

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

CDC: Racial disparities in mortality shrink, but challenges remain

A new CDC Vital Signs report found a 25% decrease in age-adjusted mortality among blacks from 1999 to 2015. The racial disparity rates in all-cause mortality rates fell to 16% from 33% during the same period, but overall mortality and incidence of many chronic conditions are still higher among blacks. Black people were more likely than white people to say they had been unable to see a physician in the past 12 months because of cost, and young black adults were less likely to have a regular health care provider. [Reuters](#) (5/2), [MedPage Today \(free registration\)](#) (5/2)

Pre-diabetes and Diabetes News

FDA requires J&J to include boxed warning on diabetes drugs

The FDA has required Johnson & Johnson to include in the package inserts of its diabetes drugs Invokamet, Invokamet XR and Invokana a boxed warning regarding the risk of leg and foot amputations from taking the active ingredient canagliflozin. A safety analysis of a study conducted last year showed an increased risk of lower-limb amputation, mainly of the forefoot and toe, in patients with a high risk of cardiovascular events. [Reuters](#) (5/16)

Study examines efficacy of telemedical coaching in diabetes

A study in Diabetes Care showed that patients with advanced-stage type 2 diabetes had a $-1.1 \pm 1.2\%$ reduction in HbA1C 12 weeks after receiving telemedical coaching along with weighing scales, step counters and routine care, compared with those who didn't receive telemedical coaching. German researchers used a cohort of 202 patients and found similar results for secondary outcomes including body mass index, eating behavior, antidiabetes medication, quality of life, weight, systolic blood pressure and 10-year cardiovascular risk. [Physician's Briefing/HealthDay News](#) (5/17)

Study: Pharmacist-involved collaborative care improves outcomes in diabetes

Asian patients with uncontrolled type 2 diabetes had a mean A1C reduction from $8.6 \pm 1.5\%$ at baseline to $8.1 \pm 1.3\%$ at six months after participating in a multidisciplinary collaborative care with regular follow-up from pharmacists and usual care, compared with the usual care group, according to a study in the [Journal of Clinical Pharmacy and Therapeutics](#). Singaporean researchers used a cohort of 411 diabetes patients and found those in the intervention group also showed improvements in Problem Areas in Diabetes and the Diabetes Treatment Satisfaction Questionnaires and an average cost reduction of \$91.01 per patient. [Physician's Briefing/HealthDay News](#) (5/15)

Study links kidney stone formation to diabetes, obesity

Researchers found that type 2 diabetes and greater body mass index were associated with an increased risk of having kidney stones. The findings, presented at the American Urological Association annual meeting and based on 665 type 2 diabetes patients, revealed significant associations between HbA1C and oxalate excretion, as well as between increasing BMI and an increased urinary excretion of oxalate. [Renal and Urology News](#) (5/12)

What's new about



Better Choices, Better Health

Put Life Back in Your Life

People with chronic conditions are bombarded with advertising and information regarding treatment options. It can be overwhelming. The Better Choices, Better Health program supports participants to consider these things when reviewing treatment options: where did I learn about this; were the people who got better like me; could anything else have caused these positive changes; does treatment suggest stopping other medications or treatments; does treatment suggest not eating a well-balanced diet, can I think of any possible dangers or harm; can I afford it; and am I willing to go to the trouble or expense? Consider referring your patients to the Better Choices, Better Health program. Learn more at <http://idph.iowa.gov/betterchoicesbetterhealth>

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Million Hearts® Initiative Update

Million Hearts® 2022: Making More Progress Faster Together webinar

View a recent webinar by Dr. Janet Wright, Executive Director of Million Hearts® as she speaks to the future of the initiative. Free nursing CEs available.

The latest on the ABCS

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Switching to 24-hour insulin pump could improve A1C in diabetes, study finds

Seventy-one percent of patients with uncontrolled type 2 diabetes achieved a target A1C level of less than 8 percent after switching to the V-Go 24-hour wearable insulin delivery system from daily insulin injections, according to a study presented at the American Association of Clinical Endocrinologists' annual meeting. Researchers analyzed 89 diabetes patients with a mean age of 59 and found a reduction in mean insulin total daily dose requirements at an average of 15 weeks following the switch. [MedPage Today \(free registration\) \(5/8\)](#)

Aspirin Use

Maybe It's time to reconsider Aspirin Use in Some Patients

Many people with heart issues take an aspirin every day, but a team of Salt Lake City researchers has found that the little white pill is of no benefit, and could even be dangerous, for one group of heart patients who took aspirin for three years. The research, presented 5/13 to a heart-rhythm specialists meeting in Chicago, involved more than 4,000 Utahns who suffer from an irregular heart rate - a condition known as atrial fibrillation - and who have been treated with a catheter ablation, a procedure that destroys damaged tissue in the heart. In these patients, long-term use of aspirin can put them at risk for gastric and genitourinary bleeding and did not reduce their risk for strokes, Dr. Jared Bunch, director of Heart Rhythm Research at [Intermountain Medical Center Heart Institute](#), said.

Blood Pressure Control and Management

DIY blood pressure monitors may be inaccurate

At-home blood pressure monitors yielded systolic pressure readings that differed from professional devices by 5 mmHg in 54% of patients, by 10 mmHg in 20% of patients and by 15 mmHg or more in 7%; diastolic pressure was off by the same degrees in 31%, 12% and 1% of patients, respectively. The study, published in the American Journal of Hypertension, highlights the need for more accurate devices as well as better verification methods, researchers said.

Good CV health at middle age helps people live longer, better

Having good cardiovascular health in middle age was associated with lower Medicare costs, an average increase in life of 3.9 years and a 4.5-year delay before developing a chronic illness, a study in the journal *Circulation* found. "Health professionals need to let young adults know that maintaining or adopting a heart-healthy lifestyle makes it more likely that you'll live longer and still be healthy enough to do the things you love to do when you're older," said researcher Norrina Allen of Northwestern University. [Cardiovascular Business online \(5/2\)](#)

Practice News » 4 ways to partner with black patients to control hypertension

Physician practices seeking to improve the blood-pressure control rates among their black patients should pay special attention to an evidence-based framework for hypertension management that emphasizes the essential role of patient-physician communication, says a cardiologist who has long studied racial and ethnic health disparities in heart disease. [Read more at AMA Wire.](#)

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Cholesterol Control and Management



Study finds poor statin adherence after heart attack

Researchers looked at data for 57,898 Medicare beneficiaries ages 66 and older who were hospitalized for a heart attack between 2007 and 2012 and found that only about 42% continued to regularly take their high-intensity statin after two years, while almost one in five people stopped taking the drug. The findings, published in JAMA Cardiology, showed being a first-time user of the drug and being African-American or Hispanic were both associated with a lower likelihood of regularly taking the medication. [Reuters](#) (4/19)



Study Compares Statin Guidelines



[Reuters](#) (4/18, Seaman) reports that [research](#) published in the Journal of the American Medical Association suggests “more than nine million people may miss out on” statins if physicians “choose one set of medical guidelines over another.” This is “because the government-backed US Preventive Services Task Force (USPSTF) set a higher threshold for use of statins than the American College of Cardiology and the American Heart Association (ACC/AHA).”

Study ties statin use to elevated type 2 diabetes risk

A meta-analysis of 20 observational studies involving at least 1,000 participants found use of statins was associated with a 44% higher risk of type 2 diabetes, compared with nonuse. The findings, published in the journal Nutrition, Metabolism & Cardiovascular Diseases, showed the greatest risk among patients who used rosuvastatin, followed by users of atorvastatin.

Smoking Cessation

National Tobacco Control Program State Fact Sheets

National Tobacco Control Program (NTCP) State Fact Sheets are available for all 50 states and the District of Columbia. The fact sheets present the latest nationally representative data available for each state in PDF format.



Plan Clinic Awareness Activities for Upcoming Health Observations:

JUNE

Aphasia Awareness Month

www.aphasia.org

Men's Health Week

June 12-18, 2017

www.menshealthweek.org



Training for Providers:

Iowa Healthcare Collaborative Lean Application Series

IHC is offering a two-session, entry-level Lean Application Series designed to introduce health care professionals to the skills to address problems common in their institutions today using Lean techniques. The series extends over a three-month span focusing on common problems in health care today introducing Lean concepts and practices into applicable skills.

The series is intended for those individuals and organizational teams with less than 4 years of lean experience, who are just beginning the Lean journey, who are new to the role of quality, or who have recently joined the facilitator role within an existing organization's Lean program.

Physicians, nurses, new quality improvement professionals, clinic leadership, senior administrators, clinical and administrative leadership and management, and infection control practitioners are among those that are welcome.

The sessions, scheduled for June and August, will be offered at two locations, Medical Center in Newton and Floyd Valley Healthcare in Le Mars.

For more information and to register, [click here](#).

Individuals with four or more years of developed knowledge and experience with Lean practices may be interested in the upcoming IHA Lean Certification Program. Please contact Sarah Pavelka at IHC (pavelkas@ihconline.org) for more information.

HHS reminds health care sector to adhere to OCR ransomware guidance

Health care organizations should follow the HHS Office for Civil Rights' ransomware guidance and implement necessary data security measures following the global WannaCry ransomware attack, according to HHS. A HIPAA-covered entity "must determine whether such a breach is a reportable breach no later than 60 days after the entity knew or should have known of the breach," HHS said. [Health IT Security](#) (5/17)

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New Resources for Healthcare Providers

Medicare dental benefit could ease costs of chronic diseases

Public health researchers are hoping lawmakers will add a dental benefit to Medicare as a way to reduce the costs of chronic diseases tied to poor oral health in the elderly, such as diabetes and pneumonia. The benefit could be financed through a \$29 monthly premium that would cost Medicare \$4.4 billion to \$5.9 billion a year, or through a \$7 monthly premium that would cost \$12.8 billion to \$16.2 billion a year, according to a 2016 study in Health Affairs. [Chicago Tribune \(tiered subscription model\)](#) (5/16)

Enzyme drives middle-age weight and fitness changes

Scientists identified an enzyme in animal studies whose activity promotes weight gain and the loss of fitness starting in mid-life. The findings could lead to improved weight-loss drugs

Research shows drop in CV-renal complications, death incidence in diabetes

Chinese researchers found a reduced incidence of all-cause death, acute myocardial infarction, end-stage renal disease and stroke among Chinese adults with type 2 diabetes from 2000 to 2012. The study in [Diabetes Care](#), based on data from the Hong Kong Diabetes Database involving 338,908 diabetes patients, also found an increase in the number of participants who achieved an A1C of less than 7%, from 32.9% in 2000-2003 to 50% in 2010-2012.

e-Learning Event: Expert guide to successfully implementing an EHR

Increasing administrative responsibilities—due to regulatory pressures and evolving payment and care delivery models—reduce the amount of time physicians spend delivering direct patient care. Technology can make some processes more streamlined but can also make certain processes more cumbersome. This educational activity will guide physicians and their teams through the process of activating the selected EHR in the practice setting. [Learn more.](#)

Quality Payment Program (QPP) in Small and Rural Practices: Unsure Where to Go/What to Do?

Telligen has been selected by CMS as a designated QPP/SURS (Small, Underserved and Rural Support) contractor for Iowa, Nebraska, North Dakota, and South Dakota. In this role, Telligen offers practices with **15 or fewer eligible clinicians*** free technical assistance to navigate the transition to the QPP. **Eligible clinicians are defined as MDs/DOs, PAs, NPs, DCs, CRNAs, ODs, DPMs, and CNS.*

How Can Telligen Help?

From selecting measures and improvement activities to data submission and QPP scoring; Telligen's QPP Resource Center will be assisting small practices every step of the way offering no-cost support, including: frequent QPP-related webinars and educational offerings; a dedicated website (telligenqpp.com) featuring regular program updates, tools, and resources; a Monthly e-newsletter, *The MACRA Minute*; and advisers with subject-matter expertise in quality measures, health IT, clinical practice improvement, patient-centered medical home, chiropractic, behavioral health, and cost/financial areas

What if I'm not Small, Rural or Underserved?

CMS offers several technical assistance programs to ensure no provider is left behind. Telligen will connect practices that aren't eligible for QPP-SURS with another source of support based on practice type and needs.

How to Reach Telligen Regarding QPP?

Phone: Call **844-358-4021** Monday through Friday from 8 a.m. to 5 p.m. CST

Office Hours: Reach an advisor directly on Tuesdays from 9 to 11 a.m.; Thursdays from noon to 1:00 p.m.-515-453-8180

Email: gpp-surs@telligen.com

Website: Visit telligen.qpp.com for a list of upcoming events, webinar recordings, and additional resources

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

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