

Chronic Disease Connections

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

Health Promotion is Newsworthy . . .

Stroke Mortality is now the 5th leading cause of death according to a new NCHS Data Brief on 2013 Mortality

This is the second decline in recent years. ([Data tables](#)) The CDC's Division for Heart Disease and Stroke Prevention (DHDS) is pleased to announce the release of the **Coverdell Summary Report, 2007-2012**. This summary report presents an overview of the Paul Coverdell National Acute Stroke Registry program and six vignettes of specific programmatic strategies and activities employed by states funded from 2007 - 2012 to work with hospitals to improve the quality of stroke care across their state. Each vignette highlights the level of improvement in stroke care practices, the strategies determined to have contributed to the success of the state stroke registry program, how states overcame challenges, and relevant lessons learned. This resource provides information that individual states can use to foster communication and collaboration with other states, with hospital systems, and with communities to improve timely treatment and coordinated care for stroke. The summary report is available on the DHDS website at http://www.cdc.gov/dhds/programs/stroke_registry.htm under "Program publications".

Pre-diabetes and Diabetes News . . .

Diagnosing Diabetes at the Dentist Is Feasible

Screening patients for high glycemic levels using oral blood collected during a routine dental procedure gives as accurate a reading in HbA_{1c} as traditional finger-stick readings and can identify a large number of patients who do not know they have diabetes or who are at risk for it, new research shows.

The study was [published online](#) February 25 in the *American Journal of Public Health*.

"There are over eight million adults in the US who have diabetes that is not yet diagnosed," lead author Shiela M. Srtaus, PhD, from New York University College of Nursing, New York, told *Medscape Medical News*.

Statin therapy appears to increase men's risk for type 2 diabetes

[Bloomberg News](#) (3/5, Cortez) reports, "Millions of people take pills known as statins each year to lower their cholesterol levels." Now, "a new study shows the medicine also raises their risk of developing diabetes." [TIME](#) (3/5, Park) reports that the study published online March 4 in the journal, *Diabetologia*, suggests that "men prescribed statins to lower their cholesterol had a 46% greater chance of developing diabetes after six years compared to those who weren't taking the drug." In addition, "the statins seemed to make people more resistant to the effects of insulin—which breaks down sugar—and to secrete less insulin." Time adds, "For patients who may not yet be diabetic, but are vulnerable to developing the disease and also may need a statin, Dr. Neil Stone, lead author of the 2013 American College of Cardiology and American Heart Association cholesterol guidelines, says he stresses the importance of lifestyle changes in diet and exercise."

[Medscape](#) (3/5, Davenport) reports that researchers arrived at these conclusions after investigating "the effects of statin treatment on blood glucose control and the risk for type 2 diabetes in 8,749 nondiabetic men age 45 to 73 years in a 6-year follow-up of the population-based Metabolic Syndrome in Men (METSIM).

What's new about



Better Choices, Better Health
Put Life Back in Your Life

Having a chronic illness usually means taking one or more medications. It is crucial for people with chronic illnesses to understand their medications and use them appropriately. The Better Choices Better Health program supports participants in multiple aspects of medication management including expectations, taking multiple medications, what to communicate to physicians, what to ask physicians and pharmacists, taking medications on a regular schedule and self-medicating. These and many other topics are addressed in Better Choices Better Health. Learn more at: <http://idph.state.ia.us/betterchoicesbetterhealth/Default.aspx>.



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Million Hearts® Initiative Update

CMS distributes Infographic on Value of Hypertension Protocols in Practices

The CMS Office of Minority Health (CMS OMH) is calling attention to the burden of heart disease in the U.S., its disproportionate impact on some minority communities, and what you can do to help prevent, treat and control heart disease. **Did you know that adopting a hypertension protocol is associated with significant success in hypertension control in diverse populations?**

In conjunction with the Million Hearts® initiative, CMS OMH is releasing the following new infographic that highlights the value of hypertension protocols in treating your patients. It also links to more information on how to adopt and use a protocol. **Clinicians + Hypertension Protocols = Better Outcomes**



The latest on the ABCS...

A1c

High-intensity cardio workout may lower blood sugar levels better than lower intensity exercise

TIME (3/3, Worland) reports that a study published March 3 in the *Annals of Internal Medicine* suggests that "a high-intensity cardio workout may do a better job of decreasing blood sugar levels than lower intensity exercise." The Today Show Online (3/3, Carroll) reports that for the study, researchers "assigned 217 obese men and women, average age 51, to one of four groups: high amount, high-intensity exercise; high amount, low-intensity exercise; low amount, low-intensity exercise, or no exercise program at all." Study participants "in exercise programs worked out five days a week for 24 weeks. None were put on a diet." The study found that even though everyone who exercised "lost weight and dropped belly fat, only the group doing higher intensity workouts had improvements in glucose measurements at the end of the study." Health Day (3/3, Norton) reports that in addition to improvements in blood sugar, "study participants who exercised at a higher intensity also saw a bigger improvement in their cardiovascular fitness—which is an important factor in the risk of dying from heart disease or stroke."

Aspirin Use

Aspirin 'Resistance' May Make for Worse Strokes

02/23/2015 Daily dose won't prevent dangerous clotting in some people, researchers say.

Blood Pressure Control and Management

More Cases of High Blood Pressure in Less Affluent States

02/26/2015 The unemployed seemed to be at especially high risk, CDC researchers found.

Watch Upper Number on Blood Pressure for Younger Adults

01/27/2015 Systolic pressure of 140 mm Hg or more raises risk for heart disease in later life, researchers say.

Diabetes patients see better outcomes when blood pressure is lowered

A recent study in *JAMA* analyzed the associations between treatments lowering blood pressure and their effects on patients with type 2 diabetes. Read more at *AMA Wire*®.

Folic Acid May Help Ward Off Stroke in People with High Blood Pressure

03/15/2015 Chinese study found significantly lower rates in those who got an extra supply of the nutrient.

Vitamin D supplementation may be ineffective for lowering blood pressure

On its website, CBS News (3/18) reports that research published online in *JAMA Internal Medicine* suggests that "despite widespread use, vitamin D supplements are ineffective when it comes to lowering blood pressure." CBS points out that "according to the National Institutes of Health (NIH), there is not enough evidence to determine how levels of vitamin D could increase risk for or protect against cancer." Additionally, "NIH...said too much vitamin D in the blood can be harmful, causing nausea, constipation and even damage to the kidneys, among other effects."

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Cholesterol Control and Management



Patients with familial hypercholesterolemia may have lower risk of developing type 2 diabetes

The NPR (3/11, Shute) "Shots" blog reports that research published in JAMA suggests that individuals with familial hypercholesterolemia may have a lower risk of developing Type 2 diabetes. Researchers looked at information from a database, and found that individuals "with familial hypercholesterolemia had a 51 percent lower risk of Type 2 diabetes than their relatives without the disorder," although "the diabetes risk for both groups was low: 1.75 percent versus 2.93 percent." The risk "varied based on the particular genetic mutation involved."

Around 20 percent of patients with CHD may not respond to statins

Medscape (2/27, O'Riordan) reports on a study published in Arteriosclerosis, Thrombosis, and Vascular Biology finding that of 647 patients with coronary heart disease prescribed statins, about 20 percent "failed to have a significant LDL-lowering response to treatment," and instead saw "LDL-cholesterol levels increased 6.2%," compared to a drop of 44.5 percent among those who responded to the treatment. Researchers suggested that physicians who adopt "the latest American College of Cardiology (ACC)/American Heart Association (AHA) clinical guidelines for the management of cholesterol," may follow a strategy of "prescribe and forget" in which they fail to monitor the effect of the statin, though "the ACC/AHA has said they still encourage monitoring to determine the extent of LDL-lowering." [Readers will need to register to access the article; there is no charge to register.]

Smoking Cessation



Study: Smoking's US health toll worse than estimated

The New York Times (2/12, A17, Grady, Subscription Publication) reports that a new study published in the New England Journal of Medicine "adds at least five diseases and 60,000 deaths a year to the toll taken by tobacco in the United States." The study's research was paid for by the American Cancer Society and performed by ACS epidemiologist Brian Carter and researchers from the US National Cancer Institute and four universities. "The smoking epidemic is still ongoing, and there is a need to evaluate how smoking is hurting us as a society, to support clinicians and policy making in public health," Carter said. The Los Angeles Times (2/12, Kaplan) reports that the study found 83% of smokers' deaths were attributed to established smoking-related illnesses, but the remainder were linked to diseases including renal failure, hypertensive heart disease, breast cancer, and prostate cancer. "In nearly every case, the diseases in this second group were more likely to kill current smokers than nonsmokers, according to the study," the LA Times notes. Also covering the story are the AP (2/12), MedPage Today (2/12, Bankhead), Reuters (2/12, Emery), and HealthDay (2/12, Reinberg).



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1 800 QUIT NOW | 1 800 784 8669

Training for Providers:

AMA Products: Learn to treat a common diabetes complication, get CME

Painful diabetic neuropathy is a common complication of type 2 diabetes and can severely limit patients' daily functions. With the percentage of Americans with diabetes more than doubling in the past two decades, it's especially important to know how to manage the disease's complications, and a continuing medical education (CME) activity can help.

AHA/ASA: Acute Ischemic Stroke: Recent Evidence and Its Implications

Mayank Goyal, MD, FRCPC, Presenter

 Register Today

Wednesday, May 4, 2015

11:00 AM EST | 8:00 AM PST | 10:00 AM CST

Back Up U.S. Attendee Phone: (866) 832-6378 Conference

ID: 73029141

Plan Clinic Awareness Activities for Upcoming May Health Observations:

National High Blood Pressure Education Month

www.nhlbi.nih.gov

Day of Action: Thursday, May 7, 2015

http://www.measureuppressuredown.com/HighBPMonth/nda2015_highBPMonth.asp



Stroke Awareness Month

www.stroke.org or www.strokeassociation.org

Community Health Improvement Month 5/31/-6/15

www.healthycommunities.org

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New Resources for Healthcare Providers

Updated Resource! AHRQ's PCMH Citations Collection

This searchable database allows you to identify the leading resources on the medical home by topic, population, bibliographic information, or keyword. It includes journal articles, reports, policy briefs, select newsletter/trade publications, and position statements. The collection includes over 1800 items published through 12/14, with more to come.

New CMS Medicare Reimbursement *By William Appelgate, PhD, CPC, Founder and President, Clinical Health Coach Training*

Healthcare organizations and PCMHs already steeped in the practice of health coaching have begun embracing the newly available CMS Chronic Care Management reimbursement code as an answer to prayers. This support for authentic care management attention delivered by team members competent in health coaching holds high promise for their practices and more significantly for their patients. The \$42 monthly payment for Medicare beneficiaries with two or more chronic conditions pays the way for accelerating their commitment to a true population health strategy. [Read Full Article...](#)

New CDC Community Health Worker Toolkit

Community Health Workers (CHWs) possess a unique knowledge of the communities in which they serve making them ideal intermediaries between individuals and the health care system. Integrating CHWs into health care teams can support the promotion of health through the relationships they help build by engaging in community-level activities and interventions. The Centers for Disease Control and Prevention's (CDC) Division for Heart Disease and Stroke Prevention is highlighting the important roles CHWs play in preventing and controlling chronic diseases, including heart disease. Recognizing the substantial value CHWs bring to heart disease and stroke prevention, CDC has compiled evidence-based research that supports the effectiveness of CHWs in a [Community Health Worker Toolkit](#). The toolkit includes information state health departments or health systems can use to train and further build capacity for CHWs in their communities, as well as helpful resources that CHWs can use within their communities. Available resources include: Online training materials such as Fotonovelas, a CHW sourcebook, and e-learning course; technical assistance and policy materials such as policy evidence assessment reports, a summary of CHW-related laws, and an updated policy brief. For any questions you may have regarding the Community Health Worker Toolkit please contact DHDSPrequests@cdc.gov.

Tracking Priorities and Monitoring Practice Improvement through Comprehensive Documentation

Good documentation is essential in enabling practice facilitators to work effectively and independently in the field, managing improvement work across multiple practices and organizations concurrently. It allows practice facilitators to monitor the progress of practices through a particular improvement program or project, keep track of many simultaneously evolving priorities and activities, and highlight which issues to focus on during training and supervision sessions. Practice facilitators can use either paper-based forms to record encounter data, simple spreadsheets on a computer, or online spreadsheets and survey programs, designed to collect and manage information. Online solutions can be a good option because they are dynamic and can be accessed by both you and your program supervisor. It also allows for easier sharing with your practice; inviting practices to contribute to their practice record increases the transparency of the process, helping the practice track its own progress with its improvement work. Regardless of your preference, it is important to document all "meaningful" encounters with a practice. This means any substantive work that occurs in support of the practice's improvement goals. Remember that much of the information you work with as a facilitator at a practice is sensitive in nature. Do not post any identifiable patient data on the practice record or information about other practices you are working with that has not been cleared for sharing. A good rule to use is: If you are in doubt about sharing a piece of information, don't. You can always make it available later, but you cannot retract it once it has been shared.

For more information on effective documentation habits, see [Module 15](#) of *The Practice Facilitation Handbook: Training Modules for New Facilitators and Their Trainers*. You can download a PDF copy of the entire handbook free of charge at the PCPF Resources page of AHRQ's [PCMH Resource Center \(www.pcmh.ahrq.gov\)](http://www.pcmh.ahrq.gov).

The Iowa Department of Public Health -- Health Promotion and Chronic Disease Control Partnership

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