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The United States of Diabetes: Challenges and Solutions

UnitedHealth's Center for Health Reform and Modernization has released its 5th working paper on diabetes and prediabetes highlighting the challenges and opportunities that lay ahead in reducing the prevalence of diabetes. This report, "The United States of Diabetes", estimates prevalence at 26.5 million adults with type 2 diabetes and 67 million with prediabetes. An additional 60 million people do not know they are diabetic or prediabetic. These figures will have serious implications on personal health, public health, and the rising health care costs in the United States. The paper examines the economic impact of diabetes and prediabetes, describes promising interventions and provides estimates of potential savings from improved diabetes prevention and management.

The paper estimates that health spending associated with diabetes and prediabetes is around \$194 billion this year and will rise to \$500 billion by the year 2020 if trends continue. The average annual health care costs for an individual in 2009 is estimated to be \$11,700 and the cost doubles to \$20,700 if a person has multiple complications such as cardiovascular disease, kidney disease, nerve damage, blindness or circulatory problems.

Preventing and reversing obesity and prediabetes can be the first step to change the tide of this growing epidemic, according to the paper. More than two-thirds of the adult population were either overweight or obese in 2008 and 17% of children and adolescents are obese. The report states that gaining 11 to 16 pounds doubles the risk of type 2 diabetes and an increase of 17 to 24 pounds almost triples the risk. Researchers have found that a high intensity counseling program for diet, exercise and behavioral support systems can produce sustained weight loss in obese adults and improve glucose metabolism, lipid levels, and blood pressure.

Regarding prediabetes, there are no federal guidelines for prediabetes screening. The paper describes UnitedHealth Group's Ingenix, which has developed an analytical model to aid payers and providers in screening for prediabetes and diabetes. The system works by using claims data, demographic information, and other databases to identify individuals who are most likely to have undiagnosed needs. The predictive ability of the tool enables early disease recognition with 80% success rate of correctly identified at-risk patients.

The savings from these interventions is estimated to lead to a 10 year net savings of up to \$250 billion and a reduction of 10 million people with prediabetes or diabetes.

(Continued on the next page)

United States of Diabetes (Cont.)

The paper also highlighted multiple case studies that have shown success in helping control and manages diabetes. One such program, UnitedHealth Group's Diabetes Control Program, is closely based on the Asheville Project and Diabetes Ten City Challenge pilot projects in which pharmacists help patients adhere to the treatment plan developed with their usual primary care physician. UnitedHealth's Diabetes Control Program is a nationwide health service intervention that targets diabetic populations through identification tools, uses proven clinical interventions and a large network of well-trained provider pharmacists. The program provides an example of a multidisciplinary team working together to provide patient education, behavioral interventions, risk factor reduction and health promotion.

Lastly, the paper presents describes the net savings from implementing diabetes interventions :

- ⇒ Lifestyle interventions to promote weight loss among people with prediabetes and diabetes
- ⇒ Reducing the number of prediabetics who become diabetic
- ⇒ Improving self management and medication adherence
- ⇒ Intensive lifestyle interventions reducing complications among diabetic patients

If implemented, the savings from these interventions is estimated to lead to a 10 year net savings of up \$250 billion and a reduction of 10 million people with prediabetes or diabetes. The paper also makes 12 public policy recommendations for reducing cost and prevalence of prediabetes and diabetes.

For a complete copy of the report – Please Click [HERE](#)

Project Update

Diabetes & Cardiovascular Disease Provider Reference Guide (PRG), 2009-2010 Is Now Web-Based

This comprehensive set of clinical guidelines is available at www.thecmafoundation.org > Publications, or by clicking [HERE](#).

The PRG first became available in hard copy format earlier this year. It was developed with the support and expertise of 33 physicians and health care leaders from a variety of physician associations, medical groups, health plans and other organizations dedicated to the prevention and management of diabetes and its complications. This resource is now available in a user-friendly, web-based format. The PRG includes information on:

- ⇒ Screening, diagnosis and management of type 2 diabetes, dyslipidemia and hypertension
- ⇒ Preventing and managing acute and long term complications
- ⇒ Effective patient communication techniques
- ⇒ Health care provider and patient education resources

We are currently recruiting physicians to help update the content for the PRG's next edition. We expect to finalize and release the next edition by mid-2011. We encourage you to lend your experience and expertise to help make the PRG an invaluable resource in the primary care setting. Please contact Julie Vedolla-Fuentes at jvedolla-fuentes@thecmafoundation.org or (916) 779-6643 if you are interested in participating in the PRG update.

1 THE DIABETES & CARDIOVASCULAR DISEASE PROVIDER REFERENCE GUIDE

2 This reference guide was developed through collaborative efforts and interest of our project partners, participants and an expert panel with the intention of addressing the links between diabetes and increased risk of cardiovascular disease with the intention of preventing and managing the cardiovascular complications of diabetes.

3 Use the numbered buttons to the left to access individual chapters within the guide.

4

5 **Disclaimer**
This reference guide is intended for physicians and health care providers to utilize as a decision-making aid in the diagnosis, management and education of patients with type 2 diabetes and their cardiovascular disease complications. While the guide describes recommended courses of intervention, it is not intended as a substitute for the advice of a physician or other knowledgeable health care provider. This guide represents best clinical practices at the time of publication, with recognition that practice standards may change as more knowledge is gained.

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THE DIABETES AND CARDIOVASCULAR DISEASE PROVIDER REFERENCE GUIDE

THE CMA FOUNDATION
ADVANCING PRACTICE
EXCELLENCE IN DIABETES

2009-2010

About the Guide | Multicultural Database | Webinars | Contact/Comments

Project Update (cont.)

Medi-Cal Managed Care Plans and the CMA Foundation Plan Statewide Diabetes Collaborative

The CMA Foundation and nine Medi-Cal Managed Care Plans are working together to develop a quality improvement collaborative focused on type 2 diabetes. The collaborative provides an exciting opportunity for health plans to spur innovative, scalable changes that support improved quality of care. In a [report](#) recently issued by the UnitedHealth Center for Reform and Modernization, the percentage of patients with diabetes or pre-diabetes is expected to hit 52% by 2020. The collaborative hopes to identify, implement, test and spread effective models of care for these populations among California's solo and small group practices. In California, solo and small group practices provide 60% of all primary care.

Recently, the collaborative identified six critical components to address among solo and small group practices: access to data, multidisciplinary teams, incentive alignment, shared resources, community support and patient engagement. The collaborative will next survey solo and small group practices to identify practice-level barriers, facilitators and opportunities for better diabetes care. Based on the responses, we will be able to prioritize the six project components based on those that are viewed as critical by both the practices and the health plans. We expect to begin implementation of the project in early 2011. If you are a physician and would like to participate in the survey, please click here: www.zoomerang.com/Survey/WEB22BMX8TQVMG/

For more information, please contact Senely Navarrete, Director at (916) 779-6638 or snavarrete@thecmafoundation.org.

CMA Foundation Participates in Sacramento's World Diabetes Day

The World Diabetes Day Committee executed an information-filled, family-oriented evening of fun at the State Capitol on Sunday, November 14. The event was one of many held worldwide to bring awareness to the growing need for diabetes prevention, education and management programs. The event at the Capitol included informational booths from a variety of health and diabetes focused organizations, healthy food sampling, and dance and fitness activities led by Jazzercise and Tina B's Sacramento Soul Line Dancers. A highlight of the evening was Tony-award winning actor, singer and dancer Ben Vereen speaking passionately about living with diabetes. Jake "Body by Jake" Steinfeld, Chair of the Governor's Council on Physical Fitness and Sports, also participated and reminded the crowd about the importance of engaging in daily physical activity.



World Diabetes Day Committee with Ben Vereen (center).

Project Update (cont.)

Diabetes & Nerve Damage

In collaboration with the UCSF Neuropathy Center, the CMA Foundation has completed a patient education handout for patients who have Diabetic Peripheral Neuropathy (DPN) or other types of neuropathies called “Diabetes and Nerve Damage”. The handout is available in both English and Spanish.

DPN is the most common polyneuropathy in the United States and worldwide and contributes to incidences of lower limb amputation due to patients’ loss of sensation and associated infections. The handout aims to educate patients to recognize symptoms of DPN and other forms of neuropathy, seek professional help, and take action to prevent further nerve damage.

What Are Nerves?
Your nerves are a very important part of your body. Your nerves help you taste, smell, walk and feel pain. If you have diabetes, you can help keep your nerves healthy by having good control of your blood sugar levels. Sometimes, diabetes can cause damage to your nerves. This can be very painful.

Signs of Nerve Damage
Nerve damage can occur in different parts of your body. The most common type of nerve damage occurs in your hands and feet. Doctors call this Diabetic Peripheral Neuropathy (DPN). If you answer yes to any of these questions, you may have nerve damage due to diabetes.

Head and Eyes:

- Do you feel faint or dizzy when you stand up?
- Do you see double or feel pain behind your eyes?

Stomach and Intestines:

- Do you have a hard time finishing your meals?
- Is it difficult to go to the bathroom?

Sexual Organs:

- Are you having problems with your sexual health, like low or no interest in sex?

Lower Body:

- Do you get sharp pains in your thighs, hips, buttocks or legs?

Hands and Feet:

- Do your hands or feet ache, burn or tingle?

Get Help
Talk to your doctor if you think you may have nerve damage. Treatments are available to protect your nerves from more damage and get your pain under control. These are some treatments:

- Control your diabetes.** Protect your nerves from more damage by having good control of your blood sugar levels.
- Take your medications.** Medications are available to help relieve pain from nerve damage.
- Stay healthy.** Getting right, exercising and taking your medications as directed by your doctor will help protect your nerves from more damage.

Do Not Ignore Your Pain!
DPN and other types of nerve damage can affect your quality of life. Without treatment, nerve damage can make it hard to do everyday things like exercise, sleep and walk. Talk to your doctor about how to help relieve your pain and protect your nerves from more damage.

Take Action

- What is your target blood sugar level? Write it here. My target blood sugar level is _____ %.
- What can you do if you have signs of nerve damage? Write your answer here. _____
- If you have nerve damage, how will you protect your nerves from more damage? Write your answer here. _____

The “Diabetes and Your Nerves” handout can be accessed from our Multicultural Diabetes Education Materials Database available at <http://www.thecmafoundation.org/PEM/application/Default.aspx>, or by clicking [HERE](#).

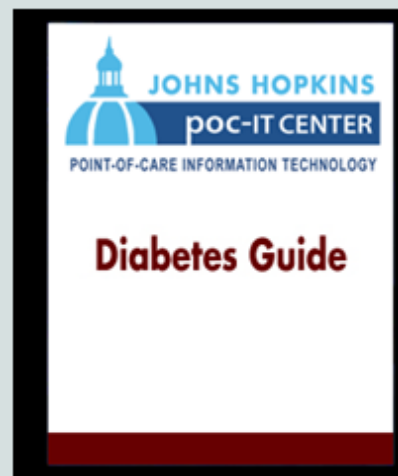
Provider/Patient Resources

Smartphone Diabetes Guide

If you are in possession of a smart phone, you may be interested in the [POC-IT Diabetes Guide](#) developed by the John Hopkins Point-of-Care Information Technology Center. This subscription-based resource is portable and easy to search and navigate. It is designed specifically with physicians, nurses, and other health care providers in mind. POC-IT presents evidence-based diabetes information in easily accessible electronic formats, benefiting users on topics related to diabetes care and treatment.

Contents include:

- Diagnosis and Classification of Diabetes
- Epidemiology of Type 1 and Type 2 Diabetes
- Insulin Treatment
- Outpatient Management of Diabetes and Acute Illness
- Patient Education
- Principles of Physical Activity and Exercise
- Routine Preventive Care
- And much more

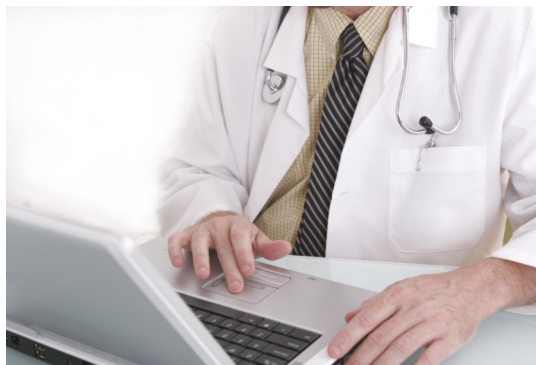


For more information from Medical News Today, go to: <http://www.medicalnewstoday.com/articles/207133.php>. To access the resource directly, go to: www.hopkins-diabetesguide.org.

Provider and Patient Resources (cont.)

Need Information on the EHR Incentive Program? CMA Can Help

The American Recovery and Reinvestment Act (ARRA) of 2009 authorizes the Centers for Medicare and Medicaid Services to provide incentive payments to eligible professionals, hospitals and critical access hospitals to adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. Unfortunately, wading through the vast amounts of information regarding the incentive program can be time consuming and overwhelming. However, the California Medical Association (CMA) has developed a [Health Information Technology \(HIT\) Resource Center](#) that contains relevant and current information regarding the incentive program. You can also sign up to view live and on-demand webinars on topics such as “Provider Incentives for EHR Adoption” and “Implementation of EHR: Practical Considerations”. To access the variety of resources listed in the Resource Center, go to www.cmanet.org > HIT Resource Center or click [HERE](#).



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In the News

Hypertension Prevalence in the U.S.

The Center for Disease Control and Prevention National Center for Health Statistics finds that “The prevalence of high blood pressure did not significantly change over the 10 year period 1999–2008; it remained approximately 30%”

The data indicate that there has been no significant change in the prevalence of high blood pressure amongst adults across all age groups. However, awareness of the condition among adults with high blood pressure has increased from 69.6% in 1999-2000 to 80.6% in 2007–2008. There was no increased awareness of hypertension amongst hypertensive adults ages 18–39 or amongst Mexican American adults between 1999 to 2008.

Adults with high blood pressure that have control of their blood pressure increased from 30.3% in 1999-2000 to 48.4% in 2007-2008. There was a significant increase in blood pressure control amongst all age groups and all three major ethnicities (Non Hispanic white, non-Hispanic black, and Mexican American) over the 10 year period.

For more information go to:

The Center for Disease Control: NCHS Data Brief, Recent Trends in the Prevalence of High Blood Pressure and its Treatment and Control, 1999-2008, <http://www.cdc.gov/nchs/data/databriefs/db48.htm> or

Medscape.com : Improvement in Hypertension Control in US, Lisa Naiggolan, <http://www.medscape.com/viewarticle/732056>

Foundation News

Safe Routes to School Resource and Policy Brief Now Available!

The Obesity Prevention Project offers an online Safe Routes to School (SRTS) Web Resource to support the partnership between schools and physicians for ongoing collaborations in support of Safe Routes to School programs. The online SRTS resource provides healthcare professionals, medical societies and other organizations with resources on education, development, and implementation of Safe Routes to School.



[Click here](#) to access the Online Safe Routes to School Resource.

A policy brief outlining the rationale for Safe Routes to School was developed in collaboration with Regional Physician Advocates, the California School Board Association (CSBA), and California Safe Routes to School National Partnership addressing the policy issues related to the Safe Routes to School Initiative. The policy brief focuses on how to implement a Safe Routes to School Program in low income, underserved communities.



[Click here](#) to access the Safe Routes to School Policy Brief. For more information, please contact cmf@thecmafoundation.org or 916.779.6620.

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*From all of us here with the
Diabetes Program, we wish you a
healthy and happy 2011!*