

Progress Notes

A Newsletter of the Massachusetts Chronic Disease Improvement Network (MCDIN)
Volume 4, No. 2
September 2000

From the Editors

The Massachusetts Chronic Disease Improvement Network (MCDIN) formally launched its website, www.mcdin.org, in May 2000! This site is a steadily building clearinghouse of information, resources and people to help you and your organization with your chronic disease improvement efforts. Updated monthly, www.mcdin.org currently features information to help with asthma and diabetes improvement in six areas:

- Data and Statistics
- Guidelines
- Resources and Tools
- Models for Care
- Advocacy
- Other Links

Other features include a rolodex of experts and colleagues from around New England; meeting and event schedules; and Quick Tips to try in your own improvement efforts. We hope you will take time to use MCDIN resources and contribute your resources to the site by visiting www.mcdin.org.

On another note, much of the information in the website is identical to the materials and resources published in "Progress Notes." As a result, a decision has been made to stop producing "Progress Notes." This is our last edition of this newsletter. MCDIN will continue to provide you with high quality information that synthesizes and summarizes available research and materials that are useful to your disease management and quality improvement efforts through our website. Once you sign on to the website, you will receive monthly updates highlighting new information posted on the website. Signing on to the website is easy. Simply enter www.mcdin.org in your web browser. When the MCDIN Homepage appears on the screen, double click on "Rolodex." Fill out the short form, including your email address (use your work-based or home-based email address) and we will sign you up for MCDIN electronic updates. So, enter the electronic age with the **Massachusetts Chronic Disease Improvement Network (MCDIN)**, and let us know what you think! All comments and suggestions are welcome.

Disease Management in Massachusetts

Health insurers do not normally provide insurance coverage, and thus payment to providers, by disease category. However, many insurers do have disease management plans for specific diseases. These are also referred to as "carve out plans" if the health insurer has another company providing management of the chronic disease for them. Disease management programs or "carve outs" are benefit packages that usually include payment or other support for patient outreach, education, support and referrals.

Local Foundations Supporting Innovation in Healthcare

Funding for chronic disease improvement and other continuous quality improvement products often comes from private foundations or government agencies. What follows is a list of small, private foundations that fund healthcare innovation in Massachusetts. This list was obtained through Associated Grantmakers of Massachusetts, on-line at www.agmconnect.org

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Massachusetts
Chronic
Disease
Improvement
Network
(MCDIN)

"sharing approaches...improving lives"



Thinking About Funding Opportunities...

Massachusetts
Chronic
Disease
Improvement
Network
MCDIN

September 2000

Progress Notes

Berkshire AHEC
Area Health Education Center
725 North Street / Pittsfield / MA 01201

October 2000	October 11-13, 2000 Longwood Galleria, Boston, MA Diabetes Education in Patient Management for Allied Health Professionals (Joslin Diabetes Center Program) website: www.joslin.harvard.edu/education/register.html Information: 617-264-2759
October 11-14, 2000	Wilshire Grand Hotel, Los Angeles, CA Second National Conference on Quality Health Care for Culturally Diverse Populations: Strategy and Action for Communities, Providers, and a Changing Health System web site: www.diversityrx.org/ccconf
October 30 - November 1, 2000	Georgetown University Conference Center, Washington, DC Fall Seminars in Health Services - Using Federal and State Databases website: www.ahsr.org/seminars/fall2000.htm
November 2000	November 11, 2000 Westin Copley Place Hotel, Boston, MA Implementing Healthy People 2010 - Consortium Meeting website: www.health.gov/healthypeople/partners To receive Fax copy of brochure: 301-468-3028

November 2000 (cont'd)	November 12-16, 2000 Hydes Convention Center, Boston, MA 128th Annual Meeting of the American Public Health Association - Eliminating Health Disparities Information: 202-777-APHA email: www.comments@apha.org website: www.apha.org/meetings
November 12, 2000/Boston, MA - (APHA Annual Meeting)	November 15, 2000/Waltham, MA Asthma and Allergy Foundation of America Asthma Management and Education Information: Helene Taylor 1-888-212-1220 email: www.helene@aafa.org website: www.aafa.org/healthprofessionals/continuingeducation/index.cfm
December 2000	December 5-8, 2000 San Francisco Hilton Towers, San Francisco, CA 12th Annual Forum on Quality Improvement in Healthcare Institute for Healthcare Improvement Information: www.ihf.org/conferences/natforum/index.asp

Calendar of Upcoming Seminars and Conferences
October - December 2000

Nonprofit Org.
U.S. Postage
PAID
Pittsfield, MA 01201
Permit #129

Grant Announcement: Federal Agency for Health Research and Quality (AHRQ)

The Agency for Health Research and Quality (AHRQ), formerly known as the Agency for Health Care Policy and Research (AHCPR), is the federal agency charged with the task of enhancing quality, appropriateness and the effectiveness of health services. As part of their work, AHRQ offers a small grant program designed to provide up to \$100,000 in funding for innovation in health care.

The AHRQ Small Grant Program supports research and promotes improvements in clinical practice and in the organization, financing, and delivery of health care services by supporting focused research projects, developmental studies, and high risk projects. High-risk projects might employ techniques or theories from other fields not traditionally linked to health care research, including qualitative as well as quantitative analyses. The grant program is particularly relevant for new investigators as a means of encouraging individuals to enter the health services research field. AHRQ does have funding priorities, and will consider funding small projects that focus on the following topics:

- Support improvements in health outcomes
- Strengthen quality measurement and improvement
- Identify strategies to improve access, foster appropriate use and reduce unnecessary expenditure
- Improve patient safety

AHRQ is also particularly interested in supporting research, demonstration and dissemination projects that support the objectives of Healthy People 2010 and the Federal Initiative to Reduce Racial and Ethnic Health Disparities. For more detail on these priority areas, look at the AHRQ Health Services Research Program Announcement on the web <http://www.grants.nih.gov/grants/guide/pa-files/PA-00-111.html>.

Research applications requesting total costs of \$100,000 or less should follow the application procedures in the "AHRQ Small Project Grant Program" published in the NIH Guide for Grants and Contracts (NIH Guide), February 23, 1996 and AHRQ Small Project Grant Program - Addendum, published in the NIH Guide, January 29, 1999. This is available from:

AHRQ Publications Clearinghouse
P.O. Box 8547
Silver Spring, MD 20907-8547
Telephone: 1-800-358-9295
TDD Service: 1-888-586-6340 or from AHRQ's website:
<http://www.ahrq.gov> (Funding Opportunities)

The research grant application form PHS 398 (rev. 4/98) is to be used in applying for these grants. State and local government applicants may use form PHS-5161-1, Application for Federal Assistance (rev. 5/96), and follow those requirements for copy submission.

All applications submitted for AHRQ small project grant support must be submitted to:

Center for Scientific Review
National Institutes of Health
6701 Rockledge Drive, Room 1040, MSC 7710
Bethesda, MD 20892-7710

Applications are accepted three times a year on the following dates:

- Ø November 24
- Ø March 24
- Ø July 24

Progress Notes is the newsletter of MCDIN (Massachusetts Chronic Disease Improvement Network). MCDIN is funded by the Division of Medical Assistance and managed by the MassHealth Access Program in the Office of Community Programs at UMass Medical School in cooperation with the Berkshire Area Health Education Center. For information about contributing an article or resource to *Progress Notes*, please call Susan Poulin or Gretchen Kinder at the numbers listed below.

MCDIN Advisory Committee

Kate Alich, Director, Diabetes Control Program, Massachusetts Department of Public Health, Boston
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Jane Zapka, Professor of Medicine, UMass Medical School, Worcester

MCDIN Project Team

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Progress Notes Editorial Advisory Board

Jo-Ann Barrett, Diabetes Nurse Coordinator, St. Elizabeth's Hospital, Boston
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Rhoda Spaulding, Pediatric Pulmonary and Cystic Fibrosis Center, UMass Medical School

Getting Institutional Support *(continued from page 6)*

**Interview with Suzanne Beauregard, RN
Asthma Self-Management Program
Concord Hospital, Concord, NH**

MCDIN: *Who in your institution made the decision to support this program, and why?*

SB: The program has been funded by the hospital since its inception in 1995. The program was initially started as part of the hospital's quality assurance/utilization management efforts. It is my understanding that the hospital CEO decided to support the effort as a program of the hospital through an analysis of business and health factors. Although New Hampshire does not experience statistically higher rates of asthma than any other place in New England, it is a continuing health concern. The hospital's business plan calls for it to be innovative and a leader in health programs and stewardship in the community. After reviewing a cost-benefit analysis, in which the hospital's then current costs for asthma care were analyzed in the context of proposed costs for the education program and benefit to the patient, a decision was made to support the program. It is important to note that the mission and business plan of the institution played a big role in getting executive support for this effort. The hospital's desire to be a leader in health care and the community contributed to the desire to make the asthma education program a permanent reality at the hospital. Our size also played a factor. Larger hospitals are more able to absorb the costs of a program like this than a smaller institution would.

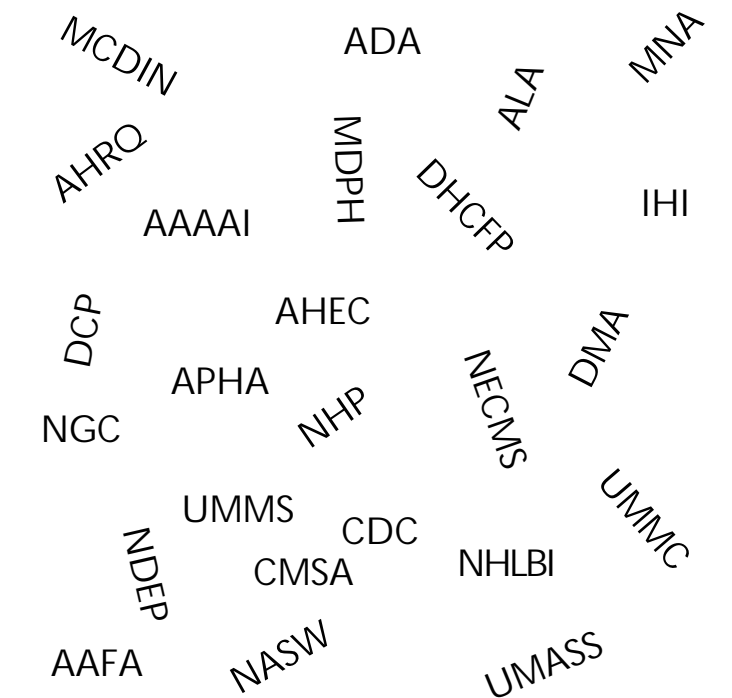
MCDIN: *What are the details of creating and managing a budget for this type of program? What role do clinical staff play in this?*

SB: I have to submit an annual budget like every other unit of the hospital. We create our budget based on our program goals for the upcoming year. Spending must relate to the achievement of our goals. For example, if community outreach to elementary schools is a goal of the program, then I will factor in outreach costs, such as staff time, freebies to distribute to students, and educational materials. Our greatest costs are wrapped up in staffing. The culture of our institution is such that we don't have a medical director, but we do have an advisory committee we need to compensate. Our other major costs are for overhead (rent, supplies, equipment), free tools for patients to support successful self-management (e.g. spacers and peak flow meters) and education materials. Because community stewardship is part of the mission of our hospital, we also must budget for community outreach and special events, like health education fairs.

MCDIN: *What advice would you give to colleagues looking to garner administrative funding support for their disease management or quality activities?*

SB: In order to make a pitch for administrative support, you have to look at what the organization's overall mission and business goals. Then, provide some data about how the program will support these two things. For example, what are the staffing and other costs associated with asthma care in your institution? How can the program or project you propose improve on this? What will the program or project cost the hospital? What is the savings or benefit to the institution, economic and otherwise? You have to look at it from a business perspective and a health perspective. Simply saying it is the right thing to do won't be successful in many health organizations because the culture won't support that.

MCDIN: *Thanks Suzanne for your informative insight into your model for care. We appreciate your time and your support of www.MCDIN.org!*



New web address for Case Management Society of New England, NE Chapter of CMSA
www.CMSNE.org

For more information contact
Maura Lessard, BSN
EdMgmt@aol.com

Greater Worcester Community Foundation Mini-Grants

44 Front Street
Worcester, MA 01608
508-755-0980

Non-profit organizations and community groups serving Worcester may apply for mini-grants in the amount of \$2,500 or less. Mini-grants are awarded for (a) capacity building of staff or project partners, (b) public events that foster community awareness or pride, (c) test an idea or new project, and (d) for any programs that costs less than \$5,000 to administer.

Harvard Pilgrim Health Care Foundation

617-859-5030
www.harvardpilgrim.org/About_us/Foundation/Index_Foundation.htm

The Harvard Pilgrim Health Care Foundation was founded in 1980 to promote health care and prevent disease through medical education, clinical research and community service. The Foundation works to support projects and programs that contribute to the science of medicine, nurture new health care leaders, support clinical research, and provide community resources.

Izumi Foundation

Catherine Bryant, Program Officer
One Center Plaza, Suite 230
Boston, MA 02108
www.izumi.org
cbryant@izumi.org

The Foundation looks to support projects and programs that:

- n Address the underlying causes of disease and persistent health care problems
- n Use innovative and creative solutions to promote sustainable outcomes
- n Recognize the inter-relationship between disease and poverty
- n Develop and strengthen leadership in health care
- n Promote collaboration and partnerships between health care providers.

Their primary focus is on infectious disease, but will consider proposals that address the creation of integrated delivery systems that serve other aspects of the health care system.

Jessie B. Cox Charitable Trust

c/o Hemenway and Barnes
60 State Street
Boston, MA 02109-1899
617-557-9775

Health grants are made by the Jessie B. Cox Charitable Trust to assist in improving the level of health in New

England. The Trust is specifically interested in supporting primary health care, advocacy and research projects that will have a positive effect on (a) the prevention and treatment of illness and disability, particularly among children and youth, (b) increased access to appropriate levels of care for New England's underserved populations and (c) delivery of care to the poor.

Roxbury Highland Charitable Foundation

c/o Roxbury Highland Bank of Jamaica Plain
515 Centre Street
Jamaica Plain, MA 02130
www.bankofjp.com/foundation/index.html

The mission of the Roxbury Highland Charitable Foundation is to strengthen the communities of Jamaica Plain and Roxbury by broadening and enriching cultural and educational opportunities, and expanding health services available to residents in the area.

Getting Institutional Support for Quality Improvement Activities

**Interview with Suzanne Beaugard, RN
Asthma Self-Management Program
Concord Hospital, Concord, NH**

Health care institutions do support quality improvement and disease management activities. A brief survey of the funding streams for models of care in the www.mcdin.org database revealed that almost half of the models received administrative funds for an unlimited time. How can medical practices and health care institutions make these commitments? A short interview with Suzanne Beaugard of the Asthma Self-Management Program at Concord Hospital in Concord, New Hampshire reveals some information about how to obtain administrative support for your improvement activities. For more details about the Asthma Self-Management Program at Concord Hospital, visit www.mcdin.org. Click on the search bar to search for Models for Care. Select "hospital-based" practice type and click the search button.

MCDIN: Where does funding for your program come from?

Suzanne (SB): Our program is administratively funded by the hospital entity. The hospital picks up the cost without insurance reimbursement.

and available by telephone at 617-426-2606. This is an annotated list of funders operating in Massachusetts. The Massachusetts Chronic Disease Improvement Network (MCDIN) recommends that you contact each funder to ask about the following issues prior to submitting a proposal or request for funds:

- Granting priorities (Will your project fit within their current list of priorities?)
- Current funding cycles (What is the timeline for application and use of funds?)
- Who can and cannot submit grants (Is your organization eligible to submit a proposal?)
- Limitations on how grant funds can be used (Can you use their grant money to support your project needs?)
- Caps on grant awards (What is limit on how much money you can request?)
- What kind of organizations and projects have been funded in the last two years (How does your organization compare to their past grantees?)
- Current Board of Directors (Does your organization have any friends on their Board?)

It is also recommended that you find out if your organization has a development office before seeking private foundation funding. Development offices are dedicated to building relationships with grantors, private donors and government agencies for the purpose of bringing money for innovation into the organization. They may be able to help with your grant writing and requests.

Associated Grantmakers of Massachusetts is a regional association of grantmakers from around New England. They provide technical assistance to organizations wishing to be more successful in obtaining grant funds. They also play a lead role in standardizing grant proposal requirements across many foundations in Massachusetts and New England.

Community Foundation of Southeastern Massachusetts

Ann Beaulieu
227 Union Street, Suite 609
New Bedford, MA 02740
508-996-8253

Crossroads Community Foundation

Mark Yerkes, Executive Director
20 Main Street, Suite 301
Natick, MA 01760
508-647-2260
www.ccfdn.org

Crossroads' discretionary grants support non-profit organizations, services and programs in a variety of fields including health and mental health. Specific programs in health and mental health may include: (a) consumer education/protection, (b) community-based health care, (c) research, (d) family planning, (e) hospice/home care, (f) hospitals, (g) mental health/retardation and (h) substance abuse.

Fairlawn Foundation of the Greater Worcester Community Foundation

44 Front Street
Worcester, MA 01608
508-755-0980

A healthcare foundation focused on providing financial support to organizations, both public and private, that have specific and well-designed proposals to improve and/or extend the delivery of medical and allied health services in the Worcester area.

Fallon/OrNada Community Health Fund of the Greater Worcester Community Foundation

44 Front Street, Worcester, MA 01608
508-755-0980

This fund supports programs and projects designed to improve the health status of vulnerable populations living in Central Massachusetts. Of particular interest are projects that result in (a) support of primary care outreach services to vulnerable populations, (b) development of continuous managed care services rather than episodic or uncoordinated care, and (c) removal of barriers that prevent people from receiving services such as a lack of transportation, culturally competent providers and language differences.

Foundation for Seacoast Health

603-422-8204
www.ffsh@communitycampus.org

The purpose of this foundation is to support and promote health care and well-being in any one or more of the cities and towns in the New Hampshire/Maine seacoast area.

Frank Stanley Beveridge Foundation

301 Yamato Road, Suite 1130
Boca Raton, FL 33431
1-800-600-3723
www.beveridge.org

The Beveridge Foundation provides grant support only in Hampshire and Hampden counties in Massachusetts. Specific program areas of interest to the Foundation include:

- n Disease and medical disciplines-multipurpose and research
- n Health and general rehabilitation
- n Human services (continued on page 6)

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Robert Wood Johnson Foundation Priorities

Funding Opportunity: Robert Wood Johnson Foundation

Improving Asthma Care for Children, a new program of the Robert Wood Johnson Foundation, offers six three-year grants of up to \$500,000 to improve the management of pediatric asthma for children covered by Medicaid and State Children's Health Insurance Programs (SCHIP). Grants are available to support formal collaborations of managed care organizations and other providers of asthma care, such as school-based health centers, child care agencies, public health agencies, and federally qualified health centers.

The deadline for letters of intent is September 1, 2000. For more information, visit the Robert Wood Johnson Foundation web site at: www.rwjf.org/grant/jgrant.htm



The Robert Wood Johnson Foundation (RWJ) in Princeton, New Jersey, is one of the major private funders of innovation in chronic disease care in the United States. An interview with RWJ Program Officer, Sue Hassmiller, excerpted by Community Campus Partnerships for Health (www.futurehealth.ucsf.edu/ccph.htm), with the permission of Community Health Funding Report (May 12, 2000) reveals the funding priorities and grant guidelines now being used by the Foundation in their efforts to improve health and health care. This article is adapted below.

RWJ recently reorganized their health staff into five teams. These are:

- Tobacco
- Alcohol and Illegal Drugs
- Health and Behavior
- Community Health
- Population Health Sciences

The Health Teams focus on investigating and supporting innovation in:

- Clinical Care Management-initiatives that lead to improved chronic care, with particular attention paid to diabetes, asthma and depression
- Coverage-seeking solutions for uninsured populations to obtain health insurance
- End of Life Care-supporting the development or improvement of textbooks for medical and nursing students, as well as the development of policy to support end-of-life care
- Support Services-improving care for frail elders living in the community, rather than institutions
- Priority Populations-focusing on undisclosed targeted populations at risk for health conditions or other issues that may affect quality of care

What makes a successful grant proposal? There is stiff competition for RWJ funding as the health care innovation pie continues to shrink. Hassmiller says successful grant applications reflect the following characteristics:

- Alignment with one of the Foundation's strategic objectives
- Leadership
- Diversity of partners

- Innovative, yet realistic solutions
- Passion
- Commitment of key stakeholders
- Evaluation criteria
- Realistic budget
- Sustainability beyond the grant period

Hassmiller says the Foundation does not take a lot of risks. However, if an organization or individuals with a strong track record for successful innovation proposes a risky idea, the Foundation will consider it. This means the bar is raised for organizations the Foundation does not know, or does not have a history of funding. Although the Foundation is trying to move away for supporting innovation through academic medical centers, it may make sense to apply for RWJ monies through collaboration with an academic medical center or university. The RWJ webpage (www.rwjf.org/main.html) provides list of past and current projects being funded. If you think you have a great idea, it may make sense to investigate the website to learn if your project lies within one of the Foundation's priority areas or current funding programs, and learn what institutions in your area may have relationships with RWJ. These organizations would be good partners to assist with your project idea.

For more information about the Robert Wood Johnson Foundation, contact them through their website at:

www.rwjf.org/main.html
Their address is:
College Road,
P.O. Box 2316, Princeton, NJ 08543-2316.
Their telephone number is:
609-452-8701.

Community Campus Partnerships for Health is a national organization that promotes and supports collaboration between academic institutions and community organizations.

**For more information about CCPH,
check out their website at:
www.futurehealth.ucsf.edu/ccph.html**

Disease Management in Massachusetts *(continued from page 1)*

Most disease management programs are established to provide a high level of oversight for patients whose chronic conditions are understood to have high costs for both the patient and the health plan. Under most disease management programs, insurers have a particular benefit package and specific resources available for providers to use with patients. These are generally "one size fits all" packages with some attention paid to issues of health literacy and linguistic diversity. These programs do not usually provide medical practices with reimbursement or funding to develop innovative quality improvement programs that meet the specific needs of their patient populations or practice organization and staff. All disease management benefits and processes are highly regulated by various accrediting organizations that monitor quality standards for member rights and benefits.

The following health maintenance organizations (HMOs) offer disease management programs for their patients in Massachusetts¹. Please call the numbers listed to get more information about specific services covered.

Aetna/U.S. Healthcare This health plan covers coordinated services for Asthma, Diabetes, Chronic Heart Failure. Information: 1-800-223-6857	HMO Blue and Matthew Thornton Health Plan (a division of Anthem BC/BS) These plans not able to respond in time for publication. No provider relations number is available. However, public relations may be reached at 617-832-4823.
Healthsource Massachusetts Aka Cigna HealthCare of Massachusetts, Inc. 1-800-922-8380	Neighborhood Health Plan (NHP) NHP has case management programs that cover prenatal care and a developing Asthma care program. Call Ann Flaherty for more information about these programs at 617-772-5720. NPH also provides specialized care to <i>people and children with severe disabilities and HIV/AIDS</i> . Call Jan Levinson for more information at 617-478-7176.
Connecticare of Massachusetts This plan covers services for Asthma, Diabetes, and several Heart conditions. Information: 1-888-867-7987	One Health Plan of Massachusetts This health plan covers services for people with Asthma and Diabetes. For more information call: 1-800-663-8081
Blue Chip/Coordinated Health Partners This health plan covers a wider range of disease management programs for Asthma, Diabetes, Congestive Heart Failure, Hypertension, and Behavioral Health. 1-800-528-4141 or call your provider relations contact person	Tufts Associated Health Plan This health plan covers disease management for Diabetes and Congestive Heart Failure (pilot only) Tufts Asthma Management program was recently converted to a patient benefit. Physicians need to refer patients in order for services to be covered. For more information: 1-800-442-3452
Fallon Community Health Plan Contact Peg O'Toole at 1-800-283-2556 for information.	United Health Care of New England This health plan reported, "all diseases are covered." Providers must call to determine patient's eligibility for specific services at 1-800-842-4464.
Harvard Pilgrim Health Care This health plan had not responded to inquiry at press time.	
Health New England This health plan reported, "all diseases are covered." Providers must call to determine patient's eligibility for specific services at 1-800-842-4464.	
¹ Source for information on health insurers and health maintenance organizations operating in Massachusetts-Division of Insurance, Commonwealth of Massachusetts, www.state.ma.us/doi/	

The Massachusetts "Act Relative to Diabetes Cost Reduction" is effective on August 2, 2000. This legislation, signed into law by Governor Paul Celluci, provides coverage for specified diabetes-related items and services. A recent provider bulletin from Commissioner of Insurance for the Commonwealth, Linda Ruthardt, outlines the provisions of the new law, referred to as Chapter 81. Under Chapter 81 the following categories of services must be covered under the insurance packages of all health insurers not excluded by the federal ERISA law. These services are:

- Ø Outpatient diabetes self-management training and education
- Ø All lab tests and urine profiles
- Ø Blood glucose monitors, voice-synthesizers and visual magnifying aids
- Ø Therapeutic/molded shoes and shoe inserts
- Ø Blood glucose monitoring strips, urine glucose strips, ketone strips, lancets, insulin syringes, insulin pumps and insulin pump supplies, insulin pens, insulin and oral medications.

Greater detail on these categories of supplies and services can be found in the legislation, available on-line at www.mcdin.org. To access the legislation, click on Diabetes and then click on Advocacy.

At the time this newsletter was produced, there were no government or advocacy organizations contacted by MCDIN who were able to discuss how this legislation would affect the type and quality of care provided to people with diabetes in Massachusetts. We want to know how this legislation will affect medical practices and health insurers across the state. Send your comments on this topic to MCDIN in care of Susan Poulin, the MCDIN webmaster. We will post summaries of your comments on the Diabetes Advocacy page of www.mcdin.org. Susan can be reached by phone at 413-447-2407 or by email at spoulin@vgernet.net, or contact us through the website.