the Children's Diabetes Program: Prevention, Education, Treatment and Research; (4) Community Partnerships and Health Policy Creation: The Health and Human Services Element of the Palm Beach County Comprehensive Plan; and (5) Presentations and Panel Discussions on Reaching the Community: Safety Net Providers Identification and Treatment of People with Diabetes.

Afternoon break-out sessions would cover advocacy, policy, and creating new partnerships. Possibilities to explore include poster sessions and an update on the Master Clinician program.

Dr. Shahady moved to accept the proposed content. Ms. Diaz-Kenney seconded. The motion passed unanimously.

9. Sunshine Law: Ms. Veronica McCrackin, Senior Attorney at the Department of Health, joined the meeting via conference call to discuss Florida's Government in the Sunshine law as it relates to the Leadership Council and the Alliance. The law is liberally construed and has only a few exceptions. Section 286.011 of the Florida Statutes states that all boards of any state agency, except as declared otherwise in the Constitution, are subject to Sunshine. There is a limited exception for fact-finding committees. Even a fact-finding committee is subject to Sunshine if it has a decision-making function in addition to its fact-finding function.

Ms. McCrackin previously consulted Ms. Pat Gleeson, the Attorney General's "guru" on Sunshine, about whether the Leadership Council and the Alliance are subject to Sunshine. It is Ms. Gleeson's opinion that **both the Leadership Council and the Alliance must comply with Sunshine.** Any time two or more members of the Alliance discuss Alliance business, whether in person, via phone or via the web, it is considered a public meeting and must be noticed with as much advance time as possible. If you are contacting community members who are *not* members of the Alliance, to recruit members or any other purpose, that is not considered a public meeting under Sunshine.

If at any point the Alliance would like Ms. McCrackin to either consult again with Ms. Gleeson, or ask the department's general counsel to request an opinion from the Attorney General, she will be happy to do so.

At a later point in the meeting, after Ms. McCrackin had disconnected, Mr. Lombardo expressed concern over compliance with Sunshine when communicating via email. Ms. Lowe directed that any emails between Alliance (including Leadership Council) members should be copied to Ms. Street to establish a public record.

10. DPCP Report: Ms. Thompson notified members that Ms. Tammie Johnson has accepted another position within the department and will no longer be with the Diabetes Program after Thursday, 01/10/08. She will be the Chronic Disease Epidemiologist in the Bureau of Epidemiology. Her position has been advertised, but due to the budget situation, hiring may be delayed.

Ms. Thompson also announced that the Bureau of Chronic Disease Prevention has a new bureau chief, Ms. Betsy Wood. Ms. Wood is a nurse with a Master's degree in Public Health. She has experience in several areas of the department including HIV/AIDS; Children's Medical Services; and Infant, Maternal and Reproductive Health. Ms. Wood will join the bureau staff who have been leaders in chronic disease program integration as they seek to embark on work with CDC for further integration of grant funded initiatives.

The DPCP still has a vacant contract manager position. Unfortunately, extra time that could be used for professional development must now be used for mundane responsibilities. As a result, Ms. Street must limit her support of the Leadership Council to the regularly scheduled 20% of her schedule, which translates to four hours per week. Please funnel all your requests for support from the DPCP through Ms. Lowe. As Chair, she will decide which items are priority.

The DPCP funding from CDC is currently in a one-year cost extension. In Fall of this year, we will be submitting an integrated application including diabetes, tobacco and the Behavioral Risk Factor Surveillance Survey (BRFSS). Florida currently receives comprehensive funding, but this will be a competitive application, which means everyone starts at zero and we will be competing with 56 states and territories for comprehensive funding. (The difference is that core funding is about $300,000 vs. up to $700,000 for comprehensive funding.)

Ms. Diaz-Kenney noted that Florida has a very strong program, one of the best states. She announced that she will not be retiring and will continue as Florida's project officer.

11. Community Partnerships Committee Report: Ms. Bruno reported that the Community Partnerships Committee has met via conference calls, but it is difficult to move forward on action items because there are different participants each time. The last time, they talked about the new membership form and letter. See item #3 above.

Ms. Bruno asked about the possibility of a booth at the ADA Southeastern Regional Conference. DPCP cannot pay for a booth or provide staff, but would be able to provide copies of the membership form.

12. Data Committee Report: No report.

13. Nominations Committee Report: Mr. Lombardo is the chair of the Nominations Committee. Ms. Lowe appointed Ms. Carranza and Ms. Thompson to be on the committee. Dr. Shahady asked who is a "member in good standing" of the Alliance, and which members of the Leadership Council are up for re-election. Three appointed members' terms expire on June 30, 2008. Five elected members' terms expire on June 30, 2008. The Leadership Council has one vacancy due to the resignation of Ms. Donna Felber-Neff, who was an elected member. Ms. Street will email members of the Alliance to determine their interest in a Leadership Council position and/or committee membership.

13. Diabetes Advisory Council (DAC) Report: Ms. Bruno and Ms. Street participated in the DAC meeting on November 07, 2007. The DAC discussed strategic planning actions, especially the statute requiring insurance providers in Florida to cover diabetes self-management education. The DAC Legislative Affairs Committee has pursued this item, determining that a statutory change is not needed at this time. Instead, they are working with the DPCP and the ADA to ensure compliance with the existing statute. The DPCP will use an existing contract with Florida State University to administer a survey requesting information from Medicaid HMOs on their coverage of DSME. The Legislative Affairs Committee will survey CDEs, endocrinologists, and other diabetes health professionals to determine whether their patients are encountering any difficulties in receiving DSME through their insurance providers.

The DAC also discussed Avastin, a drug that has been used by ophthalmologists to treat diabetic retinopathy without surgery. This is an off-label use, and Genentech, the manufacturer of the drug, has been cited by the Food and Drug Administration for promoting off-label use by packaging Avastin in doses that do not conform to the approved use but are the right dose for treatment of diabetic retinopathy. Genentech makes another drug which is more expensive. Although it is not approved for diabetic retinopathy, the dosage for its approved use is the same as needed to treat diabetic retinopathy, so Genentech has decided to quit providing Avastin in

the off-label packaging. The DAC is considering writing letters in support of the use of Avastin for treatment of diabetic retinopathy.

14. Other Business:

Dr. Shahady shared his vision for his tenure as Chair of the Leadership Council. He stated that the Leadership Council made a decision that DSME is our goal. We should make sure everything we do is connected to DSME. How do we get CDEs to help educate other folks? That is his theme for the year.

Ms. Bruno noted that if we don't focus on reimbursement, we will not have any CDEs. If we try to change the statutes, programs will be closed. You are in effect asking CDEs to train lay health workers to be their replacements. Ms. Bruno feels we are not funneling diabetes patients into existing programs, causing programs to have to close.

Dr. Pelaez mentioned that Minnesota has approved Medicaid reimbursement for community health workers/promotores. She noted that how you qualify them is a different issue.

Ms. Johnson described a diabetes summit in Kentucky which she participated in yesterday (01/07/08). The Asheville Project was described, including the fact that the Pinellas County Sheriff's Department and another Tampa Bay area organization were partnering with local pharmacists to implement the Asheville Project, which is a worksite wellness program.

NOTE: Here is some additional information on the Asheville Project from the American Pharmacists Association Foundation (APha) website, www.aphafoundation.org/programs/Asheville_Project:

> The Asheville Project began in 1996 as an effort by the City of Asheville, North Carolina, a self-insured employer, to provide education and personal oversight for employees with chronic health problems such as diabetes, asthma, hypertension, and high cholesterol. Through the Asheville Project, employees with these conditions were provided with intensive education through the Mission-St. Joseph's Diabetes and Health Education Center. Patients were then teamed with community pharmacists who made sure they were using their medications correctly.
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> The project led pharmacists to develop thriving patient care services in their community pharmacies. Employees, retirees, and dependents with diabetes soon began experiencing improved A1C levels, lower total health care costs, fewer sick days, and increased satisfaction with their pharmacist's services.
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> Today, the Asheville Project has inspired a new health care model for individuals with chronic conditions. Unlike other experiments, the Asheville model is payer-driven and patient-centered. Employers are adopting this approach as an additional health care benefit to empower their employees to control their chronic diseases, reduce their health risks, and ultimately lower their health care costs.
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> The APhA Foundation is spearheading a nationwide effort to demonstrate how the Asheville model can be adapted and implemented in diverse, geographic regions throughout the country, with similar results and cost-savings through the HealthMapRX.

15. Public Comment: None.

16. Adjournment: Mr. Lombardo moved to adjourn. Ms. Bruno seconded. Ms. Lowe adjourned the meeting at 4:45 PM.