



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/NDEP Diabetes Prevention Campaign please go to: <http://ndep.nih.gov/get-info/dpi.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 Espinosa, 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

Update on Taking on Diabetes Collaboratives

NEW MEXICO HEALTH CARE TAKES ON DIABETES

The New Mexico Health Care Takes On Diabetes (NMHCTOD) coalition recently released updated Clinical Practice Guidelines for 2002. The guidelines, adapted from the American Diabetes Association Clinical Practice Guidelines 2002, are designed to quickly summarize elements that should be considered in the care plan of most persons with diabetes. These guidelines will be disseminated to physicians, nurse practitioners, nutritionists and local pharmaceutical representatives in New Mexico. In addition, NMHCTOD developed chart markers with the guidelines to be enclosed in a patient's chart during an office visit. These chart markers are intended to serve as a reminder to providers to conduct necessary procedures and tests for patients with diabetes. For a copy of the guidelines and chart markers please go to www.takingondiabetes.org/communitypartnership.

The toolkit workgroup of NMHCTOD selected the ABCs of Diabetes as the focus of future publications. The newsletter inserts will be known as "A 60 Second Guide" to facilitate increased usage of the publication. The most recent edition of the quarterly publication features A1C control. It provides information on how to interpret the A1C test and references to additional on line resources. Subsequent issues will feature practical resources for control of blood pressure and cholesterol. Dissemination of the guidelines, chart markers and the quarterly publication will be provided by the New Mexico Medical Society, local health plans and pharmaceutical representatives.

KANSAS CITY COLLABORATIVE

The Kansas City Quality Improvement Coalition (KCQIC), a collaborative of local medical societies and health care organizations, recently released community practice guidelines on chronic conditions including diabetes at a symposium in April 2002. The KCQIC guidelines for diabetes identify the frequency of specific procedures that are recommended for patients with adult onset diabetes.

Recently, the staff of Taking on Diabetes launched a pilot to encourage health care workers to become Certified Diabetes Educators in the Kansas City area. The CDE credential demonstrates that the health care professional possesses distinct and specialized knowledge thereby promoting quality care for persons with diabetes. AAHP and ADA intend to sponsor individuals to become certified for teaching essential self-management skills to those with diabetes.

Individuals interested in working with underserved populations who are among the following professions: registered nurse, occupational therapist, optometrist, pharmacist, physical therapist, physician, physician assistant, podiatrist, or dietitian. Also eligible are individuals with a master's degree in nutrition, social work, clinical psychology, exercise physiology, health education, or specified areas of study in public health. Individuals who are bilingual in English and Spanish are encouraged to apply.

For more information on the TOD CDE initiative email your request to tod@aahp.org

WESTCHESTER COUNTY NEW YORK DIABETES COALITION

The Westchester County New York Diabetes Coalition was recently awarded a "team award" at IPRO's 18th Annual Membership Meeting. This award was given to recognize those who have made a significant contribution to IPRO's Healthcare Quality Improvement Program. IPRO awarded this first team award to the Westchester Diabetes Coalition as the collaborative is providing new ideas, programs and resources for persons with diabetes.

Recently focus group discussions were held with primary care providers, endocrinologists and patients in Westchester County. Results of the study indicate:

- ◆ Because of the increased incidence of diabetes, both primary care providers (PCPs) and endocrinologists are seeing an increased number of patients with diabetes
- ◆ PCPs rely on blood sugar levels and A1C testing to assess diagnosis for diabetes. Interestingly a few PCPs indicated that as patients become more aware of diabetes some patients will self diagnose
- ◆ Both PCPs and endocrinologists are focusing more on the patient's predisposition to associated diseases and conditions, such as hypertension, high cholesterol and lipids
- ◆ Several physicians refer newly diagnosed patients to nutritionists, a few PCPs and endocrinologists have nutritionists and certified diabetes educators within their own office
- ◆ Both PCPs and endocrinologists believe that the most critical barrier to patient compliance continues to be diet and exercise
- ◆ Patients also believe that the most significant impact of diabetes on daily life is their diet
- ◆ Most patients were aware of the importance of daily exercise yet found it difficult to focus on this aspect in their disease management routine
- ◆ Patients indicated that they are taking their medications and testing their blood sugar 2-3 times a day
- ◆ Both patients and physicians recognize that diabetes requires intensive self management and the key to controlling diabetes rests with the patients themselves.

The results of these discussions will be used to develop new interventions for the coalition. In addition, the group recommended specific activities as part of a grant application to the New York Health Plan Association.

The National Exemplary Practice Award Program

The American Association of Health Plans (AAHP) and the Washington Business Group on Health (WBGH) developed the National Exemplary Practice Program to identify exemplary practices in the management of chronic conditions. The goal of the program is to encourage the rapid adoption or adaptation of innovative ideas and approaches to chronic care delivery throughout the managed care industry. The National Exemplary Practice Program targets programs developed to address the chronic conditions of diabetes, cardiovascular disease, and asthma.

A SUCCESSFUL PRACTICE:

- ◆ Ensures continuity, coordination, and monitoring of the disease condition
- ◆ Provides care that contributes to superior clinical outcomes and enhances quality of life.
- ◆ Results in a satisfying experience for the member and an economical expenditure of resources for the plan.

In addition, successful practices address a significant portion of the care management process for the clinical condition and demonstrate improvement in outcomes.

THE 2002 AWARD WINNERS ARE:

Exemplary Practice—Diabetes: QualChoice, Cleveland, Ohio

The QualChoice K.N.O.W. (Knowledge and New Opportunities for Wellness) Diabetes Program is an internally developed initiative established to increase compliance with measures of diabetes care that are known to reduce associated long-term consequences, and by doing so, enhance the health and well-being of our members with diabetes. The Program encompasses numerous comprehensive interventions that are targeted toward member, practitioner, and health plan processes. Interventions include a focus on member self-care skills with continued support provided by outbound tele-management; practitioner involvement and development of practice tools as well as the modification of referral processes to open and accommodate improved access to care. Interventions were based on results of barrier and root cause analysis that have led to statistically significant improvement in 17 of the measures used for evaluating both process and outcomes of the program. As a result of this comprehensive approach the health plan has realized steady improvement in their overall management of members with diabetes.

Exemplary Practice—Asthma: Connecticare, Framington, Connecticut

Implemented in 1996, the Connecticare BREATHE (Better Respiration Equals Asthma Treatment and Health Education) has contributed to the improved health status of the health plan members with asthma. Using a multi-prong approach, the program is designed to help members with asthma become knowledgeable about asthma symptoms and treatment resulting in more effective self-management. A nurse case manager works closely with the patient and their doctor to provide the education and support that is needed to effectively manage the person's asthma. Educational materials, information available on the health plan's website and interaction with the nurse case manager through email and/or phone to answer questions and encourage the use of tracking tools and asthma diary provided are methods used in the program with dramatic results in reducing asthma-related hospitalization rates and emergency room visits. A database was developed to identify and track members with asthma, as well as record program interventions. A reporting system was developed to provide quarterly reports to practitioners detailing utilization and prescription drug use. Beginning in September 2001, classes were made available at work sites for employer groups who requested it for any of their employees and not just ConnectiCare members. A 23-slide presentation was developed specifically for ConnectiCare members. As part of the 2-hour education program available to members, they receive tools that assist with the daily management of asthma. These materials include personal peak flow meters and diaries, as well as educational videos and teaching puppets for children.

Exemplary Practice—Cardiovascular: Capitol District Physicians Health Plan, Albany, New York

The 2002 National Exemplary Practice Award Program winner for Cardiovascular Disease is Capitol District Physicians Health Plan's Pressure Wise Program. Initiated in 1997, this program is designed to improve care of members with hypertension through increased compliance with standardized Hypertension Practice Guidelines. The program also has the goal to improve members' self-reported quality of life, reduce members' self-reported risk behaviors and empower members to make lifestyle modifications that can directly improve their quality of life. Member interventions include a broad spectrum of wellness classes, classes on how to self-monitor blood pressure, articles on hypertension and healthy lifestyle choices as well as some of the changes that an individual can implement in order to take control of their own health. Further, the health plan's participating practitioners play an integral role in the development and evaluation of the program and interventions. Practitioners receive a plan-sponsored practice guideline that is reviewed and revised annually as well as rosters of their patients with dates of visits that they receive twice a year. Practitioners are also involved in program evaluation through participation on work teams and committees.

PARTNERS IN PREVENTION ADDRESSES

Strategies to Prevent Diabetes

The Partnership for Prevention featured strategies to effectively prevent diabetes and its complications in their March 2002 issue of *Priorities in Prevention*. Partnership for Prevention is a membership association of corporations, non-profits, and state health departments that develops and advances policies and programs for private organization and federal, state, and local governments. Diabetes affects nearly 16 million Americans and contributes to an estimated 200,000 deaths per year, costing the U.S. approximately \$100 billion annually. This publication is the latest in a series of issue briefs targeting policymakers, health plans, and employers; and emphasizes their role in promoting healthier lifestyles, and improving access to and quality of care for diabetic persons or those at risk of developing diabetes.

ACCORDING TO THE PUBLICATION, THE FOLLOWING STRATEGIES ARE RECOMMENDED TO PREVENT DIABETES AND ITS COMPLICATIONS:

- ◆ Encourage regular physical activity and active communities;
- ◆ Promote a healthy diet, access to nutritious foods, and reasonable portion sizes to maintain healthy weight;
- ◆ Improve access to health care by expanding health insurance coverage and devoting more resources to community health centers;
- ◆ Improve the quality of diabetes services for people with diabetes and for those at highest risk of developing diabetes; and
- ◆ Create work environments that encourage healthy habits.

The publication also includes an overview of diabetes, screening recommendations from the CDC and ADA for diabetes and other coexisting diseases such as obesity, cardiovascular disease and eye disease. The publication also summarizes successful diabetes programs including the Michigan diabetes control program which created diabetes outreach networks to improve individual patient assessments and referrals. In addition it featured the Minnesota Diabetes Control Program which offers technical assistance to health plans in data analysis, quality improvement and diabetes epidemiology. Finally, the New York Diabetes Control Program was recognized as it established three centers of excellence; in a two year period the program achieved 35% reduction in lower extremity amputations.

To read this publication or for a download copy, access the Partnership for Prevention website at www.prevent.org/prioritiesinprevention.html for more information about the Partnership, access their website at www.prevent.org.

The American Association of Health Plans represents over 1,000 HMOs, PPOs, and other similar health plans that provide coverage for 140 million Americans.

The American Diabetes Association is the nation's leading voluntary health organization supporting diabetes research, information, and advocacy. Founded in 1940, the association supports affiliate offices in every region of the country, providing services in more than 800 communities.

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