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Medication Adherence and Health Literacy

A recent study published in the *Archives of Internal Medicine* found that limited health literacy may impair adherence to complex prescription schedules. The researchers wanted to study medication adherence because of the wide variability in the way prescriptions are written by physicians and transcribed by pharmacists that lead to inconsistencies in prescription label instructions. To address these inconsistencies, a universal medication schedule was proposed for standardizing prescribing practices to 4 daily time intervals which in theory would help patients simplify complex prescription regimens. The study aimed to examine whether patients consolidate their medications or whether there is evidence of unnecessary regimen complexity that would support the movement towards a standardized process.



Continued on page 3

CMA Foundation and Leaders in Diabetes Care Update Provider Reference Guide

Earlier this year, both the American Diabetes Association and the American Academy of Clinical Endocrinologists issued clinical guidelines related to diabetes care and management. You can find these recommendations in our recently updated **Diabetes and Cardiovascular Disease Provider Reference Guide (PRG), 2011 (2nd Ed.)**. The PRG is a comprehensive resource containing the most current clinical guidelines, practical tips and patient education handouts to support high quality, patient centered care. The PRG is targeted towards physicians, nurses, pharmacists and other healthcare providers who care for patients with diabetes. The PRG can also be used by quality improvement leaders who support practices in the provision of high quality, evidence-based care.

Continued on page 2

Diabetes QI Project Update (Cont.)

What's New in the 2nd Edition of the PRG?

- Identification and management of prediabetes
- An updated “Management” chapter that integrates blood glucose, hypertension and hyperlipidemia management all in one chapter (reflecting a more comprehensive management of diabetes)
- Adult outpatient insulin guidelines for type 2 diabetes, including a decision matrix, from the Diabetes Coalition of California
- Physical activity guidelines for type 2 diabetes
- Tips to improve medication adherence
- Update pharmacotherapy grids to treat and manage diabetes, hypertension and dyslipidemia
- A Diabetes Care Guidelines & Flow Sheet that allows you to easily identify all recommended care for your patient compared to target goals – all on a single page
- Updated ICD-9-CM codes



To receive a **FREE** copy of the **Diabetes and Cardiovascular Disease Provider Reference Guide (PRG), 2011 (2nd Ed.)**, please contact Joe Mette, Project Assistant, at (916) 779-6633 or jmette@thecmafoundation.org. Your copy of the PRG will be mailed to you on or before July 1, 2011.

**

We wish to thank the 29 physicians, pharmacists, nurses and other health and quality leaders who dedicated their time in reviewing, updating and editing this 2nd edition of the

Medication and Health Literacy (cont)

The study consisted of 465 adults between the ages of 55 to 74 years old being treated at an academic general medicine practice or a federally qualified health



center. 71.1% of participants were women and 61.4% were college graduates. 20.7% of participants had low health literacy and 22.8% had moderate literacy levels. Participants were put through structured interviews and asked to demonstrate hypothetically when and how they took a 7 drug medication regimen that could be consolidated into 4 dose episodes in a 24 hour period. The main observable variable was the number of times per day that participants would take the medication. Only 14.9% of participants were found to divide the regimen into 4 dosing times while the majority of participants divided the 7 drug prescription into 6 dosing periods. 29.3% of the participants divided the prescriptions into 7 or more dosing times.

The independent predictor of more dosing episodes per day was low health literacy, based on multivariable analysis. Participants with low health literacy with no chronic conditions averaged 8.4 dosing episodes per day. 79% of participants did not consolidate medication that had variable expressions of the same dose frequency such as "every 12 hours" or "twice daily." Two of the drugs had identical dosing instructions, yet 31% of participants did not take the two drugs at the same time.

Dr. James Nuovo, a CMAF Diabetes Project contributor, pointed out, "The results of this study highlights the importance of medication reconciliation including how patients are using their medications. These efforts may be a means to improving adherence and ultimately outcomes." The authors of the study conclude that, "Standardized instructions proposed with the universal medication schedule and other task centered strategies could potentially help patients routinely organize and take medication regimens."

A Physician's Perspective

"Health literacy is the proverbial "elephant in the room" issue that needs to be addressed with every doctor-patient interaction. Medication adherence is greatly enhanced when the patient and family understand the disease and clinical situation for which the medications are being prescribed. This needs to be assessed at every visit to determine if the patient knows what the clinical problem is and what the goal of the treatment is. It is insufficient and unrealistic to expect a patient to understand a one time explanation of a disease process like diabetes and know about what the disease is and be up to date from visit to visit - especially with some of the advances in knowledge and management of the disease. This is true for the highly educated as well as the elderly and most importantly our diverse patients of which English is usually not their primary or even secondary language. ***A well thought out plan to educate and remind each patient of their diseases and the specifics of their management is crucial to getting patients engaged and participating in their own care.***"

-Gordon Fung, MD, MPH, PhD, FACC
Director, Asian Heart and Vascular Center
CMAF Diabetes Project Contributor

Click [here](http://www.medscape.com/viewarticle/738090) for full article or go to <http://www.medscape.com/viewarticle/738090>

Provider and Patient Resources

National Diabetes Education Program Partnership

The National Diabetes Education Program in partnership with the National Institutes of Health, the Centers for Disease Control and Prevention and more than 200 public and private organizations has released resources for health care professionals, partners, general audience, and adults. These resources include the following:

Diabetes Numbers At-a-Glance: For health care professionals a pocket guide that is based on the American Diabetes Association clinical guidelines to diagnose and manage pre-diabetes and diabetes.

Know Your Blood Sugar Numbers: For patients to understand the importance of knowing your blood sugar numbers. The publication includes information on the A1C test, self-monitoring blood glucose, and working with a health care team on setting blood glucose goals. Also available in [Spanish](#)

Tips to Help You Stay Healthy: Ideal for patients tips on working with the health care team to develop a successful 4 set diabetes action plan. Also available in [Spanish](#)

Help a Loved One with Diabetes: Family tip sheet identifying ways to help loved ones with diabetes including a directory of diabetes– focus organizations. Also available in [Spanish](#).

For more information and additional resources offered by the NDEP go to: <http://ndep.nih.gov/publications/index.aspx>

In the News

Type 2 Diabetes Linked to Single Gene Mutation in 1-In-10 Patients

A multinational study has identified a key gene mutation responsible for type 2 diabetes in nearly 10 percent of patients of white European ancestry. The results provide information that would help in predicting the potential for disease in patients, as well as identifying medications that are the most effective for patients with this mutation. While the study focused mainly on Caucasians, researchers hope to extend the project to see whether the same percentages hold true throughout other racial/ethnic groups.



To access the article, please click [Here](#) or go to <http://jama.ama-assn.org/content/305/9/903.short>

Calendar of Events

ADA's 71st Scientific Sessions

American Diabetes Association

June 18– 24
San Diego, CA

For more information, Click [HERE](#)

Neuropathy Action Awareness Day

Neuropathy Action Foundation

June 22, 2011
Sacramento, CA

For more information, Click [HERE](#)

2011 California Diabetes Summit

California Diabetes Program

September 7-8, 2011
Long Beach, CA

For more information, Click [HERE](#)

2011 Ethnic Physician Leadership Summit

Network of Ethnic Physicians

September 17-18
Northern California

For more information. Click [HERE](#)

In the News (cont)

New Comprehensive Care Plan Guidelines Released that Highlight Need for Individualized Treatment Plans

The American Association of Clinical Endocrinologists has released new medical guidelines for the care and management of diabetes mellitus. These new guidelines recognize the need for individual treatment plans and define personalized goals based on duration of diabetes, co-morbidities, life expectancy and the ability to provide treatment safely. The guidelines are meant to address not only hyperglycemia, but other associated cardiovascular risks as well in order to deliver the most relevant, individualized treatment plan for patients with diabetes in the context of the patient's psychological, social, and economic status.

To access the new guidelines please click [here](#) or go to: http://media.aace.com/article_display.cfm?article_id=5068

Foundation News

CMAF Clinical Toolkits Obesity Prevention Project Survey

The CMA Foundation Obesity Prevention Project is working to update our Child & Adolescent Obesity Provider Toolkit. If you've used any of our Clinical Toolkits, we'd like to hear from you!

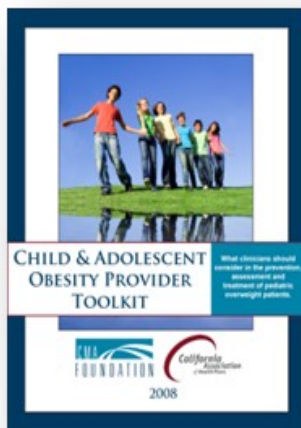
Please take the time to participate in this quick survey to let us know how the CMA Foundation can provide resources that focus on key messages and issues that are important to California Healthcare Professionals.

This survey should take less than 10 minutes to complete and all responses will be kept confidential. Upon full completion of this survey, participants will be given an opportunity to enter a drawing to win one of five \$25 Starbucks gift cards.

Please click the link below to take the survey:

<http://www.zoomerang.com/Survey/WEB22CF5A8527A/>

If you have any questions, please contact Vanessa Saetern, Obesity Prevention Project Assistant at vsuertn@thecmafoundation.org or (916) 779-6631.



Foundation News

FREE Tdap mandate Patient Educational Materials Now Available!

The California Medical Association Foundation's Cervical Cancer/HPV Project has launched a campaign that promotes awareness about California's new whooping cough vaccine requirement for 7th through 12th graders.

California is facing a whooping cough epidemic. In 2010, more than 8,000 confirmed, probable and suspect cases of whooping cough were reported to the California Department of Public Health (CDPH) - the highest incidence rate in 52 years.

Whooping cough is a highly contagious bacterial illness that causes severe coughing attacks that can last for months. Vaccination is the best defense against whooping cough.

To combat the high levels of disease and death from whooping cough that occurred in California in 2010, a new school immunization law will be in effect for the 2011-2012 school year. All California students entering 7th through 12th grades must be immunized with a whooping cough vaccine booster called Tdap.

CMAF also encourages parents to ask their children's health care provider about all of the recommended adolescent vaccines available (HPV, chickenpox, seasonal flu and meningococcal) when they receive their Tdap shot.

PDF versions of Tdap mandate patient education materials now available on our [website](#):

- [7th-12th Grade Immunization Chart – in English and Spanish](#)
- [Table Tent – in English and Spanish](#)
- [Reminder/Recall Postcard – in English and Spanish](#)

If you would like to order FREE hard copies of these patient education materials, please contact Leslie Barron, Cervical Cancer & HPV Project Assistant at lbarron@thecmafoundation.org or 916.779.6630.

Leadership Awards

The deadline is quickly approaching for the Leadership Award nominations so we're reaching out to you to remind you to get your nominations in as soon as possible for the physician or organization that has shown exceptional leadership and service to their community.

The three (3) awards are:

Robert Sparks, MD, Leadership Award – honoring an individual or organization demonstrating long-term concern for the health of communities in a manner consistent with the CMA Foundation's mission to champion individual and community health.

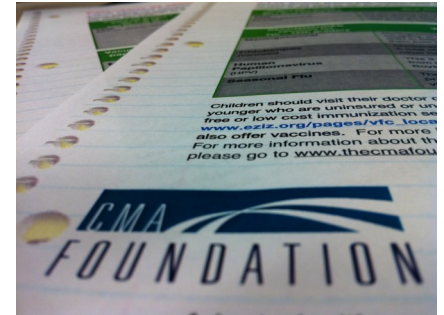
Ethnic Physician Award – honoring an individual embodying NEPO's goal of advancing diversity in the physician workforce by eliminating health disparities, addressing access to care and improving cultural competency and patient advocacy.

Adarsh S. Mahal, MD – Access to Health Care & Disparities Award – to honor an individual or organization that has demonstrated extraordinary interest and efforts toward improving access to health care or reducing health care disparities.

For the complete nomination packet, visit the 'About Us' section of our website: www.thecmafoundation.org and click on "What's New", which will take you to the Leadership Awards.

All nominations must be submitted electronically or postmarked by June 23rd, 2011.

We look forward to honoring those who have made outstanding contributions to the health of California! So get your nominations in soon so your candidate won't miss the opportunity to be honored for their efforts.



Foundation News (cont)

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

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