

**From:** Loretta Hoepfner <loretta@mdaap.org>  
**Sent:** Monday, December 14, 2020 10:53 AM  
**To:** 'MDCHAPTER-GROUPMAIL@listserv.aap.org' <MDCHAPTER-GROUPMAIL@listserv.aap.org>  
**Cc:** 'Ariana Rinda' <ariana@mdaap.org>  
**Subject:** MDAAP: MDH's 1) Maryland Diabetes Action Plan; and 2) Diabetes Clinical Quality Task Force

Dear MDAAP Members,

I wanted to share this email below with you regarding the MDH's Maryland Diabetes Action Plan ([diabetes action plan. \(maryland.gov\)](https://www.maryland.gov/health/diabetes-action-plan)).

If you have an interest in being a representative from the MDAAP to the MDH Diabetes Clinical Quality Task Force as a "core member" or "advisor," please let me know!

Best,

Loretta I. Hoepfner, MSOD  
Pronouns: She/Her/Hers  
Executive Director

**Maryland Chapter, American Academy of Pediatrics**  
**70 Years of Caring for Children - 1950-2020**

*MDAAP's Mission: "To support and encourage pediatricians in the promotion of optimal health for all of Maryland's children and adolescents."*

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**From:** Sadie Peters -MDH- <[sadie.peters@maryland.gov](mailto:sadie.peters@maryland.gov)>  
**Sent:** Tuesday, December 1, 2020 4:16 PM  
**To:** Loretta Hoepfner <[loretta@mdaap.org](mailto:loretta@mdaap.org)>

**Subject:** Re: MDAAP: Email from Sadie Peters/MDH re: 1) Loretta/Sadie Google Meet Tue/Dec 1, 2020 at 10a; and 2) getting pediatrician on statewide clinical quality task force

Loretta,

Thank you for a very productive meeting today. I also appreciated having input from Swathi. Please thank her again for me.

Below is a short description of the vision for the Clinical Quality Task Force. It includes the information in the Maryland Diabetes Action Plan that might be most relevant to practitioners who work with children and families. Please feel free to share this with MDAAP members as you see fit. We'd like to get someone who is able to stay engaged for what is likely to be a year's worth of work.

In 2019, leadership at the Maryland Department of Health (MDH) identified diabetes as a top health priority and released the inaugural [Maryland Diabetes Action Plan](#) to address diabetes at the population level. The Plan, which contains data relevant to both adults and children (see pages 21-23, 37), highlights significant disparities in diabetes clinical outcomes across the state, as well as opportunities for prevention and better disease management in both clinical and community settings. The Plan invites schools, health care providers, community organizations, employers, and state and local government to take action in ways that matter to them. Discussion of interventions begins on page 37 and throughout each category of the Action Steps (pages 45-53), there are recommendations for work with children and families.

MDH's Center for Population Health Initiatives plans to launch a Diabetes Clinical Quality Task Force to identify evidence-based ways in which we can improve comprehensive diabetes clinical management, prevention and surveillance in our state. The desired long term outcome is to achieve statewide clinical care and prevention practices that are in keeping with well-accepted national standards, such as those published by the American Diabetes Association.

Specifically, workgroups on the Task Force will be asked to

- assess existing national diabetes/prediabetes measures and measure sets,
- evaluate available state data to determine current clinical quality for diabetes care and prevention,
- determine baseline and targets for metrics that align with the goals of the Maryland Diabetes Action Plan, and
- make recommendations for effectively providing high quality care to people with diabetes and who are at risk for diabetes as we work to meet the state's population health goals.

We plan to assemble a group of 20 clinical and public health experts who will meet regularly (up to one and a half hours twice monthly) for the first 2 months, then less frequently for about 12 months. The Task Force *core members* serve as representatives of their clinical field or public health entity. We also plan to invite *advisors* who can join the meetings as listeners/observers and whose expertise would likely be valuable to the Task Force workgroups as they tackle domain specific goals and tasks during the year.

We will have representation from entities like Medicaid, MDPCP, Maryland Hospital Association, CRISP, MedChi, Maryland Pharmacist Association, etc. We feel strongly that a representative from MDAAP should be one of the core members and hope to have your assistance in identifying someone who can join us for this important endeavor. In addition to making a valuable contribution to improving diabetes prevention and management in Maryland, the representative would have an opportunity for collaboration with a wide variety of other clinician, public health, and public policy leaders.

Please let me know what questions I can answer and thank you so very much for your help.

Sadie Peters MD, MHS  
Medical Director | Center for Population Health Initiatives

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