**Diabetes Initiative of South Carolina**  
**Board Meeting**  
**Friday, June 3, 2016**  
**15 Medical Park**  
**Columbia, South Carolina**  
**2:00 PM – 4:00 PM**

**AGENDA**

<table>
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<th>I.</th>
<th>Call to Order</th>
<th>K. Hermayer</th>
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<td>II.</td>
<td>Minutes of March 4, 2016 meeting</td>
<td>K. Hermayer</td>
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<tr>
<td>III.</td>
<td>Executive/Finance Committee Report</td>
<td>K. Hermayer</td>
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</table>
| IV.  | Council Reports  
   A. Outreach Council | E. Todd Heckel |
   B. Diabetes Center Council | P. Arnold |
   C. Surveillance Council | J. Vena/K. Hunt |
| V.   | SC DHEC | R. Hill |
| VI.  | Intensive Management of Diabetes in the Hospital Task Force | K. Reeves |
| VII. | Old Business  
   A. Strategic Plan Update | K. Hermayer |
| VIII.| AJMS Publication Update | K. Hermayer |
| IX.  | New Business  
   A. MUSC Medicine Grand Rounds, May 3, 2016 | K. Hermayer |

Adjournment

Future meetings: September 2, 2016 (Charleston)
Diabetes Initiative of South Carolina
Board Meeting
Friday, March 4, 2016
96 Jonathan Lucas Street, Room, 816
Charleston, SC

Members Present
Pam Arnold
Jacklyn Atkins (via phone)
Elizabeth Todd Heckel
Kathie Hermayer
Rhonda Hill (via phone)
Usah Lilavivat
Hal Peters (via phone)
Karen Reeves (via phone)
Sharon Eubanks

Guests Present
Jim Bradford (for Bryan Amick)

Call to Order
Dr. Hermayer called the meeting to order at 2:04 pm.

Minutes
The minutes of the December 4, 2015 Board meeting were accepted as written and approved.

Council Reports
Full reports from the Councils are added to these minutes.

Outreach Council
Elizabeth Todd Heckel reported for the Outreach Council.

Recruitment for the Bamberg Transitions in Care program has ended. The final interventions will be completed this month, with results reported in June. The African American communities have shown much caution to telehealth transmissions.

The Sanofi project is complete with about 1000 screenings. There is a review and one more intensive review left to perform on the project.

Dr. Jenkins is also working on an AHA Health Disparities Grant (one of four in the US) with Robert Adams. The project will focus on African Americans with stroke, and will recruit 60 people and develop an intervention program.

BCBS SC is finally paying for diabetes education, thanks to a Charleston attorney’s efforts to have diabetes education covered for her child.

Voc Rehab reports that referrals are down 10% from this time last year. From 7/1/15 – 3/1/16, there were 241 new referrals, 767 cases served, and 174 cases rehabilitated.

Diabetes Center Council
Pam Arnold reported for the Diabetes Center Council.

The Diabetes Strategies program was held on February 2 & 3, 2016 at the North Charleston Convention Center. There were 84 attendees on Day 1 and 82 attendees on Day 2.

The 22nd Annual Diabetes Fall Symposium for Primary Health Care Professionals is scheduled for September 22 & 23, 2016 at the North Charleston Convention Center.

The Diabetes Under the Dome event is scheduled for March 16, 2016 at the Statehouse in Columbia. Once again, there will be a Press Conference. Dr. Lilavivat will represent DSC, along with other volunteers from around the state.

The 2016 DSC Annual Report is ready for printing and will be distributed to the SC Legislators at the 2016 Diabetes Under the Dome event at the Statehouse on March 16.

The SC Adult Guidelines for Diabetes Care have been updated to include ADA recommendations for 2016.
The South Carolina Guidelines for Diabetes Care in the Hospital 2016 are now complete and ready for distribution. Karen Reeves with the SC Hospital Association will have them distributed to hospitals in SC.

The Diabetes Symposium edition of the AJMS is scheduled for publication in April 2016. The publisher has graciously offered to send 200 copies for DSC use.

Dr. Hermayer will be co-presenting along with Dr. Kelly Hunt for MUSC Medicine Grand Rounds on May 3, 2016: Overview of the Diabetes Initiative of South Carolina. The recording will be available on Tegrity.

**Surveillance Council**

John Vena reported for the Surveillance Council.

Dr. Vena reviewed the DHEC data sheets “Diabetes Impact in SC” and “Prediabetes in SC.” There is concern of underestimates in the prevalence due to the data being self-reported. The Council will look at other data options around the state for pre-diabetes, and explore ways to tie together the efforts of the Surveillance and Outreach Councils.

Khosrow Heidari shared data on the 10 leading causes of death by age group in SC from 2010 – 2014.

**SC DHEC**

Rhonda Hill reported for DHEC.

The Diabetes, Heart Disease, Obesity and School Health Division just submitted their Year 4 continuation application for the 1305 grant.

The Diabetes Impact Fact Sheet for 2015 has been uploaded to the DHEC website. The 2016 version should be ready in time for the Diabetes Under the Dome event.

The 14th Annual Chronic Disease Prevention Symposium is scheduled for March 11 – 12, 2016 in Myrtle Beach.

The Diabetes, Heart Disease, Obesity and School Health Division has been working collaboratively with the Office of Minority Health to make fundamental changes to improve diabetes related health outcomes for underserved and inappropriately-served populations.

DHEC is continuing to train Lifestyle Coaches for the National Diabetes Prevention Program (National DPP). To date, DHEC has trained 50 coaches.

**Intensive Management Of Diabetes in the Hospital Task Force**

The SC Guidelines for Diabetes Care in the Hospital have been finalized and are ready for distribution to SC hospitals. Karen Reeves will research avenues available for distribution.

**Old Business**

- **Strategic Plan:** DSC now has a writer for the Strategic Plan, Andrew Dake, MD, a MUSC Endocrinology fellow. A draft will be ready before the end of March.

- **Diabetes Under the Dome:** The 2016 Diabetes Under the Dome event will take place on Wednesday, March 16 at the Statehouse. Julie Benke-Bennett has several of volunteers lined up from across the state to help with testing and diabetes assessments for Legislators and Statehouse staff. A press conference is planned for 9:30am, with a Meet the Governor scheduled for 10:30am. Dr. Usah Lilavvat will represent DSC during the Press Conference.

- **AJMS Update:** The second symposium of the American Journal of the Medical Sciences is scheduled for publication in April. The publisher has graciously agreed to send us 200 complimentary copies of the journal issue.

- **DSC Annual Report:** The 2015 DSC Annual Report is scheduled to go to press next week. Copies will be distributed to the Governor and Legislators at the Diabetes Under the Dome event on March 16 at the Statehouse.
**Telehealth Program for Retinal Screening:**
Dr. James McElligott presented an overview of the telehealth program for retinal screening at MUSC.

**HSSC Diabetes and Obesity Collaboration:** The HSSC recently sent out a survey to try and capture research projects being conducted across SC. They have expressed the need for more input, and have requested recipients to forward the email to colleagues. Julie Benke-Bennett will resend the survey via email to all parties on the DSC distribution list.

Dr. Hermayer thanked everyone for their support of DSC, and the meeting was adjourned at 4:15 pm.

Respectfully Submitted,

Kathie L. Hermayer, MD, MS  
Board Chair, Diabetes Initiative of SC

**Future Meetings**  June 3, 2016 in Columbia  
September 2, 2016 in Charleston
Functions
As defined by Section 44-39-50 amendment to 1976 Code of Laws for South Carolina, the Diabetes Outreach Council shall oversee and direct efforts in patient education and primary care including:
1. Promoting adherence to national standards of education and care.
2. Ongoing assessment of patient care, costs, and reimbursement issues for persons with diabetes in South Carolina.
3. Preparing an annual report and budget proposal for submission to the Diabetes Initiative of South Carolina Board.

WEBSITE: www.musc.edu/diabetes

Prominent Activities this quarter:
Elizabeth Todd Heckel
- Family Practice Diabetes Education Groups; 1st and 3rd Tuesday of every month; Educators: Ramsey Makhuli, MPH; Elizabeth Todd Heckel, MSW, CDE. 6-12 participants.
- Individuals, 2nd and 4th Tuesday’s.
- Diabetes Today Advisory Committee (DTAC), 3rd Wednesday of every month.
Professional Education Activities:

- 22nd Annual Diabetes Fall Symposium for Primary Health Care Professionals;
  September 22nd & 23rd, 2016, N. Charleston Convention Center, North Charleston, SC.
- Draft DSC 10 year Strategic Plan.

Publications:

- Arnold, P, Scheurer, D, Dake, A, Hedgpeth, A, Hutto, A, Colquitt, C, Hermayer, K,
  “Hospital Guidelines for Diabetes Management and the Joint Commission – American
  Diabetes Association Inpatient Diabetes Certification”. The American Journal of the

Meetings:

- MUSC Hospital Diabetes Task Force.
- Hospital Quality Committee.
- MUSC ADA Education Recognition Program (ERP) Coordinator.
Diabetes Fall Symposium articles for the American Journal of Medical Sciences Symposium edition were published in April. The following articles were submitted by DSC members and accepted published in the Journal:
- Walker RJ, Strom Williams J, Egede LE. Influence of Race, Ethnicity and Social Determinants of Health on Diabetes Outcomes.
- Shearer JE, Jenkins CH, Magwood GS, Pope CA. Contested Ownership of Disease and Ambulatory-Sensitive Emergency Department Visits for Type 2 Diabetes.

The annual DSC Diabetes Under the Dome event was held on Wednesday, March 16, 2016 at the SC Statehouse. Legislators and diabetes advocates gathered at the Statehouse to focus attention on diabetes awareness and the increasing number of South Carolinians diagnosed with diabetes. Fifty-seven legislators and staff were assessed for A1c, lipids, height, weight, BMI, BP and waist circumference. Volunteer healthcare professionals were on hand from DSC, MUSC, Fortis College, Presbyterian College of Pharmacy, USC, Palmetto Health, and Novo Nordisk. A Press Conference was held at 9:30am, followed by a Meet and Greet with Governor Nikki Haley.

DHEC’s 14th Annual Chronic Disease Prevention Symposium was held in Myrtle Beach on March 11 – 12, 2016. This year’s program concentrated on a team based approach for chronic disease prevention and management.
The South Carolina Department of Health and Environmental Control (DHEC) is dedicated to the prevention chronic disease disparities such as diabetes. The overarching diabetes efforts at DHEC are to prevent complications, disabilities, and burden associated with diabetes as well as to eliminate diabetes-related health disparities.

I. State and Federal Updates:

- The Diabetes, Heart Disease, Obesity and School Health Division is partnering with the Diabetes Advisory Council of South Carolina (DAC) to provide support in implementing the 2016 – 2021 Statewide Comprehensive Diabetes Prevention Plan for South Carolina. The plan is a direct deliverable from the division's two federal grants. The DAC launched the plan on April 25, 2016. Since the launch event, workgroup and contributing organizations have been implementing the activities outlined. The Executive Committee of DAC is scheduled to convene June 24, 2016. The next update meeting for the entire DAC (Quarterly meeting) is being scheduled for late July 2016.

II. Diabetes Surveillance Systems:

Goal: Monitor the statewide diabetes burden and identify gaps to assist with planning, decision-making, and evaluation.

- Last week, CDC released the county level estimates for diabetes prevalence. The SC two highest counties with diabetes prevalence are Allendale (17.4%) and Fairfield (15.5%) and the two lowest are Beaufort (8%) and Lexington (9%) based on three year average 2012-2014, BRFSS. See the motion chart tab at [2004-2013 Motion Chart by County (Three-Year Age-Adjusted Prevalence % Adults)].

- A copy of the NDPP with a set of push pins appears below with an overlay of prediabetes prevalence by county (three-year average prevalence).
The 1305 evaluation team begin working through recommendations and/or corrections identified by CDC during the 1305 Year 04 Technical Review process. Final revisions were due May 30, 2016.
- Updated information was needed to truly reflect statewide data
- YRBS data was updated
- Other data was updated to accommodate the changes outlined by CDC

III. Health Systems Improvement:
Goal: To increase the number of health care providers engaged in professional education on recommended standards of care.

- Kay Lowder, the Community Clinical Linkages Coordinator, promoted the importance of integrating DSME/T into medical practices through a SC Office of Rural Health (SCORH) webinar presentation reaching eleven rural practices. Three rural practices unable to attend stated they plan to listen to the recording and view the presentation which was made available to all members of SCORH.
- Summary evaluation results from the 14th Annual Chronic Disease Symposium (March 11-12) demonstrated that the majority of medical providers (physicians) will create/revise protocols, policies and/or procedures as it relates to chronic disease management and care. Four of the sessions at the symposium focused on diabetes prevention and management.
DHEC has contracted with Oxbow, LLC to utilize an electronic referral and resource tool called CHART to increase community-clinical linkages in SC. The tool will be piloted in 7 counties in SC beginning June 14, 2016. Medical providers involved in the pilot program will be trained on how to use CHART effectively.

Diabetes Self-Management Education/Training (DSME/T) Programs

- One private practice, two FQHCs, and AnMed Physician Network Services (a hospital owned network of physician offices that includes 14 satellite sites) are preparing for AADE accreditation DSME/T submission by the end of June 2016.

- Kay Lowder attended the 9th Annual Transforming Health Symposium. Information on quality improvement in the health care setting, value based care, and the 2015 law that affects hospital and physician reimbursement tied to ACOs (accountable care organizations), PCMH (patient centered medical home), and APM (alternative payment model) was provided at this symposium.

IV. Community Awareness and Outreach:
Goal: Increase diabetes knowledge and awareness across disparate and hard to reach communities.

- Sharon Harris, the National Diabetes Prevention Program Champion, is identifying faith-based institutions within the 1305 counties that have access to an existing National DPP site. She plans to meet with their Health Ministry Leader, Pastor, or designee to provide information on prediabetes awareness and the National DPP sites in their community that are available for them to refer their members that have or are at risk for prediabetes.

- The CHART tool is being piloted with medical providers and National Diabetes Prevention Programs. CHART will eventually be utilized to refer patients to DSME/T and National DPPs in the state after the pilot is complete.

National Diabetes Prevention Program (National DPP)

- Michelle Moody and Sharon met with Ava Dean, Program Manager with the Kidney Foundation of SC, to brainstorm ideas on how both organizations can work with physicians to increase their knowledge about screening testing and referring into an active National DPP and on the importance of assessing and screening their patients risk for kidney disease and to help them make recommendations for their patients. Moving forward we will discuss a partnership to offer educational opportunities for providers to provide them with the most reliable, up-to-date patient education materials related to both programs.

- Michelle Moody and Michelle Harris, the Central Office Prevention Coordinator, along with the four DHEC Region Prevention Coordinators attended the 1422 State / Local Technical Assistance Meeting for Grantees and Sun-Awardees on May 24-26, 2016 to learn about identified, shared, and leveraging sustainable strategies for scaling National DPPs at the state and local levels together with mutually reinforcing strategies addressing Health Care Systems and Policy/Systems/Environmental approaches within communities.

- The current number of participants in National DPP within the 15 counties of the 1422 grant are 192. A new class at the Ron McNair Committee in the Pee Dee is slated to begin on June 4, 2016 with nine participants.
• Sharon and Michelle Moody met with HopeHealth, Inc. to see what technical assistance they could use to work with an identified faith based organization in Darlington County to increase their prediabetes knowledge related to developing type 2 diabetes and participating in the National DPP. Michelle is sending the lifestyle coach the church bulletin insert that promotes the awareness of prediabetes and the benefit to joining a National DPP.

• Michelle and Linda Pekuri, the WISEWOMAN Program Coordinator, developed a protocol for referring BCN patients with prediabetes into an active National DP where there is a WISEWOMAN program. The protocol is slated to be in full effect in August 2016. Michelle will be working with Linda to develop a training manual and to contact training related to the protocol.

V. Division Updates:

• The Office of Program and Evaluation Services hired Joshua Sellner as an hourly employee. His official start date is June 2nd. Joshua will continue to work through projects he started as a Graduate Assistant. He will also be able to assist with any work being done in the Office of Program and Evaluation Services and other programmatic areas within the Bureau of Community Health and Chronic Disease Prevention. His level of understanding and commitment will help aid the evaluation team until the vacant full-time employee is hired and acclimated.

• The candidate for the 1305 FTE position within the Office of Program and Evaluation Services verbally declined the offer. At this time we will wait until Kristian returns from maternity leave to repost the vacant position.

• Tina Marie Devlin, the Health Systems Coordinator, is resigning on June 17, 2016. The position request to post the upcoming vacant position has been started. The vacant Central Office Clinical Coordinator position (1422 grant position) is in the process of being posted.
March 21, 2016

Dr. Kathie L. Hermayer  
Diabetes Initiative of SC  
96 Jonathan Lucas Street  
Suite 938A, MSC 624  
Charleston, SC 29425

Dear Dr. Hermayer:

Thank you for your letter and 2015 Annual Report for the Diabetes Initiative of South Carolina.

I appreciate all that your organization does for the diabetic community.

Please feel free to contact me in the future if I can be of assistance.

Kind regards,

Kirkman Finlay III
# Local Trends Summary™ 2016 Data Outline


## Table of Contents: Type 1 Diabetes and Type 2 Diabetes

The LTS comprises four table series, each of which can be further subdivided, as shown below.

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<th>Data Elements</th>
<th>Description</th>
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<td>Percentage of Patients</td>
<td>Avg. annual professional service fees for Ambulatory Surgery services</td>
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<td></td>
<td>Ambulatory Surgery</td>
<td>Avg. annual professional service fees for Hospital Emergency Room services</td>
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<td>Emergency Room</td>
<td>Avg. annual professional service fees for Hospital Inpatient services</td>
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<td>Hospital Inpatient</td>
<td>Avg. annual professional service fees for Hospital Outpatient services</td>
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<td>Hospital Outpatient</td>
<td>Avg. annual professional service fees for Office/Clinic services</td>
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<td>Office/Clinic (incl. correctional facilities, home assistance, group other home, hospice, homeless shelter, unidentified and many others)</td>
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<td>Skilled Nursing Facilities (SNF)/Intermediate Care Facilities (ICF)</td>
<td>Avg. annual professional service fees for SNF/ICF services</td>
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<td>Hospital Charges¹ (Facility)</td>
<td>Hospital Inpatient</td>
<td>Avg. annual facility charges for patients using Hospital Inpatient services</td>
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<td></td>
<td>Hospital Outpatient</td>
<td>Avg. annual facility charges for patients using Hospital Outpatient services</td>
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<td>3. Use of Services¹</td>
<td>Amputation</td>
<td>Percentage of patients receiving at least one service during the year, based on CPT-4 codes for service performed</td>
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<td>Chemistry: A1c Testing</td>
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<td>Chemistry: Blood Glucose Testing</td>
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<td>Chemistry: Serum Cholesterol Testing</td>
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<td>Chemistry: Urine Glucose Testing</td>
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<td>Chemistry: Urine Microalbumin Testing</td>
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<td>Ophthalmologic Examination</td>
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<td>Number of Visits per Patient, by Specialty</td>
<td>Number of visits per patient per year</td>
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<td>4. Pharmacotherapy</td>
<td>Alpha Glucosidase Inhibitors</td>
<td>Percentage of patients continuing Rx or restarting Rx in this category over a 12-month period</td>
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<td>Persistency¹</td>
<td>Antidiabetic-Amylin Analogs</td>
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<td></td>
<td>Antidiabetic Combinations</td>
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<td>Biguanides</td>
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<td>Dipeptidyl Peptidase (DPP)-4 Inhibitors</td>
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<td>Dopamine Receptor Agonists</td>
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<td>Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists</td>
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<td>Insulin Sensitizing Agents</td>
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<td>Intermediate-Acting Insulin (Total/Pens/Vials)</td>
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<td>Meglitinide Analogs</td>
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<td>Mixed Insulin (Total/Pens/Vials)</td>
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<td>Rapid-Acting Insulin Analog (Total/Pens/Vials)</td>
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<td>SGLT2 inhibitors</td>
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<td>Short-Acting Insulin—Other (Total/Pens/Vials)</td>
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<td>Sulfonylureas</td>
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¹ Hospital charges, use of services and compliance data are not available at the plan level. Persistency data by plan are available at the national level only.
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<tr>
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<tr>
<td>4. Pharmacotherapy (cont.) Compliance</td>
<td>Alpha-Glucosidase Inhibitors</td>
<td>Decrease patients refilling Rx's based on days' supply over elapsed days' supply</td>
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<td>Antidiabetic-Amylase Analogs</td>
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<td>SGLT2 Inhibitors</td>
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<td>Insulin</td>
<td>Any Insulin Product</td>
<td>Percentage of patients using products in these categories during the calendar year</td>
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<td>(Percentage of Patients)</td>
<td>Intermediate-Acting Insulin (Total/Pens/Vials)</td>
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<td>Insulin</td>
<td>Any Insulin Product</td>
<td>Average annual dollars per patient using products in these categories during the calendar year</td>
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<td>(Average Dollars per Patient)</td>
<td>Intermediate-Acting Insulin (Total/Pens/Vials)</td>
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<td>Short-Acting Insulin—Other (Total/Pens/Vials)</td>
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<td>Insulin</td>
<td>Any Insulin Product</td>
<td>Percentage of patients, by A1c level, for those using products in these categories during the calendar year</td>
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<td>(A1c Levels)</td>
<td>Intermediate-Acting Insulin (Total/Pens/Vials)</td>
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<td>Insulin</td>
<td>Any Insulin Product</td>
<td>Percentage of patients, by Actual Complication for those using products in these categories during the calendar year</td>
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<tr>
<td>(Complication Rates)</td>
<td>Intermediate-Acting Insulin (Total/Pens/Vials)</td>
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<td>Rapid-Acting Insulin Analog (Total/Pens/Vials)</td>
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</tr>
<tr>
<td></td>
<td>Short-Acting Insulin (Total/Pens/Vials)</td>
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</tr>
<tr>
<td></td>
<td>Short-Acting Insulin—Other (Total/Pens/Vials)</td>
<td></td>
</tr>
<tr>
<td>Non-Insulin Antidiabetic</td>
<td>Alpha-Glucosidase Inhibitors</td>
<td>Percentage of patients using products in these categories during the calendar year</td>
</tr>
<tr>
<td>(Percentage of Patients)</td>
<td>Antidiabetic-Amino Acid Derivatives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Antidiabetic-Amylase Analogs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Antidiabetic Combinations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any Non-Insulin Hypoglycemic Product</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Biguanides</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dipeptidyl Peptidase (DPP)-4 Inhibitors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dopamine Receptor Agonists</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Insulin Sensitizing Agents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meglitinide Analogs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SGLT2 Inhibitors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sulfonylureas</td>
<td></td>
</tr>
</tbody>
</table>

1. Hospital charges, use of services and compliance data are not available at the plan level. Pediatriy data by plan are available at the national level only.
<table>
<thead>
<tr>
<th>Data Elements</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Alpha-Glucosidase Inhibitors</td>
<td>Average annual dollars per patient using products in these categories during the calendar year</td>
</tr>
<tr>
<td>Antidiabetic-Amylin Analogs</td>
<td></td>
</tr>
<tr>
<td>Antidiabetic Combinations</td>
<td></td>
</tr>
<tr>
<td>Any Non-Insulin Hypoglycemic Product</td>
<td></td>
</tr>
<tr>
<td>Biguanides</td>
<td></td>
</tr>
<tr>
<td>Dipeptidyl Peptidase (DPP)-4 Inhibitors</td>
<td></td>
</tr>
<tr>
<td>Dopamine Receptor Agonists</td>
<td></td>
</tr>
<tr>
<td>Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists</td>
<td></td>
</tr>
<tr>
<td>Insulin Sensitizing Agents</td>
<td></td>
</tr>
<tr>
<td>Meglitinide Analogs</td>
<td></td>
</tr>
<tr>
<td>SGLT2 Inhibitors</td>
<td></td>
</tr>
<tr>
<td>Sulfonureas</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Insulin Antidiabetic (A1c Levels)</th>
<th>Percentage of patients, by A1c level, for those using these products, by calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha-Glucosidase Inhibitors</td>
<td></td>
</tr>
<tr>
<td>Antidiabetic-Amylin Analogs</td>
<td></td>
</tr>
<tr>
<td>Antidiabetic Combinations</td>
<td></td>
</tr>
<tr>
<td>Any Non-Insulin Hypoglycemic Product</td>
<td></td>
</tr>
<tr>
<td>Biguanides</td>
<td></td>
</tr>
<tr>
<td>Dipeptidyl Peptidase (DPP)-4 Inhibitors</td>
<td></td>
</tr>
<tr>
<td>Dopamine Receptor Agonists</td>
<td></td>
</tr>
<tr>
<td>Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists</td>
<td></td>
</tr>
<tr>
<td>Insulin Sensitizing Agents</td>
<td></td>
</tr>
<tr>
<td>Meglitinide Analogs</td>
<td></td>
</tr>
<tr>
<td>SGLT2 Inhibitors</td>
<td></td>
</tr>
<tr>
<td>Sulfonureas</td>
<td></td>
</tr>
<tr>
<td>(Use of 3 Prods.) 0 Insulin Products</td>
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</table>

<table>
<thead>
<tr>
<th>Non-Insulin Antidiabetic (Complication Rates)</th>
<th>Percentage of patients, by Actual Complication, for those using these products, by calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha-Glucosidase Inhibitors</td>
<td></td>
</tr>
<tr>
<td>Antidiabetic-Amylin Analogs</td>
<td></td>
</tr>
<tr>
<td>Antidiabetic Combinations</td>
<td></td>
</tr>
<tr>
<td>Any Non-Insulin Hypoglycemic Product</td>
<td></td>
</tr>
<tr>
<td>Biguanides</td>
<td></td>
</tr>
<tr>
<td>Dipeptidyl Peptidase (DPP)-4 Inhibitors</td>
<td></td>
</tr>
<tr>
<td>Dopamine Receptor Agonists</td>
<td></td>
</tr>
<tr>
<td>Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists</td>
<td></td>
</tr>
<tr>
<td>Insulin Sensitizing Agents</td>
<td></td>
</tr>
<tr>
<td>Meglitinide Analogs</td>
<td></td>
</tr>
<tr>
<td>SGLT2 Inhibitors</td>
<td></td>
</tr>
<tr>
<td>Sulfonureas</td>
<td></td>
</tr>
<tr>
<td>(Use of 3 Prods.) 0 Insulin Products</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comb. Pharmacotherapy (Percentage of Patients) (1)</th>
<th>Percentage of patients using products in these categories during the calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Use of 1 Prod.) Only Insulin Product</td>
<td></td>
</tr>
<tr>
<td>(Use of 1 Prod.) Only Non-Insulin Product</td>
<td></td>
</tr>
<tr>
<td>(Use of 2 Prods.) Any 2 Insulin Products</td>
<td></td>
</tr>
<tr>
<td>(Use of 2 Prods.) Any 2 Non-Insulin Products</td>
<td></td>
</tr>
<tr>
<td>(Use of 2 Prods.) Insulin and Non-Insulin Products</td>
<td></td>
</tr>
<tr>
<td>(Use of 3 Prods.) 0 Insulin Products</td>
<td></td>
</tr>
<tr>
<td>(Use of 3 Prods.) 1 Insulin Product</td>
<td></td>
</tr>
<tr>
<td>(Use of 3 Prods.) 2 Insulin Products</td>
<td></td>
</tr>
<tr>
<td>(Use of 3 Prods.) 3 Insulin Products</td>
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</table>

<table>
<thead>
<tr>
<th>Comb. Pharmacotherapy (Average Dollars per Patient) (1)</th>
<th>Average annual dollars per patient using products in these categories during the calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Use of 1 Prod.) Only Insulin Product</td>
<td></td>
</tr>
<tr>
<td>(Use of 1 Prod.) Only Non-Insulin Product</td>
<td></td>
</tr>
<tr>
<td>(Use of 2 Prods.) Any 2 Insulin Products</td>
<td></td>
</tr>
<tr>
<td>(Use of 2 Prods.) Any 2 Non-Insulin Products</td>
<td></td>
</tr>
<tr>
<td>(Use of 2 Prods.) Insulin and Non-Insulin Products</td>
<td></td>
</tr>
<tr>
<td>(Use of 3 Prods.) 0 Insulin Products</td>
<td></td>
</tr>
<tr>
<td>(Use of 3 Prods.) 1 Insulin Product</td>
<td></td>
</tr>
<tr>
<td>(Use of 3 Prods.) 2 Insulin Products</td>
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</tr>
<tr>
<td>(Use of 3 Prods.) 3 Insulin Products</td>
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</table>

<table>
<thead>
<tr>
<th>Comb. Pharmacotherapy (Percentage of Patients) (2)</th>
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<td>Any 1 Product</td>
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<tr>
<td>Any 2 Products</td>
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</tr>
<tr>
<td>Any 3 or More Products</td>
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</table>

<table>
<thead>
<tr>
<th>Comb. Pharmacotherapy (Average Dollars per Patient) (2)</th>
<th>Average annual dollars per patient using products in these categories during the calendar year</th>
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</thead>
<tbody>
<tr>
<td>Any 1 Product</td>
<td></td>
</tr>
<tr>
<td>Any 2 Products</td>
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</tr>
<tr>
<td>Any 3 or More Products</td>
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</tr>
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</table>

Most table series and their corresponding data elements can be further analyzed using the following data breaks, each of which can be further subdivided, as shown below.

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Analytic Criteria</th>
<th>Data Elements</th>
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<tbody>
<tr>
<td>Age Group:</td>
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<td>Payer Type (Hospital):</td>
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<td>Government</td>
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<tr>
<td></td>
<td>18-35</td>
<td>Medicaid</td>
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<td>36-64</td>
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</tr>
<tr>
<td></td>
<td>65-79</td>
<td>Other</td>
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</tr>
<tr>
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<td>80+</td>
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<td>Out-of-Pocket Costs:</td>
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<td>$0.01-$10.00</td>
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<td>$10.01-$25.00</td>
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<tr>
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<td>$25.01-$40.00</td>
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<td>Gender:</td>
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<td>Payer Type (Medical):</td>
<td>Managed Care/Commercial Insurance</td>
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<td>Male</td>
<td>Medicaid</td>
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<tr>
<td>Complications:</td>
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<td>1</td>
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<tr>
<td></td>
<td>2</td>
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</tr>
<tr>
<td></td>
<td>&gt;2</td>
<td>Specialty (Treating/Diagnosing):</td>
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<tr>
<td>Comorbidities:</td>
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<td>Allergy/Immunology</td>
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<tr>
<td></td>
<td>1</td>
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<tr>
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<td>2</td>
<td>Dermatology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;2</td>
<td>Emergency Medicine</td>
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</tr>
<tr>
<td>Actual Complications:</td>
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<td>Endocrinology</td>
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<td>Actual Comorbidities:</td>
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<td>Hematology/Oncology</td>
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<td>Internal Medicine</td>
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<td>NP/PA</td>
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<td>OB/GYN</td>
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<td>Ophthalmology</td>
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</tr>
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<td></td>
<td></td>
<td>Other Specialty</td>
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<td></td>
<td></td>
<td>Pulmonary</td>
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<td>Radiology</td>
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<td>A1c Lab Results¹</td>
<td>≤7.0%</td>
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<tr>
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<td>7.1-7.9%</td>
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<tr>
<td></td>
<td>8.0-9.0%</td>
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</tr>
<tr>
<td></td>
<td>&gt;9.0%</td>
<td></td>
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<td>Length of Therapy:</td>
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<tr>
<td></td>
<td>31-90 days</td>
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<tr>
<td></td>
<td>91-150 days</td>
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<tr>
<td></td>
<td>151-210 days</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>211-270 days</td>
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</tr>
<tr>
<td></td>
<td>271+ days</td>
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</tbody>
</table>

¹ A1c lab results may be further broken by payer type (medical).

Three- and 30-day readmission rates, by type of therapy, at the state, regional and national levels (2013-2015): Hospital ER Utilization, by type of therapy, at the state, regional and national levels (2013-2015).
Diabetic care: Bringing care to rural communities

DIZZINESS ADDRESSED

New vestibular clinic offers a comprehensive evaluation of dizziness.

HOLLINGS CANCER CENTER

Dragon Boat team rows for camaraderie.

BY DAWN BRAZELL
brazell@musc.edu

Sometimes it's a knock on the door that can make all the difference.

That's one of the findings that MUSC researchers are touting now that the preliminary results of the Bamberg Diabetes Transitional Care study are in. Rural residents with diabetes do significantly better with increased outreach support.

Dana Burshell, study coordinator at MUSC, said even though she knew barriers to health care in rural areas exist, it was an eye-opener to witness the extent of the challenges.

"They are such a population in need," said Burshell, who is the program coordinator of community engagement with the South Carolina Clinical & Translational Research Institute's Center for Community Health Partnerships.

"Everybody, not just a few, had major life barriers," she said. "I feel like this study is a story of people who often don't put themselves first and struggle to better manage their health."

Diabetes is the seventh leading cause of death in South Carolina, and more than 15 percent of residents in Bamberg County have the disease. This is a rate more than 1.5 times the national average and 1.2 times the South Carolina average.

In 2012, Bamberg County residents invited academic researchers to brainstorm solutions that would work in their community. The resulting community-engaged feasibility clinical trial tested two interventions. Participants with uncontrolled diabetes received either calls from a local nurse interventionist or in-home visits from a local community health worker.

The study, which started June 2014, was led by Carolyn Jenkins, DrPH, a professor in the College of Nursing, and Samuel Cylcert, M.D., a professor in the School of Medicine at the University of North Carolina at Chapel Hill. It was done in partnership with Brenda Williams from the Regional Medical Center of Orangeburg & Calhoun Counties. The South Carolina Department of Health and Human Services was a major source of funding for the project.

Jenkins considers the study, which involved 48 participants and concluded this month, a success on many levels. As part of the study, participants' A1C levels, which show the average level of blood sugar over the previous three months and how well a person's diabetes is under control, were pulled from their medical records. Preliminary results showed that with roughly half of the participants having a post-study A1C test, 58 percent of the participants in the community health worker group and 64 percent of the participants in the nurse group had improvements in their A1C over three months.

Preliminary data also showed improvements in self-reported depression scores for the majority of participants — 63 percent for the community health worker group and 60 percent for the nurse intervention group.

Medication adherence, a significant factor in diabetes control that decreases hospital readmissions and emergency department visits, also was studied. The study staff reported that when discussing medication adherence, it was more difficult over the phone and more helpful and interactive in person. Over the course of the study, 50 percent of the community health worker group and 64 percent of the participants in the nurse group had improvements in their A1C over three months.

See DIABETES on page 9

I feel like this study is a story of people who often don't put themselves first and struggle to better manage their health.

Dana Burshell

Horace Britton, community health worker, right, works with a local Bamberg patient, Krista Dickinson.

"I feel like this study is a story of people who often don't put themselves first and struggle to better manage their health."

Dana Burshell

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See DIABETES on page 9
Dr. Carolyn Jenkins, a long-term advocate for community-based participatory research, finds her best ideas come from local residents. She was a co-leader of the Bamberg Diabetes Transitional Care study. "They said, 'Despite all of the things in my life - despite that I have to take care of my children and my mother, and I have to work 12-hour shifts that change every day, I have the support of people who make me matter and care and teach me objective things.'"

Burchell recalls one participant who started the study slightly depressed and overwhelmed due to uncontrolled diabetes and an inability to be physically active. Within three months, the participant's A1C dropped from 11.3 to 8.5. She started doing chair exercises using canned goods as weights. Then she progressed to pushing a baby stroller around her neighborhood, and then to walking with a cane. She also used coloring books to decrease anxiety.

"This study is so compelling because the interventions partnered with these participants and their families to find individualized, practical solutions," Burchell said. "There were solutions that were realistic, sustainable and achievable - that hopefully will last long after the study ends." Jenkins agreed and praised the work of the locally hired community health workers and nurses, including Horace Britton, Mary Brown, Lanasha Frasier and Helen Sherman along with community study coordinator Melissa Sherman. "It really made a difference in this project because we hired people from the community and worked together to learn."

Jenkins said the next important step is to give the community feedback about the research. Study results will be shared with the Bamberg community through public forums, customized reports for participating practices and summary reports to all of the participants. In the next phase of the study, the participants' hospital use over the upcoming year will be compared to a non-study cohort in the region to assess whether there are any decreases in hospital readmissions and increases in cost savings.

While community health workers and frequent patient follow-ups can be time-consuming, the ultimate economic impact for small primary care practices, hospitals and the government could be significant, Jenkins said. Meanwhile, study participants already are reaping rewards.

"Knowing that Horace was coming, I had to always be ready and prepared," said Jeannie Davis, 73, said she didn't even know what her A1C level was before the study. She never had taken a class on how to manage it either. She joined the study when she had to go to the Regional Medical Center's Bamberg Urgent Care. Being part of the study has encouraged her to raise her medication and keep track of her blood pressure. She exercises more and eats better.

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Dana Burchell is the program coordinator for the Bamberg diabetes study.
Great meeting this past Friday. Per our discussions on the revised Diabetes Treatment Criteria, attached are the Medicaid Managed Care Organization’s contact information for their Medical Directors and their Quality Directors. Hopefully, they will assist in disseminating this information to their providers. Between the current 5 MCOs, they cover 703,000 SC Medicaid Beneficiaries. The other 300,000 covered lives are covered under fee for service.

Additionally, if you check our web-site: www.scdhhs.gov, you can find out the current number of Medicaid eligible members and the MCOs they are enrolled in, and the county in which they reside.

Click on the header “For providers”, next click on “Managed Care”, next click on “Reports”, then click on “Dashboard” and/or “Eligibles” by county.

So that there is no confusion, the numbers listed include Advicare Healthcare. Advicare is being in the process of being acquired by WellCare, so those Advicare members will be soon be transferred to WellCare shortly.

Hope this information helps.
MCO MEDICAL DIRECTOR’S CONTACT INFORMATION

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Robert Thompson, DO
rothompson@centene.com
(803) 933-3773, Ext. 64146 (Office)
(803) 933-3770 (Office-Direct Line)
(803) 413-1565 (Cell)
Shalini Mittal, MD
smittal@centene.com
(803) 933-3688 (Office)
(803) 261-1705 (Cell)
1441 Main Street, Suite 900
Columbia, South Carolina 29201

Molina Healthcare, Inc.
Cheryl Shafer, MD
Cheryl.Shafer@MolinaHealthCare.com
(888) 562-5442, ext. 311752
(843) 740-1752 (Direct Line)
(304) 545-9971 (Cell)
Delores Baker, MD
Delores.Baker@MolinaHealthCare.com
(843) 740-1746
(313) 218-0813 (Cell)
4105 Faber Place Drive Suite 120
North Charleston, South Carolina 29405

Blue Choice Health Plan
Imtiaz Khan, MD
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(864) 346-6707 (Mobile)
(440) 429-3034 (Work Mobile)
Post Office Box 6170, AX-400
Columbia, South Carolina 29223

First Choice by Select Health
Greg Barabell, MD
gbarabell@selecthealthofsc.com
(843) 569-4646
(845) 641-6967 (Cell)
4390 Belle Oak Drive, Suite 400
North Charleston, South Carolina 29405

WellCare Health Plans, Inc.
Robert London, MD
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(803) 622-8861 (Cell)
200 Center Point Circle, Suite 180
Columbia, SC 29210

Revised 2/25/2016
MCO QUALITY DIRECTOR’S CONTACT INFORMATION

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Joyce McElwain
Vice President, Quality Improvement
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Blue Choice Health Plan
Maggie Brodt
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(803) 382-5473
(803) 530-7629

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North Charleston, South Carolina 29405

Molina Healthcare, Inc.
Patricia Zigon
patricia.zigon@molinahealthcare.com

(888) 562-5442, ext. 315757 (Office)
(843) 740-5757

4105 Faber Place Drive Suite 120
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SCDHHS
Bryan Amick, PharmD, MS, MBA
Bryan.Amick@scdhhs.gov

(803) 898-0212 (Office)
(803) 924-4434 (Cell)

James D. Bradford, MD
Clinical and Medical Affairs
Bradfdj@scdhhs.gov

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1801 Main Street
Columbia, South Carolina 29201

WellCare Health Plans, Inc.
Bobbi Crimm, Senior Quality Director
Bobbi.Crimm@wellcare.com

(803) 561-4431 (Office)
(803) 667-0120 (Cell)
200 Center Point Circle, Suite 180
Columbia, SC 29210

Revised 8/31/2015
PHARMACISTS: The South Carolina College of Pharmacy (SCCP) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The program is accredited for a total of 10.5 contact hours. (Day One – 6.5; Day Two – 4.0) Participants must sign-in at registration table each day and attend entire program. Instructions on how to complete evaluations and report credit to the CPE Monitor system will be provided. Evaluations must be completed within 30 days of program. A complete listing of all learning objectives and their ACPE numbers will be provided at the conference.

PHYSICIANS: Credit Statement: The Medical University of South Carolina designates this live activity for a maximum of 10.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Accreditation Statement: This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of Medical University of South Carolina, and the Diabetes Initiative of South Carolina. The Medical University of South Carolina is accredited by the ACCME to provide continuing medical education for physicians.

NURSES: This nursing continuing education activity awards a total of 11.0 contact hours. (Day One – 6.75; Day Two – 4.25).

COUNSELORS & THERAPISTS: This program is approved for 11.0 hours of continuing education credit (Day One – 6.75 and Day Two – 4.25). The South Carolina AHEC system is recognized as a permanent sponsor of continuing education by the South Carolina Board of Examiners of Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists.

REGISTERED DIETITIANS: This program provides a total of 11.0 contact hours (Day One – 6.75, Day Two – 4.25).

SOCIAL WORKERS: This program is approved for a total of 11.0 non-social worker contact hours (Day One – 6.75 and Day Two – 4.25). The South Carolina AHEC system is recognized as an approved provider of continuing education by the South Carolina Board of Social Work Examiners.

ALL PARTICIPANTS: This program is approved for 1.1 CE (11.0 clock hours: Day One - 6.75; Day Two - 4.25) by Lowcountry AHEC and meets South Carolina AHEC Best Practice Standards. Lowcountry AHEC is an equal opportunity employer and adheres to the requirements of the ADA statements.

Neither Lowcountry AHEC nor the American Nurses Credentialing Center endorses or approves any products that may be associated with this continuing education activity.

Participants must attend 90% of the program to receive a certificate. No partial credit will be given.
Diabetes Initiative of South Carolina

This program is presented by a collaborative effort of the Medical University of South Carolina and the Diabetes Initiative of South Carolina, which was created by the SC State Legislature in July 1994, as Section 44-39-20 et.seq. of SC Code of Laws, 1976 as Amended. The Diabetes Initiative is a statewide program of education, surveillance, clinical research, and translation of diabetes treatment methods to serve the needs of South Carolina residents with diabetes, with oversight functions by the Diabetes Initiative of South Carolina Board.

Parking

A fee for parking may be charged, depending upon city activity. Participants will be responsible if there is a fee (usually $5.00).

Disclosure Statement

In accordance with the ACCME Essentials and Standards, anyone involved in planning or presenting this educational activity is required to disclose any relevant financial relationships with commercial interests in the healthcare industry. The Medical University of South Carolina, College of Medicine will employ appropriate mechanisms to resolve potential conflicts of interest to maintain the standards of fair and balanced education to the participant. This information will be made available to participants at the beginning of the activity. Speakers who incorporate information about off-label or investigational use of drugs or devices are required to disclose that information at the beginning of their presentation.

Climate and Conference Dress

During the month of September, temperatures in the Charleston area range in the upper 70’s for highs, and lows are in the 60’s range. As the temperature in meeting rooms may vary, you should bring a sweater or jacket. Conference dress is business casual.

Americans with Disabilities Act

It is the policy of the Medical University of South Carolina not to discriminate against any persons on the basis of disabilities. If you feel you need services or the auxiliary aids mentioned in the disabilities act in order to fully participate in this continuing medical education activity, please call the Diabetes Center at (843) 876-0968, by August 29th or attach a note to your registration form.

Contact Information

For information about the Diabetes Initiative of South Carolina and this continuing education program, please contact:

Julie Benke-Bennett
Program Coordinator
Diabetes Initiative of South Carolina
MUSC Diabetes Center
(843) 876-0968
(843) 876-0998 fax
benkej@musc.edu

OR

Lowcountry AHEC
(843) 782-5052
(843) 782-9553 fax
22nd Annual Diabetes Fall Symposium for Primary Health Care Professionals

This comprehensive update is specifically designed for Primary Care Physicians, Podiatrists, Endocrinologists, Pharmacists, PharmDs, NPs, APRNs, PAs, RDs, and CDEs. The information to be presented is equally relevant to RNs, LPNs, and Social Workers.

At the conclusion of the program, participants should be able to:

- Discuss the pathophysiology outcomes of obese DM patients undergoing bariatric surgery,
- Explain diabetes management in pregnancy,
- Describe how Western-style diet induced brain pathophysiology may promote obesity and its comorbidities,
- Analyze the evidence for combination pharmacotherapy for the treatment of obesity,
- Examine evidence-based pharmacotherapy for the treatment of Diabetes Mellitus (DM),
- Describe food insecurity as a social determinant of health,
- Explain what “fit” means,
- Examine evidence-based pharmacotherapy for the treatment of Diabetes Mellitus (DM),
- Describe complications of uncontrolled diabetes following orthopedic surgery,
- Discuss how the NDPP can improve the health of people in SC living with diabetes,
- Identify therapeutic options for treatment of diabetic kidney disease and improve outcomes,
- Describe the clinical and histological spectrum of Non-Alcoholic Fatty Liver Disease (NAFLD) including its extra hepatic manifestations,
- Provide an overview of new treatments for diabetic eye disease, including anti VEGF drugs, steroids and laser photocoagulation,
- Define the LEADER Trial and discuss outcomes.

CALL FOR ABSTRACTS
17th Annual Scientific Poster Session

We are currently accepting abstract submissions for student research and projects, clinical practices, community projects, DSME program strategies and professional research and projects. This is an excellent opportunity to showcase the numerous projects being conducted in South Carolina. (Submissions limited to diabetes related subject matter.)

One complimentary registration will be offered for each abstract/poster submitted by a full-time student, resident, intern or fellow. Submissions in the student, clinical, community and DSME programs categories will be reviewed by a panel of judges and compete for monetary prizes.

For application form and submission process, please go to http://www.musc.edu/diabetes or contact Julie Benke-Bennett at benkej@musc.edu or (843) 876-0968.

Twenty-Second Annual Diabetes Fall Symposium for Primary Health Care Professionals
September 22-23, 2016 • Embassy Suites/North Charleston Convention Center, North Charleston, SC

Thursday, September 22, 2016
7:00 am
Registration/Continental Breakfast/Visit Exhibits – Ballroom C4

7:50 am
Welcome/Moderator – Ballroom B
Kathie L. Hermayer, MD, MS, FASE

8:00 am
Bariatric Surgery
Chitharanjan C. Pullattrana, MD, MS, MRCS, FACS, FASMBS

9:00 am
Gestational Diabetes
Christopher G. Goodier, MD

10:00 am
Break
Visit Exhibits - Ballroom C4
Visit Posters - Ballroom C Foyer

10:30 am
Intersections of Metabolic and Neurocognitive Functioning
Terry Davidson, PhD

11:30 am
17th Annual Scientific Poster Session
Winners Announced
Kathie L. Hermayer, MD, MS, FASE

11:45 am
Lunch on your own
Visit Exhibits - Ballroom C4
Visit Posters - Ballroom C Foyer

1:15 pm
Obesity Medications
Patrick M. O’Neil, PhD

2:15 pm
Concurrent/Breakout Sessions
Rooms TBA
A. Pharmacotherapy
C. Wayne Weart, PharmD, BCPS, FASHP, FAPhA
Moderator – Elizabeth Todd Heckel, MSW, CDE

B. Food Insecurity
Angela Liese, PhD, MPH, FAHA, PhD
Moderator – Sharon Schwartz, APRN, MSN, CDE

C. Physical Activity
Brian Keisler, MD
Moderator – Pamela C. Arnold, MPH, BC-ADM, CDE

3:45 pm
Concurrent/Breakout Sessions
Rooms TBA
A. Pharmacotherapy
C. Wayne Weart, PharmD, BCPS, FASHP, FAPhA
Moderator – Elizabeth Todd Heckel, MSW, CDE

B. Diabetes Mellitus and Orthopedic Surgery
Christopher Gross, MD
Moderator – Sharon Schwartz, APRN, MSN, CDE

C. AMA Provider Toolkit - National Diabetes Prevention Program (NDPP)
Kendell K. LeBray, MPH
Moderator - Pamela C. Arnold, MPH, BC-ADM, CDE

5:00 pm
Adjournment

Friday, September 23, 2016
7:15 am
Registration/Continental Breakfast/Visit Exhibits - Ballroom C4
Visit Posters - Ballroom C Foyer

7:50 am
Opening Remarks/Moderator - Ballroom B
Usah Lilavivat, MD

8:00 am
Chronic Kidney Disease
Juan Carlos Q. Velez, MD

9:00 am
Fatty Liver Disease and Diabetes
Wing-Kin Syn, MB, ChB

10:00 am
Break
Visit Exhibits - Ballroom C4
Visit Posters - Ballroom C Foyer

11:15 am
Advances in the Management of Diabetic Retinopathy
Luciano V. Del Priore, MD, PhD

11:45 am
Lunch on your own
Visit Exhibits - Ballroom C4
Visit Posters - Ballroom C Foyer

11:30 am
17th Annual Scientific Poster Session
Winners Announced
Kathie L. Hermayer, MD, MS, FASE

12:15 pm
Adjournment

COMPLETE EVALUATIONS

* The same presentation will be given twice. This is NOT a 2-part presentation.
Conference Planning Committee

Pamela C. Arnold, MSN, APRN, BC-ADM, CDE • Julie Benke-Bennett, BBA • Yaw Boateng, MS, MPH, RD, LD, CDE
John Bruch, MD • Diana Caron, RN, BHS, MED • Elizabeth Todd Heckel, MSW, CDE • Kathie L. Hermayer, MD, MS, FACE
Rhonda Hill, PhD, CHES • Carolyn Jenkins, DrPH, APRN, BC-ADM, CDE, FAAN
Soonho Kwon, MD • Usah Lilavivat, MD • Diane Mathews, MS, MT(ASCP)SH • Michelle Moody, BA
Sarah P. Smith, MAT, RD, LD, CDE • Odessa Ussery, MEd, CCMEP • Cindy Voris, PharmD

Distinguished Faculty

Pamela C. Arnold, MSN, APRN, BC-ADM, CDE
Manager, Diabetes Program
Medical University Hospital Authority
Medical University of South Carolina
Charleston, SC

John B. Buse, MD
Division of Endocrinology & Metabolism
University of North Carolina
Chapel Hill, NC

Terry Davidson, PhD
Director, Center for Behavioral Neuroscience
Professor, Department of Psychology
American University
Washington, DC

Luciano V. Del Priore, MD, PhD
Professor
Chair, Department of Ophthalmology
Storm Eye Institute
Medical University of South Carolina
Charleston, SC

Christopher G. Goodier, MD
Assistant Professor of Medicine
Department of Obstetrics & Gynecology
Medical University of South Carolina
Charleston, SC

Christopher E. Gross, MD
Orthopaedic Surgeon
Department of Orthopaedics
Medical University of South Carolina
Charleston, SC

Elizabeth Todd Heckel, MSW, CDE
Program Director, Diabetes Initiative of SC Midlands Site
University of South Carolina
Columbia, SC

Kathie L. Hermayer, MD, MS, FACE
Chair, Diabetes Initiative of South Carolina
Professor of Medicine
Division of Endocrinology, Diabetes and Medical Genetics
Medical University of South Carolina
Charleston, SC

Carolyn Jenkins, DrPH, APRN, BC-ADM, CDE, RD, FAAN
Professor, College of Nursing
Medical University of South Carolina
Charleston, SC

Brian Keisler, MD
Associate Professor
Department of Clinical Family and Preventive Medicine
University of South Carolina
Columbia, SC

Kendell K. LeBray, MPH
Improving Health Outcomes
American Medical Association
Chicago, IL

Angela Liese, PhD, MPH, FAHA
Department of Epidemiology and Biostatistics
Arnold School of Public Health
University of South Carolina
Columbia, SC

Usah Lilavivat, MD
Endocrinologist
Carolina Diabetes & Kidney Center
Sumter, SC

Patrick M. O’Neil, PhD
Director, Weight Management Center
Professor, Department of Psychiatry and Behavioral Sciences
Professor, Department of Surgery
Medical University of South Carolina
Charleston, SC

Chitharanjan C. Pullattra, MD, MS, MRCS, FACS, FASMBS
Diplomate in Obesity Medicine
Associate Professor of Surgery
Division of Bariatric Surgery
Medical University of South Carolina
Charleston, SC

Sharon Schwarz, APRN, MSN, CDE
Certified Diabetes Educator
Instructor
Trident Technical College
Charleston, SC

Wing-Kin Syn, MB, ChB
Associate Professor
Department of Gastroenterology & Hepatology
Medical University of South Carolina
Charleston, SC

Juan Carlos Q. Velez, MD
Associate Professor
Division of Nephrology
Medical University of South Carolina
Charleston, SC

C. Wayne Weart, PharmD, BCPS, FASHP, FAPhA
Professor of Clinical Pharmacology & Outcomes Science
Professor of Family Medicine
Medical University of South Carolina
Charleston, SC
**Hotel Accommodations**

A limited number of rooms have been reserved until **9/01/16** for this conference at the Embassy Suites Hotel/N. Charleston Convention Center, 5055 International Boulevard, N. Charleston, SC 29418. Reservations can be made by calling (843) 747-1882 or 1-800-EMBASSY (specify the MUSC Diabetes Center for special rates). The web address for the hotel is www.embassysuites.com (Airport/N. Charleston Convention Center).

Rates: $155.00* Single or Double; $165.00* Triple; and $175.00* Quad

*Excludes applicable taxes. Rates may increase after 9/01/16. Room reservation cancellations must be made 15 days prior to the event to avoid cancellation fees.

**Refund Information**

A refund will be made upon written request prior to September 5, 2016; however, $25.00 will be retained for administrative costs. No refunds will be made after September 5, 2016. We reserve the right to cancel the program if necessary and full registration fees will be refunded. The Medical University of South Carolina cannot be responsible for reimbursement of airline or other transportation fares, hotel or rental car charges, including penalties.

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**Registration Form**

(Please print clearly)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<tbody>
<tr>
<td>Credentials:</td>
<td>MD</td>
<td>DO</td>
</tr>
<tr>
<td>Student</td>
<td>Other (please specify credentials and/or title)</td>
<td></td>
</tr>
</tbody>
</table>

Mailing Address

Address line 2

City

State

Zip

Agency Name

E-mail address (please PRINT clearly)

(____) ________

Day Telephone

(____) ________

Evening Telephone

County of Employment (i.e. Charleston, Spartanburg, etc.)

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**Thursday, September 22, 2016 & Friday, September 23, 2016:**

(Registration fee includes Thursday & Friday continental breakfasts and breaks)

<table>
<thead>
<tr>
<th>Payment received</th>
<th>Both Days</th>
<th>Thursday</th>
<th>Friday Only</th>
<th>after 8/31/15 or onsite</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD’s</td>
<td>$200</td>
<td>$125</td>
<td>$75</td>
<td>$50.00/day</td>
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<td>$150</td>
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<td>$25.00/day</td>
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**TOTAL ENCLOSED $______________**

Registration fees will be waived for any full-time Student, Resident, Intern or Fellow who participates in the 16th Annual Scientific Poster Session, HOWEVER, YOU MUST REGISTER! Please check if this applies to you.

You must indicate which Concurrent Session(s) you plan to attend on Thursday, September 17, 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>A</th>
<th>B</th>
<th>C</th>
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</thead>
<tbody>
<tr>
<td>2:15</td>
<td>*Pharmacotherapy - C. Wayne Weart, PharmD, BCPS, FASHP, FAPhA</td>
<td>Food Insecurity - Angela Liese, PhD, MPH, FAHA, PhD</td>
<td>Physical Activity - Brian Keisler, MD</td>
</tr>
<tr>
<td>3:45</td>
<td>*Pharmacotherapy (same presentation as 2:15) - C. Wayne Weart, PharmD, BCPS, FASHP, FAPhA</td>
<td>Diabetes Mellitus and Orthopedic Surgery - Christopher Gross, MD</td>
<td>AMA Provider Toolkit: National Diabetes Prevention Program (NDPP) - Kendell K. LeBray, MPH</td>
</tr>
</tbody>
</table>

*The same presentation will be given twice. This is **NOT** a 2-part presentation.

Please make your check payable to Medical University of SC and mail with the registration form to: Diabetes Initiative of SC, Attn: Julie Benke-Bennett, 96 Jonathan Lucas Street, Suite 938A, MSC624, Charleston, SC 29425-6240 or Fax to (843) 876-0998. • For information, please contact Julie Benke-Bennett - (843) 876-0968 or benkej@musc.edu