

# 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 says life expectancy on the decline for white Americans

The New York Times (4/20) reports, "Life expectancy declined slightly for white Americans in 2014, according to new... data" from the Centers for Disease Control and Prevention's National Center for Health Statistics. The data, which were "drawn from all deaths recorded in the country in 2014, showed that life expectancy for whites dropped to 78.8 years in 2014 from 78.9 in 2013." NCHS statistician Elizabeth Arias, who analyzed the data, "said drug overdoses, liver disease and suicide were the main drivers of the gloomy trends among whites in recent years, a pattern also found by other researchers," and particularly among middle-aged white women. In "To Your Health," the Washington Post (4/20, Achenbach) reports that "Hispanic life expectancy rose from 81.6 to 81.8 years between 2013 and 2014; gains were seen for both males and females." Meanwhile, "life expectancy for blacks rose from 75.1 to 75.2 years, driven by a particularly large jump among black males, from 71.8 to 72.2 years."

## Pre-diabetes and Diabetes News . . .

### Cost of insulin increased 200 percent between 2002 and 2013, analysis indicates

Reuters (4/5, Seaman) reports a new study shows the cost of insulin has increased nearly 200 percent between 2002 and 2013. For the study researchers analyzed medical spending data from 27,878 people with diabetes and found that the average price of insulin rose 197 percent from \$4.34 to \$12.92 per ml, during that time frame. STAT (4/5, Silverman) reports that "meanwhile, the amount of money spent by each patient on other diabetes medications fell 16 percent, to \$502 from \$600." The analysis "also found that the cost of various widely used oral diabetes drugs either dropped in price or did not rise nearly as significantly as insulin." For example, Metformin, "which is available as a generic, fell to 31 cents in 2013 from \$1.24 per tablet in 2002." On the contrary, "the newer class of diabetes drugs known as DPP-4 inhibitors rose 34 percent since becoming available in 2006."

### The New York Times: Hope For Reversing Type 2 Diabetes

Many experts believe Type 2 diabetes is an incurable disease that gets worse with time. But new research raises the tantalizing possibility that drastic changes in diet may reverse the disease in some people. Recently, a small clinical trial in England studied the effects of a strict liquid diet on 30 people who had lived with Type 2 diabetes for up to 23 years. Nearly half of those studied had a remission that lasted six months after the diet was over. While the study was small, the finding offers hope to millions who have been told they must live with the intractable disease. (Rabin, 4/18)

### The Associated Press: Study Backs Pancreas Cell Transplants For Severe Diabetes

Transplants of insulin-producing pancreas cells are a long hoped-for treatment for diabetes — and a new study shows they can protect the most seriously ill patients from a life-threatening complication of the disease, an important step toward U.S. approval. These transplants are used in some countries but in the U.S. they're available only through research studies. Armed with Monday's findings, researchers hope to license them for use in a small number of people with Type 1 diabetes who are most at risk for drops in blood sugar so severe they can lead to seizures, even death. (4/19)

## What's new about



**Better Choices, Better Health**

*Put Life Back in Your Life*

Every day, millions of people with chronic conditions struggle to manage their symptoms. About 80% of older adults have at least one chronic condition, and 68% have at least two. Chronic conditions place a significant burden on individuals as well as health care systems. The good news is that people with chronic conditions who learn how to manage their symptoms can improve their quality of life and reduce their health care costs. **Better Choices, Better Health** is an evidence-based program that helps individuals learn to manage their chronic disease symptoms. Refer your patients today!

Learn more at <http://idph.iowa.gov/betterchoicesbetterhealth>.

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## Million Hearts® Initiative Update

### Leverage your EHR systems to excel in the “ABCS”

The Office of the National Coordinator for Health Information Technology has released Million Hearts® electronic health record (EHR) Optimization Guides to help providers use their EHR products to find, use, and improve data on the seven Million Hearts® [clinical quality measures](#). The vendor-specific step-by-step guides illustrate how to extract patient-level data on the measures. Currently, guides are available for [Allscripts](#), [Cerner](#), and [NextGen](#). Learn more on the [Health IT Buzz Blog](#).

## The latest on the ABCS ...

### A1c

#### Algorithm Helps Individualize HbA1c Targets in Type 2 Diabetes

A computer-based algorithm based on a survey of diabetes thought leaders could be used as a decision-aid tool to help in determining the appropriate A1c target for individual patients with type 2 diabetes, a new study suggests. The survey findings and resulting algorithm were [recently published](#) in *Diabetes Care* by Avivit Cahn, MD, of the Diabetes Research Center, Hadassah Hebrew University Medical Center, Jerusalem, Israel, and colleagues.

### Aspirin Use

#### Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication

The U.S. Preventive Services Task Force released on 4/11 a final recommendation statement on aspirin use for the primary prevention of cardiovascular disease and colorectal cancer. Evidence shows that low-dose aspirin use is most beneficial for adults ages 50 to 59 years. Adults ages 60 to 69 years should decide with their primary care clinician if aspirin use for primary prevention is right for them. A fact sheet that explains the final recommendation in plain language is also available on this page. The final recommendation statement can also be found in the April 12 online issue of *Annals of Internal Medicine*.

## Blood Pressure Control and Management

### U.S. Heart Disease Deaths Shifting South

Fewer Americans are dying from heart disease compared with 40 years ago, but not all parts of the country are showing the same downward trend, a new federal government study finds. Cardiac health has improved in North and West, but declined in Southern states, CDC study finds. Source: HealthDay

### Join our partners at Measure Up Pressure Down® for their National Day of Action: Roll Up Your Sleeves!

On Thursday, May 5, 2016, commit to take action to increase awareness, detection, or control of high blood pressure in your community and share your activity with the campaign! For more information and resources check out their [National Day of Action Participant Guide](#).

### Explore a toolkit for improving high blood pressure care and outcomes

The Wisconsin Collaborative for Healthcare Quality designed a toolkit for administrators, clinicians, and staff within health care organizations who are seeking evidence-based strategies and tools to improve high blood pressure control among their patients. [View the toolkit](#) by creating a free account with [HIPxChange](#).

### Download this new sodium reduction resource for public health and the food industry

The National Network of Public Health Institutes, in collaboration with CDC and the Culinary Institute of America, developed a tip sheet covering key messages and strategies on how to reduce sodium in foods sold or served.

### NPR: Why It's Getting Harder To Decide When To Treat High Blood Pressure (Krumholz, 4/13)

Are you ready for some more uncertainty about blood pressure treatment? Decisions about blood pressure have gotten more difficult over the past couple of years as experts in the U.S. have failed to reach consensus on recommendations about when drug therapy should be started. Now there's new evidence that could make the decisions even more challenging.

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## Cholesterol Control and Management



**The Washington Post: Statin Intolerance Is Real, Researchers Find. Another (More Costly) Drug May Get Around The Problem**

Statins like Lipitor and its generics have revolutionized cardiovascular care for nearly two decades as an effective, inexpensive way to reduce LDL cholesterol, the so-called bad cholesterol in the bloodstream. Not everyone can take them, though; a significant number of people complain of muscle pain, weakness and cramping so severe that they discontinue the therapy even at the risk of a heart attack or stroke. Their resistance to the medication has been controversial, because in most cases there are no biomarkers for the muscle problems individuals describe. (Bernstein, 4/3)

## Smoking Cessation



**Download mobile health platforms for quitting smoking from Smokefree.gov**

Created by the Tobacco Control Research Branch of the National Cancer Institute, Smokefree.gov offers articles, quizzes, and quick links to many resources, such as the [SmokefreeTXT program](#)—a messaging service providing encouragement, advice, and tips to quit—and the [QuitGuide App](#)—a free app that tracks cravings, moods, slips, and progress. You can also build a personalized [quit plan](#).

**Help patients quit with a new set of resources from the fifth year of the *Tips From Former Smokers* campaign**

This Centers for Disease Control and Prevention (CDC) campaign profiles real people—not actors—living with serious long-term health problems resulting from smoking and secondhand smoke exposure. The new ads raise awareness about chronic obstructive pulmonary disease, depression and anxiety, dual use of cigarettes and electronic cigarettes, [heart disease](#), and cancer. The ads will run for 20 weeks nationally on TV, on the radio, in magazines, and online. Check out the [Tips](#) website for a wide array of [tools and resources](#) for working with patients to help them quit smoking.

## Plan Clinic Awareness Activities for Upcoming Health Observations:



**High Blood Pressure Education Month**  
[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

**Stroke Awareness Month**  
[www.stroke.org](http://www.stroke.org)  
[www.strokeassociation.org](http://www.strokeassociation.org)

**Women's Health Week**  
May 8-14, 2016  
[www.womenshealth.gov/nwhw](http://www.womenshealth.gov/nwhw)

**Men's Health Week**  
June 13-19, 2016

**Nursing Assistants Week**  
June 19-16, 2016



## Training for Providers:

**Watch the Public Health Live! webcast on undiagnosed hypertension**

"Hiding in Plain Sight: Finding Patients with Undiagnosed Hypertension" was the topic for February's Public Health Live!, a monthly webcast series aimed at providing continuing education opportunities on public health issues. The webcast featured Hilary K. Wall, Million Hearts® Science Lead, who discussed the tenants of Million Hearts®, the importance of identifying patients with undiagnosed hypertension, and steps that health systems can take to identify patients at risk. The webcast, slides, and additional resources are available on the [Public Health Live! website](#).

**View the CDC Clinician Outreach and Communication Activity (COCA) presentation on preventing heart attacks and strokes** In February, Dr. Janet Wright presented to COCA, a group that provides information to clinicians on emergency preparedness, response, and emerging public health threats. During the presentation, Dr. Wright discussed Million Hearts® and strategies to help find and address the needs of those at greatest risk for cardiovascular disease. The webcast and additional resources are available on the [COCA website](#).

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## New Resources for Healthcare Providers

### **Practice News: What Stanford added to take team-based care a step further**

In many practices, physicians take on administrative responsibilities that may distract them from patient care—the physician-led team-based care model can help. As health care continues the shift toward value-based care, this new model of care has increased in popularity. Find out how Stanford Coordinated Care pushed their team-based care model a little bit further.

### **Health News: How a Minnesota practice is preventing diabetes—and you can too**

Nine out of 10 people who have prediabetes, the precursor to type 2 diabetes, don't know they have it. Fortunately, evidence-based diabetes prevention programs are available to support physicians who treat these patients—and recently, groundbreaking steps were taken to soon cover these costs under Medicare. Find out how a practice in Minnesota used a local diabetes prevention program to help their patients stop the onset of type 2 diabetes.

**Join health care teams nationwide in finding undiagnosed hypertensive patients in their practices**—Many Americans with hypertension visit their health care provider regularly but are undiagnosed, remaining at risk for cardiovascular disease. Within the system but below the radar, these individuals are “hiding in plain sight.” Use our collection of new clinician resources to help identify those at risk, including an interactive [Hypertension Prevalence Estimator Tool](#) and a short [whiteboard animation](#) that explains the concept and key steps to take. You can also help raise awareness among your colleagues and patients who may be hiding in plain sight by sharing these [social messages and graphics](#).

### **Beth Israel to launch patient health monitoring program**

Beth Israel Deaconess Medical Center (BIDMC) is gearing up to kick off BIDMC @ Home, an initiative that will provide home health monitoring via connected devices and Apple's HealthKit framework. The program will initially focus on congestive heart failure and hypertension. Using weight scales and blood pressure monitors connected to an iPhone app, patients can monitor their own heart health data, which is sent securely to the patient's EHR and patient portal, allowing health care providers to monitor what is happening in the home.

### **Registration is now open for Culturally Responsive Health Care in Iowa 2016**

This is a multidisciplinary, inter-professional conference to improve culturally responsive care of increasingly diverse patient populations. **The conference will take place Friday, June 3, 2016 at the University of Iowa College of Public Health Building.**

Ramona Rhodes, MD, Assistant Professor of Internal Medicine at University of Texas Southwestern Medical Center and Leslie Ashburn-Nardo, PhD, Associate Professor of Psychology at Indiana University – Purdue University Indianapolis School of Science, will offer the conference's keynote presentations. Additional activities include patient/provider panels, case presentations, and a variety of hands-on workshops.

The goals of the conference include educating Iowa's health care providers about the importance of providing culturally responsive and competent care, improving access to quality health care, and reducing health disparities.

Several types of continuing education credit have been approved, or are pending approval, for the conference. Contact the Continuing Medical Education office for information about continuing education credits for physicians, family physicians, nurses, social workers, pharmacists, dentists, public health professionals and health educators.

For further information, please contact the Continuing Medical Education Division, 100 CMAB, (319) 335-8599, or visit <http://www.medicine.uiowa.edu/cme/webTracker.aspx>.

The agenda can be found here: [Culturally Responsive Care Conference.pdf](#).     [Registration](#)

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

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