

INSIDE THIS
ISSUE:

American Heart Month	1
Project Update	2
Champions for health	3
Diabetes and Nerve Damage	3
Provider/Patient Resources	4
In the News	4-5
Foundation News	6

American Heart Month

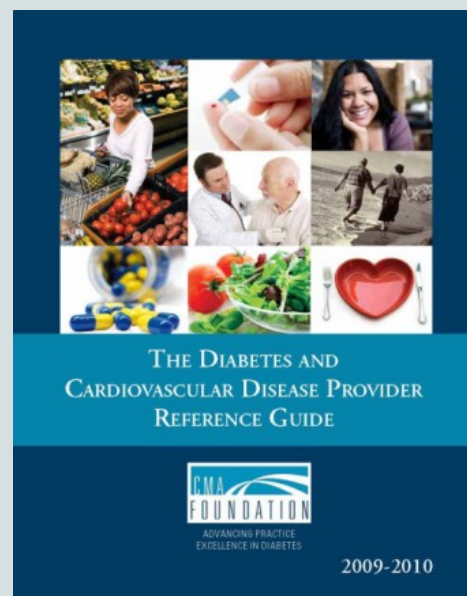


Since 1963 Congress has required the president of the United States to proclaim February as National Heart Health Month. This annual proclamation helps bring attention to the leading cause of death in our nation and the improvements we need to make in order to better address this chronic disease. With one in three Americans living with some

form of cardiovascular disease ¹ and 65% of people with diabetes dying from some form of heart or blood vessel disease, ² the proclamation has never been more important and relevant in trying to reverse the deadly trend.

The Diabetes Quality Improvement Project in conjunction with our partners has developed tools and resources to help physicians better address the diabetes and cardiovascular disease link and improve patient care. One of these tools is the [The Diabetes and Cardiovascular Disease Provider Reference Guide](#). The PRG is a comprehensive tool that provides expert advice in clinical management, national guidelines, patient education materials and billing code procedures for dealing with Type 2 diabetes and cardiovascular disease.

In addition, the project will be holding a webinar called “Diabetes as a Cardiovascular Disease Equivalent.” The event will be held on March 25th at 7:30 A.M. and will be about an hour long. The presentation will be led by Dr. Gordon Fong, Director of Cardiology Services at Mount Zion at UCSF. The objectives of the presentation will be:



Help us improve the health of California! Click here to donate.



(Continued on page 3)

Diabetes QI Project Update

Late last month, the Centers for Disease Control (CDC) issued a press release stating that 26 million adult Americans have diabetes and more than three times that amount have prediabetes (79 million). These figures are staggering and indicate a need for continued diabetes prevention efforts and efforts to help patients best manage their disease and reduce the risk of complications.

Our Diabetes Quality Improvement Project is focused on this second piece; primarily, through supporting physicians and other health care professionals in their quest to provide the best care possible to their patients with diabetes. It is a comprehensive, statewide project that provides physicians and health care professionals with education, training and resources to make small, but meaningful, practice changes to positively impact care. And because we know that *sustaining* practice change is just as important as *implementing* it, we form partnerships with other health care professionals and organizations in the community to develop a strong, local infrastructure to close gaps in patient care and connect patients with needed services.



Below is a highlight of the primary activities we have planned for the year:

- Disease management
 - Promote access and use of recommended guidelines, such as the CMA Foundation's [Diabetes and Cardiovascular Disease Provider Reference Guide \(PRG\)](#).
 - Provide physicians/health care professionals with **web-based education programs** on the topics of improving adherence to clinical guidelines, reducing health care disparities, patient-provider communication, medication adherence, and the "ABC's of Diabetes", that is, A1c, blood pressure and cholesterol control.
- Patient engagement
 - Provide opportunities for patients to **improve knowledge and skill building in the management of their disease** such as through case management, group health education and/or patient educational materials.
 - Work with physicians and their office staff to **improve cultural competency, health literacy and patient-provider communication**.
- Team-based care
 - Promote access and use of the CMA Foundation's **Team Care Tool** and training module which identifies ways medical office staff can support the physician in maximizing the office visit and providing high quality care.
- Leadership development
 - Spread the value of practice-based quality improvement through the CMA Foundation's **Champions for Health program** (a physician peer-to-peer program focused on improved diabetes care) and the **Diabetes Quality Improvement Monograph** (a publication highlighting solo/small group practice physicians who can speak to the value of practice change/improvement).

We are always in need of physicians and other health care professionals that can provide direction into these efforts, as well as champion them to their peers. We encourage you to contact us if you are interested in learning more about these programs. Questions can be directed to Senely Navarrete, MPH, Director at (916) 779-6638 or snavarrete@thecmafoundation.org.

American Heart Month (Continued)

- ⇒ Describing the pathophysiology and potential complications of type 2 diabetes
- ⇒ Articulate the clinical significance of treating type 2 diabetes as a cardiovascular disease equivalent
- ⇒ Describe how you can avoid Cardiovascular complications of type 2 diabetes
- ⇒ Manage diabetes to include the use of lipid lowering medications and aspirin to prevent cardiovascular complications

For more information on the webinar please click [Here](#) or go to www.thecmafoundation.org/projects/aped/

1. Click [Here](#) for the Presidential Proclamation of American Heart Month or go to <http://www.whitehouse.gov/the-press-office/2011/01/31/presidential-proclamation-american-heart-month-2011>

2. American Heart Association, *Know the Facts Get The Stats*, 2007, Click [Here](#) for link to PDF or go to http://www.americanheart.org/downloadable/heart/116861545709855-1041%20KnowTheFactsStats07_loRes.pdf



Champions for Health

Are you a health care professional who is an expert in your field with a passion for serving your community?
 Would you like the opportunity to educate your peers and the public to improve health outcomes at a community level, utilizing only the amount of time that you have available?

Then YOU should become one of the **CMA Foundation's Champions for Health!!**

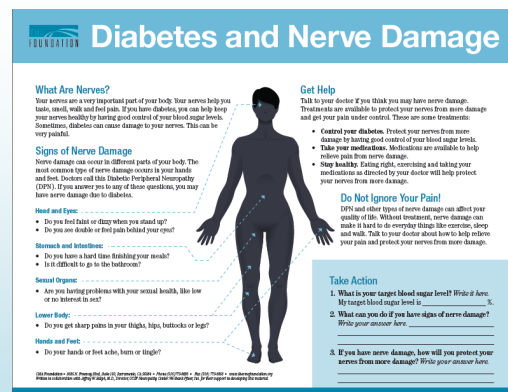
If you are interested in learning more about becoming a Champion for Health, please include your name, degree, organization, title and contact information below in an e-mail to: jmette@thecmafoundation.org

New Resource: 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.

The "Diabetes and Your Nerves" handout can be accessed from our website available at <http://www.thecmafoundation.org/projects/aped/NewPatientResources.aspx>



Diabetes and Nerve Damage

What Are Nerves?
 Your nerves are a very important part of your body. Your nerves help you think, 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 notice any of these symptoms, you may have nerve damage due to diabetes.

Head and Eyes

- Do you feel dazed 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 building your meals?
- Is it difficult to go to the bathroom?

Sensory 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 tingle, 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. There 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 reduce pain from nerve damage.
- **Stop smoking.** Eating 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 reduce your pain and protect your nerves from more damage.

Take Action

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

©2008 American Heart Association. All rights reserved. This document is intended for educational purposes only. It is not a substitute for professional medical advice. For more information, visit www.heart.org.

Provider and Patient Resources

National Eye Health Education Program

The Eye Diseases Prevalence Research Group estimates that 40.8 percent of adults aged 40 and older with diabetes have diabetic retinopathy and that 8.2 percent have advanced, vision-threatening retinopathy. More than 4 million Americans (3.4 percent) aged 40 and older have some form of diabetic retinopathy and this number is projected to reach 6.1 million by the year 2020 (*Archives of Ophthalmology*, 122.4, 2004, 553-563).

National Eye Health Education Program has materials available as an effort to generate awareness about diabetic eye disease.

The target audience is patients at risk of diabetes, patients diagnosed with diabetes, health care providers, and other health care professions the message that cannot be forgotten is that:

- People with diabetes need a comprehensive dilated eye examination at least once a year.
- Early detection, timely treatment, and appropriate follow-up may prevent vision loss or blindness

Materials are available at [NEHEP](#) for patients, public and for professionals care providers. These resources are not copyrighted and may be reproduced without permission.

For more information go to <http://www.nei.nih.gov/nehep/programs/index.asp>

In the News

Resistance and aerobic training together produce lower HbA1c Levels

New findings from the Journal of the American Medical Association suggests that when aerobic and strength training exercises are combine patients with type 2 diabetes have improved HbA1c levels compared to HbA1c levels in a non-exercising control group and 2 groups who only did one type of exercise. The study was conducted through a randomized controlled trial of 262 sedentary participants with type 2 diabetes and HbA1c levels of 6.5% or higher. 41 participants were assigned to the non exercise control group while the remaining participants were assigned to either 1) resistance training 3 days a week, 2) aerobic training totaling 1200 calories of expenditure throughout the week and 3) combined aerobic and resistance training with the 2 days being devoted to resistance training and a minimum of 1000 calories of energy expended through aerobic exercise in a week. The levels of HbA1c decreased by an average of .35% in the combined group while there was no observable change in either the resistance or aerobics groups.

(Continued on next page)

Calendar of Events

TCOYD Conference and Health Fair

February 12th, 2011
Santa Rosa, CA

For more information, click [HERE](#)

Achieving Clinical Integration through Highly Engaged Physicians

March 24-25, 2011
San Diego, CA

For more information, click [HERE](#).

UC Davis Diabetes and Endocrinology Symposium

March 4-5, 2011
Sacramento, CA

For more information, click [HERE](#)

Level 2 Diabetes Educator Course

April 13-15, 2011
San Jose, CA

For more information Click [HERE](#)

2011 California Diabetes Summit

September 7-8, 2011
Long Beach, CA

For more information, Click [HERE](#)



In the news (cont.)

The combined group also showed better marks in maximal oxygen intake and amount of fat lost when compared to the control group. The researchers pointed out this was the first large randomized study concerned with individuals who have type 2 diabetes using the 2008 Physical Activity Guidelines prescription of 500 to 1000 Metabolic Equivalent Tasks minutes per week combined with 2 days of resistance training.

Click [here](#) for a link to the article or go to <http://www.medscape.com/viewarticle/733298?src=emailthis>

Please click [here](#) for the Physical Activity Guidelines or go to <http://www.health.gov/paguidelines/>



High HDL-C (“Good” Cholesterol) May Lower Risk of Alzheimer’s Disease



Recent findings published in the December issue of *Archives of Neurology* showed that adults over the age of 65 with the highest levels (>56 mg/dL) of HDL-C or “good” cholesterol were 60% less likely to develop Alzheimer’s than adults with lower levels of HDL-C. This was true after controlling for factors that influence the development of Alzheimer’s, such as age, sex, education level, genes and prevalence of vascular disease. Moreover, of the participants who developed dementia, they were more often Hispanic and had higher prevalence of diabetes at baseline compared to those who did not develop dementia.

As a healthcare professional, talk to your patients about the importance of leading healthy lifestyles to promote optimal HDL levels. Medications may also be indicated as an adjunctive therapy to lifestyle change. Important lifestyle changes include:

- Not smoking
- Losing weight
- Getting more exercise
- Limiting saturated and trans fats
- Drinking alcohol in moderation

To review the findings on HDL-C and Alzheimer’s, visit the *Archives of Neurology* website at www.archneurol.org or click [HERE](#).

For patient education materials on cholesterol, visit the National Heart, Lung and Blood Institute’s website at www.nhlbi.nih.gov or click [here](#).

Foundation News

CMA Foundation Now Accepting Applications for the Carlo Joseph Gerald Medical Student Scholarship

The Carlo Joseph Gerald Medical Student Scholarship funds will be used to assist medical students attending a California medical school (either MD or DO), who are in financial need and desire to be a primary care physician. This includes pediatricians, internists, family practice, and OB-GYN. The intent is to defray tuition for the scholarship recipient(s). Deadline for submission of application is March 1. [Click here](#) for application criteria and form. Contact (916) 779-6622 for more information.

Champions for Health

Are you a health care professional who is an expert in your field with a passion for serving your community?

Would you like the opportunity to educate your peers and the public to improve health outcomes at a community level, utilizing only the amount of time that you have available?

Then YOU should become one of the **CMA Foundation's Champions for Health!!**

If you are interested in learning more about becoming a Champion for Health, please include your name, degree, organization, title and contact information below in an e-mail to: jmette@thecmafoundation.org

NEPO, CALHIPSO, HITTEC-LA and COREC

NEPO is working with all three California RECs; *California Health Information Partnership and Services Organization (CALHIPSO)*, *HITEC-LA* and *Cal-Optima Regional Extension Center (COREC)* to provide the most updated educational information and outreach to ethnic solo/small group physicians throughout California.

NEPO have officially signed an agreement with CALHIPSO as an "Outreach Partner" and will coordinate efforts with our Ethnic Physician Organizations (EPO) to participate in meetings with the RECs to learn about its services and resources for EHR adoption and implementation. Please check out our new HIT page on the NEPO website to get the most current information and resources on HIT.

CALHIPSO was founded by California Medical Association (CMA), the California Primary Care Association (CPCA) and the California Association of Public Hospitals & Health Systems (CAPH). CALHIPSO is a nonprofit, vendor-neutral organization that offers a variety of programs and services designed to help clinical providers transition from a paper-based practice to one that successfully uses electronic health records. CALHIPSO's extensive products and services are designed to help physicians navigate through the complicated world of electronic health record (EHR) implementation. Please see the attached flyer about CALHIPSO for more information.

CALHIPSO is the REC for the all of California except for Los Angeles and Orange Counties.

Beginning in 2011, Medicare and Medi-Cal will make payments between \$44,000 and \$63,750 per provider to those who can demonstrate that they are "meaningfully using" EHRs. The sooner you can demonstrate "meaningful use," the more funding you will receive since EHR incentive payments will end in 2014.

If you are interested in participating in an informational meeting and/or wish to coordinate a meeting with you and your EPO, please contact the Anna Gutierrez at (916) 779-6627 or agutierrez@thecmafoundation.org

**California Medical Association
Foundation**
3835 N. Freeway Blvd.,
Suite 100
Sacramento, CA 95834
Phone: 916.779.6620
Fax: 916.779.6658

Dexter Louie, MD, JD, MPA
Chair, Board of Directors

Carol A. Lee, Esq.
President and CEO
clee@thecmafoundation.org
916.779.6622

Elissa K. Maas, MPH
Vice President for Programs
emaas@thecmafoundation.org
916.779.6624

Diabetes Quality Improvement Project

Senely Navarrete, MPH
Project Director
snavarrete@thecmafoundation.org
916.779.6638

Julie Vedolla-Fuentes
Project Coordinator
Jvedolla-
fuentes@thecmafoundation.org
916.779.6643

Joe Mette
Project Assistant
jmette@thecmafoundation.org
916.779.6633

The CMA Foundation reserves the right to edit all contributions for clarity and length, as well as the right not to publish submitted articles, for any reason.

To unsubscribe: Send e-mail to jmette@thecmafoundation.org

Help us improve the health
of California! [Click here to
donate.](#)

