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

Health Promotion is Newsworthy...

The Prevention Status Reports (PSRs)

PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce 10 important health problems or concerns. **The link above takes you directly to the lowa reports**. Iowa reports by topic: Excessive Alcohol Use; Food Safety Healthcare-Associated Infections; Heart Disease and Stroke; HIV; Motor Vehicle Injuries; Nutrition, Physical Activity, and Obesity; Prescription Drug Overdose; Teen Pregnancy; and Tobacco Use.

Excess Sugar Ups CVD Risk: NHANES Study

"Our findings indicate that most US adults consume more added sugar than is recommended for a healthy diet," write **Dr. Quanhe Yang** (Division for Heart Disease and Stroke Prevention, Centers for Disease Control and Prevention, Atlanta, GA) and colleagues in their report published online February 3, 2014 in *JAMA Internal Medicine*. [Free registration required to access article—if not already registered with Medscape]

Program seeks to teach children about stroke symptoms

The <u>AP</u> (3/24, Fitzgerald) reports that "experimental health education program at Montefiore Medical Center in the Bronx" seeks to teach children about the symptoms of stroke. According to the AP, "The idea is to enlist children, particularly those who may live with older relatives, as an army of eyes to help recognize the warning signs" and "get help for victims more quickly." The article also discusses similar programs across the country that seek to teach kids about the warning signs of stroke.

Pre-diabetes and Diabetes News . . .

Electronic health records improve diabetes care and outcomes

Researchers obtained data on 6 years of semi-annual chart reviews of 14,051 adult

patients 40 years of age and older with diabetes. All patients were receiving care from 34 primary care practices that were part of a large, fee-for-service network. The chart reviews included data on several diabetes process-of-care measures and patient outcome measures. Several optimal care measures were used as benchmarks: an HbA1c (measure of blood-sugar level) of 8 percent or less, an LDL-cholesterol level of <100 mg/dl, a blood pressure of less than 130/80 mmHg, documented aspirin use, and no smoking. An EHR was rolled out over a 3-year period allowing data to be collected on patients who were never exposed to an EHR and patients who were exposed to the EHR, both before and after implementation. A greater percentage of patients met the standards of optimal care in the EHR-exposed group compared to the non-exposed group. The longer a patient was exposed to an EHR, the greater the likelihood of optimal care. EHR exposure also significantly improved the individual measures of aspirin use, blood pressure control, and smoking status.

What's new about Chronic Disease Self-management...

Living a Healthy Life with Chronic Conditions

People with chronic health conditions live the majority of their lives outside of hospitals and clinics. The Chronic Disease Self-Management Program (CDSMP) Workshop and its companion book are designed to help people learn the information and skills to manage their chronic conditions on a daily basis while doing the things they need and want to do. The proven practices for self-management are based on an ongoing series of studies conducted at Stanford University School of Medicine. The content has been enriched by the feedback of medical and other professionals and thousands of people with chronic conditions all over the world. Learn more at http://idph.state.ia.us/betterchoicesbetterhealth/Default.aspx. A new brief that highlights the positive outcomes from the CDSMP National Study is available. Among the results: 21% improvement in depression, 15% improvement in unhealthy physical days, 12% improvement in medication compliance,

and a \$364 per participant net savings. Download the brief. **Download the brief.**













Measure Up/Pressure Down™ Created by the American Medical Group Foundation (AMGF).

High blood pressure (hypertension) is a leading risk factor for heart disease, stroke, kidney failure, and diabetes complications. Known as the "silent killer," high blood pressure often has no symptoms until serious problems occur. Many people have high blood pressure and can go for years without knowing they have the life-threatening disease. Nearly one out of three American adults (68 million) has high blood pressure. Less than half have their conditions under control. Improving blood pressure control requires an expanded effort and an increased focus from healthcare systems, providers, patients, employers, and the entire nation.

Measure Up/Pressure Down™ is a three-year national campaign, created by the American Medical Group Foundation (AMGF) designed to engage these important stakeholders in improving blood pressure control and achieving lasting improvements that lead the way to greater health, productivity, and cost savings.

Measure Up/Pressure Down™ Factsheet [PDF] and Brochure [PDF] Measure Up/Pressure Down™ 2013 Annual Report [PDF]

The latest on the ABCS.

Aspirin Use







CDC Recommendations on Appropriate Aspirin Use

existing cardiovascular disease.

Use this link to review the recommendations for aspirin use for preventing cardiovascular disease and for controlling

A_{1c}

Is hemoglobin A1c an accurate measure of glycemic control in all diabetic patients?

This standard test may not be as reliable as one would think.

Know Your Blood Sugar Numbers

A patient education publication of the National Diabetes Education Program.

Blood Pressure Control and Management

Renal denervation may not benefit patients with uncontrolled hypertension.

The New York Times (3/30) reported on the unexpected finding of "a landmark study" that found renal denervation may not benefit individuals with uncontrolled hypertension. The study of 535 patients split them into groups that received the actual procedure or a fake procedure that was designed to fool patients. After six months, "both groups experienced drops in blood pressure, but there was no significant difference."

True: A robo-call can help improve blood pressure control

Patients who received automated telephone messages encouraging them to get their blood pressure checked at a walk-in clinic were more likely to achieve blood pressure control than patients who did not receive the calls, according to a study by Kaiser Permanente Southern California.

Blood Pressure Meds May Raise Risk of Serious Falls for Seniors

Study found those over 70 who took medications were up to 40 percent more likely to be injured.

CDC: Sodium reduction is a public health priority.

CDC recently responded to the Institute of Medicine's report Sodium Intake in Populations: Assessment of Evidence. This commentary in the American Journal of Hypertension reinforces CDC's position that reducing sodium intake is a critical, achievable, and effective public health action to reduce blood pressure and improve cardiovascular health. Continued on the next page...







Cholesterol Control and Management







Researchers develop formula to more accurately calculate 'bad' cholesterol

Johns Hopkins researchers have developed a more accurate way to calculate low-density lipoprotein (LDL) cholesterol, the so-called "bad" form of blood fat that can lead to hardening of the arteries and increase the risk of heart attack and stroke. If confirmed and adopted by medical laboratories that routinely calculate blood cholesterol for patients, the researchers say their formula would give patients and their doctors a much more accurate assessment of LDL cholesterol.

Smoking Cessation





Research: Developing a Toolkit for Panel Management: Improving Hypertension and Smoking Cessation Outcomes in Primary Care at the VA

As primary care practices evolve into medical homes, there is an increasing need for effective models to shift from visit-based to population-based strategies for care. However, most medical teams lack tools and training to manage panels of patients. As part of a study comparing different approaches to panel management at the Manhattan and Brooklyn campuses of the VA New York Harbor Healthcare System, a toolkit of strategies was created that non-clinician panel management assistants (PMAs) can use to enhance panel-wide outcomes in smoking cessation and hypertension. Access the full text at: http://www.biomedcentral.com/1471-2296/14/176

Place these Health Observations on Your Upcoming Calendar . . . Plan for Awareness Activities at your Clinic!



Foot Health Awareness Month www.apma.org
Minority Health Month www.minorityhealth.hhs.gov

April 6-13: Healthcare Volunteer Week www.hahrp.org

April 7-13: Public Health Week www.nphw.org

April 7: World Health Day www.who.int/world-health-day/en/

April 20-26 Healthcare Administrative Professionals

Week www.ahcap.org

AND, honor those that make us laugh!:

National Humor Month www.humormonth.com



Arthritis Action Month www.arthritis.org/index/arthritis-

action-month/

Employee Health and Fitness Month www.physicalfitness.org
High Blood Pressure Education Month www.nhlbi.nih.gov
Mental Health Month www.mentalhealthamerica.net
Older Americans Month www.acl.gov

www.strokeassociation.org

May 6-12: Nurses Week elise.swinehart@ana.org

Stroke Awareness Month www.stroke.org;

May 11-17: Hospital Week www.nationalhospitalweek.com

May 11-17: Women's Health Week www.womenshealth.gov/nwhw

May 18-24: Emergency Medical Services Week

Care Coordination and Team Care Implementation

Physicians increasingly dividing responsibilities among practice employees

On the front of its Personal Journal section, the <u>Wall Street Journal</u> (2/18, D1, Landro, Subscription Publication) reports in a 1,100-word article that an increasing number of practices are switching to providing patients with care from a team of health professionals dividing responsibilities that previously would be managed by a single physician. Healthcare professionals, such as nurse practitioners, physician assistants and clinical pharmacists, now perform more functions while actual physicians assume more of an oversight role, including medication dosage adjustment and ensuring that patients receive tests and chronic disease management. After many US locations began experiencing primary-care physician shortages, many practices began adopting this system, and more are expected to as the Affordable Care Act facilitates an increase in patients.

EHR Adoption, Implementation and Meaningful Use



GAO finds some providers dropping out of EHR incentive programs

Modern Healthcare (3/8, Conn, Subscription Publication) reported that the number of payments for meaningful use of EHRs is going up monthly, but a March GAO review found that "'a substantial percentage' of providers dropped out of two of the Medicare and Medicaid programs in 2012 after receiving payments for 2011." The first payouts were made in the overall program in January 2012 and paid out nearly \$21 billion through January of this year. The GAO examined "Medicaid program participation in 36 states" and found the declines. The GAO noted that CMS is "monitoring the issue and taking steps to reverse this trend." The Healthcare IT News (3/7, Monegain) also reports.

EHR adoption varies across states

<u>USA Today</u> (3/20, Vestal) examines how the adoption of electronic health records is progressing across the country, with respect to the goals laid out in the Affordable Care Act. There is a marked disparity between how physicians fare in various states. Ranked first, 83% of doctors in North Dakota "have made the switch to electronic records" and Minnesota is ranked second with 76% adoption. However, Connecticut and New Jersey stand "at 30% and 21%, respectively." The article says so far it is "not clear" why these differences exist.

New Resources for Healthcare Providers

The Million Hearts® Action Guide Series provides clinicians, employers, and public health practitioners with evidence-based strategies for improving cardiovascular health. Each guide offers action steps and features proven tactics to help more Americans live heart-healthy, stroke-free lives. The ongoing series includes a special focus on blood pressure control, a key public health strategy for preventing heart attacks and strokes. One in 3 U.S. adults has high blood pressure (also called hypertension), but only about half of those individuals have the condition under control. Better blood pressure control can save millions of lives and health care dollars. Additional Million Hearts® Action Guides are in development, so check this page regularly for updates and new materials. You can find more Million Hearts® resources on the Tools page.

- Hypertension Control: Action Steps for Clinicians
- Cardiovascular Health: Action Steps for Employers
- •Self-Measured Blood Pressure Monitoring: Action Steps for Public Health Practitioners

High-Tech Tools for Diabetes Management

Looking for high-tech resources with your patients' diabetes management? One of the latest smartphone apps or other new-age tools might be the answer. Find the right diabetes technology for your needs.

Play Your Way to Stroke Awareness

Have you ever wondered how you can help your patients learn about the signs and symptoms of stroke in a fun, interactive way? Check out our brand new <u>Think FAST! game</u> and encourage your patients to play! They can even share their high score with their friends and challenge them to play.



CDC Learning Connection has announced the release: Quick-Learn Design Toolkit.

This toolkit was created to help instructional designers and web developers create <u>Quick-Learn</u> <u>lessons</u>. Quick-Learn lessons are a form of e-learning designed to address one or two learning objectives and take less than 20 minutes to complete. Through responsive web design techniques, the lessons are accessed via desktop computers and mobile devices such as smart phones and tablets. Access the Quick-Learn Design Toolkit and create your own Quick-Learn lesson.

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



This e-Bulletin is supported by Cooperative Agreement Number 1U58DP004807-01 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Iowa Department of Public Health.