

10/27/2023

Diabetes Association

THELEAPFROGGROUP

Webinar Reminders

Accessing the Audio

- If you are using computer audio, please select that option in the audio options pop up.
- If you are joining by phone, please dial in using the Toll Free 800 number provided. Then enter the Meeting ID when prompted, then your Participant ID.
 - The Meeting ID can be found in the confirmation email or in the Zoom meeting by clicking the audio button in the bottom left-hand corner.
 - The Participant ID can be found in the audio options in the bottom left-hand corner.
 - If you forgot to enter the Participant ID when dialing in, please dial # then your Participant ID again followed by #.

Use of the Zoom Chat Function

• The Town Hall Call includes a live Q&A during the presentation; therefore, we do not monitor the chat for questions. Please reserve the Zoom Chat Function for reporting technical issues only.

Accessing the Slides & Recording

• Following each session, a copy of the slides and recording will be posted and available for download on the Leapfrog website here: https://www.leapfroggroup.org/survey-materials/town-hall-calls

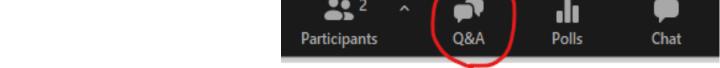




Q&A

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bottom of your screen:



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Apps

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Today's Speakers



Leah Binder, MA, MGA President and CEO, The Leapfrog Group



Robert Gabbay MD, PhD, FACP Chief Scientific and Medical Officer, ADA



Tara Rose Murphy, MPAPExpert Panel



Guillermo
Umpierrez, MD
Emory University
School of Medicine



Andrew Paul
Demidowich, MD
Johns Hopkins University
School of Medicine





Setting The Stage: Why Diabetes?



Leah Binder, MA, MGA President and CEO, The Leapfrog Group



Robert Gabbay
MD, PhD, FACP
Chief Scientific and
Medical Officer,
ADA





About The Leapfrog Group

- Our mission: giant leaps for patient safety.
- Premier purchaser-driven nonprofit born out of the movement for patient safety and transparency
- Founded by purchasers in 2000 in response to 1999 IOM Report *To Err is Human*
- On behalf of purchasers, sets high standards for patient safety and quality
- Supports the principles of an open and transparent market

















Why Hospitals & ASCs Submit Data

By participating in the Leapfrog Hospital & ASC Survey, hospitals & surgery centers can:

- Demonstrate commitment to transparency
- Benchmark performance
- Galvanize improvement through transparency
- Predict their status in value-based purchasing programs (i.e., CMS, health plans, etc.)
- Respond to request of purchasers



Diabetes: An Urgent Concern

- Of the 37 million people in the U.S. who are living with diabetes, over 8 million are admitted to the hospital each year. They represent 22% of all hospital inpatient days.
- Better management of diabetes reduces hospital complications and costs.
- Diabetes is intricately linked with health equity: Black and Indigenous people with diabetes are twice as likely as white people with diabetes to undergo amputation.

<u>The field is responding – but the need is immediate</u>

- The American Diabetes Association has published updated standards of care this year.
- CMS has begun to implement new eCQMs measuring the incidence of severe hyper and hypoglycemia, but these metrics won't be publicly reported for years.



Leapfrog & ADA Are Partnering to Recognize Leaders



The first class of leaders will be announced in **Spring 2024**

A new program to recognize hospitals that excel at caring for people with diabetes

Recognized Leaders in Caring for People Living with Diabetes:

- Evaluated using *new* Key Indicators for Recognition developed based on the ADA Standards of Care
- Are *also* outstanding performers on the Leapfrog Survey and Safety Grade

Only hospitals that submit the 2023 Survey can apply for this designation.

A badge will be given to **only the top performers** and displayed on Leapfrog's public reporting website, ratings.leapfroggroup.org. Hospitals that aren't recognized **will not be identified**. Hospital responses won't be reported.





Tara Rose Murphy, MPAP – Her Story







Key Indicators for Recognition



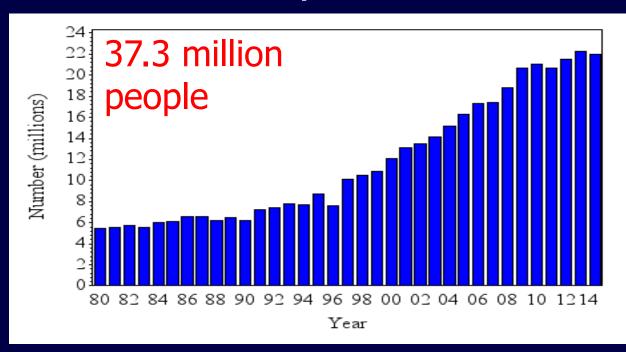
Guillermo Umpierrez, MD Emory University School of Medicine



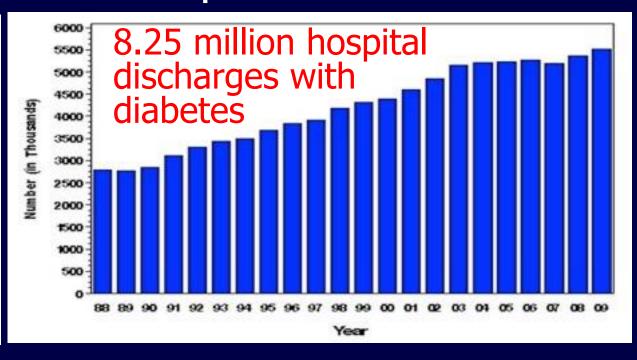


Diabetes Epidemic in the U.S.

US Population



Hospital Diabetes

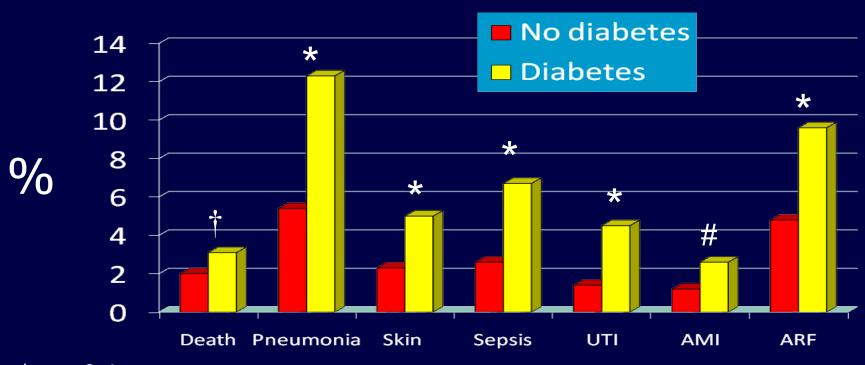


- Prevalence quadrupled: 11.3% of the US population
- 1.4 million new cases of diabetes among US adults 18 years or older in 2019

- 23% of all discharges
- 17 million ER visits/year in adults

CDC, National Diabetes Statistics Report, 2018

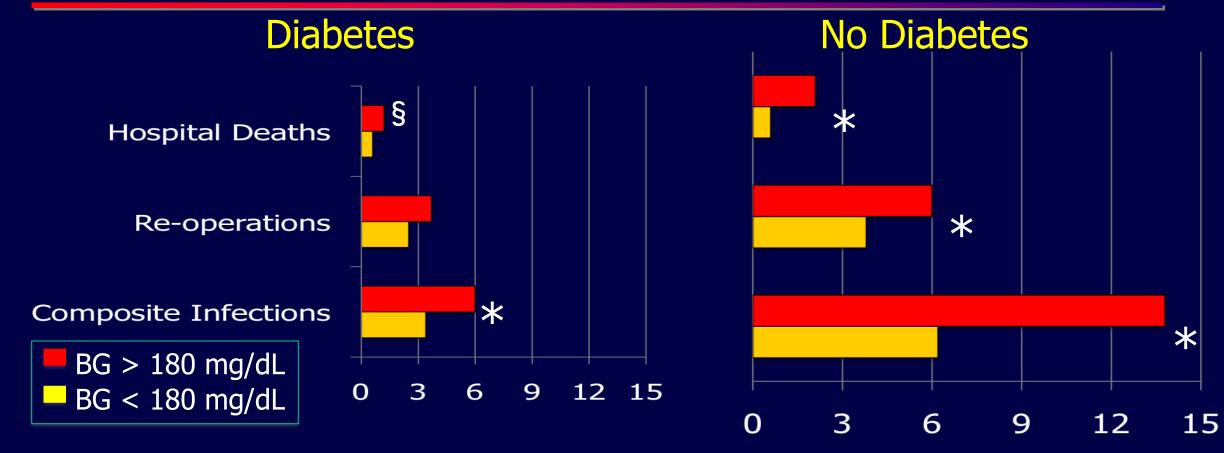
Thirty Day Mortality and hospital Complications in diabetic and non-diabetic subjects Undergoing Non-Cardiac Surgery



†p = 0.1 * p= 0.001 #p=0.017

3,184 non-cardiac surgery patients consecutively admitted to Emory University Hospital between 1/2007 and 6/2007.

Adverse Events Stratified by Perioperative Hyperglycemia



* P < 0.01 § p < 0.05

Known et al. Ann Surg 2013

Proportion of Patients (%)

BG at any point on the day of surgery, post-op day 1 and 2 N=114,633, colorectal and bariatric surgery; 14 29.1% with hyperglycemia

Guidelines Recommendations for Glucose Targets in the Hospital Setting

Non-ICU	Target Glucose Levels
American Diabetes Association	100-180 mg/dL for most patients
Endocrine Society	Premeal BG <140 mg/dL and random BG <180 mg/dL
Joint British Diabetes Society for Inpatient Care	110-180 mg/dL, with acceptable range <200 mg/dL

ICU	Target Glucose Levels
American Diabetes Association	100-180 mg/dL for most patients
Society of Critical Care	140-200 mg/dL

Management of diabetes in the Hospital: Goals

- Screening of hyperglycemia and diabetes
- Avoid hypoglycemia and severe hyperglycemia
- Assess patient educational needs
- Ensure appropriate diabetes management upon discharge
- High-quality hospital care for diabetes requires standards for care delivery, which are best implemented using structured order sets, and quality assurance for process improvement.
 - ADA, Diabetes Care in the Hospital: Standards of Medical Care in Diabetes 2023

Key Indicators for Recognition



Andrew Paul Demidowich, MD

Johns Hopkins University School of Medicine





Expert Panel

- Jennifer Clements, PharmD, FCCP, FADCES, BCPS, CDCES, BCACP, BC-ADM, University of South Carolina College of Pharmacy at the School of Medicine
- Roma Gianchandani, MD, Cedars-Sinai Medical Center
- Mary Korytkowski, MD, University of Pittsburgh
- James S. Krinsley, MD, Stamford Hospital
- Chris Memering, MSN, RN, CDCES, BC-ADM,
 FADCES, CarolinaEast Health System

- Tara Rose Murphy, MPAP
- Richard Neville, MD, Inova Health System
- Daniel Rubin, MD, MSc, FACE, Temple University Hospital
- Leon Thornton, Jr., MA
- Guillermo Umpierrez, MD, Emory University School of Medicine





Key Indicators for Recognition - Structures

Structures to Support Patient-Centered Care

- **Diabetes Self-Management**: Facilitating self-management using insulin pumps and glucose monitors
- **Patient-Reported Concerns:** Providing multiple reporting channels for patients to communicate concerns, and implementing a process to ensure those concerns are addressed
- Activation of Rapid Response Teams: Empowering patients and their families to activate a rapid response team who can conduct an evaluation for an escalation of care
- *Hypoglycemia Protocol*: Following a specified hypoglycemia protocol to allow rapid treatment in emergency situations
- **Data Collection on Amputations**: Collecting data on amputations and/or participating in registries that would include data on amputations



Key Indicators for Recognition – Care Processes

All Hospitalized Patients

HbA1c Testing: Conducting an HbA1c test on admission for patients with diabetes, unless a recent test has been documented

Meals and Insulin Regimen: Around mealtimes, ensuring the appropriate:

- Monitoring of blood glucose
- Documentation of food consumed
- Timing of insulin administration
- Information regarding carbohydrate content for patients





Key Indicators for Recognition – Care Processes

Surgical Patients

Preparation for Scheduled Inpatient Surgery: Ensuring that patients with diabetes have appropriate preparation for scheduled surgeries for patients with diabetes, including:

- Preoperative assessment
- Medication management
- Appropriate monitoring during the procedure





Key Indicators for Recognition – Care Processes

High-Risk Patients

Specialized Care Teams and Patient Education: Deploying a specialized team to care for and educate high-risk inpatients with diabetes

Discharge Planning: Implementing a comprehensive discharge process for high-risk patients with diabetes, that includes:

- Post-discharge care coordination
- Medication management
- Patient Education
- and more



Recognition Timeline

November 1: Hospitals can start to prepare their application

November 8: Online Application available to all hospitals

November-December: Office hours and Help Desk support

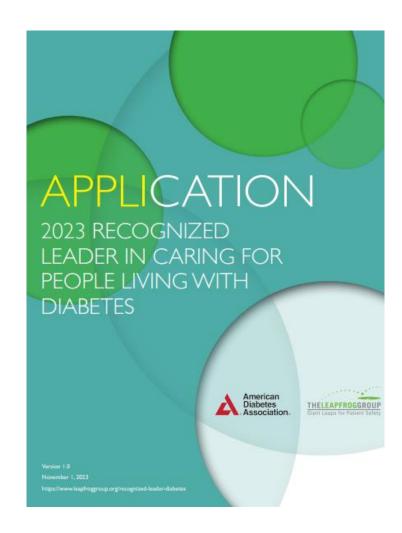
January 15: Application Deadline

January 31: Corrections Deadline

Spring 2024: First Recognitions Awarded!

https://www.leapfroggroup.org/recognized-leader-diabetes





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Polls

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