



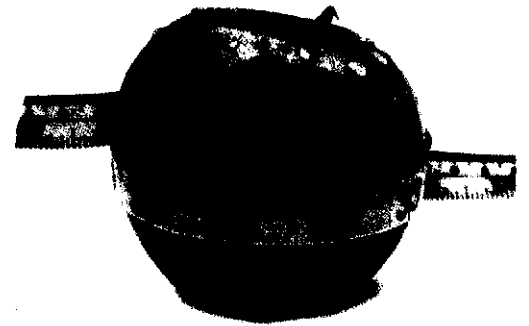
Everyone with Diabetes Counts: reducing disparities in diabetes care



According to the Centers for Disease Control and Prevention (CDC), diabetes is the seventh leading cause of death in the United States. With the ultimate goal of empowering patients to effectively manage their diabetes care, this program aims to improve clinical outcomes related to HbA1c, lipids, eye exams, weight, blood pressure control and foot care through the spread of evidence-based practices. Using Michigan's Stanford-based Personal Action Toward Health (PATH) program, this initiative will increase the number of certified diabetes educators and community health workers and increase the number of diabetes self-management education (DSME) classes.

Who is involved as partners and stakeholders?

- Physician organizations
- Local, state and national professional organizations
- Community-based and faith-based organizations
- Michigan Department of Community Health



Anticipated impact

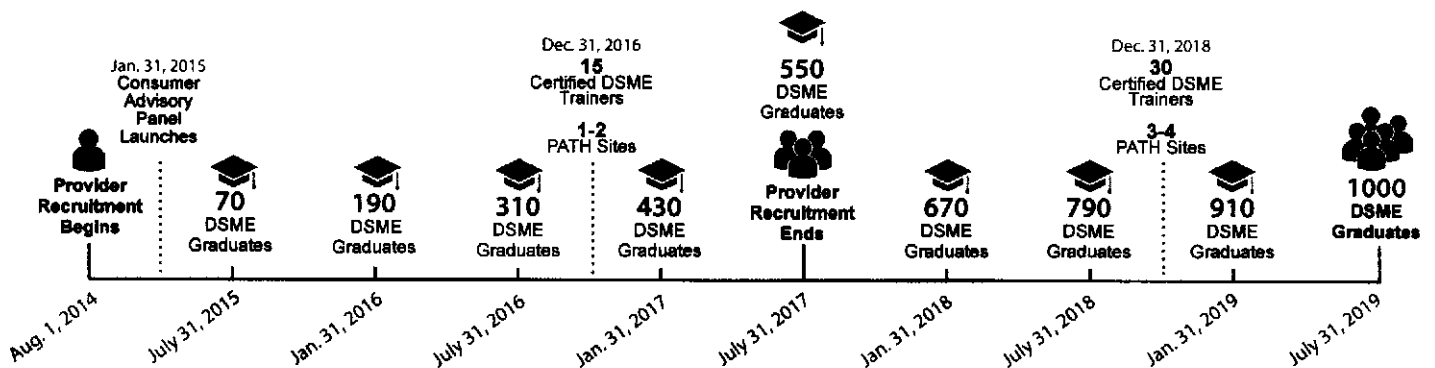
- Increase Medicare consumer/caregiver attendance in PATH courses
 - Goal: Enroll and graduate 1,000 consumers by July 31, 2019
- Increase number of certified PATH Leader Trainers
- Increase number of certified PATH training sites
- Improve clinical outcomes related to diabetes and chronic disease management

Benefits of partnership

- Education opportunities
- Access to providers/practices
- Access to a consumer advisory panel
- Networking with others in Michigan, Minnesota and Wisconsin doing similar work
- Sustainability

Get involved now

If you'd like to help empower Medicare consumers to effectively manage diabetes and other chronic health issues, please contact Kristie Mimms, project assistant at MPRO at kmimms@mpro.org or 248-465-7300.



Breast and Cervical Cancer

By the numbers

Breast cancer

#1 most frequently diagnosed cancer in Michigan women.

2nd leading cause of cancer-related death among Michigan women.

7,597 women in Michigan were diagnosed with breast cancer in 2012.

99% five-year survival rate for patients diagnosed with breast cancer that has not spread beyond the breast

Cervical cancer

313 women in Michigan were diagnosed with cervical cancer in 2012.

100% preventable through a combination of safe sex practices, HPV vaccinations, pap tests and appropriate follow up of abnormal screening results.

Our goal by 2017

5% relative improvement in breast cancer screenings and pap tests.

Statistics courtesy of the Michigan Department of Health and Human Services, http://www.michigan.gov/documents/mch/CervicalCaFactSheet_497916_7.pdf, http://www.michigan.gov/documents/mch/BreastCaFactSheet_497915_7.pdf

About the initiative

Breast and cervical cancers have established and proven screening methods that can identify early stages of cancer for more effective treatment and increased survivorship. Through population- and clinical-based interventions along with increased education, we can work together to improve screening rates and provide better cancer outcomes for Michiganders.

How will we do it?

- **Increase community awareness:** Share best practices and resources with providers and patients
- **Personalized assistance:** Provide assistance to providers through evidence-based prevention practices and optimization of electronic health records (EHRs)
- **Leverage technology & data:** Leverage EHRs to assess patients due for screenings and implement provider and patient reminder systems
- **Educational opportunities:** Increase awareness and provide key information to providers and patients

Save the date! Upcoming webinars:

July 12, 2016: Breast & cervical cancer screenings: risks and preventive measures

May 9, 2017: The Breast and Cervical Cancer Control Navigation Program (BCCCNP)

HEDIS measures

<p>Cervical cancer screening (women ages 21-64) Cervical cytology CPT: 88141-88143 88147-88148 88150 88152-88154 88164-88167 88174-88175</p> <p>HPV CPT: 87620-87622</p>	<ul style="list-style-type: none"> • Pap test (cervical cytology) within the measurement year or prior two years or • Cervical cytology/human papillomavirus (HPV) co-testing during the measurement year or prior four years <p>Exclusions: Women who have had a complete hysterectomy with no residual cervix.</p>
<p>Breast cancer screening (women ages 50-74) CPT: 77055-77057 ICD-9: 87.36, 87.37</p>	<ul style="list-style-type: none"> • Mammogram in the measurement year or prior two years <p>Exclusions: Women who have had a bilateral mastectomy or two unilateral mastectomies.</p>

Timeline for data submission

Baseline	10/1/14 - 9/30/15	ASAP
1	1/1/15 - 12/31/15	Jan. 15, 2016
2	4/1/15 - 3/31/16	April 15, 2016
3	7/1/15 - 6/30/16	July 15, 2016
4	10/1/15 - 9/30/16	Oct. 15, 2016
5	1/1/16 - 12/30/16	Jan. 15, 2017
6	4/1/16 - 3/31/17	April 15, 2017
7	7/1/16 - 6/30/17	July 15, 2017
8	10/1/16 - 9/30/17	Oct. 15, 2017

Michigan
Cancer
Control
Initiative



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Lung Cancer & Tobacco Cessation

By the numbers

20% most diagnosed cancer in the United States

7,652 Michiganders were diagnosed with lung cancer in 2012

5,848 Michiganders died from lung cancer in 2012

90% of lung cancer cases in Michigan have been linked to cigarette smoking

8% of smokers are able to access quitlines each year. However, only 2.1% of smokers in Michigan actually called.

Our goals by 2017

10% relative improvement in lung cancer screenings

5% relative improvement in tobacco cessation screenings

Statistics courtesy of the Michigan Department of Health and Human Services and the National Cancer Institute. For more information on lung cancer, visit www.michigan.gov/cancer. For more information on tobacco cessation, visit www.michigan.gov/quitline.

About the initiative

Currently only 15 percent of new lung cancer cases are diagnosed at an early stage. Recent research has revealed that low-dose computed tomography (LDCT) scans are able to detect lung cancer earlier than ever before. Today, LDCT tests are considered the only recommended screening to detect it.

It's become common knowledge that cigarette smoking and tobacco use are proven risk factors for lung cancer. Providers that utilize cessation counseling in the clinical setting and refer to the Michigan Tobacco Quitline can help patients to kick the habit. By increasing prevention practices such as smoking cessation and early detection methods including LDCT screenings, we can work together to provide better care and improve lung cancer outcomes for Michiganders.

How will we do it?

- **Increase referrals to the Michigan Tobacco Quitline:** Share best practices and resources with providers and patients
- **Personalized assistance:** Offer assistance to providers through evidence-based prevention practices and optimization of electronic health records (EHRs)
- **Leverage technology & data:** Leverage EHRs to assess patients due for screenings and implement provider and patient reminder systems
- **Educational opportunities:** Increase awareness and provide key information to providers and patients

Save the date! Upcoming webinars:

Jan. 12, 2016: Smoking cessation: recommendations and best practices

May 10, 2016: Billing for smoking cessation counseling

Sept. 13, 2016: Lung cancer screenings: guidelines, risks and benefits of LDCT

Jan. 10, 2017: Smoking cessation: counseling within the clinical setting

HEDIS measure

Medical assistance with smoking cessation Current smoker and/or tobacco user, age 18 or older	<ul style="list-style-type: none"> • Advising smokers and tobacco users to quit • Discussing cessation medications • Discussing cessation strategies
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Michigan Cancer Control Initiative

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Take the Diabetes PATH to Better Health

Diabetes PATH (Personal Action Toward Health) Workshop

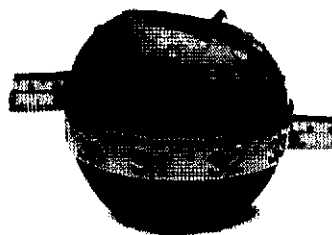
Diabetes PATH is a six-week workshop designed to help people with diabetes better manage their symptoms and live healthier and happier lives. Participants report:

- Less pain, fatigue and depression
- More energy
- Better communication with their doctors
- Better overall health
- More confidence in managing their health

Each six-week workshop consists of weekly two-and-a-half hour sessions. Topics include:

- Techniques to deal with problems such as frustration, fatigue, pain and isolation
- Appropriate exercise for maintaining and improving strength, flexibility and endurance
- Appropriate use of medications
- Communicating effectively with family, friends and health professionals
- Nutrition

The workshops are designed for people with Type 2 diabetes or pre-diabetes. Family members and/or caregivers are welcome to attend.



Snacks provided!