

# Chronic Disease Connections

An e-bulletin created for healthcare systems working with patients to control their diabetes and high blood pressure.

## Health Promotion is Newsworthy . . .

### **ACA reducing hospital readmissions, study finds**

The Hill (2/25, Sullivan) reports that fewer people are returning to the hospital “for costly readmissions” under the Affordable Care Act, “according to a new study by the Department of Health and Human Services.” The study, published in the New England Journal of Medicine, credits the law’s Hospital Readmission Reduction Program with preventing 565,000 hospital readmissions over five years. The Hill explains that the program creates an incentive to reduce readmissions by penalizing hospitals with high readmission rates.

## Pre-diabetes and Diabetes News . . .

### **Electronic health records can help catch undiagnosed cases of type 2 diabetes**

By mining electronic health records, big data experts have developed a screening algorithm with the potential to vastly increase the number of correct diagnoses of the disease by refining the pool of candidates who are put forward for screening.

### **New NAM Individually Authored Perspective Population Health Strategy for Diabetes: New Partners, New Opportunities** Authors: Rachel Bright and Brian Sakurada

Diabetes challenges the nation’s health in many ways. As of 2012, one in 11 Americans was living with the disease, and two in five Americans will be diagnosed with it during their lifetimes. In 2009–2012, three in eight adults had prediabetes. One in three Medicare dollars is spent on people with diabetes, and diagnosed diabetes cost the United States \$245 billion in 2012, a figure that had increased by 41 percent over the previous 5 years, while undiagnosed diabetes and prediabetes cost an additional \$77 billion. The high prevalence and cost of diabetes are two reasons why it is important to control diabetes more effectively. Better control of diabetes will require a variety of actions addressing lifestyle and socioeconomic factors, screening and medical management, and public awareness. Only a population health approach will suffice because only population health takes into account health care, public health interventions, and the social and physical environments. Success in addressing diabetes would offer a blueprint of how population health efforts might succeed with other public health problems as well.

### **Dropping just five percent of body weight may help reduce risk for diabetes, heart disease**

According to the CBS News (2/22, Marcus) website, “dropping just five percent of body weight can help reduce the risk for diabetes and heart disease and improve insulin sensitivity in muscle, fat, and liver tissue.” The findings of the 40-participant study were published in the journal, *Cell Metabolism*.

### **New Comprehensive Guidelines Tackle Diabetic Foot Management** (Medscape)

New evidence-based clinical-practice guidelines on diabetic foot management cover five areas: ulcer prevention, off-loading, osteomyelitis diagnosis, wound care, and peripheral arterial disease.

This is the first diabetic foot guideline developed by a multidisciplinary panel, which conducted separate systematic literature reviews for each of the five topics.

## What’s new about



**Better Choices, Better Health**  
*Put Life Back in Your Life*

Better Choices, Better Health, an evidence-based program developed by Stanford University, is designed for those with chronic conditions that may include, but are not limited to arthritis, heart problems, diabetes, depression, cancer, high blood pressure, breathing problems, chronic pain, anxiety, weight issues and fibromyalgia. Stanford University’s research has demonstrated that participants who complete the program have experienced better overall health, have more energy and less fatigue, have fewer visits to the doctor and have reduced distress about their health. Learn more at <http://idph.iowa.gov/betterchoicesbetterhealth>.



# Chronic Disease Connections

## Million Hearts® Initiative Update

### Hypertension Prevalence Estimator

Calculate the expected percentage of patients in your practice who have hypertension.

[Download the tool](#)



## The latest on the ABCS...

### A1c

#### **High Blood Sugar May Increase Heart Attack Complications**

01/08/2016 Scientists find glucose causes strong contraction of blood vessels.

### Aspirin Use

#### **Awareness of aspirin's benefits saves lives**

A new study has found that the University of Minnesota's "[Ask About Aspirin](#)" initiative, a statewide public health campaign, is likely a beneficial and cost-effective way to reduce the incidence of a first heart attack or stroke.

### Blood Pressure Control and Management

#### **All High-Risk Patients Should Get Blood Pressure Meds**

12/24/2015 Getting levels below current targets may significantly cut risk of heart attack, stroke, researchers contend.

#### **Insufficient sleep common among US adults, CDC report finds**

The [Wall Street Journal](#) (2/18, A3, McKay, Subscription Publication) reports that the Centers for Disease Control and Prevention released a [report](#) revealing that about one-third of adults in the US appear to be getting insufficient sleep. The [AP](#) (2/18, Stobbe) reports that "South Dakota has the largest proportion of residents who get at least seven hours of sleep each night," while Hawaii "has the lowest proportion." After surveying some 444,000 US adults in 2014, the CDC "also found that while two-thirds of white people nationally got enough sleep, only about half of blacks, Native Hawaiians and Pacific Islanders did." The [NBC News](#) (2/18, Fox) website quotes the CDC report, which said, "Sleeping less than seven hours per night is associated with increased risk for obesity, diabetes, high blood pressure, coronary heart disease, stroke, frequent mental distress, and all-cause mortality."

#### **Health News: What you need to start self-measured BP in your practice**

Now that you know why you should use self-measured blood pressure monitoring (SMBP) to help your patients get their blood pressure under control, here are a few tips about SMBP and the resources that can get you started in your practice.

#### **Group says heart disease undertreated, underdiagnosed in women**

An American Heart Association report says, "heart disease remains undertreated and underdiagnosed in women." The [Washington Post](#) (1/25, Dennis) reports in "To Your Health" that "because the causes and symptoms of heart attacks can be strikingly different between the sexes, women are more vulnerable to slower diagnosis and inadequate treatment, according to" the "[scientific statement](#) published" in [Circulation](#). [TIME](#) (1/25, Sifferlin) reports that "women are also underrepresented in clinical trials for heart disease, the authors note." Only about one-fifth of participants enrolled are women, "and even when women are included in trials, researchers often do not parse out the gender-specific data that could deepen scientists' understanding of how the disease affects women." The [CBS News](#) (1/25, Marcus) website reports that the statement "also says black and Hispanic women are even more at risk for heart attacks and have poorer outcomes when they do have one."

Continued on the next page...

# Chronic Disease Connections

## Cholesterol Control and Management

### Prevalence of Cholesterol Treatment Eligibility and Medication Use Among Adults — United States, 2005–2012

Overall, 36.7% of U.S. adults or 78.1 million persons aged ≥21 years were on or eligible for cholesterol treatment, among whom 55.5% were taking cholesterol-lowering medication, and 46.6% reported making lifestyle modifications to lower cholesterol.

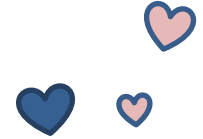
### Cholesterol in Eggs May Not Hurt Heart Health: Study

2/16/2016 Research also finds other dietary cholesterol doesn't appear to up heart disease risk.

## Smoking Cessation

### Smoking May Cause CV Disease by Raising HR: Genetic Analysis

In a two-part meta-analysis of 23 population-based studies, an observational analysis first found that compared with never smoking, current smoking was associated with lower systolic and diastolic blood pressure and a lower risk of hypertension, but it was also tied to a higher resting heart rate. However, a Mendelian-randomization analysis showed that when a genetic variant was used as a surrogate for heavy smoking, this was strongly associated with a higher resting heart rate, without a significant impact on blood pressure. Specifically, smoking 20 cigarettes a day was associated having a 7-beats-per-minute (bpm) higher resting heart.



## Plan Clinic Awareness Activities for Upcoming Health Observations:



### Brain Injury Awareness Month

[www.biausa.org](http://www.biausa.org)

### Save Your Vision Month

[www.aoa.org](http://www.aoa.org)

### Kidney Month

[www.kidney.org](http://www.kidney.org)

### Diabetes Association Alert Day March 22, 2016

[www.stopdiabetes.com](http://www.stopdiabetes.com)

### Foot Health Awareness Month

[www.apma.org](http://www.apma.org)

### Minority Health Month

[www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov)

### Public Health Week

April 4-10

[www.nphw.org](http://www.nphw.org)



## Training for Providers:

### Understanding Clinical Telemedicine for Rural Applications Sign up today!

Cost: Free

Wednesday, March 9, 2016 2 PM Central Time

As telemedicine continues to revolutionize the practice of medicine, one of the most heartfelt ways telemedicine is making a difference is affecting rural populations. Telemedicine provides healthcare organizations (large and small) the ability to deliver care to patients who might not otherwise receive it; due to the shortage of specialists at the closest facility or distance barriers.

An ever increasing number of healthcare providers are setting up telehealth clinics in places their patients frequent, such as local retail stores. Attend this webinar to find out how MercyCare Community Physicians has adopted telemedicine technology to deliver clinical telemedicine encounters. This webinar is aimed to help rural healthcare providers that want to get a clearer depiction of what a typical clinical telemedicine encounter looks like, specific case examples of telemedicine encounters, how MercyCare Community Physicians has adopted telemedicine technology in a retail setting, best practices for launching a telehealth clinic, and lessons learned to properly deliver care.

**Who should attend:** Chief Medical Officers, Chief Nursing Officers, Directors of Nursing, Clinicians, and Medical Group Managers working at Rural Health Clinics, Federally Qualified Health Clinics or other Clinical Service Providers.

# Chronic Disease Connections

## New Resources for Healthcare Providers

### **Obesity Resources for Providers**

Research shows that few health care providers are positioned to provide effective screening and treatment to patients with obesity. STOP conducted a [survey](#) of primary care physicians in 2010, which showed that physicians see a shared role in weight management, but they lack the resources to deliver the highest standard of care. These results prompted the Alliance to develop the [Why Weight?](#) guide to discussing obesity for providers.

Others have worked to draw attention to the inadequate training of health professionals with respect to obesity and how to initiate conversations about weight. Most recently, a perspective [article](#) in the Journal of the American Medical Association offered a poignant and exceedingly honest evaluation of the state of obesity care from the patient perspective. Dr. Fiona Clement, a researcher at The University of Calgary, describes the challenges she has faced as a patient with obesity.

### **Practice News: How one simple solution helped practices work more efficiently**

Your team may find clear communication and care coordination difficult in a busy practice environment. Find out how a single 10-15 minute addition to the daily schedule helped two physician practices improve team culture, relationships and collaboration to deliver stronger patient care.

### **CDC campaign aims to increase awareness about prediabetes** (*Counsel and Heal*)

The [U.S. Centers for Disease Control and Prevention](#) (CDC) has headed a new campaign to increase awareness about prediabetes.

The CDC along with the American Medical Association, the American Diabetes Association and the Ad Council have launched the first ever national public service advertising (PSA) campaign for prediabetes, a condition that is characterized by higher than normal blood sugar levels that can lead to a type 2 diabetes diagnosis if left unchecked.

### **Using Warfarin With Diabetes Drugs May Elevate Risk Of Severe Hypoglycemia In Older Adults, Study Says**

[Medscape](#) (12/22, Tucker) reports that a [study](#) published in the BMJ found that “concurrent use of warfarin and the diabetes drugs glipizide and glimepiride appears to dramatically elevate the risk for severe hypoglycemia in older adults.” Researchers say they found a “substantial positive association” between the use of the drugs and visits to the emergency department, hospital admissions due to hypoglycemia and fractures from falls.

### **The Patient-Centered Medical Home's Impact on Cost and Quality: Annual Review of Evidence, 2014-2015**

Here are the key findings to help guide our collective future efforts:

***PCMH controls costs by providing the right care:*** Positive, consistent trends show that advanced primary care improves quality and helps decrease costs. By providing the right primary care “upstream,” we can make a positive impact on how care is used “downstream” such as decreased emergency department (ED) visits and avoidable hospitalizations. Up next: consistent assessment of total cost of care that simultaneously measures better care, better health, and clinician satisfaction.

***Payment and performance BOTH must be aligned:*** Payment reform is necessary but not sufficient for clinician buy-in. Alignment of performance measures across payers is critical too. The most impressive cost and utilization outcomes came from multi-payer collaboratives that aligned payment and incentivized performance measures linked to quality, utilization, patient engagement and/or cost savings. No single payment model best supported the PCMH, but moving away from fee-for-service is a must.

***Assessing and promoting the value of PCMH is needed:*** Significant variation in PCMH initiatives/programs makes for challenging evaluations and expectations. Up next: measurement and recognition of PCMHs must be better aligned with value as defined by patients, providers, and payers.

## The Iowa Department of Public Health -- Health Promotion and Chronic Disease Control Partnership

This e-Bulletin is supported by Cooperative Agreement Number 5U58DP004807-03 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Iowa Department of Public Health.



Editors:

**Terry Y. Meek**  
*Health Systems Coordinator*  
terry.meek@idph.iowa.gov

**Laurene Hendricks**  
*Linkage Coordinator*  
laurene.hendricks@idph.iowa.gov