# Diabetes in Montana: Five Years of Success

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# Legislation

- 1. Expanded Diabetes Self-Management Education and Support (DSMES) coverage for private insurance.
- 2. Price cap on insulin.



#### **Patient Care**

- Generally, more specialists, diabetes care and education specialists, lifestyle coaches, DSMES and National DPP sites.
  - 2. Expanded telehealth access.
  - 3. Expanded Veterans Administration diabetes care.
  - 4. High-quality diabetes care for Tribal populations.



# Knowledge and Education

- 1. Better clinical knowledge, new medicines, new technology.
- 2. Improved pharmacist knowledge of their role in diabetes and prediabetes care.
- 3. Improved in-state training for pharmacists.



- 1. More healthy food partnerships and funding.
- 2. T1 kids camp and family support.
- 3. MT DEAP Accredited Umbrella Program.
- 4. Twenty-five years of MT Association of Diabetes Care and Education Specialists (ADCES).
- 5. Improved collaboration among previously siloed entities.



Infrastructure



# Diabetes in Montana: Challenges Ahead



#### Personnel

- 1. Staff turnover and burnout.
- 2. Reduced pediatric T1 care: collateral damage of 2023 legislation.
- 3. Lack of rural primary care and specialists.



#### Infrastructure

- 1. Some DSMES and National DPP site closures.
- 2. Medication shortages.
- 3. Need to address data deserts for kids with T1 and T2; diabetes distress; diabetes burden.



## Cost

- 1. Adherence to diabetes care guidelines is costly.
- 2. Medicare co-pays are very high.



### **Health Behaviors**

- 1. Health behavior is static, not improving.
- 2. The number of people meeting A1C, blood pressure, cholesterol, smoking cessation (ABCS) goals is static, even with better tech.
- 3. Need to educate patients about diabetes risk and diagnosis.

## **Quality and** Education

- 1. Need provider training and data management for new/updated guidelines/technology.
- 2. Need to improve DSMES and National DPP referrals, participation, tracking.





