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## CME Webinar on Diabetes and Cardiovascular Disease

In honor of [Diabetes Alert Day](#), the California Medical Association Foundation's Diabetes Quality Improvement Project is pleased to offer its first CME webinar of 2011 on "Diabetes and Cardiovascular Disease". This no-cost webinar will be held on **Friday, March 25 from 7:30am to 8:30am.**

Click [HERE](#) for more information and to register.

### Presented By

Gordon L. Fung, MD, MPH, PhD, FACC, FAHA, FACP  
Clinical Professor of Medicine UCSF School of Medicine  
Director, Asian Heart & Vascular Center



### Learning Objectives

- Describe 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 in appropriate patients

### CONTINUING MEDICAL EDUCATION

*The California Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.*

*The California Medical Association designates this educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.*

## DCC Releases Insulin Guidelines for Type 2 Diabetes



The Diabetes Coalition of California (DCC) recently published their 1<sup>st</sup> edition of evidenced-based outpatient insulin guidelines for physicians and clinicians called [Type 2 Diabetes Adult Outpatient Insulin Guidelines](#). The guidelines were created with the help of volunteers from the DCC and other diabetes experts from California using

evidence from recent clinical studies and consensus statements from the American Diabetes Association (ADA) and American Association of Clinical Endocrinologists (AACE).

(Continued on Page 3)

## Diabetes QI Project Update

### Improving Diabetes Care: Focus on Team Care and Self Care

Our partners are an integral aspect of our Diabetes Quality Improvement Project. On February 24, we convened workgroup meetings focused on Team Care and Self Care. Twenty-one physicians, pharmacists, health plan quality improvement leaders and other health care professionals participated.



Our Team Care workgroup is tasked with helping to develop a *Team Care Resource Guide*. Our *Team Care Resource Guide* is targeted towards the most underutilized resource in the solo and small group practice setting – the medical assistant. The *Team Care Resource Guide* will include examples, practical tips and tools of how medical assistants can support practice excellence in diabetes care. We expect to have this tool completed by December 2011.

The Self Care workgroup will help identify a model for physicians and pharmacists to resolve barriers to patient self care including medication adherence. We will conduct a pilot project with no more than 15 practices to test the model and see if patients adhere to recommended lifestyle modifications and medication therapies better than patients who do not participate.

We look forward to working with our partners to help physician practices become beacons of excellence through our work on Team Care and helping prevent major diabetes-related complications through our work on Self Care.

If you would like to learn how you can be involved, please contact Senely Navarrete, MPH, Director at [snavarrete@thecmafoundation.org](mailto:snavarrete@thecmafoundation.org) or call (916) 779-6638. Your voice and experience are invaluable to this project!

### 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.” Copies have been shipped to specialty medical associations, NEPO organizations, neuropathy support groups and national neuropathy organizations. The handout is available in 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.

**Diabetes and 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 notice pain in any of these areas, you may have nerve damage due to diabetes.

**Head and Eyes:**

- Do you feel dizzy 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?

**Sweat Glands:**

- Are you having problems with your sweat glands, like too hot or too hot in heat?

**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 prevent your nerves from more damage and get your pain under control. There are more 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.** 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 relieve your pain and protect your nerves from more damage.

**Take Action**

- What is your target blood sugar level? Write it here: \_\_\_\_\_ %
- 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: \_\_\_\_\_

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The “Diabetes and Nerve Damage” handout can be downloaded for free at <http://www.thecmafoundation.org/projects/aped/NewPatientResources.aspx> or by clicking [HERE](#).

## DCC Insulin Guidelines (Cont from page 1)



Kimberly Buss, MD  
Sutter Medical Group  
Diabetes Coalition of  
California

The CMA Foundation's Diabetes Quality Improvement Project staff recently spoke with one of our physician partners who also led the DCC guidelines project, Dr. Kimberly Buss, MD, Director of Diabetes Education at Sutter Medical Foundation in Sacramento, California. We asked Dr. Buss about the new guidelines and discussed insulin management in general. Dr. Buss has been an invaluable asset in the movement to help improve care quality and reduce the prevalence of type 2 diabetes in California communities.

### Importance of Insulin Management

When asked about the importance of insulin management, Dr. Buss pointed out, "Without insulin as tool for controlling diabetes, blood glucose levels for some patients may become very high. Very high blood glucose levels can cause a multitude of symptoms and are dangerous for patients because of long term risk of microvascular complications." There is some evidence that controlling blood glucose levels, especially early in the course of the disease, decreases the long term risk of macrovascular

complications such as coronary artery disease. Dr. Buss pointed out, "Effective management of insulin and correctly and effectively helping patients adjust their insulin can help patients reach their glucose goal. It can also reduce the risk of common insulin side effects such as hypoglycemia and weight."

### Overcoming Barriers to Effective Insulin Management

We also discussed barriers and successes in helping patients manage their insulin by addressing patients' reluctance to use insulin due to lack of understanding or fear of side effects. Dr. Buss pointed out the importance of teaching patients how to understand their insulin and strategies for self titration. Studies have shown that the use of diabetes educators to teach patients about their insulin can both save money, improve outcomes, and improve quality of life for patients. Multiple studies have shown that teaching self titration of insulin in specific situations can be successful and safe. Clinicians can help patients start insulin at a low level that has little risk of side effects, then titrating the dose slowly until it's most effective.

### Why Use the "Type 2 Diabetes Adult Outpatient Insulin Guidelines"?

Dr. Buss stressed that the Type 2 Diabetes Adult Outpatient Insulin Guidelines are needed and useful because there have been substantial changes to our understanding of how to use insulin to treat people with diabetes in recent years. This new understanding of treatment is very complex and time-constrained physicians may need support in learning the new strategies. Dr. Buss explained, "The options for insulin have changed in terms of which insulin to prescribe, when and how to prescribe, how to start insulin, how to titrate and when to switch to a different insulin type." The Type 2 Diabetes Adult Outpatient Insulin Guidelines use a clear and simple algorithm for insulin administration that provides information about the use of basal insulin, mealtime insulin, and mixed insulin. They also provide general information about insulin and a reference rating system adopted from the ADA grading system for clinical practice recommendations (ADA, Diabetes Care Standards, 2010).

Dr. Buss stated, "Our goal has been to create clear guidelines and algorithm that helps primary care physicians get patients started on insulin when needed and get them titrated to goal in a safe and efficient manner. It is important that we help empower patients and providers to make these choices along the way."

To access the Type 2 Diabetes Adult Outpatient Insulin Guidelines, go to the California Diabetes Program's Diabetes Information Resource Center at [www.caldiabetes.org](http://www.caldiabetes.org) and search for "insulin guidelines" or by clicking [here](#).

Dr. Buss will serve as faculty for a clinical education webinar on Insulin Management for Type 2 Diabetes. Stay tuned for more information! Please contact Joe Mette, Project Assistant, at [jmette@thecmafoundation.org](mailto:jmette@thecmafoundation.org) or (916) 779-6633 to be placed on our list to receive information about upcoming clinical education opportunities.

## Provider and Patient Resources

### Time Management and Diabetes

Web MD recently publish an article by Katherine Kam titled, “*Managing Your Time When You Have Diabetes*”. This article provides useful tips that can be shared with your patients before they reach “diabetic burnout”, Take the time to share these quick tips with your patient during their next visit.

Amongst the many tasks that a diabetic manages there are four (4) areas to focus on: 1) General Care including blood glucose levels and medication management, 2) Doctors Visits, 3) Meal Planning, and 4) Exercise.



#### General Care:

- Use a datebook or other scheduling system to write in the most important tasks such as blood sugar measurement, taking medications, exercising, and doctor appointments.
- Keep your medications, needles, test strips and other supplies in one place in your home so you can assess how you are doing with supplies.

#### Doctor Visits:

- Keep a list of questions and concerns before your visit so you don't forget anything important such as symptoms, blood sugar, foods or medication.
- Bring all of your medications in a bag for your doctor to review.

#### Meal Planning:

- Keep bagged broccoli, lettuce, carrots, and cherry tomatoes on hand to cut down on chopping time.
- Keep the right foods readily stocked such as whole-grain breads, cereal, milk, and vegetables.

#### Exercise:

- Use the buddy system—it helps to be accountable
- Find pockets of time to exercise

For more information please visit <http://diabetes.webmd.com/features/diabetes-time-management>

### Calendar of Events

**National Costs of Obesity**  
California Partnership for  
Access to Treatment

March 22nd, 2011  
12pm—2pm  
Sacramento, CA

For more information, click  
[HERE](#)

**Achieving Clinical  
Integration through  
Highly Engaged Physicians**  
Institute for Healthcare  
Improvement

March 24-25, 2011  
San Diego, CA

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

**Level 2 Diabetes Educator  
Course**  
Diabetes Educational Services

April 13-15, 2011  
San Jose, 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](#)



## Foundation News

### March is National Nutrition Month

National Nutrition Month® is a nutrition education and information campaign created annually in March by the American Dietetic Association. The campaign



focuses attention on the importance of making informed food choices and developing sound eating and physical activity habits. The theme for March 2011 is "Eat Right with Color." As part of National Nutrition Month, the American Dietetic Association's [National Nutrition Month website](#)

includes helpful tips, recipes, fun games, promotional tools and nutrition education resources, all designed to spread the message of good nutrition around the "Eat Right with Color" theme. Please visit [www.eatright.org/nnm](http://www.eatright.org/nnm) for more information on National Nutrition Month.

### NEPO, CALHIPSO, HITTEC-LA and COREC

NEPO is working with all three California RECs; *California Health Information Partnership and Services Organization (CALHIPSO)*, *HITTEC-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](mailto:agutierrez@thecmafoundation.org)

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