TEXAS DIABETES

The Newsletter of the Texas Diabetes Council

WINTER 2004

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Valley Collaborative aims to improve diabetes care

The Texas Diabetes Council has endorsed the Texas Medical Foundation's (TMF) Regional Diabetes Collaborative, an effort to improve the quality of health care for Medicare recipients who have diabetes. The Centers for Medicare & Medicaid Services contract with TMF to monitor and improve utilization and quality of care for Medicare beneficiaries.

TEXAS MEDICAL FOUNDATION

The Foundation's data for 1999 through 2001 show that among Medicare patients with type 2 diabetes, 25 percent did not have at least one A1c in a year, 23 percent did not have a lipid profile in two years, and 35 percent did not have a dilated eye exam in two years. To address these shortfalls, the Regional Diabetes Collaborative activities encourage physician offices to share their experiences and successes. Based on the results of similar programs, the Collaborative is expected to accelerate learning and implementation of best practices in diabetes care.

TMF launched the Collaborative in November 2003 in the Lower Rio Grande Valley, and it will continue through October 2004. The measures for success are:

- A1c twice a year,
- lipid profile annually,
- dilated eye exam annually, and
- documentation of a self-management goal.

For more information on the Regional Diabetes Collaborative, contact Tara Frease, Texas Medical Foundation, 1-800-725-9216. ■

Diabetes Council lowers A1c target

The Texas Diabetes Council has reduced its A1c target for glycemic control from < 6.5-7.0 percent to ≤ 6.5 percent. The target will be reflected in the Council's algorithms, minimum practice recommendations, and other publications.

The change was recommended as a way to reduce both the complications of diabetes and its financial burden. ■

See the new, improved Diabetes Tool Kit on the Web

The Diabetes Tool Kit, one of the Texas Diabetes Council's most popular publications, has been updated and is available on the Web. To download your copy, point your browser to **www.tdh.state.tx.us/diabetes/healthcare/toolkit.htm.**

The Tool Kit is a teaching aid for health care professionals who work with people who have diabetes. Guidelines for patients (in English and Spanish) and health care professionals are included. Among the new features in the latest version are teaching strategies for diverse populations, considerations for elderly people with diabetes, and patient handouts on nutrition. ■

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TEXAS DIABETES COUNCIL

Continuing education is free and easy on the Web

www.tdh.state.tx.us/phpep/cme/diabetes

Complicated Web address, easy way to get continuing education credit.

What will you find when you reach this cyberspace locale? It's the address for the Texas Diabetes Council's online program "Diabetes in Texas: Making a Difference." The activity is free of charge, and it qualifies for 1 hour of Category 1 credit toward the AMA Physician's Recognition Award. The program features leading diabetes experts talking about

- epidemiological trends related to Type 2 diabetes,
- pathogenesis of Type 2 diabetes,
- principal research findings regarding the disease,
- clinical standards for diagnosing Type 2 diabetes,
- the recommended approach for managing diabetes, and
- guidelines for the use of oral agents and insulin in treating the disease.

Visit today!

Effect of nurse-directed diabetes care in a minority population

Objective

To determine whether diabetes care directed by nurses following detailed protocols and algorithms and supervised by a diabetologist results in meeting the evidence-based American Diabetes Association (ADA) process and outcome measures more often than care directed under usual care in a minority population.

Research design and methods

Studies were mainly conducted in two Los Angeles County clinics. In clinic A, nurse-directed diabetes care was provided to 252 patients (92 percent Hispanic and 2 percent African American) referred by their primary care providers. These patients were hierarchically matched with 252 diabetic patients in clinic B (79 percent Hispanic and 19 percent African American). When nurse-directed care was abruptly discontinued in clinic A for administrative reasons, it was reestablished in clinic B. Those patients were randomly selected from a teaching clinic, and the outcomes in 114 patients who completed 1 year were compared with outcomes derived the year before receiving nurses' care. The following process and outcome measures were assessed in the study: 1) number of visits, 2) diabetes education, 3) nutritional counseling, 4) A1c, 5) lipid profiles, 6) eye exams, 7) foot exams, 8) renal evaluations, and 9) ACE inhibitor therapy in appropriate patients.

Results

For patients under nurse-directed diabetes care in both clinics A and B, almost all process measures were carried out significantly more frequently than for the appropriate control patients. Under the care of nurses in clinic A, A1c levels fell 3.5 percent from 13.3 percent to 9.8 percent in the 120 patients who were followed for at least 6 months, as compared with a 1.5 percent fall from 12.3 percent to 10.8 percent under usual (physician-directed) care in clinic B. During the year before enrolling in nurse-directed care in clinic B, mean A1c levels decreased from 10.0 percent to 8.5 percent. At the end of a year under the nurses' care, the values fell further to 7.1 percent. The median value fell from 8.3 percent to 6.6 percent.

Conclusions

Specially trained nurses who follow detailed protocols and algorithms under the supervision of a diabetologist can markedly improve diabetes outcomes in a minority population. This approach could help blunt the increased morbidity and mortality noted in minority populations. ■

Study suggests solitary pancreas transplant does not improve survival for patients with diabetes

Patients with diabetes who received a solitary pancreas transplant appeared to have worse survival than patients on the transplant waiting list who received conventional therapy, according to a study in* The Journal of the American Medical Association *(Vol. 290, No. 21).

Pancreatic transplantation is a therapeutic option for patients with complicated diabetes mellitus. The American Diabetes Association supports the procedure for patients with diabetes who have had, or need, a kidney transplant. In the absence of kidney failure, pancreas transplantation may be considered for patients with diabetes and severe and frequent metabolic instability, i.e., episodes of hypoglycemia or ketoacidosis.

The article notes that solitary pancreas transplantation (i.e., pancreas alone or pancreas-after-kidney) for diabetes mellitus remains controversial due to procedure-associated illness and/or death, toxicity of immunosuppression, expense, and unproven effects on the secondary complications of diabetes. Whether transplantation offers a survival advantage over conventional therapies for diabetes is unknown. ■

Weight control and nutrition

Walking appears to be linked with lower death rates among adults with diabetes, according to an article in the *The Archives of Internal Medicine*, one of the JAMA/Archives journals.

Researchers examined data on 2,896 adults aged 18 years and older (average age, 58.7 years) with diabetes (average time since diagnosis of diabetes, 11 years) who participated in the 1990 and 1991 National Health Interview Survey. Of the participants, 39.2 percent also were considered overweight (body mass index, or BMI, of 25-29) and 32.4 percent were obese (BMI of 30 or higher).

Compared with inactive adults, those who walked at least 2 hours per week had a 39 percent lower all-cause death rate (2.8 percent vs. 4.4 percent per year) and a 34 percent lower cardiovascular disease death rate (1.4 percent vs. 2.1 percent per year). The mortality rates were lowest for people who walked 3 to 4 hours per week and for those who reported that their walking included moderate increases in heart rate and breathing rate.

"Walking was associated with lower mortality across a diverse spectrum of adults with diabetes," write the authors. "One death per year may be preventable for every 61 people who could be persuaded to walk at least 2 hours per week."

(Arch Intern Med. 2003;163:1440-1447. http://archinte.ama-assn.org/cgi/reprint/163/12/1440.pdf)

The National Heart, Lung, and Blood Institute (NHLBI) is conducting a major study that could help solve one of the hardest aspects of weight loss – keeping off lost pounds. The study, called the "Weight Loss Maintenance Trial," includes two phases at four clinical sites.

Phase I is a 5-month weight loss program. Phase II will try to help those who lose 9 or more pounds in phase I keep the weight off for 2½ years.

In phase II, participants will be randomly assigned to one of three weight-maintenance strategies: self-directed/usual care (SD/UC), personal contact (PC), and interactive technology (IT).

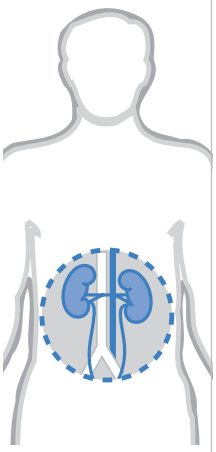
The SD/UC group will meet once with a health counselor for advice on how to maintain their weight loss and to discuss their own weight loss plans. They also will receive educational materials about diet and physical activity.

Those in the PC group will receive personal guidance and counseling on how to maintain their weight loss through monthly telephone calls and occasional visits with a health counselor.

Participants in the IT group will use an Internet-based, individually tailored, interactive computer program to help them keep their weight off. They can use the program as often as they wish and can log on anywhere they have Internet access: at home, work, a school, or a public library. They also will receive weekly e-mails with tailored messages on their progress that include links to the Web site. Further, they will receive reminders by an interactive voice phone system to log onto the study's Web site and respond to e-mail. ■

International Diabetes Federation focuses on kidney disease

More than half of the clients of the Texas Department of Health Bureau of Kidney Health have a primary diagnosis of diabetes. But the problem is not limited to Texas. The International Diabetes Federation (IDF) says diabetes is the most common cause worldwide of kidney failure requiring dialysis or kidney transplantation.



In response to these grim statistics, the IDF has developed an information campaign to raise public awareness and recommends that:

- everyone with diabetes be helped to achieve optimal blood glucose and blood pressure control to reduce their risk of developing kidney failure due to diabetes;
- annual urine testing to identify individuals with early kidney disease be offered to everyone with diabetes;
- those with signs of kidney damage be offered appropriate treatment, including specific blood-pressure lowering drugs;
- individuals with developing kidney failure be referred in a timely fashion to kidney specialists; and
- everyone with kidney failure due to diabetes have access to dialysis or a kidney transplant.

For more information on the International Diabetes Federation, visit **www.idf.org or e-mail info@idf.org**. ■

Ensuring a healthy future for youth: Recent activities

The Texas Diabetes Council has endorsed a comprehensive guide for school health developed and published by the National Diabetes Education Program.

"Helping the Student with Diabetes Succeed" is designed to empower school personnel, parents, and students to create a safe learning environment and equal access to educational opportunities for all children with diabetes. It is available on the Web at **http://ndep.nih.gov/diabetes/pubs/Youth_SchoolGuide.pdf.** The Texas Diabetes Council also endorsed companion training material developed by the American Diabetes Association.

- Students in Texas public schools have less access to foods of minimal nutritional value (FMNV) this year, thanks to a recent policy amendment from the Texas Department of Agriculture (TDA), the new administrator of child nutrition programs.

  The revised Foods of Minimal Nutritional Value Policy prohibits elementary schools from serving or providing students access to FMNV at any time, anywhere on school premises during the school day. Middle schools may not serve or provide students access to FMNV anywhere on school premises during meal periods.

  The revision was one of TDA's first acts after assuming responsibility for child nutrition programs in Texas public schools. The Texas Education Agency formerly oversaw the programs. For more information on FMNV, visit **www.fns.usda.gov/cnd/menu/fmnv.htm.**

- Free brochures are available from the Centers for Disease Control and Prevention to help parents, teachers, and principals increase physical activity among elementary and middle school-aged youth. These colorful brochures contain photos, motivating messages, and specific activity ideas for home, school, and community. The parent brochure is available in English and Spanish. To print or order copies, go to **www.cdc.gov/HealthyYouth/PhysicalActivity** or call toll-free 888-231-6405.

- A new policy from the American Academy of Pediatrics (AAP) proposes strategies to foster prevention and early identification of overweight and obesity in children. Recommendations in the policy encourage pediatricians to:
  - identify and track patients at risk by virtue of family history, birth weight, socioeconomic, ethnic, cultural or environmental factors;
  - calculate and plot body mass index (BMI) once a year in all children and adolescents;
  - use change in BMI to identify rate of excessive weight gain relative to linear growth;
  - encourage, support, and protect breastfeeding;
  - encourage parents and caregivers to promote healthy eating patterns;
  - routinely promote physical activity, including unstructured play; and
  - recommend limiting television and video time to a maximum of two hours per day.

The new policy advocates that pediatricians help parents, coaches, and others who influence youth to discuss health habits, not body building, as part of their efforts to control overweight and obesity. ■

Governor Perry appoints four to Texas Diabetes Council

Governor Rick Perry has appointed four individuals to the Texas Diabetes Council for terms to expire February 1, 2009.

Randy Bryon Baker of Mesquite is a technician with Centex Corporation and a member of the Texas State Guard, 4th Air Wing, 454th Communications Squadron. He serves on the Municipal Library Advisory Board and is president of the Mesquite Friends of the Library. He is a volunteer with the American Diabetes Association, the Knights of Columbus, and Divine Mercy of Our Lord Catholic Church. Mr. Baker attended the University of North Texas in Denton.

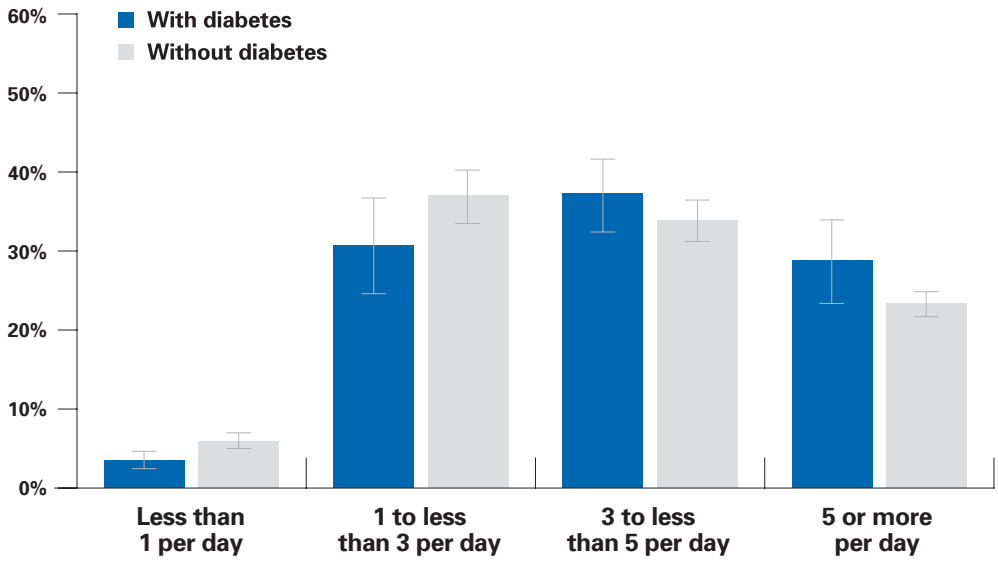
Avery Rhodes of Diboll is a territory business manager with Bristol-Myers Squibb pharmaceutical company. She formerly was the director of Angelina Beautiful/Clean and Angelina County Senior Citizens' Activities. Ms. Rhodes also has served as a United Way division chair and as a member of the Keep Texas Beautiful Coordinators' Council. She is a graduate of Stephen F. Austin State University in Nacogdoches.

Victor Hugo Gonzalez, MD, of McAllen, an eye surgeon and medical director at Valley Retina Institute, was reappointed to the Council. He serves on the national board of the American Diabetes Association and the executive board of the Texas Ophthalmology Association. Dr. Gonzalez also is a fellow with the American Academy of Ophthalmology and a member of the Retina Society and the American Medical Association. He received his bachelor's degree from Princeton University and his medical degree from Harvard Medical School.

Gene Fulton Bell, RN, CFNP, CDE, of Lubbock, a diabetes educator and former director of the Texas Tech Diabetes Center, also was reappointed to the Council. Mrs. Bell is a member of the American Association of Diabetes Educators and a charter member of the Nurse Practitioner Interest Group of South Plains. She is a graduate of Methodist Hospital School of Nursing and received her certification as a family nurse practitioner from the University of Texas School of Nursing in San Antonio. ■

Epi update:

Number of servings of fruits and vegetables by diabetes status



Texas BRFSS, 2000 and 2003

Diabetes Advocacy and Coordinating Work Group: new name, same game

The Diabetes Advocacy and Coordinating Work Group has changed its name to the

Diabetes Coalition of Texas.

"The new name better describes our goal to bring together the leading diabetes organizations in Texas to advocate for people who have diabetes or are affected by diabetes," said Lenore Katz, Dallas, chair of the Coalition and a member of the Texas Diabetes Council.

The Coalition's meetings are open to the public and scheduled in conjunction with the quarterly meetings of the Texas Diabetes Council. The Coalition will meet again on January 21, 2004, in Austin. ■

Health Care Information Council reports on preventable hospitalizations

The Texas Health Care Information Council (THCIC) reports that there were almost 20,000 hospitalizations for long-term complications of diabetes affecting the kidneys, eyes, and neurological and circulatory systems in 2001, the most recent year for which data are available. The statistics appear in the THCIC publication "Preventable Hospitalizations in Texas 2001."

According to THCIC, the 10 counties with the highest admission rates for long-term complications of diabetes were Jeff Davis (the highest), Maverick, Kenedy, Duval, Howard, Goliad, Bee, Jim Wells, Refugio, and Kleberg.

The report includes rates of admission for 16 ambulatory-care sensitive conditions. In addition to information on long-term complications of diabetes, it addresses hospitalizations for diabetes with short-term complications, uncontrolled diabetes, and lower extremity amputation among patients with diabetes.

"Preventable Hospitalizations in Texas 2001" can be viewed and downloaded from the Web at **www.thcic.state.tx.us** (click on "Publications, Reports, Data"). ■

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, four 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.

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