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

Health Promotion is Newsworthy

The National Association of Chronic Disease Directors (NACDD) released a new white paper on 11/29, 2018

ATLANTA - The National Association of Chronic Disease Directors (NACDD) released a new white paper today, "Investing in the Future: Why Preventing Chronic Disease is Essential - Prevention Works," to support federal funding for CDC and state-based interventions in chronic disease prevention, control and health promotion. The paper outlines some of the strongest public health, economic and societal cases for increasing the government's focus on reducing the burden of heart disease, cancer, diabetes and Alzheimer's disease, which are among the leading causes of preventable disability and death in the United States. The white paper also shares the impact that obesity (often a contributing factor to many chronic diseases) has on youth health and military readiness. CONTACT: Paige Rohe, prohe@chronicdisease.org, 404-924-8295

Study: Top cardiology hospitals have lower mortality rates

A study in JAMA Cardiology found 30-day mortality rates were lower for patients treated for acute myocardial infarction, heart failure and coronary artery bypass grafting at the top 50 US hospitals for cardiology and heart surgery compared with hospitals that were not ranked. Top-ranked hospitals did not have better 30-day readmission rates, however, which researchers noted highlights ongoing questions about whether readmission rates are a good metric for quality of care, especially for cardiovascular conditions. MedPage Today (free registration) (11/28)

US life expectancy falls for 3rd straight year

Average life expectancy for Americans was 78.6 years in 2017, modestly lower than the 78.7 average the year before and the third consecutive year of decline. The last time the US experienced declining life expectancy over multiple years was in the 1960s. TIME online (11/29)

Report identifies 4 trends affecting employee wellness in 2019

A MediKeeper report on trends that will affect employee wellness in 2019 identified intelligent personalization, social recognition, virtual wellness and smarter analytics as four key areas. "Every person is different, so it only makes sense that everyone's wellness portal experience should also be different -- this includes personalization, targeted messages and offerings," the report said. BenefitsPRO (free registration) (11/28)

Plan Clinic Awareness Activities for Upcoming Health Observations

Heart Month
www.heart.org
Wear Red Day
2-10-2019
www.goredforwomen.org
Cardiac Rehabilitation Week
2-10-2019 to 2-16-2019
www.aacvpr.org

February

Nutrition Month
www.eatrightpro.org
Diabetes Association Alert Day
March 26, 2019
www.diabetes.org
Doctors’ Day
March 30, 2019
www.smaalliance.org

March
Million Hearts® Initiative 2022 Update

Priority: Keeping People Healthy

Reduce Sodium Intake

The New York Times: Why Everything We Know About Salt May Be Wrong
The salt equation taught to doctors for more than 200 years is not hard to understand. The body relies on this essential mineral for a variety of functions, including blood pressure and the transmission of nerve impulses. Sodium levels in the blood must be carefully maintained. If you eat a lot of salt — sodium chloride — you will become thirsty and drink water, diluting your blood enough to maintain the proper concentration of sodium. Ultimately you will excrete much of the excess salt and water in urine. The theory is intuitive and simple. And it may be completely wrong. (Kolata, 5/8)

Decrease Tobacco Use

The ADA offers the brochure Tobacco and Oral Health, and JADA For the Patient includes the article Knocking Tobacco Out.

Decrease Physical Inactivity

Study takes stand on true health benefits of getting up and out of your chair
A new health study provides fresh insights on the energy cost of sitting versus standing for sedentary workers.

Priority: Optimizing Care

Improve the ABCS

- Aspirin When Appropriate
Daily aspirin may be harmful for healthy older adults, large study finds
No detectable benefit was seen from regular use of low-dose aspirin for people 70 and older who don't have heart disease, researchers say.

- Blood Pressure Control and Management

Updated Blood Pressure Guidelines: Lifestyle Changes are Key
In late 2017, the American Heart Association and the American College of Cardiology announced updated high blood pressure guidelines. The new guidelines are based, in part, on research carried out and funded by the National Heart, Lung, and Blood Institute (NHLBI) at NIH.

Early Evaluation Findings of Health Care System Interventions to Address Hypertension
A summary of three articles in Preventing Chronic Disease 2018 Special Collection submitted by states funded by the CDC’s State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health (DP13-1305) and State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (DP14-1422) cooperative agreements. The selected studies provide examples of health care system interventions, barriers and facilitators that affect implementation, and early evaluation outcomes. For the full archive of SIB publications to date, please visit the CDC webpage. For questions or comments concerning this announcement or the summary, please contact AREBheartinfo@cdc.gov.
Cholesterol Control and Management

American Heart Association Releases the 2018 AHA Guideline on the Management of Blood Cholesterol

The 2018 guideline was presented at the AHA Scientific Sessions in November. For more information, see the press release shared by AHA, as well as the new guideline. Statement Highlights: High cholesterol, at any age, can increase a person’s lifetime risk for heart disease and stroke. A healthy lifestyle is the first step in prevention and treatment to lower that risk. The 2018 guidelines recommend more detailed risk assessments to help health care providers better determine a person’s individualized risk and treatment options. In some cases, a coronary artery calcium score can help determine a person’s need for cholesterol-lowering treatment, if their risk status is uncertain or if the treatment decision isn’t clear. While statins are still the first choice of medication for lowering cholesterol, new drug options are available for people who have already had a heart attack or stroke and are at highest risk of having another. For those people, medication should be prescribed in a stepped approach, first with a maximum intensity statin treatment, adding ezetimibe if desired LDL cholesterol levels aren’t met and then adding a PCSK9 inhibitor if further cholesterol reduction is needed. See page 6 for more information from the CDC.

Smoking Cessation

20 years of settlement, billions in anti-tobacco funds spent elsewhere (UPI)

Increase Use of Cardiac Rehab

Imagine that you just woke up from open heart surgery. You hear the beep of a monitor. You see a scary scar on your chest. You feel relieved to be alive—and incredibly fragile. And now you hear your doctor say that she’s prescribing cardiac rehabilitation (CR). “Exercise?” you think. “Now? Really?!” In that moment, when a heart patient understandably balks at a CR prescription, a CR team can make all the difference. This team stands ready to help people understand and manage their heart conditions—like angina and heart failure—and recover from heart or valve surgery or artery stenting. During regular sessions, a CR team can offer people practical tips and techniques to develop new lifestyle, physical activity, and nutrition habits that can protect and preserve cardiovascular health for years to come. Participants feel better, live longer, and reduce their likelihood of another hospital admission! Despite these proven benefits, referral, enrollment and participation rates remain far too low. That’s why Million Hearts® has set a national goal of 70% participation in CR among those who are eligible by 2022. To help achieve this goal, Million Hearts® created the CR Change Package and CR Communications and Million Hearts® Cardiac Rehabilitation Collaborative. Email MillionHeartsCRC@cdc.gov to join others who are taking action on this goal. —Janet Wright, MD, FACC Executive Director, Million Hearts®

Engage Patients in Healthy Behaviors

Survey: 56% of adults not sure how much exercise they need

Survey data published in PLOS One showed 99.6% of adults agreed that being physically active benefits health, but on average they could only identify 14 of 22 diseases associated with a lack of physical activity. The survey showed 56% did not know how much physical activity they need to be healthy and 80% did not know the risk of developing diseases due to inactivity. HealthDay News (11/28)

Priority: Improving Outcomes for Priority Populations:

Blacks/African Americans; 35- to 64-year-olds; People who have had a heart attack or stroke and People with mental illness or substance use disorders

Moderate or severe sleep apnea doubles risk of hard-to-treat hypertension in African-Americans

Treatment of sleep disorder might help improve blood pressure control in this high-risk group.

Most black adults have high blood pressure before age 55 (AHA)

Approximately 75 percent of black men and women develop high blood pressure by age 55 compared to 55 percent of white men and 40 percent of white women of the same age. Both black and white study participants who ate a DASH-style diet had a reduced risk of developing high blood pressure.
Pre-diabetes News

Study: Men, women see different results from low-calorie diet

Men with prediabetes who followed a low-calorie diet for eight weeks lost more weight and had greater reductions in a metabolic syndrome score, fat mass and heart rate, compared with women with prediabetes, according to a study in the Journal Diabetes, Obesity and Metabolism. Women had greater reductions in cholesterol, hip circumference, lean body mass and pulse pressure, compared with men. Hindustan Times (India)/Asian News International (8/8)

Diabetes News

Gottlieb: New FDA policies could pave way for interchangeable insulin

The FDA plans to implement a new law allowing certain biologics approved under new drug applications, such as insulin, to be approved under biologics license applications, leading to the approval of interchangeable insulin that can serve as an alternative for branded insulin, said FDA Commissioner Scott Gottlieb. "Given our long experience regulating insulin products, and high interest among sponsors who are proposing to develop interchangeable insulins, we're confident that interchangeable insulins -- insulins that will be available for automatic substitution at the pharmacy level -- will be attainable after the transition to deemed BLAs in March 2020," Gottlieb said. BioCentury (12/11)

Study links SNAP participation to diabetes medication adherence

Survey data for 1,302 adults found a moderate reduction in cost-related diabetes medication nonadherence was associated with participation in the Supplemental Nutrition Assistance Program, compared with eligible nonparticipation. The study in JAMA Internal Medicine found similar cost-related medication nonadherence decreases among subgroups who had less than $500 in out-of-pocket medical costs in the previous year and who had prescription drug coverage. Healio (free registration) (11/19)

Training for Healthcare Providers:

Introducing HeartBEATS from Lifelong Learning™. The series address key components of Heart Failure Guidelines and evidence-based practice, including the management of heart failure patients, and the utilization of the heart failure guidelines as a tool for educating healthcare providers on the use of relevant medications.

Advances in Hypertension

In this set of 4 accredited activities, you will learn about the latest advances in hypertension, including details about the new 2017 Hypertension Clinical Practice Guidelines. This activity offers continuing education credit for physicians, nurses and pharmacists, as well as ABIM MOC credit. Register today!

Neurothrombectomy: Improving Stroke Outcomes

A three-part, accredited webinar series recorded earlier this year, provides education to healthcare professionals on:
• Recent neurothrombectomy studies
• 2018 guideline recommendations
• Pre-hospital evaluation for large vessel occlusion
• Post-thrombectomy management in the hospital
If you were unable to join us for any of the live webinars, we are pleased to let you know that Neurothrombectomy: Improving Stroke Outcomes is currently available on demand.

Upon completion, this entire program offers a maximum of 3 AMA PRA Category 3 credits™ and 3 American Nurses Credentialing Center’s Commission on Accreditation (ANCC) credits.

Are There Mortality Benefits With Caffeine in CKD?

Examining the Latest Evidence in PAH: How to Treat Patients on Dual Combination Therapy

Are Online Diabetes Prevention Programs as Effective as In-Person Ones?
New Resources for Healthcare Providers

AHRQ Launches New Online Resource To Help Primary Care Practices Implement Evidence

Tools for Change, a new resource from AHRQ's EvidenceNOW project, is designed to help primary care practices and practice facilitators search among 100 tools and resources to increase their use of evidence and improve patient care. A quality improvement framework—the EvidenceNOW Key Driver Diagram—helps users to target change strategies such as selecting and customizing the best evidence, creating and supporting high functioning teams, and engaging patients and families in evidence-based care. Tools for Change is an outgrowth of EvidenceNOW, an initiative launched in 2015 that used practice facilitators to work with more than 1,500 small- and medium-sized primary care practices nationwide to improve heart health.

CONSTANT THERAPY MOBILE APP HELPS STROKE SURVIVORS AND THE FIGHT AGAINST STROKE.

When stroke impairs communication, time is precious, because the fastest improvement usually happens in the first weeks and months after the stroke. Constant Therapy helps take advantage of every moment. It’s a mobile app that lets stroke survivors work on cognitive, speech, and language exercises anytime, anywhere. For every Constant Therapy subscription sold through the American Stroke Association by May 31, 2020, The Learning Corp will donate $2.50 per monthly subscription or $25 per yearly subscription to ASA’s Together to End Stroke® initiative, for a minimum donation of $50,000. The information about Constant Therapy is provided for convenience only and is not an endorsement of any product or service. Subscriptions available at http://constanttherapy.com/asa.

The AHA is proud to present a three-part webinar series titled: Managing PAD: Treating Stable, Yet High-Risk PAD Patients. Sponsored by Janssen Pharmaceuticals, Inc. Topics include Clinical Assessment of PAD for Primary Care Professionals, Treating PAD in Underserved Communities and Exercise Therapy for PAD Patients. Access the FREE webinars now at padresources.heart.org!

HHS releases draft strategy to reduce EHR burden on clinicians

A draft of a new strategy meant to reduce EHR-related administrative and regulatory burdens on clinicians was released by HHS and is open for public comment through Jan. 28. The document, created by the ONC and CMS, recommends reducing the time and effort required to meet regulatory reporting requirements and record health information in EHRs, and improving the ease of use and functionality of EHRs. Becker’s Health IT & CIO Report (11/28)

Survey: 49% of US adults worry about health care data security

Forty-nine percent of more than 2,000 US adults polled said they were extremely or very concerned about the security of their health data, such as health history, diagnoses and test results, according to a survey conducted by The Harris Poll for health care marketing firm Scout. Researchers also found that 47% of US adults who do not use an online health portal to access their personal information prefer discussing their health in person, while 39% cited concerns about the security of accessing such information online. Health IT Security (7/30).

Evaluate your practice from the perspective of a patient

Medical practices that want to better meet the needs of patients should examine their procedures, writes consultant Owen Dahl, including redundant questions on paperwork, overscheduling, lunchtime availability and proper screening for genuine emergencies. Dahl suggests clinicians evaluate their own visits to medical offices to see what works and what doesn't from the patient perspective. Physicians Practice magazine online (1/10)

Survey: Only 31% of practices use EHR analytics to fullest extent

Thirty-one percent of medical practices surveyed use EHR analytics to the fullest extent, 22% use some of these capabilities, 31% get assistance from an external vendor to use a combination of EHR analytics, and 5% depend on an external vendor, according to an MGMA survey. The survey also found that 11% of respondents reported not analyzing EHR data at all. Healthcare IT News (4/28)

EHR scribes cut physician documentation time in half, study says

The electronic health record (EHR) is well entrenched as a practice necessity, but it need not be the exasperating experience many physicians report. New research and a straightforward, easy-to-access training program both point the way to getting the most out of an EHR with the least disruption to care. Read more at AMA Wir
More New Resources for Healthcare Providers


The “2018 ACC/AHA/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APHAA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology and the American Heart Association Task Force on Clinical Practice Guidelines” was recently released. This guideline provides a foundation for the delivery of cardiovascular care and offers recommendations for patients with or at-risk for high blood cholesterol. Learn more about the updated blood cholesterol guidelines here. Additional information about high blood cholesterol, including resources for health professionals and consumers, can be found on CDC’s website. The Million Hearts website also features a new summary of high blood cholesterol prevention and treatment information and a resource for clinicians on discussing the risks and benefits of statins with patients.

Surveillance for Certain Health Behaviors and Conditions Among States and Selected Local Areas - Behavioral Risk Factor Surveillance System, United States, 2015

The Centers for Disease Control and Prevention published this article in its Morbidity and Mortality Weekly Report (MMWR). The report underlined "the importance of continuing to monitor chronic diseases, health-risk behaviors, and access to and use of health care in order to assist in the planning and evaluation of public health programs and policies at the state, territory, and metropolitan and micropolitan statistical area levels."

Study links e-counseling to improved heart health

A study in the journal Circulation showed that patients taking medication for hypertension who received e-counseling support, including interactive online tools for blood pressure management, reduced their risk of cardiovascular disease and improved their systolic blood pressure and pulse pressure at one year, compared with those who received medication and generic information on BP reduction and heart-healthy living. The study involved 264 hypertensive patients, and those in the e-counseling group had a 10 mmHg reduction in systolic blood pressure, compared with a 6 mmHg reduction among those in the control group, while pulse pressure declined by 4 mmHg in the intervention group, compared with 1 mmHg among controls. Clinical Innovation + Technology online (7/23)

Study: Most patients get 11 seconds to explain symptoms before interruption

Researchers who analyzed recorded consultations between 112 patients and their doctors found that in 7 out of every 10 cases, physicians interrupted patients as they explained their symptoms within an average 11 seconds. The study, in the Journal of General Internal Medicine, found primary care physicians allowed patients more time to describe their ailments without interruption than specialists. Becker’s Hospital Review (7/20)

Remote Clinical Pharmacy Services: Gain real-time access to a clinical pharmacist in your practice

Want help improving patient outcomes and performance measures? Centralized Healthcare Solutions (CHS) is a team-based care approach utilizing clinical pharmacists to address chronic conditions and prevention services right here in Iowa. CHS supports primary care providers (PCPs) with comprehensive disease management and achievement of key performance measures. CHS clinical pharmacists communicate with each patient via telephone, email, text message or virtually face-to-face. Unlike other medication therapy management services, CHS clinical pharmacists have access to the patient’s EMR, allowing for individualized and immediate recommendations to the PCPs. This model has been successfully tested in two rigorous randomized controlled trials. Learn more by visiting our website at https://uiowa.edu/chs/