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

Health Promotion is Newsworthy...

The Washington Post: The Latest Medical Journal Study Of Obamacare Is By ... President Obama

This isn't your typical medical journal article: For one, the author has a law degree, not a M.D. Second, that author is President Obama. In an unusual "special communication" published in The Journal of the American Medical Association, President Obama reflects on his signature health care law, calling it the "most important health care legislation enacted in the United States since the creation of Medicare and Medicaid in 1965." (Johnson, 7/11)

Pre-diabetes and Diabetes News . . .

CMS Releases More Information About Diabetes Prevention Program Coverage

Centers for Medicare & Medicaid Services (CMS) is proposing to expand the Diabetes Prevention Program into Medicare beginning January 1, 2018. Through its expansion, more Medicare beneficiaries would be able to access the benefits of the Diabetes Prevention Program, which could lead to the prevention of diabetes, improved health, and reduced costs. CMS seeks comment on its proposal. More information about the CMS announcement is available here (information specifically about diabetes prevention program coverage is about halfway down the webpage). More information about the diabetes prevention program and a list of locations in Iowa is available here.

Physician's Success Story as a Patient with Prediabetes

The American Medical Association published the story of Nancy Nielsen, MD, PhD, who enrolled in her local diabetes prevention program. Dr. Nielsen discusses her positive experience with the program and the benefits of referring patients to the program, which gives patients the information and support they need to make important lifestyle changes without placing the burden on busy physician practices. Read the story here. More information about the diabetes prevention program and a list of locations in lowa is available here.

Genetics of type 2 diabetes revealed in unprecedented detail

A comprehensive investigation has unveiled genetic differences that heighten a person's risk for developing type 2 diabetes.

Can Diabetes Classification Be Fine-Tuned?

NEW ORLEANS — Researchers may have identified the first step toward precision medicine in the field of diabetes. According to data presented at the American Diabetes Association (ADA) 76th Scientific Sessions, it may now be possible to combine genetic and non-genetic markers and classify patients with diabetes into 5 subgroups, stratifying disease progression. "This is by far the largest and most comprehensive study trying to reclassify diabetes and move away from only **type 1 diabetes** and **type 2 diabetes**. In total, close to 20,000 patients were included in either the primary or replication cohort," said study investigator Petter Storm, PhD, researcher at Lund University Diabetes Centre, Malmö, Sweden.

What's new about



Better Choices, Better Health Put Life Back in Your Life

WHY refer patients to these workshops? Triple Aim alignment.

Chronic Disease Self-Management Programs such as Better Choices, Better Health support your efforts to meet the Institute for Healthcare Improvement's Triple Aim design requirements for new models of care: (1) improving the patient experience of care (including quality and satisfaction); (2) improving the health of populations; and (3) reducing the per capita cost of health care.

Achievement of quality performance goals depends on patient self-management.

Performance-based contracts include quality measures associated with patient self-management (e.g., A1C, cholesterol). Better Choices, Better Health improves treatment plan adherence and, in turn, key quality measures being used by CMS/Medicare. Learn more at http://idph.iowa.gov/betterchoicesbetterhealth.







Million Hearts® Initiative Update



Undiagnosed Hypertension

Are there patients in your practice with undiagnosed hypertension who may be "hiding in plain sight"? Video: Finding Undiagnosed Hypertensive Patients Hypertension Prevalence Estimator Tool References, Resources, and Case Studies



Of the 75 million Americans who have hypertension, almost half do not have the condition under control. About 15 million of them don't know their blood pressure is too high and are not receiving treatment to control it, even though most of these individuals have health insurance and visit a health care provider each year.

That means potentially millions of people with uncontrolled hypertension are seen by clinicians but remain undiagnosed. While following best practices and providing the highest levels of care, providers can still have patients "hiding in plain sight" who are at risk for or have undiagnosed hypertension. Finding these patients and spreading the word about how other health care professionals can find them may help save lives.

Access the partner toolkit to spread the word >

The latest on the ABCS...

Living Well With Diabetes

American Diabetes Association Educators: Order your Living Well With Diabetes workbooks Here! As a privilege of your continued status as an American Diabetes Association Recognized Program, the popular workbook Living Well With **Diabetes** is now available in Spanish (**Viva bien con la Diabetes**). Both English and Spanish workbooks are available, free, from the American Diabetes Association to help your patients make good daily decisions about their diabetes. Be sure to check this out... a very thorough and quality patient education resource for your patients!

Aspirin Use

Who Should Take Low-Dose Aspirin? This App Can Help You Decide

Dr. JoAnn Manson, professor of medicine at Harvard Medical School and Brigham and Women's Hospital, talks about two new publications and a free mobile app called Aspirin Guide, which provide resources for clinicians to help with decisionmaking about the use of low-dose aspirin in primary prevention of cardiovascular disease (CVD).

Aspirin Often Prescribed Over Anticoagulants for AF, Says Study (Medcape-Free registration may be required) Contrary to guideline recommendations, many patients with atrial fibrillation (AF) at risk of stroke are still being treated with aspirin alone instead of oral anticoagulation, new research suggests.

Blood Pressure Control and Management

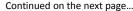
Decline in US heart disease death rate leveling off, research indicates

The Wall Street Journal (6/29, Winslow, Subscription Publication) reports that research published online in JAMA Cardiology indicates the yearly decline in US heart disease deaths has been virtually flat since 2011. Investigators studied the CDC's public-health database known as Wonder. HealthDay (6/29, Reinberg) reports that the investigators "found the annual death rate dropped nearly 4 percent for heart disease and nearly 5 percent for stroke from 2000 to 2011. However, those rates dropped less than 1 percent from 2011 to 2014." During "this time, the annual rate of decline in cancer deaths remained stable, at nearly 2 percent." According to HealthDay, "The slowing in the decline of the death rate from heart disease and stroke occurred in men and women, and in most racial and ethnic groups," noted the researchers.

For Better Heart Care, Get a Pharmacist on Your Team

Canadian study highlights a potential opportunity to improve public health.











Cholesterol Control and Management



Lawmakers urge FDA to approve generic versions of cholesterol medication

STAT (7/7, Silverman) reports that several lawmakers, including Sen. Bernie Sanders (I-VT), wrote a letter urging the Food and Drug Administration to approve generic versions of Crestor (rosuvastatin calcium). The lawmakers also "maintained that a successful legal challenge by AstraZeneca, which last week sued the agency to thwart lower-cost competition, would be 'disastrous' for consumers."

Inherited Cholesterol Disorder Significantly Boosts Heart Risks

Untreated, the condition also makes arteries age decades faster, study reports.

Smoking Cessation



ACA did not promote smoking cessation or lower costs during its first year, study suggests

Bloomberg News (7/6, Ramkumar) reports the Affordable Care Act was supposed "to have a particular impact on smokers when it was enacted: It would shift the burden of high health-care costs from smoking ailments to the smokers themselves—17 percent of American adults in 2014." A study conducted by the Yale School of Public Health found, however, that the ACA failed to meet this goal during its first year. Data show fewer smokers enrolled in ACA plans as a result. The researchers said had the surcharges been eliminated, "smokers with insurance coverage in the sample would have risen from 70 percent in 2013 to 80 percent in 2014," compared to the actual figure of 76 percent. On its website, CNBC (7/6, Mangan) reports that in addition to lower enrollment by smokers, data indicate "the surcharges for tobacco users did not lead to overall reduced smoking among people who" did purchase ACA plans during the first year. In fact, researchers found "tobacco users who faced lower surcharges than the maximum allowed actually 'showed significantly less smoking cessation." The <a href="https://en.com/https://en.co

Plan Clinic Awareness Activities for Upcoming Health Observations:



National Kids Day
August 7 <u>www.kidspeace.org</u>

National Health Center Week 8/14 to 8/20 www.healthcenterweek.org

Neurosurgery Outreach Month www.aans.org



National Cholesterol Education Month www.nhlbi.nih.gov

National Nurses Day www.nann.org

Healthy Aging Month www.healthyaging.net

Farm Safety and Health Week 9/18 to 9/24 www.necasag.org

Resources for Providers:

<u>Disrupting the Pathway – A Prevention Approach to</u> <u>Medical High Utilization</u>

This paper presents an exploratory methodology for disrupting the pathway that leads to high utilization by applying a community-wide prevention lens to the challenges of high utilization. The rich body of prevention research, practice, and experience supports the notion that this approach can add value to existing efforts by the healthcare system - by reducing the pipeline to high utilization, supporting the maintenance and restoration of health and well-being, and improving the health of the population. The ideas presented here are preliminary and meant to catalyze further thinking about the potential value of prevention in reducing medical high utilization.

Associated File(s) (click to download):

Disrupting the Pathway - A Prevention Approach to

Medical High Utilization Author(s):Larry Cohen,

Prevention Institute | Larissa Estes, Prevention Institute |

William L. Haar, Prevention Institute | Leslie Mikkelsen,

Prevention Institute | Victoria Nichols, Prevention Institute |

Prevention Institute Date Published: May 2016

New Resources for Healthcare Providers



A Practitioner's Guide for Advancing Health Equity

This <u>guide</u>, written by Prevention Institute, helps public health practitioners advance health equity through community prevention strategies. It focuses on policy, systems, and environmental actions to improve the places where people live, learn, work, and play, and includes dozens of case studies that showcase great work by local health departments and coalitions.

New Guidance on Non-Statin Cholesterol Drugs

The American College of Cardiology (ACC) has released an "Expert Consensus Decision Pathway" document on the role of non-statin therapies for low-density lipoprotein (LDL) cholesterol lowering in the management of cardiovascular disease risk. The document, which was <u>published</u> in the July 5 issue of the *Journal of the American College of Cardiology (JACC)*, is endorsed by the National Lipid Association.

The U.S. Preventive Services Task Force has posted a final research plan on screening for cardiovascular disease risk and atrial fibrillation with electrocardiography

The draft research plan for this topic was posted for public comment from May 5 to June 1, 2016. The Task Force reviewed all of the comments that were submitted and took them into consideration as it finalized the research plan. To view the final research plan, use the link.

Moving from Understanding to Action on Health Equity

PI's new report, Moving from Understanding to Action on Health Equity: Social Determinants of Health Frameworks and THRIVE, presents an overview of Social Determinants of Health (SDOH) frameworks and discusses how our updated THRIVE tool has incorporated the field's collective knowledge on SDOH.

<u>Social Determinates of Health: Fact Sheets about Tobacco Use and Cancer Survivorship Among Vulnerable Populations</u>

The first round of SelfMade Health Network (SMHN) Fact Sheets are available for downloading and sharing. Several topics are featured and range from Cancer Survivorship to Secondhand Smoke and Cancer Screening Patterns Among Working Adults along with others.

<u>Drugs That May Cause or Exacerbate Heart Failure: A Scientific Statement From the American Heart Association</u>

Heart failure is a common, costly, and debilitating syndrome that is associated with a highly complex drug regimen, a large number of comorbidities, and a large and often disparate number of healthcare providers. All of these factors conspire to increase the risk of heart failure exacerbation by direct myocardial toxicity, drug-drug interactions, or both. This scientific statement is designed to serve as a comprehensive and accessible source of drugs that may cause or exacerbate heart failure to assist healthcare providers in improving the quality of care for these patients.

How Does Your Practice Measure Up? MACRA and MIPS Resources

Tools from Telligen



<u>Customizable Template Helps Craft Protocol to Identify and Treat Tobacco Users</u>

Million Hearts®



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.