

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council



SPRING 2005

IN THIS ISSUE

- 1 Be careful with used needles
- 2 Thank you, TDC volunteers | Diabetes on the Legislature's plate
- 3 Is it covered? Check these insurance FAQs
- 4 Patients should take charge | Painless patient education | TDC meets July 21 in Austin
- 5 Customized professional education | Managing diabetes at work | What's behind obesity in the US
- 6 TDC member accepts a new assignment | Texas Diabetes Council members

TDC partners with Coalition for Safe Community Needle Disposal

The Texas Diabetes Council is partnering with the Coalition for Safe Community Needle Disposal in its mission to protect the public from the potential hazards that unsafe disposal practices present.

The Council voted in favor of the partnership during their most recent quarterly meeting, which included a presentation by Coalition representative Jenny Schumann. Ms. Schumann noted that home-generated waste is regulated at the state level, if at all, and the Coalition encourages communities to offer safe, convenient disposal options to home-needle users, most of whom have diabetes.

Used sharps left loose or in containers that can be broken by compactors can hurt sanitation workers during collection rounds, at sorting and recycling facilities, and at landfills, or become lodged in equipment, forcing workers to remove them by hand. Children, adults, and even pets also are at risk for needle-stick injuries when sharps are disposed improperly at home or in public settings.

People exposed to sharps face not only the risk of a painful stick, but also the risk of contracting a life-altering disease such as HIV/AIDS or Hepatitis B or C. All needle-stick injuries are treated as if the needle was infected with a disease. Victims of sharps-related injuries face the cost of post-injury testing, disease prevention measures, and counseling, even if no infection or disease was spread.

The Coalition is a national nonprofit



organization made up of government agencies, professional associations, and businesses. Members include the Centers for Disease Control and Prevention, American Medical Association, American Pharmacists Association, American Diabetes Association, National Recycling Coalition, Waste Management, and Becton Dickinson.

The Coalition has identified several types of safe disposal programs for self injectors. Instead of placing sharps in the trash, self injectors are encouraged to use an alternative disposal method:

- ◆ Drop box or supervised collection sites
- ◆ Mail-back programs
- ◆ Syringe exchange programs
- ◆ At-home needle destruction devices

New EPA recommendations that explain disposal options are free and available online at www.epa.gov/epaoswer/other/medical/sharps.htm. They can be ordered online at www.epa.gov/ncepihom/ordering.htm, by e-mail at ncepimal@one.net, or by phone at 800-490-9198. Self injectors should request EPA530-F-04-004 (Protect Yourself, Protect Others: Safe Options for Home Needle Disposal).

State and local governments should request EPA530-K-04-001 (Community Options for Safe Needle Disposal). ■

TEXAS DIABETES is published Quarterly in JAN, APR, JUL, OCT by the Texas Department of State Health Services, 1100 West 49th ST., Austin, TX 78756-3199. Application to Mail at Periodicals Postage Rates is Pending at Austin, TX. POSTMASTER: Send address changes to TEXAS DIABETES, 1100 West 49th ST., Austin, TX 78756-3199.

Please send news and information to:
Texas Diabetes
Texas Diabetes Council/Program
Texas Department of State Health Services
1100 West 49th Street
Austin, TX 78756-3199

Phone: 512-458-7490
Fax: 512-458-7408
E-mail: donna.jones@dshs.state.tx.us
Internet: www.texasdiabetesCouncil.org

Texas Diabetes Staff:
Jan Marie Ozias, PhD, RN, Director,
Texas Diabetes Council/Program

Donna Jones, MA, Editor



TEXAS DIABETES
COUNCIL

Volunteers help TDC improve diabetes care

The Texas Diabetes Council salutes the volunteer healthcare professionals who provide guidance in developing, updating, promoting, and distributing minimum standards of care and algorithms for the prevention and control of diabetes in Texas.

- ◆ Insulin for Type 1 Diabetes Mellitus in Children and Adults
- ◆ Initial Insulin Therapy for Type 2 Diabetes Mellitus in Children and Adults
- ◆ IV Insulin Infusion Protocol for Critically Ill Adult Patients in the ICU Setting
- ◆ Exercise IFG/Type 2 Diabetes Prevention and Therapy
- ◆ Hypertension for Diabetes Mellitus in Adults
- ◆ Lipid Treatment for Type 1 and Type 2 Diabetes Mellitus in Adults
- ◆ Medical Nutrition IFG/Type 2 Diabetes Prevention and Therapy
- ◆ Weight Loss for Overweight and Obese Adults
- ◆ Prevention and Delay of Type 2 Diabetes in Children and Adults with IFG and/or IGT
- ◆ Diabetic Foot Care/Referral

The standards of care and the algorithms can be accessed through the Texas Diabetes Council's web site at www.texasdiabetescouncil.org. ■

These evidence-based clinical tools improve the quality and timeliness of diabetes care delivered by primary care practitioners and help realize the Council's vision of a Texas free of diabetes and its complications.

Craig Spellman, DO, PhD, Fort Worth, chairs the Healthcare Professionals Advisory Committee (HPAC), which coordinates the work of teams of physicians, nurses, diabetes educators, pharmacists, and other diabetes experts.

The HPAC works in partnership with three advisory subcommittees: Medical Professionals, Jeffrey A. Jackson, MD, CDE, Temple, chair; Outcomes and Standards Compliance, John Menchaca, MD, San Antonio, chair; and Materials Dissemination, Nina Villagomez, MS, RN, CDE, San Antonio, chair.

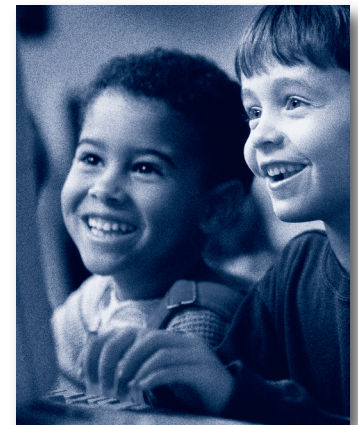
With the invaluable contributions of HPAC and the subcommittees, the Council has adopted the minimum standards, as well as treatment algorithms for:

- ◆ Glycemic Control in Children and Adults

79th Texas Legislature considers diabetes bills

At press time, the 79th Texas Legislature had received 43 bills related to diabetes. The regular session ends May 30. The filed bills from the House of Representatives (HB) and Senate (SB) include proposals that address the topics on the Texas Diabetes Council's legislative agenda, as outlined below. Identical companion bills are identified as HB/SB. Updates on the status of the bills are available at www.capitol.state.tx.us.

- ◆ **Safety of children with diabetes in school.** HB 984/SB1070 and HB 1980.
- ◆ **Youth at risk for diabetes.** HB 6, HB 517, HB 1259/SB 467, HB 2067, HB 2785/SB 426, HB 3099/SB 1239, SB 29, SB 42, SB 205, and SB 545.
- ◆ **Pediatric diabetes research.** HB 3097 and SB 1666.
- ◆ **Podiatric services.** HB 542/SB 536 and HB 545.
- ◆ **Stem cell research.** HB 864, HB 1929/SB 1733, HB 2081, HB 2269, HB 2469, HB 2948, HB 3076, SB 128, SB 218, SB 1041, SB 1164, SB 1530, House Joint Resolution (HJR) 71, and HJR 96.
- ◆ **Medicaid coverage of diabetes and related conditions.** HB 1252, HB 2472, HB 2663/SB 747, HB 3436, and SB 376.
- ◆ **Health and other issues on the Texas-Mexico border.** HB 925



The Texas Diabetes Council's legislative agenda was described in detail in the Winter 2005 issue of *Texas Diabetes*, which can be accessed on the web at www.tdh.state.tx.us/diabetes/healthcare/cornerstone.htm. ■

Equipment, supplies, medication, and self-management training: What's covered?

Editor's Note: Susan Young, RN, of the Diabetes Program, Department of State Health Services, prepared the following "Frequently Asked Questions" document, which also is available on the Texas Diabetes Council's web page at www.texasdiabetescouncil.org. The information is offered to help patients determine whether their health benefit plan covers diabetes equipment, supplies, medication, and/or self-management training.

Will my insurance cover what I need to take care of my diabetes at home?

If you have a health benefit plan that is defined and regulated by the Department of Insurance, then the plan must cover equipment, supplies, medication, and self-management training.

What types of health benefit plans are not required to cover equipment, supplies, medication, and self-management training?

Self-funded plans are not governed by the Department of Insurance; they are not required to cover these items, although they could, depending on the terms of the policy.

How do I find out if my health benefit plan is a self-funded plan?

You may contact the human resources unit with your employer or you may call the health plan directly.

What specific equipment is covered?

All equipment is covered, such as a glucose meter, an insulin pump, and batteries for the pump. Equipment is listed in the Texas Administrative Code, §21.2605(a)(b)(c).

Equipment and supplies include:

- ◆ Blood glucose monitors (meters), including those designed to be used by or adapted for the legally blind
- ◆ Test strips specified for use with a corresponding glucose monitor
- ◆ Lancets and lancet devices
- ◆ Visual reading strips and urine testing strips and tablets
- ◆ Insulin and insulin analog preparations
- ◆ Injection aids, including devices used to assist with insulin injection and needleless systems
- ◆ Insulin syringes

- ◆ Biohazard disposal containers
- ◆ Insulin pumps, both external and implantable, and other supplies, which may include:
 - a) Insulin infusion devices
 - b) Batteries
 - c) Skin preparation items
 - d) Adhesive supplies
 - e) Infusion sets
 - f) Insulin cartridges
 - g) Durable and disposable devices to assist in the injection of insulin
 - h) Other required disposable supplies
- ◆ Podiatric appliances, including up to two pairs of therapeutic shoes per year
- ◆ Glucagon emergency kits

Prescription medications are also considered part of equipment and supplies. Repairs for the above-mentioned items also are required to be covered.

Where will I go for equipment and supplies?

That depends on what contractual arrangements a health benefit plan has made.

In some communities, members may be directed to a durable medical equipment (DME) vendor. In other communities, members may be directed to a pharmacy. In some situations, the members may be required to use a mail order service or vendor.

This information should be disclosed in the member handbook.

Will I always get the medication that is prescribed, or will I have to use a generic drug?

All medications, as well as equipment and supplies, must be dispensed as written, including brand name products. A

substitution may be made if the substitution is approved by the physician or practitioner who issues the written order for the supplies or equipment, including medication.

What will I have to pay for my diabetes equipment and supplies?

Your health benefit plan can only apply a co-pay or deductible as for a similar condition. Your co-pay will be for a 30-day supply of any item of diabetes supplies listed in the Texas Administrative Code §21.2605.

For example, if you inject insulin twice a day, you will get as much insulin as is necessary for two injections a day. If you inject up to six times per day, then you would get enough insulin to cover up to six injections per day.

Where do I go for diabetes self-management training?

Your health benefit plan may arrange this in a number of ways. You may be directed to a local hospital or community agency that teaches group classes.

Or, you may be able to select a single individual for one-to-one training who is a certified diabetes educator (CDE). A CDE may be a nurse, registered dietitian, or other healthcare professional. These individuals, if contracted with the health plan, would be listed in a provider directory.

Where you will get self-management training depends on the contractual relationships that the health benefit plan has established. This information should be disclosed in the member materials received upon enrollment.

If I have a problem with my health benefit plan, what do I do?

You may file a complaint with the carrier (either your HMO or your insurance company), or you may file a complaint at the Department of Insurance.

A complaint form may be accessed electronically at www.tdi.state.tx.us, by calling 1-800-252-3439, or by writing to Texas Department of Insurance, PO Box 149091, Austin, TX 78714-9091.

Do all states have this coverage?

Only four states do not require coverage for diabetes equipment, supplies, medication, and self management: Alabama, Idaho, Ohio, and North Dakota. ■

Physicians urge diabetes patients to be aggressive with their own care

Despite a universe of tools available to both physicians and patients, too little is being done to be sure patients are taking essential steps to control diabetes, according to the American College of Endocrinology (ACE) and American Association of Clinical Endocrinologists (AACE).

Though guidelines on diabetes management were announced in 2001 by ACE and AACE, there is a noticeable lack of adherence among patients and physicians, the organizations say. Meanwhile more than 20 million Americans suffer from diabetes. An additional 41 million have pre-diabetes, a condition that leads to diabetes if left untreated. The Texas Diabetes Council estimates that 1.6 million adult Texans have diagnosed and undiagnosed diabetes and another 1 million have pre-diabetes.

“Patients with diabetes are often in denial,” said Jaime A. Davidson, MD, FACE, chair of the conference and past chair of the Texas Diabetes Council. “The problem only mushrooms when physicians miss the window of early detection and treatment.”



To address this growing problem, ACE and AACE sponsored a conference to determine the best ways to help patients delay the progression of type 2 diabetes and prevent complications.

The key recommendations of the Implementation Consensus Conference are:

- ◆ **Early intervention and treatment.** Early screening of at-risk patients (beginning at age 30) and early and persistent treatment of patients with existing diabetes can improve quality of life and significantly reduce the risk of later complications. This may involve starting therapy with two or more drugs in addition to lifestyle changes.
- ◆ **Education.** Education is critical for patients with diabetes. The more a patient knows about the disease, the better chance they have of living a longer and healthier life.
- ◆ **Self monitoring of blood glucose.** Frequent blood-glucose monitoring allows the patient and their healthcare team to make more informed decisions about therapy and the effect of eating and exercise on glucose control. Good control means keeping blood sugar levels below 110 before eating and below 140 two hours after eating.
- ◆ **Controlled eating.** Stick to an approved daily meal plan and know when and how to make adjustments.
- ◆ **Daily exercise.** Include daily exercise in the management of diabetes.
- ◆ **Medication.** There are many drug combinations that, in conjunction with lifestyle modifications, can help manage diabetes. Patients should follow the regimen prescribed by their physician. The medication will not cure diabetes, but it will control diabetes.

“Diabetes as we know it today is more complex than we once thought and the treatment is even more complex,” Dr. Davidson says. “However,” he adds, “the ACE/AACE guidelines for diabetes management are achievable when patients work closely with their physicians and other members of their healthcare team.” ■

Videos and DVDs offer patients free, convenient education

Expert guidance for controlling type 2 diabetes is as close as a patient's television set, thanks to the Texas Diabetes Program. To assure that patients have convenient access to understandable information, the Program offers videotapes and DVDs in English and three other languages.

“Controlling Diabetes One Day at a Time” is a 15-minute presentation for adults with newly diagnosed type 2 diabetes. Patients and healthcare providers can order free copies on the web at www.tdh.state.tx.us/diabetes/publications/patient.htm or by phone at 512-458-7490. Videos are available in English, Spanish, Vietnamese, and Mandarin Chinese, and DVDs are available in Vietnamese and Mandarin Chinese. The tapes and DVDs stress four steps that are essential to avoid or prevent the complications of diabetes:

- ◆ Have regular check-ups
- ◆ Control blood sugar
- ◆ Eat healthy foods in healthy portions
- ◆ Increase physical activity

The latest addition to the Diabetes Program's patient education collection is available for loan through the Department of State Health Services Audiovisual Library. “The Diabetes Home Video Guide” contains more than 2 hours of useful information covering seven self-care behaviors recommended by the American Association of Diabetes Educators. Tapes are available in English and Spanish. To learn about the borrowing process, visit the Library at www.tdh.state.tx.us/avlib/avhomepg.htm. Borrowers who obtain materials by mail are required to pay return shipping and insurance costs. ■

Make plans to attend TDC's July 21 meeting

The Texas Diabetes Council's next quarterly meeting is July 21, 2005, at the Texas Department of State Health Services, 1100 West 49th Street, in Austin. The meeting is open to the public, and the agenda has a standing item inviting public comments.

Meeting dates, locations, and agendas are published in the Texas Register (www.sos.state.tx.us/texreg/index.shtml) and posted on the Council's Web site (www.texasdiabetescouncil.org). For more information, call 512-458-7490.

Customize professional education with new resource from the University of North Texas

Physicians, physician assistants, nurse practitioners, nurses, social workers, and other members of the type 2 diabetes primary healthcare team are invited to order a free copy of a DVD-based kit that facilitates self-directed continuing professional education.

“Changing Course: Diagnosing and Treating Type 2 Diabetes” is a three-DVD set that provides the latest information on diagnosis and treatment and includes interactive patient cases. It was designed to increase communication and collaboration between members of the healthcare team to improve outcomes in patients with type 2 diabetes.

Groups and clinics can use “Changing Course” to create a customized educational experience to meet the specific learning needs of their clinicians and employees by mixing and matching modules and cases. Once completed, the health professional submits a form by mail or facsimile. A certificate is mailed or e-mailed shortly after receipt. The program is approved for credit by the American Medical Association, Texas Nurses Association, and Texas State Board of Social Worker Examiners. Approval by the American Osteopathic Association was pending at press time.

The University of North Texas Health Science Center at Fort Worth Office of Professional and Continuing Education developed the kit.

For information on ordering and other diabetes resources for primary care, visit www.type2diabetes.org. ■

Diabetesatwork.org is new and improved

Diabetesatwork.org has a new look. But this isn't just a cosmetic fix. New content and resources are part of the makeover, too.

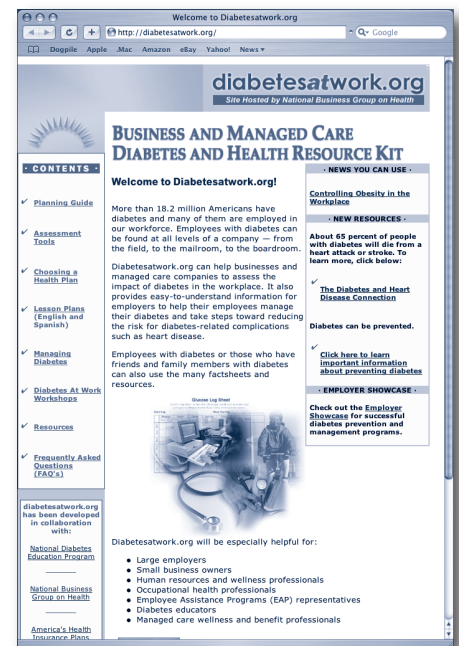
Launched in April 2002, Diabetesatwork.org is an online resource specifically designed to address the management of diabetes in the workplace. The target audiences are top-level managers, occupational health providers, benefits and human resource managers, and employees.

New features include:

- ◆ **Direct links to News You Can Use, Diabetes and Heart Disease Connection, Diabetes Prevention, Employer Showcase, and Diabetes-At-Work Workshops**
- ◆ **A direct link to the National Diabetes Education Program**
- ◆ **English PowerPoint slides for lesson plans**

And more improvements are coming.

Meanwhile, users can download more than 30 resources that can be used to inform employees about how to best manage their diabetes while at work and how to reduce their risk for further complications. And, information on diabetesatwork.org can be used to create low-cost education programs, fact sheets, Web sites, and health news bulletins for employers that can be printed in company newsletters. The information also can be incorporated into current health management programs, health fairs, and brown bag lunches, and can help senior managers make the business case to top company executives about the need to address diabetes in the workplace. Visit www.diabetesatwork.org today! ■



AHA and RWJF offer obesity sourcebook

Editor's Note: Order your free sourcebook, "A Nation at Risk: Obesity in the United States," by calling 1-800-AHA-USA1 or e-mailing inquiries@heart.org.

Overweight and obesity, especially among children, have emerged as serious threats to the nation's health. They have risen rapidly among women, men, and children of all racial and ethnic groups. And the trend is projected to continue. Recent research suggests that, if childhood obesity continues to increase, it could cut two to five years from the average lifespan. That could cause the current generation of children to become the first in American history to live shorter lives than their parents.

In response to the health concerns associated with obesity, the Robert Wood Johnson Foundation and the American Heart Association have created a statistical sourcebook on obesity. This publication, "A Nation at Risk: Obesity in the United States," illustrates how prevalent obesity has become and examines the factors that contribute to the patterns of unhealthy eating and insufficient physical activity that are at the heart of this epidemic. ■

Council member Jeffrey A. Ross resigns

Jeffrey A. Ross, DPM, MD, FACFS, Bellaire, has resigned his position as a member of the Texas Diabetes Council to serve on the new Department of State Health Services (DSHS) Council. The nine members of the DSHS Council are appointed by the Governor to make recommendations to the Health and Human Services Commission executive commissioner and the DSHS commissioner regarding the management and operation of DSHS.

Dr. Ross is director of the Medical Center for Foot Specialists, an assistant clinical professor at Baylor College of Medicine, and the podiatric attending chief of the Diabetic Foot Clinic at Ben Taub County Hospital.

He has a special interest in preventing disease and reducing childhood obesity through exercise and proper nutrition. "I consider my experience with the Diabetes Council and my work helping to promote (the Governor's) diabetes initiative to be one of the high points of my service," Dr. Ross said.



TEXAS DIABETES
COUNCIL

Texas Diabetes Council Members

Council members are appointed by the Governor and confirmed by the Senate. Membership includes a licensed physician, a registered nurse, a registered and licensed dietitian, a person with experience in public health policy, three consumer members, four members from the general public with expertise or commitment to diabetes issues, and five state agency representatives who are non-voting members.

For information on the Texas Diabetes Council/Program, contact:

Jan Marie Ozias, PhD, RN, Director
Texas Diabetes Council/Program
Texas Department of State Health Services

1100 West 49th Street
Austin, TX 78756-3199
Phone: 512-458-7490
Fax: 512-458-7408

Lawrence B. Harkless, DPM, Chair
San Antonio

Randy Bryon Baker
Mesquite

Gene Bell, RN, CFNP, CDE, Secretary
Lubbock

Victor Hugo Gonzalez, MD
McAllen

Judith L. Haley, Vice-Chair
Houston

Richard (Rick) S. Hayley
Corpus Christi

Lenore F. Katz
Plano

Belinda Bazan-Lara, MA, RD/LD
San Antonio

Margaret G. Pacillas, RN
El Paso

Avery Rhodes
Diboll

**Texas Department of Assistive and
Rehabilitative Services**

Texas Department of State Health Services

Texas Health and Human Services System

Texas Education Agency

6

TEXAS DIABETES COUNCIL
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
1100 WEST 49TH STREET
AUSTIN, TX 78756-3199

The Newsletter of the Texas Diabetes Council

**D
I
A
B
E
T
E
S**