

Disease Management and Quality Improvement Report

Your Source for the Latest in Disease Management, Quality Improvement and Outcome Measurement

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New Mexico Health Care Takes on Diabetes Collaboration Works in Improving Outcomes and Patient Care

Much is known about best practices in treating people with diabetes. However, the challenge for quality leaders who want to improve diabetes care is to get useful information out to the people who need it—both providers and patients.

This article highlights “New Mexico Health Care Takes on Diabetes,” which is a coalition of New Mexico’s

healthcare professionals, providers, health plans, and organizations that include the New Mexico Department of Health, and the New Mexico Medical Review Association. New Mexico Health Care Takes On Diabetes, initiated in 1998, is a broad collaborative of New Mexico’s healthcare professionals, health plans, the New Mexico Department of Health, and the New Mexico Medical Review Association. This coalition is a group effort aimed at reducing the negative health effects associated with diabetes by serving New Mexico’s community interest through education, prevention, early diagnosis and appropriate treatment of people with diabetes. It is part of a national effort—Taking on Diabetes—sponsored by the American Diabetes Association and the American Association of Health Plans. New Mexico is one of three sites for this national project. (The other sites are Westchester County, N.Y. and Kansas City, Mo.).

Diabetes disproportionately affects the residents of New Mexico, with more than 120,000 adult New Mexicans living with the disease. This is due in part to the large Hispanic and American Indian populations in the state—two groups that are prone to the disease. Hispanics are twice as likely to have diabetes than non-Hispanic whites, and American

“We all agreed that diabetes was a major problem in New Mexico and that it affected our members.”

Stephen Ryter, M.D.
Chair

New Mexico Health Care Takes on Diabetes

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New Mexico Health Care Takes on Diabetes (cont...)

Indians are three times as likely as non-Hispanic whites to have the disease.

Diabetes is the sixth leading killer of New Mexicans. It was estimated that in 1999, the combined direct (medical care) and indirect (lost productivity and premature death) costs of diabetes in New Mexico was \$900 million.

The following are some of the facts about diabetes in New Mexico:

- Approximately one in 11 adults in New Mexico has diabetes.
- An estimated 120,563 New Mexicans have diabetes. Of those, 85,181 know they have diabetes, and 35,382 do not know that they have the disease.
- Approximately 1,662 children in New Mexico have diabetes
- Of those with diagnosed with diabetes, 5 percent to 10 percent have type 1 diabetes, and the rest have type 2 diabetes.
- More than half of adult New Mexicans have been told by a physician that they have high blood pressure, a number that is three times higher than for those without diabetes.
- In 1999, there were 17,775 diabetes-related hospitalizations in New Mexico, with 5,619 of those being for cardiovascular disease.

Diabetes is also a concern because of comorbidities and associated conditions that exist with it. Diabetes is the leading cause of blindness in

America, and also leads to kidney damage, nerve damage, and stroke. In 1999, it was estimated that diabetes was the primary cause of 523 deaths

“Through this unique program, people with diabetes are receiving more routine eye exams, more comprehensive blood screenings, and better monitoring for kidney damage than ever before.”

Stephen Ryter, MD
Chair, New Mexico Health Care Takes on Diabetes

and a contributing cause in 604 deaths in the state. In 2000, 307 New Mexicans had one or more limbs or parts of limbs amputated because of diabetes. American Indians were approximately 3.5 times more likely to have an amputation than non-Hispanic whites. The New Mexico Takes on Diabetes program has made a

concerted effort to educate people with diabetes to have yearly eye exams because of the possibility of diabetic retinopathy. Long-term complications are also a concern with diabetes. The risk of cardiovascular disease and stroke are two to four times higher in people with diabetes.

In New Mexico, there are risk factors that also contribute to the disease. More than one in seven people in New Mexico is obese, and one

in four have no leisure time activity.

A concentration on preventive care is a focus of the program. Among adult New Mexicans with diabetes:

- Nine in 10 see a doctor or nurse at least once a year for diabetes.
- Seven in 10 have had a dilated eye exam during the past year.

The screenshot shows the homepage of the website www.takingondiabetes.org. The page features a navigation menu with links to HOME PAGE, BEST PRACTICES, COMMUNITY PARTNERSHIP, MEASUREMENT & EVALUATION, EMPLOYER RELATIONS, and INITIATIVE NEWSLETTERS. A sidebar on the left contains links for About Taking on Diabetes, Fact Sheets, Annual Report, Sponsor Information, How to Join the Initiative, Communications, Links, and Contact Taking on Diabetes. The main content area includes a 'Recent News' section with a headline: 'COMMUNITY PARTNERSHIPS SELECTED TO PRESENT AT CDC DIABETES TRANSLATION CONFERENCE IN APRIL 2003'. Below the headline, there are two news items: one about community partnerships presenting at the CDC Diabetes Translation Conference in Boston, MA in early April 2003, and another about the Westchester County New York Diabetes Coalition presenting a poster at the CDC Diabetes Translation Conference. The page also features logos for AAFP, American Diabetes Association, and GSK (GlaxoSmithKline).

New Mexico Health Care Takes on Diabetes (cont...)

- Seven in 10 have had a foot exam during the past year.
- Five in 10 have taken a class on self-management.

The American Association of Health Plans (AAHP) approached Cimarron Health Plan in New Mexico approximately a year into the Taking on Diabetes initiative, and Cimarron agreed to be the point plan for the program, bringing together other AAHP member health plans and other organizations, including the state's department of health. Some of the funding for the program comes from the AAHP and its corporate sponsors. Some of the other organizations involved include the New Mexico Medical Society American Diabetes Association, the American Heart Association, the Albuquerque Area Indian Health Service, the Medical Assistance Division of the state Human Services Department and the New Mexico Chapter of the American Academy of Physicians.

There are currently more than 20 organizations involved in the program. The medical directors of the four health plans involved form the executive committee and set direction for the committee. A full list of the participants is shown on page 3.

The effort of this coalition is comprehensive, including conferences, forums, award programs, issue papers, best practices work groups and more.

"The department of health has been a major contributor in terms of time and effort," said Stephen Ryter, M.D., the chair of New Mexico Health Care Takes on Diabetes.

The initial meeting in 1998 consisted of representatives from many of the organizations that are still with the program today. "We all agreed that diabetes was a major problem in New

Mexico and that it affected our members," said Ryter.

Ryter said that initially there were three goals of the effort:

- create a common guideline for treatment of diabetes
- develop a tool kit that would be useful for practitioners
- agreement on a method of measurement

The process of creating a common guideline took exactly one year, according to Ryter. The toolkit

eventually evolved into a series of quarterly newsletters. The measurement method chosen was to use the HEDIS measures for diabetes. Audited HEDIS data from all of the health plans were aggregated and used for measurement in the program

The goals of the Taking on Diabetes initiative are expressed in a pledge statement that reflects the serious complications faced by the estimated 16 million Americans with diabetes and demonstrates our commitment to their care. Health plans pledge to:

New Mexico Takes on Diabetes Participants

American Association of Health Plans
American Diabetes Association
American Diabetes Association, New Mexico Area
American Heart Association, New Mexico Area
Blue Cross and Blue Shield of New Mexico and HMO of New Mexico
Cimarron Health Plan
Lovelace Health Systems
Medical Assistance Division, New Mexico Human Services Department
MedicarePlus
New Mexico Chapter of American Academy of Family Physicians
New Mexico Chapter Council, American College of Physicians, American Society of Internal Medicine
New Mexico Department of Health
New Mexico Diabetes Advisory Council
New Mexico Health Care Alliance
New Mexico Hospital and Health System Association
New Mexico Medical Review Association
New Mexico Medical Society
New Mexico Optometric Association
New Mexico Primary Care Association
Presbyterian Health Plan
St. Joseph Senior Care—PACE
The University of New Mexico Health Sciences Center
Zia New Mexico Association of Diabetes Educators

Figure 1: New Mexico Diabetes Practice Guideline Fact Sheet



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 (866) 796-9121
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www.takingondiabetes.org

American Association of Health Plans
 American Diabetes Association
 American Diabetes Association—
 New Mexico Area
 American Heart Association—
 New Mexico Area
 Albuquerque Area Indian Health Service
 Blue Cross and Blue Shield of New Mexico
 and HMO New Mexico
 Cimarron Health Plan
 Lovelace Health Systems
 Medical Assistance Division,
 New Mexico Human Services Department
 MedicarePlus
 New Mexico Chapter of
 American Academy of Family Physicians
 New Mexico Chapter Council,
 American College of Physicians—
 American Society of Internal Medicine
 New Mexico Department of Health
 New Mexico Diabetes Advisory Council
 New Mexico Health Care Alliance
 New Mexico Hospitals and
 Health Systems Association
 New Mexico Medical Review Association
 New Mexico Medical Society
 New Mexico Optometric Association
 New Mexico Primary Care Association
 Presbyterian Health Plan
 St. Joseph Senior Care—PACE
 The University of New Mexico
 Health Sciences Center
 Za New Mexico Association
 of Diabetes Educators

NEW MEXICO DIABETES PRACTICE GUIDELINE 2003

This guideline has been developed by *New Mexico Health Care Takes on Diabetes*, a broad coalition of New Mexico's diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health and the New Mexico Medical Review Association with technical and administrative support from the American Association of Health Plans and the American Diabetes Association.

This guideline is not meant to be comprehensive. It is designed to quickly summarize elements that, at a minimum, should be considered in the care plan of most persons with diabetes.

The organizations listed to the left support this guideline for use by the New Mexico health care community.

Frequency	Procedure/Test	Action or Goal
Every Visit	Interval history	Review glucose testing log, hypoglycemic episodes, current medications
	Blood pressure	< 130/80 mmHg
	Weight	Obtain weight or BMI
	Foot exam	Inspect skin for signs of pressure areas and breakdown
Quarterly to Semi-Annually	A1C	Test 2-4 times per year, goal < 7%
At Least Once Each Year	Assess patient knowledge of diabetes, nutrition, and self-management skills	Ensure patient needs are being met by providing or referring for self-management and/or nutrition counseling
Annually	Foot Risk assessment	Check pulses, conduct monofilament exam
	Nephropathy screening	If not already diagnosed with nephropathy, screen for microalbuminuria. Normal < 30 mcg/mg creatinine
	Lipid profile	LDL < 100 mg/dl HDL > 40 mg/dl ^{1,2} Triglycerides < 150 mg/dl
	Retinal eye exam	Dilated retinal exam by ophthalmologist or qualified optometrist

¹ Revised based on The American Diabetes Association's Clinical Practice Recommendation of January 2003

² For women, the American Diabetes Association suggests that the HDL goal be increased by 10 mg/dl

Additional resources are available through the Taking on Diabetes website, www.TakingOnDiabetes.org/communitypartnership.

This guideline is based on the recommendations of the American Diabetes Association (ADA). For more information, including full documentation for the above clinical recommendations, consult the ADA website at www.diabetes.org/cpr or contact the ADA at 1-800-DIABETES.

This guideline should not be construed as representing standards of care nor a substitute for individualized evaluation and treatment based on clinical circumstances.

New Mexico Health Care Takes on Diabetes (cont...)

- reduce the incidence of irreversible vision loss through early detection and intervention for people with diabetes.
- reduce the development of end stage renal disease (ESRD) for their members with diabetes.
- reduce the loss or partial loss of lower extremities from the loss of blood circulation and foot ulcers for persons with diabetes.
- reduce the risk of cardiovascular disease associated with diabetes.

There are three major strategies employed in the program:

- development and dissemination of best practices in diabetes care
- development and promotion of community partnerships
- recognizing that the workplace is a key venue for reaching people with diabetes

One of the major goals of the program was to significantly improve performance in diabetes care HEDIS measures, including rates of HbA1c testing, poor HbA1c control, annual retinal exams, lipid profiles, lipid control and the monitoring of diabetic nephropathy. Figure 1 shows the results of this performance improvement.

Diabetic Retinopathy

Diabetic retinopathy is one of the major areas of focus to the New Mexico Health Care Takes on Diabetes program.

Diabetic retinopathy is one of the leading causes of blindness in adults in the United States. The Centers for Disease Control and Prevention reports that approximately 12,000 to 24,000

“It’s very difficult for the physicians to keep up with all of the regulations and standards, so we make a one-page guide for the ADA recommendations that shows what has changed from 2002 to 2003.”

Charm Lindblad
Project Director

New Mexico Health Care Takes on Diabetes

new cases of blindness occur each year due to diabetic eye disease, with diabetics being 25 times more likely to become blind than others.

It has been estimated that up to 90 percent of diabetic eye disease would be preventable if people with diabetes received appropriate screening and care. For this reason, The New Mexico Health Care Takes on Diabetes program recommends that all patients with diabetes have a dilated retinal examination by an ophthalmologist or qualified optometrist annually. The numbers in this area are improving in New Mexico. In 2001, an average of 45.35 percent patients with diabetes received a dilated retinal exam. In 2002, that number jumped to 51.9 percent. The goal for 2010 is to have 75 percent of

Resources on the Web for Diabetic Eye Disease

The following organizations’ Web sites have information regarding diabetic eye disease and treatment that may be of value.

American Diabetes Association http://www.diabetes.org/main/type2/complications/retinopathy/eye_care.jsp

American Foundation for the Blind http://www.afb.org/info_document_view.asp?documentid=195

American Optometric Association <http://www.aoanet.org>, click on Eye Conditions and Concerns > Eye Diseases > Diabetic Retinopathy.

Centers for Disease Control and Prevention <http://www.cdc.gov/diabetes/pubs/tcyd/eye.htm>

Juvenile Diabetes Research Foundation International http://www.jdf.org/living_w_diabetes/pages/eyes.php

National Institute of Diabetes and Digestive and Kidney Diseases <http://www.niddk.nih.gov/health/diabetes/pubs/complications/eyes/eyes.htm>

Prevent Blindness America http://www.preventblindness.org/eye_problems/diabetic_retFAQ.html

New Mexico Health Care Takes on Diabetes (cont...)

people with diabetes get an annual dilated retinal exam.

Gestational Diabetes

Diabetes during pregnancy puts mothers and their infants at risk. The infant has a higher chance of developing both diabetes and obesity as an adult. The mother is also at risk of developing type 2 diabetes later in life. Women who were overweight were three times more likely to be treated during pregnancy for gestational diabetes. From 1997 to 1999, 6 percent of mothers in New Mexico with live births were treated

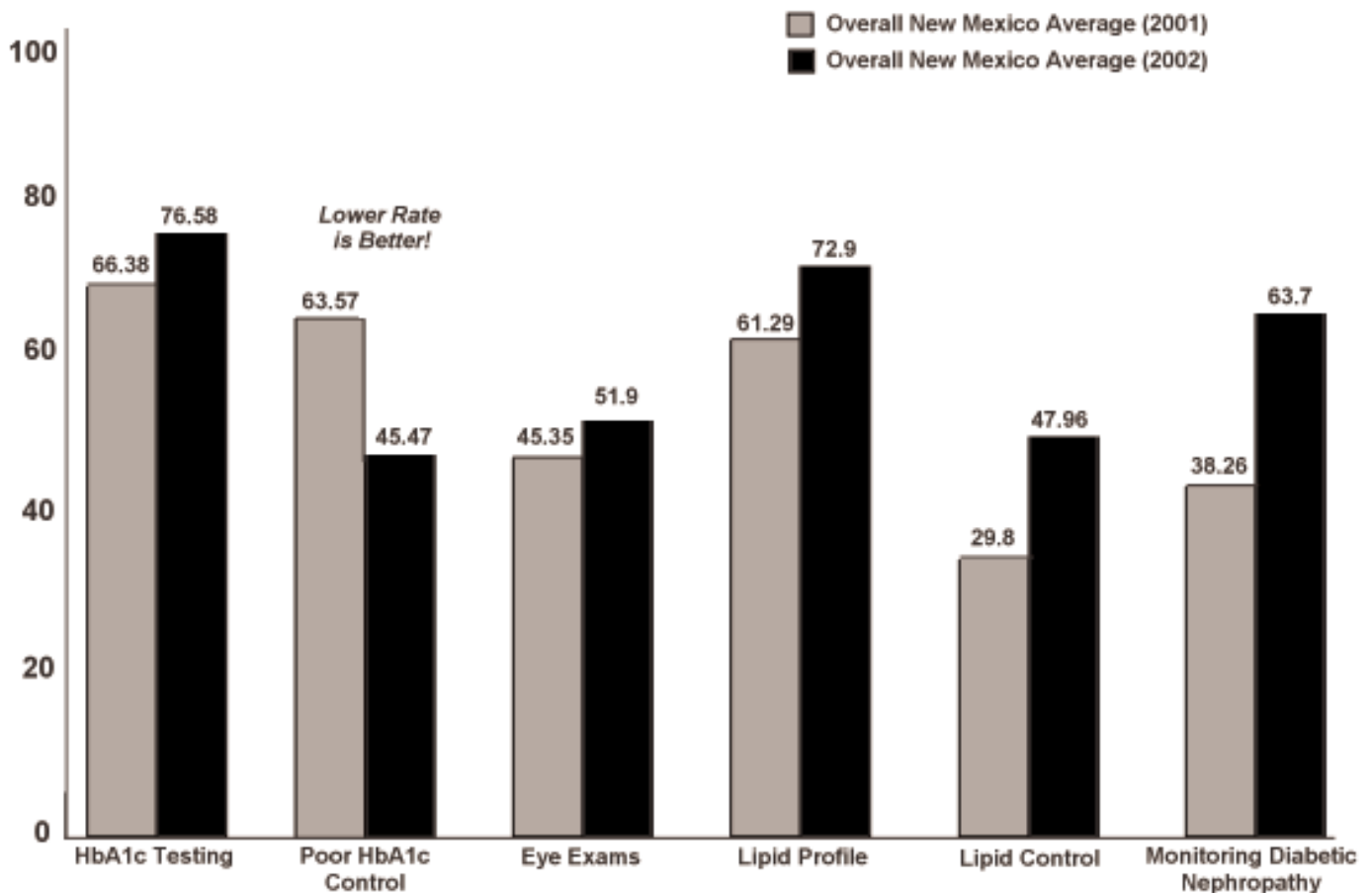
during pregnancy for diabetes. This translates into approximately 1,500 women with gestational diabetes each year.

Sharing Best Practices

The New Mexico Health Care Takes on Diabetes program focuses on disseminating best practices in healthcare delivery in order to promote information sharing and high-quality health care, and the rapid adaptation of effective innovations. The health plans in the program have found this to be a

successful strategy. The program states that organizations devote tremendous resources to developing and evaluating their care delivery programs, so when these programs are successful, that information should be shared with other organizations to raise the overall standard of quality care. By bringing experts and healthcare leaders together to discuss strategies that have been demonstrably successful, it is possible to spread innovation rapidly across a large number of organizations, driving quality of care improvements. The key to this type of dissemination is to

Figure 2: HEDIS 2001 and 2002 Results for Health Plans Participating in New Mexico Health Care Takes on Diabetes



New Mexico Health Care Takes on Diabetes (cont...)

identify programs that are not only successful, but also replicable, while recognizing and acknowledging the diversity of healthcare delivery systems.

In October, the coalition released data that demonstrate significant improvements in caring for thousands of New Mexico residents with diabetes.

(See Figure 2.) The data revealed marked improvements in diabetes care for people who are in managed care plans, and were hailed as a major step forward for the health of New Mexico residents with the disease.

“Diabetes is a serious health issue and the sixth leading cause of death in New Mexico. Diabetes takes a toll on families throughout the Land of Enchantment,” said Secretary Jack Callaghan of the New Mexico Department of Health. “The New Mexico Health Care Takes on Diabetes coalition is having a major impact. All measures and indicators are much improved. As the numbers released today suggest, tackling the disease in a comprehensive, collaborative way results in better diabetes care for all New Mexicans.”

While much is known about how to care for people with diabetes, the knowledge needs to be put into practice consistently in order to have an impact. Broad improvements in the way people with diabetes are treated will lead to significantly fewer health complications associated with the disease, according to the organization. “The data released today are encouraging, because in the long term, we’ll see fewer of the severe health complications associated with this terrible disease,” said Karen Ignagni, President and CEO of the American Association of Health Plans (AAHP). “Care for people with diabetes is most

successful when it’s built around a healthcare system where physicians, plans, and patients work together. New Mexico is setting a good example.”

The data show broad improvements on all key measures for people with diabetes enrolled in a managed care

“A coordinated approach to treatment, using standards and guidelines, is the best way to ensure that people with diabetes are getting the right care.”

Stephen Ryter, M.D.
Chair, New Mexico Health Care Takes on Diabetes

plan. Among the results, monitoring for kidney damage has jumped by over 25 percent, from just 38 percent in 2001 to more than 63 percent in 2002. More than 50 percent of all plan members are

receiving routine eye exams, up from 45 percent the year before. In addition, people with diabetes in New Mexico receiving proper blood glucose testing is up an average of 11 percent.

“A coordinated approach to treatment, using standards and guidelines, is the best way to ensure that people with diabetes are getting the right care,” said Ryter. “Through this unique program, people with diabetes are receiving more routine eye exams, more comprehensive blood screenings, and better monitoring for kidney

damage than ever before. Over time, this will translate into fewer complications and a better quality of life for residents of our state who have this disease.”

New Mexico Takes on Diabetes Participants

American Association of Health Plans
American Diabetes Association
American Diabetes Association, New Mexico Area
Albuquerque Area Indian Health Service
Blue Cross and Blue Shield of New Mexico and HMO New Mexico
Cimarron Health Plan
Lovelace Health Systems
Medical Assistance Division, New Mexico Human Services Department
MedicarePlus
New Mexico Chapter of American Academy of Family Physicians
New Mexico Chapter Council, American College of Physicians, American Society of Internal Medicine
New Mexico Department of Health
New Mexico Diabetes Advisory Council
New Mexico Health Care Alliance
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Zia New Mexico Association of Diabetes Educators

New Mexico Health Care Takes on Diabetes (cont...)

Charm Lindblad, the project manager for New Mexico Health Care Takes on Diabetes, said that caregivers pay attention to the program and its distinctive materials. “What I have found in discussion with physicians and attending professional conferences

many of them come up to the table and say, ‘I know your materials, I get them across my desk, I recognize them and read them and try to disseminate them,’” she said. “I think the reason they remember them is that our colors and our logo are distinctive.”

Another plus with the program is that it is based on the latest Health Plan Employer Data Information Set (HEDIS) for diabetes, which is widely recognized as the standard of best practices for diabetes.

“It’s very difficult for the physicians to keep up with all of the regulations and standards, so we make a one-page guide for the ADA recommendations that shows what has changed from 2002 to 2003,” she said. “In our quarterly newsletters we provide provider resources as well as patient resources.” All of these resources are available online for download. Some of them include checklists for patients and providers. Figure 3 shows the latest practice guideline and Figure 4 is an example of one of these checklists for patients.

The program is now mostly provider-focused, according to Lindblad, so much of the materials are directed at providers. “We really haven’t gotten patient-focused, but we’re heading in that direction,” Lindblad said. Part of that effort is a newsletter on cholesterol for people living with diabetes.

There is also a focus on business. In 2001, the program conducted business and managed care focus groups that tested materials from the National Diabetes Education Program. Also in 2001, the program published a directory titled, *Diabetes and the Workplace: How Employers Can Implement Change*.

For health plans, the directory provides information about what programs employers have implemented. In many of these descriptions, there is information about why companies are interested in diabetes management programs, what program elements usually are included, and the overall goals of the program. This information can give health plans

New Mexico Takes on Diabetes 60-Second Guides

DIABETES - A 60-Second Guide

A quarterly publication provided by New Mexico Health Care Takes on Diabetes - Winter 2001

Retinal Exams a Must

The Issue:

- Diabetic retinopathy is a leading cause of blindness in American adults. 12,000-24,000 new cases of blindness occur each year due to diabetic eye disease.*
- Persons with diabetes are 25 times more likely to become blind.
- Diabetic eye disease is preventable. Up to 90% of diabetes-related blindness could be prevented if patients with diabetes received appropriate screening and care.†

The Current Clinical Recommendation:
The New Mexico Health Care Takes on Diabetes 2001 Guideline recommends that all persons with diabetes should have a dilated retinal examination by an ophthalmologist or qualified optometrist annually.

New Mexico's Numbers:
Blue Cross and Blue Shield of New Mexico/HMO New Mexico, Cimarron Health Plan, Lovelace Health Plan, and Presbyterian Health Plan agreed to pool their data to get a snapshot of how New Mexico is doing. Together, these plans provide health care for nearly 791,000 New Mexicans.

Percentage of Patients with Diabetes Receiving a Dilated Retinal Exam in 2000

Health Plan	Percentage
Commercial HMO*	34%
Medicare HMO*	60%
Medicaid HMO*	51%

*"Health care professionals have a tremendous opportunity to help prevent blindness among the estimated 167,000 New Mexicans who have diabetes."
— Alex Valdez, New Mexico Department of Health, Cabinet Secretary*

* Diabetes: A Serious Public Health Problem At a Glance 2001. Department of Health and Human Services, Centers for Disease Control and Prevention. <http://www.cdc.gov/diabetes/pubs/glc01a.htm>.
† Data reported using nationally validated HEDIS methodology. Statistics is taken from a combined population of 12,129 Commercial enrollees insured by Blue Cross and Blue Shield of New Mexico by Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Member of the Blue Cross and Blue Shield Association, Commercial Health Plan, Lovelace Health Systems, and Presbyterian Health Plan who met the HEDIS 2000 NCV 2000 definition of diabetes. HEDIS and Quality Company are registered trademarks of the National Committee for Quality Assurance.
* Sample is taken from a combined population of 2,894 Medicaid enrollees insured by Lovelace Health Systems and Presbyterian Health Plan who met the HEDIS 2001 NCV 2000 definition of diabetes.
* Sample is taken from a combined population of 1,729 SALLIE enrollees insured by Cimarron Health Plan, Lovelace Health Systems, and Presbyterian Health Plan who met the HEDIS 2001 NCV 2000 definition of diabetes.

The New Mexico Health Care Takes on Diabetes program publishes 60-Second Guides on subjects related to diabetes care. The guide above addresses retinal exams and diabetic retinopathy. Other 60-Second Guides have addressed lipid profiles, HbA1c testing, cholesterol and other subjects.

New Mexico Health Care Takes on Diabetes (cont...)

insight into what additional resources and programs they can offer to help purchasers meet the needs of their employees, dependents, and retirees. Health plans also can see which companies have turned to their major health plan for assistance in implementing a diabetes management program.

For employers, the directory is a place to start for those who might wish to start a diabetes management program but are still debating the costs and benefits. By perusing the directory, users can see at a glance which companies have such programs, why they started their programs, and their success to date. Then, when considering their own next steps, they can compare their companies' needs to those of the companies listed in the directory.

Community Partnerships

The project relies on collaboration as another support mechanism for driving quality improvement. This collaboration recognizes that healthcare markets are composed of multiple healthcare organizations including health plans, hospitals, and clinics, and that these organizations typically rely on overlapping groups of physicians to provide care to patients. By coming together and collaborating at the community level, it is possible for health plans to promote economies of scale and to ensure the provision of consistent health care messages to patients and providers.

To support and enhance the activities of the community partnerships, AAHP has received a grant from the Commonwealth Fund that will provide substantial on-site management, technical assistance, and evaluation support through the hiring of a community partnership manager in each


location and an overall evaluation consultant. The community partnership managers will help to define the goals and workplan of the partnership, obtain technical assistance, represent the partnership as necessary within the community, gather feedback from partners to ensure the partnership is meeting their needs and advancing the partnership's goals, provide written progress reports, and work with the

partners and evaluation consultant to assure that appropriate evaluation data are collected.

The evaluation consultant, a health services researcher, will work with each partnership to design and implement an appropriate evaluation strategy, including establishing both process and outcome measures. The consultant will work with the community partnership

New Mexico Takes on Diabetes Newsletter

Spring 2002 Newsletter



An Estimated 16 Million Suffer "PRE-DIABETES": HHS & ADA Warn Americans to Reduce Risks

A panel of experts including representatives of the American Diabetes Association (ADA), the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and the Centers for Disease Control (CDC) recently warned Americans of the risks of "pre-diabetes" which affect nearly 16 million people. Research, supported by the Office of Health and Human Services, reveals that people with pre-diabetes will likely develop diabetes within 10 years unless they make modest changes in their lifestyle. Pre-diabetes is a condition in which blood glucose levels are higher than normal but not high enough to be a diagnosis of diabetes. Pre-diabetes will be used as a more understandable term for what is known in medicine as impaired glucose tolerance or impaired fasting glucose.

THE PANEL LISTED THREE MAIN REASONS WHY AN INTERVENTION IN PRE-DIABETES IS CRUCIAL:

1. Blood Sugar levels in the pre-diabetes range puts a person at a 50% greater risk for a heart attack or stroke
2. Research indicates that the development of type 2 diabetes can be delayed with lifestyle improvements
3. Improvements in lifestyle can return elevated blood glucose levels to their normal range.

THE PANEL MADE THE FOLLOWING RECOMMENDATIONS REGARDING SCREENING FOR PRE-DIABETES:

1. Screen overweight people 45 years of age and older for pre-diabetes during regular office visits using either the fasting blood glucose test or the oral glucose tolerance test
2. Consider screening for adults younger than age 45 if they are significantly overweight and have one or more of the following risk factors:
 - Family history of diabetes
 - Low HDL cholesterol and high triglycerides
 - Belong to a minority group (African-Americans, American Indians, Hispanic Americans/Latinos, and Asian American/Pacific Islanders) who are at an increased risk for type 2 diabetes.
 - High blood pressure
 - History of gestational diabetes or gave birth to a baby weighing more than 9 pounds

For more information on HHS/NIDDK Diabetes Prevention Campaign please go to: <http://ndep.nid.nih.gov/get-info/dpl.htm>


Release of Public Service Announcement in Spanish

To address the threat of blindness from diabetes in the Hispanic community, several organizations (AAHP, American Diabetes Association, American Academy of Ophthalmology) teamed together to produce television, radio, and print public service announcements (PSA) in Spanish. The PSAs are part of an ongoing national campaign aimed at reducing the number of Americans who lose their sight as a result of diabetes. The campaign, launched with the support of the Congressional Diabetes Caucus and the Congressional Black Caucus, is working to highlight the fact that minorities are disproportionately affected by diabetic blindness.

In New Mexico, where the incidence of diabetes is one of the highest in the country, AAHP member health plans are working with New Mexico Health Care Takes on Diabetes program to ensure placement of both the English and Spanish ads throughout the state. The PSA has proven to be successful for a locally owned HMO in south Texas' Rio Grande Valley. "Eighty-four percent of the population of the Rio Grande Valley is Hispanic and this campaign was launched as one of VHP's members was losing their sight to diabetes," explains Nick Egnosra, VHP director of marketing and public relations. Thus, representatives of Valley Health Plan placed the PSA on radio and on television, in an all Spanish newspaper and on a billboard. The campaign which began in April, has already resulted in an increased interest in retinal examinations.

To obtain copies for electronic or print PSAs in English and Spanish please contact Susan Pisano, AAHP's vice president for Communications at 202-778-3245 or visit www.takingondiabetes.org

NEW! ANNUAL REPORT AVAILABLE AT WWW.TAKINGONDIABETES.ORG



The New Mexico Health Care Takes on Diabetes program publishes a quarterly newsletter for providers involved in the program. The newsletters contain the latest guidelines, standards, news and resources in diabetes care.

New Mexico Health Care Takes on Diabetes (cont...)

managers to ensure that the appropriate data are collected.

Measurement

Each health plan in Taking on Diabetes agrees to participate in ongoing performance evaluation through the annual submission of data on diabetes-related performance measures. Because the goals of the initiative are

... tied to complex long-term health outcomes, e.g., the reduction of cardiovascular complications, amputations, onset of end stage renal disease, and vision loss, collecting quantitative data that capture the impact of the initiative represents a significant challenge. Taking on Diabetes has identified measures of the care process and of short-term outcomes to serve as indicators of the overall direction of health outcomes for people with

diabetes. These measures are consistent with the measures developed by the Diabetes Quality Improvement Project (DQIP) and used nationally by the National Committee for Quality Assurance (NCQA) in their HEDIS program. To collect useful qualitative information, Taking on Diabetes has developed a baseline survey of health plan programs, benefits, and services. Survey data will provide a longitudinal picture of health plan programs

Figure 3: New Mexico Diabetes Practice Guideline for 2003

Every Visit	Interval history Blood pressure Weight Foot exam	Review glucose testing log, hypoglycemic episodes, current medications < 130/80 mm/HG Obtain weight or BMI Inspect skin for pressure areas and breakdowns
Quarterly to Semi-Annually	HbA1c test	Test 2 to 4 times per year, goal < 7%
At Least Once Each Year	Assess patient knowledge of diabetes, nutrition and self-management skills.	Ensure patient needs are being met by providing or referring for self-management and/or nutrition counseling.
Annually	Foot risk assessment Nephropathy screening Lipid profile Retinal eye exam	Check pulses, conduct monofilament exam If not already diagnosed with nephropathy, screen for microalbuminuria. Normal < 30 mcg/mg creatinine LDL < 100 Mg/dl HDL < 40 mg/dl Triglycerides < 150 mg/dl Dilated retinal exam by ophthalmologist or qualified optometrist.

New Mexico Health Care Takes on Diabetes (cont...)

throughout the duration of the initiative, and will be used to target future programs in support of the initiative's members.

Employer Relations

To help people with diabetes gain a better understanding of their disease and find ways of managing it, many employers have implemented diabetes management programs. Through these programs, employees with diabetes can learn how to take better care of

themselves so that serious complications do not develop. In the process, employees also become smarter health care consumers. In addition, intervention programs, with their emphasis on prevention, also can help reduce the costs of health care. One of the main goals of this component of the initiative is to enable other companies learn about innovative programs and consider how they can adapt them for their own employees. By providing employers and health plans with information about models that work and strategies that have been successful, Taking on

Diabetes hopes to provide inspiration for other industries to develop ways to work with their employees and their health plans to help create a healthier, more productive work force.

The Taking on Diabetes newsletter is a quarterly publication that provides updates on the initiative, and provides information on non-initiative programs and projects that coincide with its areas of focus.

The toolkit workgroup of New Mexico Health Care Takes On Diabetes (NMHCTOD) has taken the lead in developing quarterly

Figure 4: Diabetes Checklist

Ask your doctor or nurse: "Am I due for...?"

- Blood sugar test (each visit)
- Blood pressure check (each visit)
- A1c test (every three to six months)
- Dental exam (every six months)
- Cholesterol test (yearly)
- Urine protein test (yearly)
- Complete foot exam (yearly)
- Eye exam (every year)
- Education on healthy eating habits (every one to two years)
- Education on diabetes self-care (every one to two years)
- Flu shot (yearly)
- Pneumonia shot (every five years)

Valuable Web Sites for Resources on Taking on Diabetes

New Mexico Health Care Takes on Diabetes
www.takingondiabetes.org

New Mexico Optometric Society
www.nmos.org

American Association of Health Plans
www.aahp.org

American Diabetes Association
www.diabetes.org

New Mexico Diabetes Advisory Council
www.nmdiabetes.org

Centers for Disease Control and Prevention
www.cdc.gov

International Diabetes Federation
www.idf.org

MEDLINEPlus Health Information
[/www.nlm.nih.gov/medlineplus/](http://www.nlm.nih.gov/medlineplus/)

National Diabetes Education Program
www.ndep.nih.gov

National Institute of Diabetes & Digestive & Kidney Diseases
<http://www.niddk.nih.gov/health/diabetes/diabetes.htm>

New Mexico Health Care Takes on Diabetes (cont...)

publications, titled, *Diabetes: A 60-Second Guide*, that are distributed as inserts in printed newsletters for health care providers. Each issue features a specific diabetes topic area and provides information about prevalence rates in New Mexico. In addition, the publication will reinforce the NMHCTOD clinical practice guidelines, draw attention to local activities and recommend three to four provider resources on the featured topic. Both the newsletter and additional resources may be downloaded from this Web site.

The first issue, developed and distributed in fall 2001, focused on retinal eye exams for patients with diabetes. Subsequent issues of the publication focus on subjects including the ABCs of Diabetes, which include A1c, blood pressure and cholesterol.

Diabetes Eye Examination Report

This form, created by the New Mexico Ophthalmological Society in

collaboration with the New Mexico Medical Review Association, promotes communication between a patient's eye care professional and primary care

patients to receive care and facilitate communication between health care professionals and their patients with diabetes. New Mexico Health Care

“The New Mexico Health Care Takes on Diabetes coalition is having a major impact. All measures and indicators are much improved. As the numbers released today suggest, tackling the disease in a comprehensive, collaborative way results in better diabetes care for all New Mexicans.”

Secretary Jack Callahan
New Mexico Department of Health

Takes on Diabetes provides these in two different formats as samples for use by either primary care providers or eye care professionals. These reminder cards, written in an easy-to-read format, encourage your patients with diabetes to visit their ophthalmologist or

provider, assists with tracking, and promotes the maintenance of comprehensive medical records. Providers give the forms to their patients with diabetes and encourage them to have their eye care professionals complete it and return it to the PCP's office following their annual exam. This form can also be found on the New Mexico Ophthalmological Society's Web site at www.nmos.org.

qualified optometrist to receive their annual dilated retinal exam. If patients have already received their annual screening, they are encouraged to share exam results with the PCP's office in an effort to maintain comprehensive medical records.

People involved with New Mexico Health Care Takes on Diabetes have found that the use of reminder cards is an effective strategy to encourage

Among the tools used in the program are the diabetes registries—databases that help health plans identify people with diabetes and help them manage their care. In 2001 three group practices in the program were involved in the pilot of an abbreviated version of an electronic patient known as Diabetes Electronic Monitoring System with the goal of increasing efficiency and effectiveness in diabetes management. GlaxoSmithKline provided funding to help the group practices with the initial data abstraction and entry of patient data into the registries. In the three-month pilot, 616 patients were registered in the database and results were excellent, demonstrating an increase in the number of HbA1c tests and lipid profiles performed. Further, in one month after contacting patients who did not appear to have an annual eye examination, one clinic received 50 reports from eye professionals



New Mexico Health Care Takes on Diabetes (cont...)

documenting that the examinations had been performed.

The national initiative in Taking on Diabetes, which provides a model for all providers, is based on three primary strategies:

1. Sharing best practices in the delivery of health care services. One example includes developing and distributing clinical practice guidelines through health plans and community organizations in the entire state of New Mexico, the city of Kansas City (Kansas and Missouri) and Westchester County, N.Y.
2. Developing work site educational materials that increase the

awareness of the disease and promote self-management.

3. Establishing community partnerships that bring together a unique collaboration of diabetes care professionals, health plans, the Department of Health, quality improvement organizations and medical societies. Three community partnerships have been formed in the entire state of New Mexico, the city of Kansas City (Kansas and Missouri) and Westchester County, N.Y.

According to the organization, the successful New Mexico Health Care Takes on Diabetes program has shown that:

- Cooperation and collaboration among all players (health plans, hospitals, physicians, medical societies, quality improvement organizations, state department of health and other related activities) provides better care to patients and ultimately can improve the health status of an entire community.
- Cohesive and flourishing partnership offers an opportunity for real change and measurable progress.

Editor's Note: Disease Management & Quality Improvement Report would like to thank Charm Lindblad for providing the extensive materials used to create this article.

Best Practices In Patient Safety: Practical Strategies and Real Results An Intensive Workshop

Dear Disease Management and Quality Improvement Leader:

You are invited to attend the most beneficial intensive workshop on best practices and patient safety to be held this year. This workshop will be led by two of the most respected physicians on best practices and patient safety in the country.

On June 2-3, 2003 the American Governance & Leadership Group will be presenting this conference at the Hilton La Jolla Torrey Pines in La Jolla (San Diego), California.

The faculty for this workshop will be:

John J. Byrnes, MD, Vice President of System Quality for Spectrum Health, as well as president of The Byrnes Group, a consulting firm specializing in enhancing health care quality. For Dr. Byrnes' complete biography, go to www.AmericanGovernance.com/sebyrnes.html.

James L. Reinertsen, MD, senior fellow, Institute for Health Care Improvement, and President, The Reinertsen Group, an independent consulting and teaching practice helping healthcare leaders create organizational environments in which the work of nurses and doctors can thrive. For Dr. Reinertsen's complete biography, go to www.AmericanGovernance.com/sereinertsen.html.

This is your opportunity to learn from two of the nation's recognized healthcare leaders, to share and exchange ideas with people from around the United States, and to leave with a toolkit of valuable templates, plans, and designs for a comprehensive and practical patient safety program. Don't hesitate; send in your registration today. To ensure a highly interactive learning environment, space is limited.

To download a registration application for this symposium or others, go to www.AmericanGovernance.com/futuresymposiums.html. Don't miss out – register early!!!