AGENDA

State Health Improvement Plan (SHIP) Diabetes Task Force

Wednesday, December 10, 2025 | 9:00 – 10:00 am

Location: Zoom
https://www.zoomgov.com/j/1611736765?pwd=V3KAIam0BHk5XnGPpOPZJgcAQdHrrB.1

Topic	Presenter
Welcome and Introductions Google Slides:	Jennifer Like SHIP Diabetes Facilitator
SHIP updates 2026 SHIP meetings will follow same cycle as this year. Meetings are on 2nd Wednesday of each month from 9-10am. January 14– Cardiovascular Disease Workgroup February 11 – Drivers of Health Workgroup March 11 – Mental Health & Substance Misuse Workgroup April 8 – Diabetes Workgroup May 13 – Cardiovascular Disease Workgroup June 10 – Drivers of Health Workgroup July 8 – Mental Health & Substance Misuse Workgroup August 12 – Diabetes Workgroup September 9 – Cardiovascular Workgroup October 14 – Drivers of Health Workgroup November 11 – Mental Health & Substance Misuse Workgroup December 9 – Diabetes Workgroup	Josh Bouye Accreditation and Strategic Planning Coordinator
Presentation: QIN-QIO and DM: What Does This Alphabet Soup Mean? Here are links and highlights from the presentation from Ardis and Mindy	Ardis Reed, MPH, RD, LD, CDCES, FADCES, CPHQ Chronic Disease Subject Matter Expert Healthcare Quality Improvement Manager Southcentral CMS QIN-QIO TMF Health Quality Institute Ardis.Reed@tmf.org

1. CKD Early Identification and Intervention Toolkit with KDIGO Heatmap 2019 2. American Kidney Health Coach program Kidney Health Coach | American Kidney Fund 2. Research on dialysis being more available that patient education by Janice Probst 4) Southcentral QIN-QIO website Slides from referenced presentation about new CeQur bolus insulin patch found on pgs 3 - 14 Poster from referenced Diabetic Retinopathy screening efforts from Saunders Medical Center in Nebraska found on pg 15. Notes on what chronic disease issues are being focused on for this new CMS scope of work, and what health settings will be working with to improve quality outcomes found on pg 16.	Mindy Brown, BA, SMQT, CPHQ, CHEP Healthcare Quality Improvement Manager Southcentral CMS QIN-QIO TMF Health Quality Institute Mindy.Brown@tmf.org
Year 3 Work Plan Updates Reviewed changes to year 3 workplan measures. You can review the full Google slides here A chart of annual progress vs goals to date and updates to year 3 goals can be found on pg 17. The changes are highlighted in yellow.	Jennifer Like SHIP Diabetes Facilitator
Partner Announcements: Amber Felty from Memorial Health System of Southwestern Oklahoma (merged from the former Comanche County Memorial Hospital and Southwestern Medical Center) talked about their efforts to increase CKD and Diabetic Retinopathy screenings, referring patients to the Diabetes Center	
Adjourn	

If you would like to highlight the work your organization is doing around diabetes during a future taskforce meeting, please contact Jennifer Like at Jennifer.Like@health.ok.gov

The Challenge: Insulin Works, When Dosed Consistently

29.7 million people have been **diagnosed with diabetes** in the US[1]

7.4 MILLION PEOPLE are on insulin[2]

- >90 years of clinical data support the use of insulin
- **Insulin is still one of the more effective ways to lower A1C**, even with the emergence of many new drug classes for diabetes treatment[4]

~4 MILLION PEOPLE are on mealtime insulin[3]

- Intensification of insulin therapy with mealtime dosing is **proven to help people with diabetes achieve glycemic targets**[5,6]

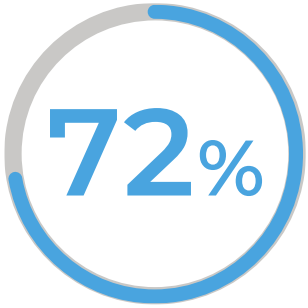
Many people struggle to reach and maintain A1C <7.0%[7]

1. CDC National Diabetes Statistics Report. 2023
2. Lin Y, et al. 2023. Exacerbation of financial burden of insulin and overall glucose-lowing medications among uninsured population with diabetes, Journal of Diabetes, 15(3):215-223
3. Seagrove Partners; The Diabetes Forum: 2022 Insulin Pump Market Primer analyst report..
4. Cahn A, et al. 2015. New Forms of Insulin and Insulin Therapies for the Treatment of Type 2 Diabetes, Lancet Diabetes Endocrinology. 3:638–652.
5. Hanefeld M. 2014. Use of insulin in type 2 diabetes: what we learned from recent clinical trials on the benefits of early insulin initiation. Diabetes Metab. 40(6):391-9.
6. Hirsch IB, Bergenstal RM, Parkin CG et al., 2005. A Real-World Approach to Insulin Therapy in Primary Care Practice. Clinical Diabetes. 23(2): 78-86.
7. Selvin E, et al. 2016. Trends in Insulin Use and Diabetes Control in the U.S.;1988-1994 and 1999-2012, Diabetes Care. 39(3):e33–e35.

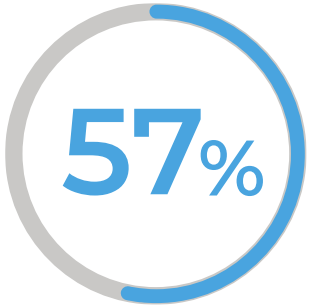
The Problem

People on **multiple daily injections** are **missing insulin doses**

Burdens associated with taking multiple injections include interference with daily activities, embarrassment, and injection pain.[1]



Do not take **insulin outside the home**[2]



Reported **missing injections** they knew they should take[1]

Forgot to dose[3]

Forgot their insulin[3]

Skipped on purpose[3]

Missed insulin doses raise A1C, which increases the risk of diabetes complications and the cost of care[4,5]

1. Peyrot M, Rubin R, Kruger D, Travis L. 2010. Correlates of Insulin Injection Omission. Diabetes Care. 33(2):240–245.
2. Grabner M, et al. 2013. Using Observational Data to Inform the Design of a Prospective Effectiveness Study for a Novel Insulin Delivery Device, ClinicoEconomics and Outcomes Research. 5:471-479.
3. Randløv J, Poulson J. 2008. How much do forgotten insulin injections matter to hemoglobin a1c in people with diabetes? A simulation study. Journal Diabetes Science and Technology. 2(2):229-35.
4. Based on a 2006 survey of type 1 youth using CSII with suboptimal A1C levels ≥8 (n=48) in the U.S. Linear regression showed that at 3 months, there was a 0.92% increase in A1C for every four meal boluses missed.
5. Health Payer Intelligence website. https://healthpayerintelligence.com/news/top-10-most-expensive-chronic-diseases-for-healthcare-payers Accessed November 15, 2018.

CeQur Simplicity

There is a **critical need** for insulin regimens that are **less burdensome**[1]

Convenient

- Fits into the lives of people requiring mealtime insulin dosing
- Wearable while showering, sleeping, exercising, and swimming[2]
- Designed for ease of use

Discreet

- Worn and dosed under clothing
- Compact design
- Small (65x36 mm), lightweight (10 gm), and thin (<4 quarters thick)
- Less embarrassment while dosing can lead to better adherence[3]

Injection-Free Dosing

- Fewer injections
- 1 device = up to 12 mealtime injections = ~90 fewer injections / month
- Less pain
- 90% of users reported mealtime insulin painless with CeQur Simplicity[3]

9 out of 10 users claimed CeQur Simplicity helped them do a better job following their insulin regimen than their insulin syringe or pen[4]

1. Peyrot M, Barnett, AH, Meneghini LF, et. al. Insulin adherence behaviours and barriers in the multinational Global Attitudes of Patients and Physicians in Insulin Therapy study. Diabetic Medicine 2012;29:682–689.
2. Dreon D, Hannon T, Cross B, Carter B, Mercer N, Nguyen J, Tran A , Melendez P, Morales N, Nelson J, Tan M. 2018. Laboratory and Benchtop Performance of a Mealtime Insulin-Delivery System. Journal of Diabetes Science and Technology. 12(4):817-827.
3. Bergenstal R, Peyrot M, Dreon D, Aroda V, Bailey T, Brazg R, Frias J, Johnson M, Klonoff D, Kruger D, Ramtoola S, Rosenstock J, Serusclat P, Weinstock R, Naik R, Shearer D, Zraick V, Levy B on behalf of the Calibra Study Group. 2019. Implementation of Basal-Bolus Therapy in Type 2 Diabetes: A Randomized Controlled Trial Comparing Bolus Insulin Delivery Using an Insulin Patch with and Insulin Pen. Diabetes Technology and Therapeutics 21 (5):1-13.
4. Zraick V, Naik R, Shearer D, et. al. Patient User Experience Evaluation of Bolus Patch Insulin Delivery System. ADA Poster Presentation. 2016.

CONFIDENTIAL

Unique FDA Classification Product Code

First in class – different from insulin syringes, pens, and CSII pumps

FDA Product Code is OPP: **NOT A CSII INSULIN PUMP, BUT BOLUS-ONLY INSULIN PATCH**

	SUBCUTANEOUS INSULIN DELIVERY			CeQur Simplicity™	CONTINUOUS SUBCUTANEOUS INSULIN INFUSION (CSII) Pump	
	Disposable Syringe	Disposable Pen	Durable Pen	Bolus-Only Insulin Patch	Disposable CSII (V-Go)	Semi-Disposable CSII (Omnipod)
Delivery						
FDA Product Class	FMI	Insulin vs. Device	FMF (Durable Insulin Pen)	OPP* (Bolus-Only Insulin Patch)	LZG (Insulin Infusion Pump)	
Complements Long-Acting Insulin	✓			✓ Individualized and flexible basal dosing	X Transition MDI to CSII; Rigid basal dosing (20/30/40)	X Transition MDI to CSII;
Simple / Low Cost Transition	✓			✓	X	X
4-Day Wearable	X Must remember to carry			✓ Worn up to 4 days	X Worn up to 1 day	X Worn up to 3 days
Discreet dosing	X Device viewable by others / must expose skin to dose			✓ A discreet squeeze through clothes allows dosing	✓ Worn under clothing	✓ Worn under clothing, remote dosing
Injection-free delivery	X Needle			✓ **Flexible cannula**	X Needle	✓ Flexible cannula
Capacity for T2	✓			✓	X	X

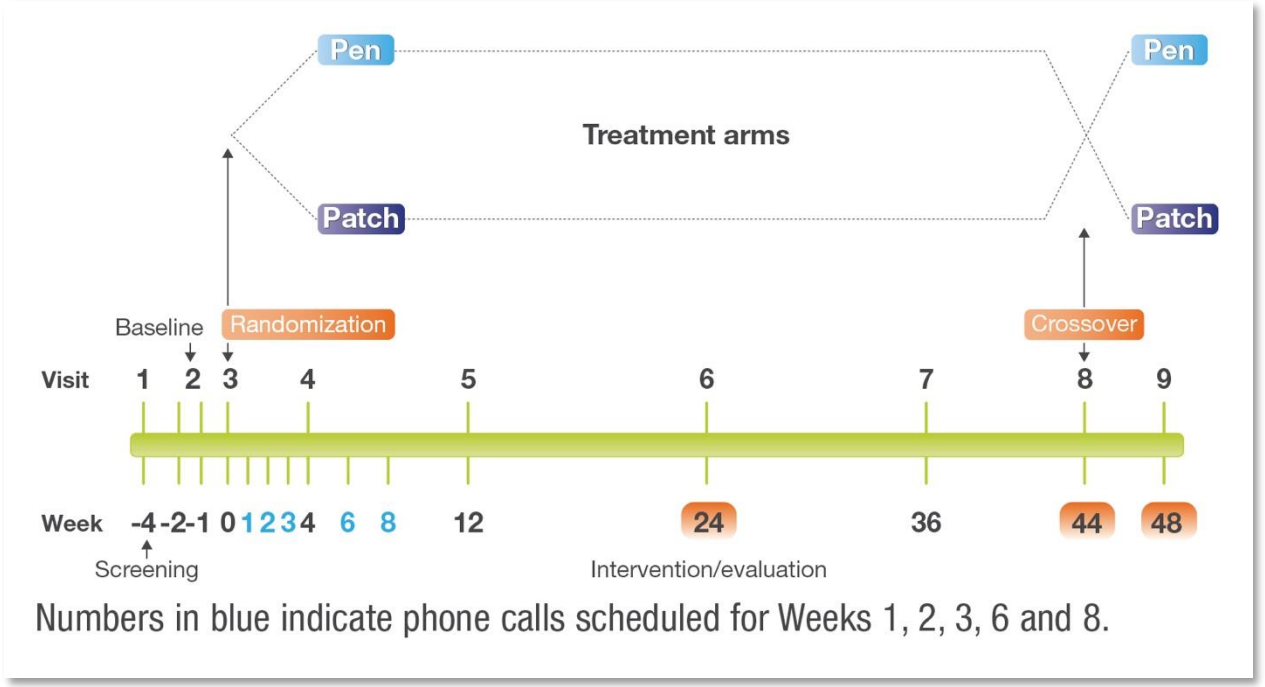
*OPP is a unique FDA Classification that currently only includes CeQur Simplicity

CeQur Simplicity RCT Clinical Outcomes Study

Bergenstal et al, DTT, 2019 - NCT02542631[1]

Study Design

- Multicenter, randomized 1:1, Pen vs Patch
- N=278
- Crossover, 48 weeks (44 weeks/4 weeks)
- Type 2 diabetes, basal insulin only for at least 6 months
- A1C 7.5-11.0%
- Age 22-75 years
- Pattern-based logbook with simple insulin adjustment algorithm



Primary endpoint: Change in A1C at 24 weeks.

Secondary endpoint: Efficacy, Safety and Patient Reported Outcomes.

1. Bergenstal R, Peyrot M, Dreon D, Aroda V, Bailey T, Brazg R, Frias J, Johnson M, Klonoff D, Kruger D, Ramtoola S, Rosenstock J, Serusclat P, Weinstock R, Naik R, Shearer D, Zraick V, Levy B. 2019. Implementation of Basal–Bolus Therapy in Type 2 Diabetes: A Randomized Controlled Trial Comparing Bolus Insulin Delivery Using an Insulin Patch with an Insulin Pen. Diabetes Technology and Therapeutics 21 (5):1-13.

RCT Clinical Outcomes Study

With use of **CeQur Simplicity**, A1C target goals were achieved[1]

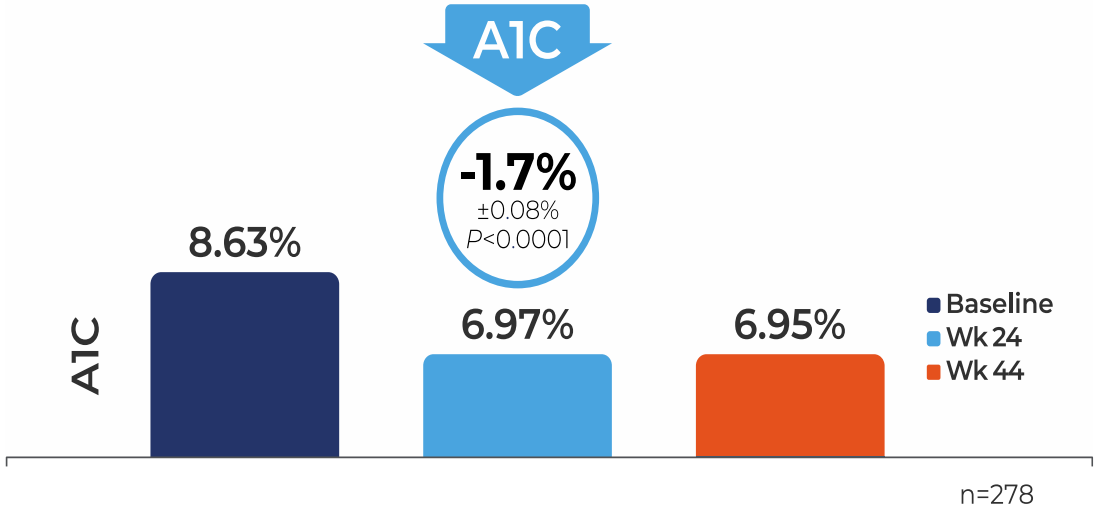
Results from Clinical Outcomes Study (n=278)

Getting subjects to goal:

- A total of **63% of users achieved A1C ≤7.0** at week 24[1]
- A total of **85% of users achieved A1C ≤8.0** at week 24[1]
- These results were sustained at the end of the study at week 44.

Safety

No differences were observed for reported hypoglycemia between groups



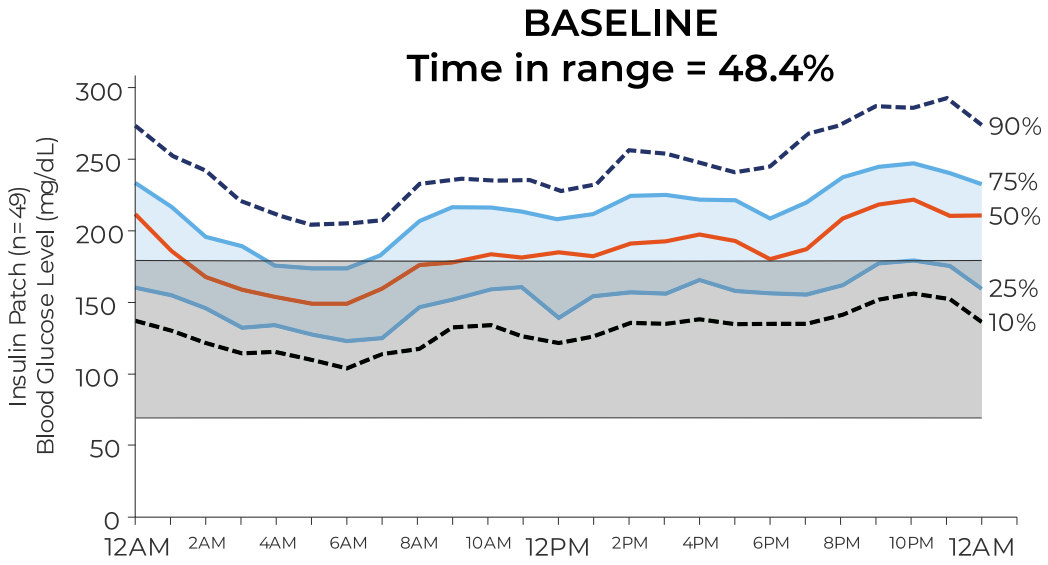
Clinical Outcome Study Findings.[1] Mean A1C was reduced to target goal by Week 24.

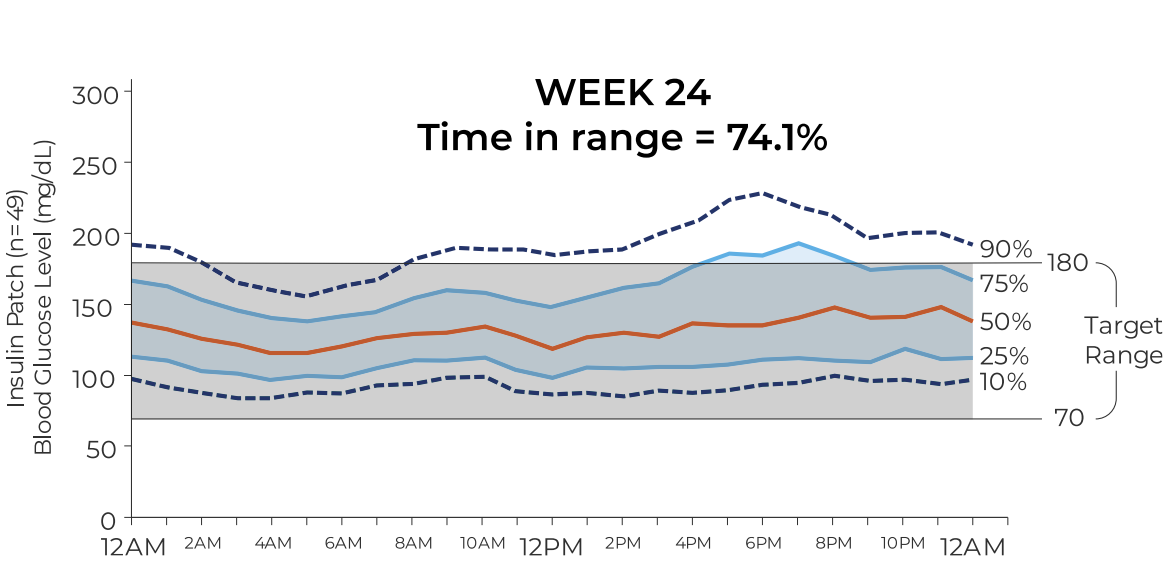
Results were comparable to pens. Consistent A1C <7% supports HEDIS Comprehensive Diabetes Care measure.

1. Bergenstal R, Peyrot M, Dreon D, Aroda V, Bailey T, Brazg R, Frias J, Johnson M, Klonoff D, Kruger D, Ramtoola S, Rosenstock J, Serusclat P, Weinstock R, Naik R, Shearer D, Zraick V, Levy B. 2019. Implementation of Basal–Bolus Therapy in Type 2 Diabetes: A Randomized Controlled Trial Comparing Bolus Insulin Delivery Using an Insulin Patch with an Insulin Pen. Diabetes Technology and Therapeutics 21 (5):1-13.

RCT Clinical Outcomes Study

CGM demonstrated **improved Time in Range** and **glycemic variability** [1,2]





- **After 24 Weeks With CeQur Simplicity,** users increased time in range (TIR) by 50%.[2]
- The International Consensus on Time In Range defines clinical target for TIR ≥70%, which is evidenced to be equivalent to an A1C of ≤7%.[3]

1. Bergenstal R, Peyrot M, Dreon D, Aroda V, Bailey T, Brazg R, Frias J, Johnson M, Klonoff D, Kruger D, Ramtoola S, Rosenstock J, Serusclat P, Weinstock R, Naik R, Shearer D, Zraick V, Levy B. 2019. Implementation of Basal–Bolus Therapy in Type 2 Diabetes: A Randomized Controlled Trial Comparing Bolus Insulin Delivery Using an Insulin Patch with an Insulin Pen. Diabetes Technology and Therapeutics 21 (5):1-13.
2. Bergenstal R., et al Comparing Patch vs Pen Bolus Insulin Delivery in Type 2 Diabetes Using Continuous Glucose Monitoring Metrics and Profiles; Journal of Diabetes Science and Technology 1–7, 2021
3. Battelino T, Danne T, et al. Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations From the International Consensus on Tine in Range. 2019. https://doi.org/10.2337/dci19-008

RCT Clinical Outcomes Study

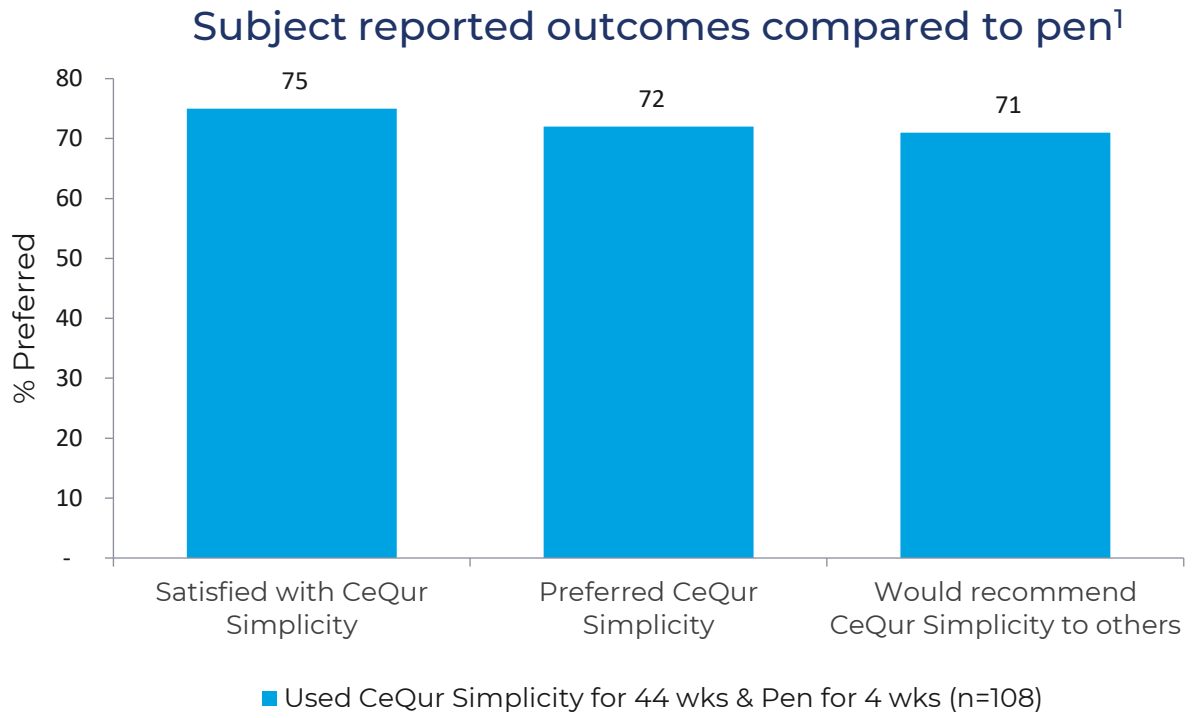
CeQur Simplicity delivers **high user and provider satisfaction**[1,2,3,4]

Subjects using CeQur Simplicity reported:

- Higher overall satisfaction[1,2,3]
- Satisfaction with ease of use[1,4]
- 88% of users said CeQur Simplicity helps them do a better job following their insulin regimen[4]

Healthcare professionals claimed they:

- Preferred the product to pen to advance people with T2DM from basal to basal/bolus insulin[1]
- Were satisfied with CeQur Simplicity[1,4]
- Found training subjects to use the product easy[1,4]



1. Bergenstal R, Peyrot M, Dreon D, Aroda V, Bailey T, Brazg R, Frias J, Johnson M, Klonoff D, Kruger D, Ramtoola S, Rosenstock J, Serusclat P, Weinstock R, Naik R, Shearer D, Zraick V, Levy B. 2019. Implementation of Basal–Bolus Therapy in Type 2 Diabetes: A Randomized Controlled Trial Comparing Bolus Insulin Delivery Using an Insulin Patch with an Insulin Pen. Diabetes Technology and Therapeutics 21 (5):1-13.
2. Bohannon N, Bergenstal R, Cuddihy R, et al. Comparison of a novel insulin bolus-patch with pen/syringe injection to deliver mealtime insulin for efficacy, preference, and quality of life in adults with diabetes: a randomized, crossover, multicenter study. Diabetes Technol Ther. 2011;13(10):1031-1037.
3. Peyrot M, Dreon D, Zraick V, Cross B, Tan MH. Patient perceptions and preferences for a mealtime insulin delivery patch. Diabetes Ther. 2018;9(1): 297-307.
4. Zraick V, Dreon D, Nalk R, Shearer D, Crawford S, Bradford J, Levy B. 2016. Patient User Experience Evaluation of Bolus Patch Insulin Delivery System. Poster presented at the American Diabetes Association's 76th Scientific Sessions. Abstract 995-P. New Orleans, LA, USA.

Real World Experience

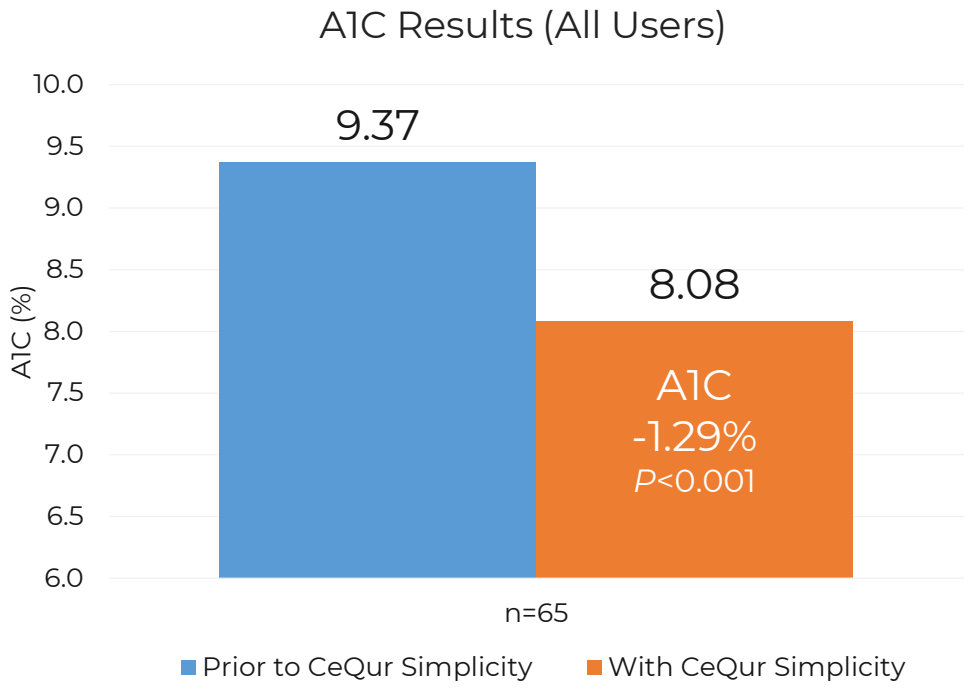
Retrospective Chart Review

- Assessed data on all CeQur Simplicity users from 4 centers
- 78 users were identified with a follow-up A1C
  - 65 patients were included for analysis with a pre- and post-A1C (10 with T1D and 55 with T2D)
  - 13 patients excluded (missed pre- or post-A1C)
- Mean age: 59.4 ± 13.9 years
- Mean duration of diabetes: 20.6 ± 10.7 years
- Treatments before starting CeQur Simplicity:
  Basal-only regimen (5 patients) and MDI (60 patients)
- Baseline vs first A1C after starting CeQur Simplicity
  - Baseline A1C: 9.37
- CGM use: 34 patients

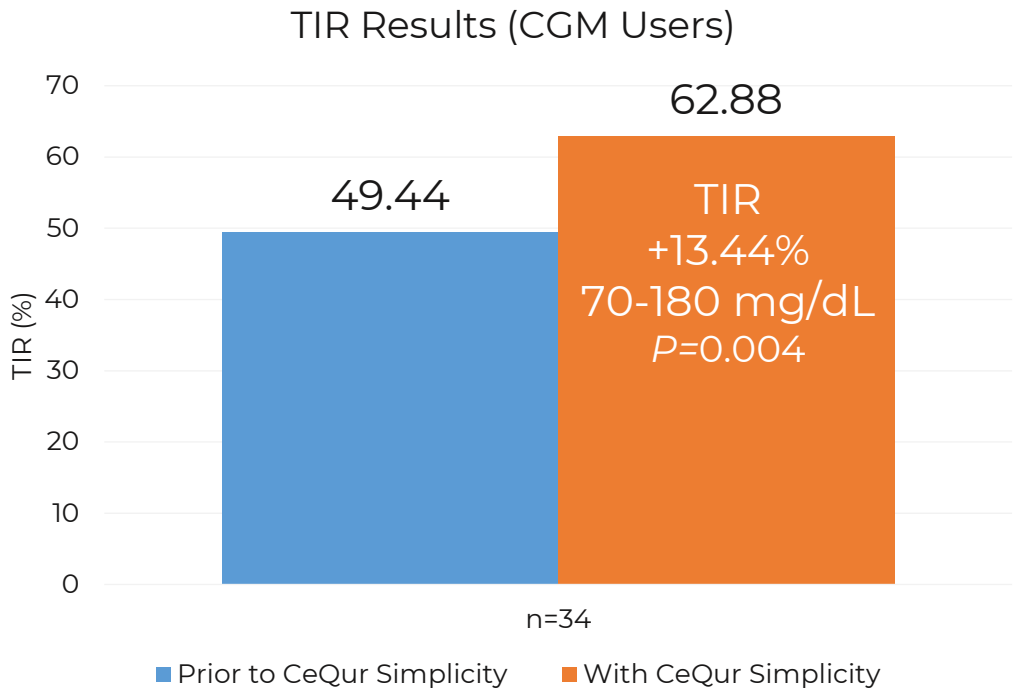
1. Data on File at CeQur.

Results from Real World Experience

Chart Review



Using CeQur Simplicity
reduced A1C by 1.29%



Using CeQur Simplicity resulted in a
27% improvement in TIR

Real-world experience demonstrated significant A1C and TIR improvements without the frequency of clinical study visits

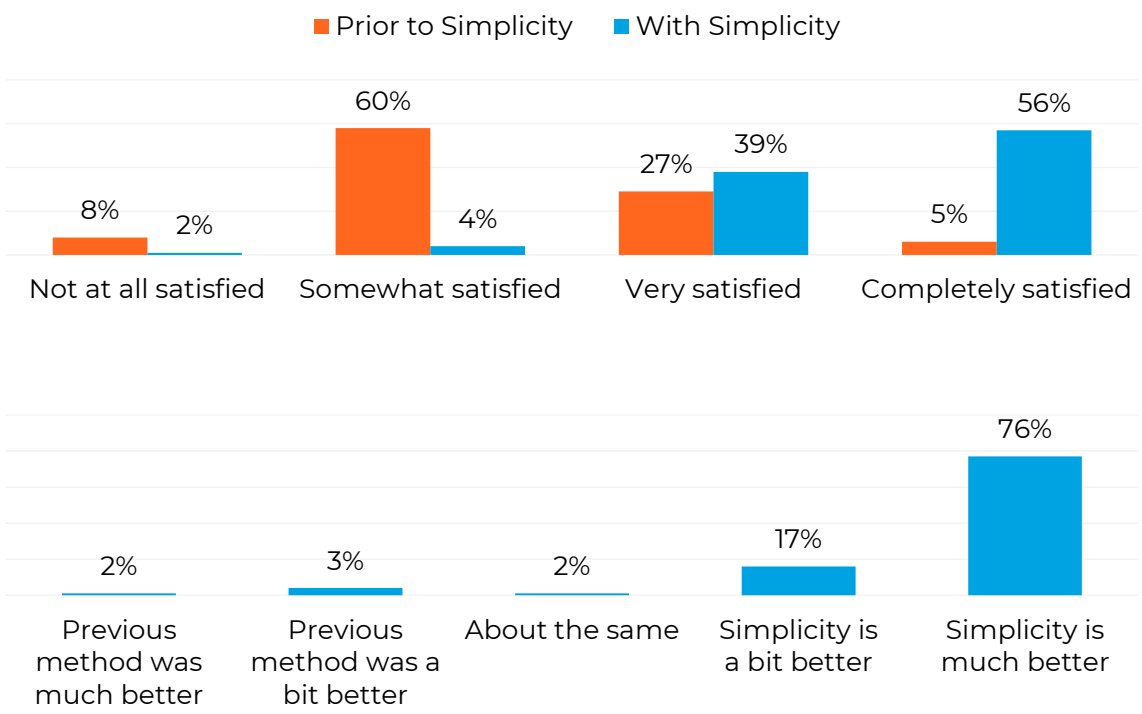
1. Data on File at CeQur.

Results from Real World Experience

Patient Survey Results

Insulin delivery system rating questionnaire (IDSRQ)*

	Prior to Simplicity	With Simplicity
Insulin delivery method satisfaction (Higher is better)	2.93	**4.25**
Interference with activities (Lower is better)	2.50	**1.79**
Clinical outcomes (Higher is better)	2.69	**4.07**
Diabetes-related worry (Lower is better)	2.97	**2.06**
Psychological well-being (Higher is better)	3.12	**3.72**



94% of patients are completely or very satisfied with Simplicity compared to 35% with prior method.

93% of patients say Simplicity is better than their previous method.

Real World Experience mirrors clinical study data and high patient satisfaction

*Data from patient assessments after completing the Insulin Delivery System Rating Questionnaire (IDSRQ) at baseline and after two months – Baseline (n=114), 2-month follow-up (n=106).
Isaacs, D., Kruger, D., Shoger, E., Chawla, H., Patient Perceptions of Satisfaction and Quality of Life Regarding Use of a Novel Insulin Delivery Device, *Clinical Diabetes* , 2023;41(2):198–207

CeQur Simplicity

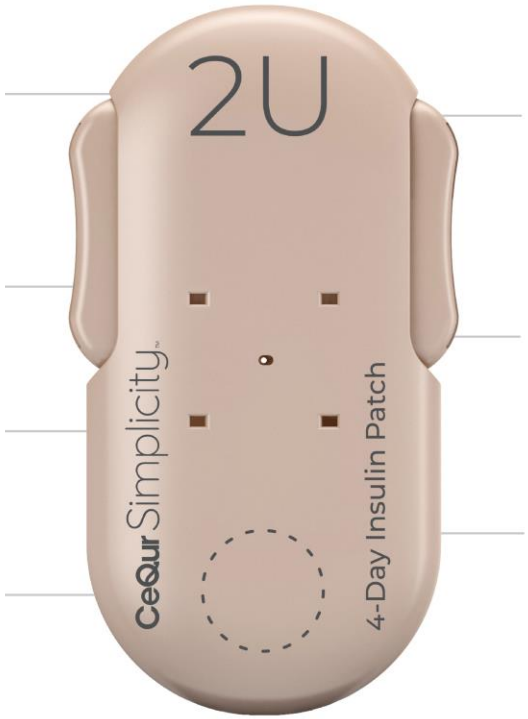
Convenient, discreet, injection-free dosing

Accurately delivers a 2-unit dose with every squeeze of the buttons

Small, flexible cannula for insulin delivery

Low profile, less than 4-stacked quarters thick

Soft corners for comfort



Water-resistant and stays on through bathing, exercise, intimacy, and sleep

Holds up to 200 units of rapid-acting insulin, with a minimum fill of 100 units*

Bolus-only patch complements existing basal insulin therapy

*Labeled for use with Humalog® U-100 and NovoLog® U-100. Insulin sold separately.

- An on-demand bolus-only wearable insulin **patch**[1]
- Consider for your patients who:
  - Are **not adherent with pens** and missing glycemic targets
  - Dose consistently with pens but want an insulin delivery device to **better fit their lifestyle**
  - Struggle or don't prefer managing the **complexities of continuous subcutaneous insulin infusion (CSII) pump therapy**

1. Bergenstal R, Peyrot M, Dreon D, Aroda V, Bailey T, Brazg R, Frias J, Johnson M, Klonoff D, Kruger D, Ramtoola S, Rosenstock J, Serusclat P, Weinstock R, Naik R, Shearer D, Zraick V, Levy B. 2019. Implementation of Basal–Bolus Therapy in Type 2 Diabetes: A Randomized Controlled Trial Comparing Bolus Insulin Delivery Using an Insulin Patch with an Insulin Pen. Diabetes Technology and Therapeutics 21 (5):1-13.

Preventing Blindness Due to Diabetic Retinopathy

Saunders Medical Center - Wahoo, NE

Objective:

To decrease risk of diabetic patients losing eyesight by providing access to diabetic eye exams during clinic visit.

Goal: 62% of Saunders Medical Center's diabetic patients will have a diabetic eye exam completed annually.

Background:

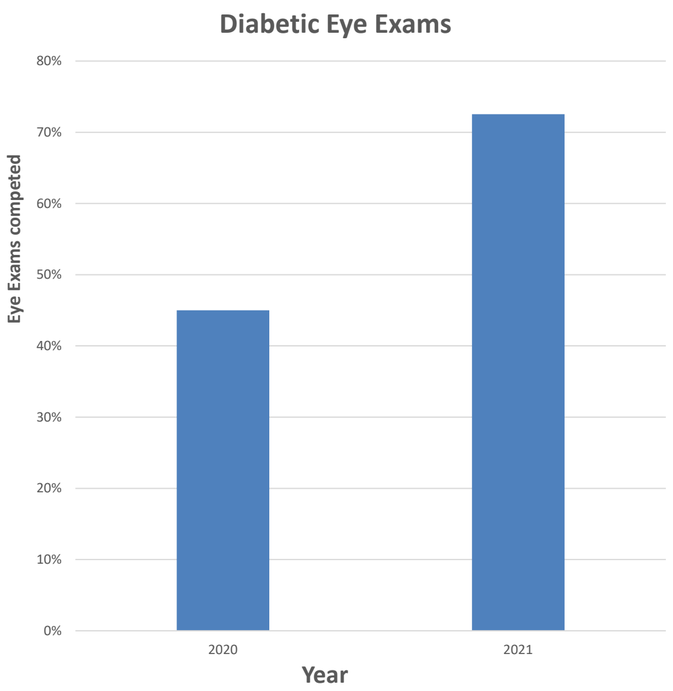
Saunders Medical Center identified patient completion of diabetic eye exams as an opportunity for improvement. The diabetic care team identified that the best time to capture these tests is when the patient is in clinic.

The team reviewed eye exam data, workflows and possible opportunities to improve patient compliance with diabetic eye exams.

Possible Reasons for Low Compliance:

- Patients not keeping follow-up appointments
- Exams not being sent to primary care providers from eye care providers
- No way to perform these in the office
- Patient finances could be a barrier

Metrics:



Improved percentage from 45% to 73%

Actions Taken:

- Purchased RetinaVue® imaging device
- Cost of machine was covered by a donor
- Educated providers and nurses regarding the use of equipment & regarding diabetic retinopathy
- Encouraged referral of patients to Certified Diabetic Educator
- Tracked progress of eye exam completion
- Worked to close care gaps for identified patients

Analysis:

- Increased patients' understanding of individual health and well-being associated with the risk of diabetic retinopathy
- Increased patient involvement in health care decision-making
- Improved ACO score and points achieved
- Identified patients with diabetic retinopathy who have been referred for treatment

Next Steps:

- Continue to educate and perform diabetic eye exams in the clinic
- Continue to work on closing gaps in care
- Monitor scorecards and progress

Chronic disease issues TMF is working on for this new CMS scope of work:

Diabetes	Kidney Heal	Hypertension	Hospital Readmissions
Decrease the number of people with diabetes with an A1C >9.0%	Increase the earlier screening for Kidney disease for people at risk, with additional education and earlier referrals to nephrologists.	Decrease the number of people with Blood pressure >140/90 mmHg.	Decrease the number of avoidable hospital readmissions related to unmanaged diabetes and hypertension.
Methodologies			
1) Encourage earlier screenings for diabetes. 2) Increase referrals to DSMES and DPP 3) SDoH support	1) Use of KDIGO heatmap 2) Help with navigating provider referrals to local kidney health coaches thru American Kidney Fund	1) Encourage providers to implement AHA/ AMA Target BP programs in primary care settings	1) Provide technical assistance with partner hospitals to look at reasons for readmissions related to DM and HTN etc.

Health settings they will be working with to improve quality outcomes for above measures:

Acute Care	Primary Care	Nursing Homes	Community Based Organizations
1) Working with the Quality Improvement departments and Readmission teams. 2) Providing Tech assistance on looking at data and post acute channels. 3) Glucose Management on hypo/ hyper events is not part of this contract.	1) Work with the Providers, Office Manager, MA, in workflow process and tools to help with screening and management. 2) Navigate to local Community Based Organizations for SDoH support	1) Limited focus on Chronic disease and Nursing home measures	1) Team members have been conducting environmental scans also now known as A3C to identify local CBOs. 2) Can reach out to TMF-OK team to let them know about your programs.

Year 3 Workplan Changes:

Measure	Strategy	Year 1 Goal	Year 1 Actual	Year 2 Goal	Year 2 Actual	Year 3 Goal
1.1	New DSMES programs	10	0	10	1	10
1.1	Existing DSMES programs	10	1	10	2	10
1.2	New DM Support programs	25	17	25	15	40
1.2	Existing DM Support programs	25	28	25	36	40
1.2	Participants in DM Support programs	n/a	36	n/a	77	150
2.1	People receive DM screenings	50	457	50	39,765	50,000
2.2	Clinics Increasing Diabetic Retinopathy Screenings	20	4	20	8	20
2.2	Patients Screened for Diabetic Retinopathy	25%	47%	25%	30%	50%
2.3	Clinics Increasing CKD Screenings	20	4	20	8	20
2.3	Pateints Screened for CKD	25%	81%	25%	61%	75%
3.1	Clinics Adopted Team-Based Care	10	0	10	8	10
3.1	Patients Served by Team-Based Care	400%	1,733	400%	10,613	15,000
3.2	Clinics Adopted Clinical Sytems and Care Practices	10	0	10	8	10
3.2	Patients Served by Clinics using Clinical Systems	500	0	500	10,613	15,000
4.1	Particpants enrolled in DPP	50	12	50	20	50
4.1	Particpants from priority populations enrolled in DPP	50	5012	50	20	50
4.1	Particpants completed DPP	30	10	30	16	30
4.1	Participatns from priority poulations completed DPP	25	4	25	14	25
4.2	DPP participants enrolled by OSU-OCES (year 1) Online delivery mode (year 2)					REMOVED
4.2	DPP Participants from prioroity populations enrolled by OSU-OCES (year 1) Online delivery mode (year 2)					REMOVED
5.1	CHWs involved in diabetes services	10	0	10	75	100
5.2	Increase awareness of CHWs within community			REMOVED		
6.1	Health Care Providers trained in DoH	10	24	10	747	1,000
6.2	Increase capacity of DM workforce to address DoH			REMOVED		