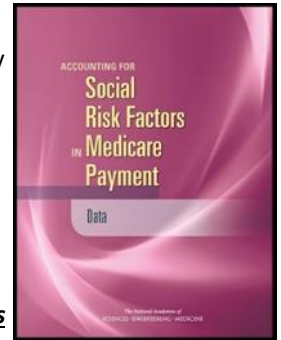


# Chronic Disease Connections

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

## Health Promotion is Newsworthy . . .

The Department of Health and Human Services, acting through the Office of the Assistant Secretary for Planning and Evaluation, asked the National Academies of Sciences, Engineering, and Medicine to convene an ad hoc committee to identify social risk factors that affect the health outcomes of Medicare beneficiaries and methods to account for these factors in Medicare payment programs. The committee's work will be conducted in phases and will produce five brief consensus reports. In the first report, **Accounting for Social Risk Factors in Medicare Payment Programs: Identifying Social Risk Factors**, the committee presented a conceptual framework and described the results of a literature search linking social risk factors, including socioeconomic position, to health-related measures of importance to Medicare payment and quality programs. In the second report, **Systems Practices for the Care of Socially At-Risk Populations**, the committee identified six community-informed and patient-centered systems practices that show promise for improving care for socially at-risk populations. In the third report, **Accounting for Social Risk Factors in Medicare Payment: Criteria, Factors, and Methods**, the committee provides guidance on which social risk factors could be considered for Medicare accounting purposes, criteria to identify these factors, and methods to do so in ways that can promote health equity and improve care for all patients. In this fourth report, **Accounting for Social Risk Factors in Medicare Payment: Data**, the committee provides guidance on data sources for and strategies to collect data on social risk factor indicators that could be accounted for in Medicare quality measurement and payment programs.



### **New Unique Prevention Campaign: JUST CLAP FOR LIFE!**

A new unique Cardiovascular disease and obesity prevention campaign uses clapping as its method of educating children, families, seniors, and communities about healthier lifestyles. Clapping can improve motor and spatial skills; enhance emotional, sociological, physiological, and cognitive skills; and elevate moods through an increase in endorphin levels. Follow the link or call 602.996.6300 for additional information.

## Pre-diabetes and Diabetes News . . .

### **CMS approves YMCA diabetes prevention program for expansion**

**USA Today** (11/2, O'Donnell) reports the Centers for Medicare and Medicaid Services "will move ahead with a national test of Medicare coverage for a YMCA diabetes prevention program over the objections of the pharmaceutical industry." USA Today adds, "The final rule...is designed to speed Medicare coverage of a program to combat a disease that a quarter of people 65 and older have." The article mentions that the American Medical Association "was an early supporter of the diabetes program and partnered with the national Y to encourage doctors to refer patients to the program."

### **Study questions validity of prediabetes screening tool**

A study in **JAMA Internal Medicine** suggests a web-based, seven-question prediabetes test promoted by the CDC and other groups may lead to unnecessary blood glucose testing in millions of healthy people. However, ADA chief scientific and medical officer Dr. Robert Ratner said the high risk of prediabetes among US adults makes the testing useful, adding, "The goal of a free screening tool is to identify reasonable risk while missing as few people as possible."

### **Study: High-protein diet may not reduce diabetes risk factor**

Weight-loss on a high-protein diet did not improve insulin sensitivity, which can reduce the risk of diabetes and heart disease, according to a study of obese women ages 50 to 65. The study in **Cell Reports** found women who dieted but ate the standard amount of protein improved their insulin sensitivity by 25% to 30%.

### **Study: People over age 30 account for half of new type 1 diabetes cases**

A UK study presented at the European Association for the Study of Diabetes meeting showed 47% of type 1 diabetes cases are diagnosed from ages 31 to 60, while 53% of cases are among those ages 30 and younger. The findings, based on a UK Biobank cohort of 120,000 British white adults, ages 40 to 70, revealed that people genetically classified with type 1 diabetes between ages 31 and 60 were more likely to be on insulin within a year of being diagnosed, currently using insulin, had lower body mass index and were significantly younger at diagnosis than peers diagnosed with type 2 diabetes.

# Chronic Disease Connections

## Million Hearts® Initiative Update

**Visit CDC's *Vital Signs* on Medication Adherence**—Find the *Vital Signs* fact sheet, *MMWR*, and other materials. Take advantage of CDC's [social media tools](#), such as the *Vital Signs* buttons and e-mail updates, and use our [content syndication service](#) to have *Vital Signs* sent directly to your own website for display. More information about medication adherence, as well as resources and tools—including the [Factors That Promote Antihypertensive Medication Adherence, 2009 vs. 2014 data snapshot](#)—is on the [Million Hearts® medication adherence Web page](#).

**Nominations for patient-centered outcomes research dissemination and implementation are being sought by AHRQ.** The Agency for Healthcare Research and Quality (AHRQ) is seeking nominations of clinical or system interventions that have been shown to improve patient health outcomes with potential to have an even greater impact if implemented more broadly. Nominations should focus on findings that compare the impact of two or more preventive, diagnostic, treatment, or health care delivery approaches on health outcomes that are meaningful to patients. Submit nominations or [send an e-mail](#) for more information.

## The latest on the ABCS...

### A1c

#### **Improving blood sugar estimates**

Researchers developed a way to calculate average blood sugar levels more accurately than the standard method. The findings could lead to better care for people with diabetes.

### Aspirin Use

#### **AHA Recommendation**

People at high risk of heart attack should take a daily low-dose of aspirin (if told to by their healthcare provider) and that heart attack survivors regularly take low-dose aspirin.

### Blood Pressure Control and Management

**HHS awards more than \$87 million for health centers' IT enhancements** In September, HHS awarded more than \$87 million in direct funding to 1,310 health centers to accelerate the transition to value-based models of care, improve efforts to share and use information to support better decisions, and increase engagement in delivery system transformation. These funds may be instrumental in helping health centers use their data to improve blood pressure outcomes.

#### **Get strategies and tools from HRSA's Guide to Improving Care Processes and Outcomes in Health Centers**

To help address the increasing imperative to improve performance on targets such as hypertension control, the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care recently provided a new guide. This resource provides proven strategies and tools that providers and their partners can use to enhance care processes and outcomes for Million Hearts® "ABCS" measures and many other targets.

#### **New research program will address health disparities of chronic diseases**

The National Institute on Minority Health and Health Disparities, part of the National Institutes of Health, is launching the Transdisciplinary Collaborative Centers for Health Disparities Research Program. This program responds to the need for more robust, ecological approaches to address chronic diseases among health disparity populations.

#### **Learn the business logic of combating cardiovascular disease from National Business Coalition on Health's action brief**

The cost of an employee suffering a cardiovascular event can be catastrophic to employer health plan costs. Between 2010 and 2030, total direct medical costs of cardiovascular disease are projected to triple, from \$273 billion to \$818 billion. Indirect costs (due to lost productivity) are estimated to increase from \$172 billion to \$276 billion—an increase of 61%. This brief includes action steps for employers to help prevent cardiovascular events.

Continued on the next page...

# Chronic Disease Connections

## Cholesterol Control and Management

**September was Cholesterol Awareness Month:** In Million Hearts®, the “C” in the “ABCS” gets our attention every day. That’s why a recent [CDC MMWR publication](#) has our attention. The report showed that between 2005 and 2012, only 55.5% of the estimated 78 million U.S. adults eligible for treatment based on 2013 national guidelines were taking cholesterol-lowering medications, and only 46.6% were making lifestyle changes. Notably, women, Mexican Americans, and blacks were less likely to be on medication. These data show us all sizable opportunities to improve cholesterol control—a proven path to fewer heart attacks and strokes for our families and friends. How can you and your team or community help more people do what works to protect their heart and brain health? —**Janet Wright, MD, FACC Executive Director, Million Hearts®**

### **New review examines evidence for the efficacy and safety of statin therapy**

This review in *The Lancet* is intended to help clinicians, patients, and the public make informed decisions about statin therapy for the prevention of heart attacks and strokes. The review discusses how claims that statins commonly cause adverse effects reflect a failure to recognize the limitations of other sources of evidence about the effects of treatment.

The U.S. Preventive Services Task Force released a **final recommendation statement on statin use for the primary prevention of cardiovascular disease in adults.** The Task Force found that statin use is beneficial for some people ages 40 to 75 years who are at increased risk for cardiovascular disease, but did not find enough evidence to recommend for or against statin use for people older than age 75 years. To view the recommendation and the evidence on which it is based, please go to <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/statin-use-in-adults-preventive-medication1>

## Smoking Cessation

### **Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health**

The *Report* discusses opportunities to bring substance use disorder treatment and mainstream health care systems into alignment so that they can address a person’s overall health, rather than a substance misuse or a physical health condition alone or in isolation. It also provides suggestions and recommendations for action that everyone—individuals, families, community leaders, law enforcement, health care professionals, policymakers, and researchers—can take to prevent substance misuse and reduce its consequences.



## Plan Clinic Awareness Activities for Upcoming Health Observations:

**DECEMBER**

**Safe Toys and Celebrations Month**

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



**Just Clap for Life!**

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

**Healthy Weight Week**

January 16-20, 2017

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

**Women’s Healthy Weight Day**

January 20, 2017

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

## Training for Providers:

### **Experts support including pharmacists on primary care teams**

Including pharmacists in primary care teams to provide medication management services may reduce costs, help prevent hospital readmissions and improve care, panelists said at a congressional briefing. Medication management helps ensure patients can obtain prescribed medications and take them appropriately, panelists said. [MedPage Today \(free registration\) \(10/7\)](#)

### **Researchers to examine use of mobile technology in managing diabetes**

The National Institute of Diabetes and Digestive and Kidney Diseases gave researchers from the University of Illinois at Chicago a \$4 million grant to study how black and Hispanic patients with diabetes may benefit from using mobile technology, such as video-conferencing and text messaging, to manage their treatment. Researcher Ben Gerber, M.D., noted that the use of videoconferencing would reduce low-income patients' need for in-person visits, and text messaging could increase contact with patients.

[Healio \(free registration\)/Endocrine Today \(10/9\)](#)

# Chronic Disease Connections

## New Resources for Healthcare Providers

**Check out these new CDC nutrition resources for implementing healthier food service guidelines in hospital and federal worksite cafeterias**—CDC's Division of Nutrition, Physical Activity, and Obesity supported a project by the North Carolina Institute of Public Health (NCIPH) to post new nutrition resources to highlight the facilitators and barriers of implementing health food service guidelines in hospitals and federal worksite food service operations. The resources include guidelines and success stories of a project supported by NCIPH.

### **Learn more about self-measured blood pressure monitoring (SMBP).**

Strong scientific evidence substantiates the impact that SMBP plus clinical support has on lowering blood pressure. Find several evidence-based SMBP tools, resources, and success stories on the Million Hearts® website. Help patients start taking control of their blood pressure, and talk with them about SMBP.

**The U.S. Preventive Services Task Force seeks comments** on a draft recommendation statement and draft evidence review on behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease prevention in adults without cardiovascular risk factors. Evidence shows that counseling can help prevent cardiovascular disease in some people who are at low or average risk, but the benefits are limited. The draft recommendation statement and draft evidence review are available for review and public comment from November 29 to January 2.

### **Health System Funding Opportunity**

The American College of Preventive Medicine (ACPM) has received funding from the Division of Diabetes Translation within the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention (CDC). A portion of the funding will be used to increase the number of physicians/clinicians who are screening, testing, and referring their patients with prediabetes to a CDC-recognized diabetes prevention program.

Through this project, ACPM will fund 3 health care organizations/practices to develop and implement a protocol for screening, testing, and referring patients with prediabetes to a CDC-recognized diabetes prevention program, either through the EHR or by using another non-electronic approach. Award recipients will work with ACPM to document their experiences and lessons learned as case studies to inform and teach others.

*Proposals are due by January 5, 2016 and recipients will be announced the week of January 16.*

**VIEW CDC Diabetes Prevention Program Lifestyle Coach Training**  
100% Online; Scheduled through mid -2017; Don't wait, class size is limited!

## What's new about



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

Support of patient self-management is a key component of effective chronic illness care and improved patient outcomes. Self-management support goes beyond traditional knowledge-based patient education to include processes that develop patient problem-solving skills, improve self-efficacy, and support application of knowledge in real-life situations that matter to patients. The Chronic Disease Self-Management program offered across the state can assist in improved patient outcomes among chronically ill patients. To find program locations, local contact, or to learn more visit <http://idph.iowa.gov/betterchoicesbetterhealth>.

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

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Editors:

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

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