

# Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

## A Message from Kentucky Diabetes Partners

### DIABETES DAY AT THE CAPITOL HELD FEBRUARY 12, 2009

#### AACE

American Association of  
Clinical Endocrinologists  
Ohio River Regional Chapter

#### ADA

American Diabetes  
Association

#### DECA

Diabetes Educators  
Cincinnati Area

#### GLADE

Greater Louisville Association  
of Diabetes Educators

#### JDRF

Juvenile Diabetes Research  
Foundation International

#### KADE

Kentucky Association of  
Diabetes Educators

#### KEC

Kentuckiana Endocrine Club

#### KDN

Kentucky Diabetes  
Network, Inc.

#### KDPCP

Kentucky Diabetes Prevention  
and Control Program

#### TRADE

Tri-State Association of  
Diabetes Educators



Kelly Darragh Rose (back row left) with daughters Holly (front row) and Hannah (back row right) met with Governor Beshear at Diabetes Day at the Capitol



Deata Sexton Gregory (middle back row) with daughters, Logan (back row left—Diabetes Ambassador for the ADA Diabetes Walk), Shelby (back row right—Miss Belle of the Bluegrass), and Carson (front row—Little Miss Capital City) attended Diabetes Day at the Capitol



Jennifer Justice (above), awarded the 50 Year Joslin Award, attended Diabetes Day at the Capitol with friends Renaye Sparks and Sonnie Hamilton



Lexington Lion's Club Members met with Representative Charlie Hoffman (above in suit) and Senator Tom Buford (below in suit) to discuss diabetes needs in Kentucky



Article on Page 2

MEDICAL UPDATE IN DIABETES P. 3

KY BOARD OF NURSING UPDATE P. 4

KENTUCKY MEDICAID COVERAGE OF HOSPITAL DIABETES CLASSES P. 5

HOME NEEDLE / LANCET DISPOSAL IN KENTUCKY P. 6 - 7

AND MORE....

# KENTUCKY DIABETES LEGISLATIVE NOTES

Submitted by: *Greg Lawther, Chair, KDN Advocacy Work Group*

On February 12, 2009, the Kentucky Diabetes Network (KDN) and the American Diabetes Association (ADA) held the annual ***“Diabetes Day at the Capitol”***. The first such gathering sponsored by KDN was held in 1998 and, again this year, nothing could keep people from attending and participating in the day’s activities. This year’s event was attended by over 90 people and luckily Mother Nature was kind to us with a warm (for February) sunny day after throwing everything but the kitchen sink at us over the previous three weeks (KY ice storm of 2009). I want to give special thanks to the American Association of Diabetes Educators, Novo Nordisk, Eli Lilly, Roche, and DaVita for helping to sponsor the event. I also want to thank Mary Tim Griffin RD, LD, and the Green River District Health Department for the invaluable support in preparing materials for the event and taking care of all the logistical details to assure that the day went smoothly.

Over the last 11 years, several important pieces of legislation related to diabetes have been passed and additional funding for diabetes has been appropriated. Legislation passed includes: insurance coverage of diabetes education, supplies and medications for people with diabetes; recording diabetes as a cause of death on the Kentucky death certificates; administration of glucagon to children with diabetes by school personnel; improvements in school nutrition; and establishment of a Diabetes Research Board. Also, in 2005 and 2006, an additional \$2.6 million dollars per year was appropriated to support the Kentucky Diabetes Prevention and Control Program (KDPCP), the Diabetes Research Board, and the Diabetes Centers of Excellence. Most of you know that this funding increase was a priority of KDN for several years.

The 2009 ***Diabetes Day at the Capitol*** began as usual with advocacy training for participants. Following the training, participants met with their elected legislators. Although competition to see legislators was intense with children’s health advocates filling the halls, over 30 legislators were visited personally and given current information about diabetes in Kentucky. An educational packet was also left with all legislators who could not be visited personally.

The legislative message for the day was twofold — first to say “thank you” for all that has been done to fight diabetes in the last eleven years, and second to ask the legislature to continue to support efforts to stem the tide of diabetes in Kentucky. There was a special effort made to discuss with legislators those issues that are likely to be considered as the 2009 session of the legislature proceeds. Prior to the 12th, most of the legislator’s attention was focused on the state’s budget shortfall, but by the end of the week the House and Senate had approved a bill to increase taxes on tobacco and package alcohol sales. The revenue increase was the last leg of a three-pronged approach to plugging a half-billion dollar hole in the state budget which includes program funding cuts, fund transfers and new revenues.

The 2009 session of the legislature will end on March 27th, as it is a short 30 day session. Hopefully in the time remaining, the legislature will give consideration to bills that are of interest to KDN and ADA including:

- **House Bill 11**, <http://www.lrc.ky.gov/record/09RS/HB11.htm>, and **Senate Bill 6**, <http://www.lrc.ky.gov/record/09RS/SB6.htm>, aimed at increasing physical activity in schools. At the time of the writing of this article **both bills were stalled in the Education Committees of the House and Senate.**
- **Senate Bill 19**, <http://www.lrc.ky.gov/record/09RS/SB19.htm>, a bill aimed at improving health insurance coverage and care of dialysis patients. This bill remains in the Senate Health and Welfare Committee. There have also been two resolutions introduced on this subject, Senate Joint Resolution 46, <http://www.lrc.ky.gov/record/09RS/SJ46.htm>, and House Joint Resolution 52, <http://www.lrc.ky.gov/record/09RS/HJ52.htm>, which directs the Cabinet for Health and Family Services to estimate the cost of care for Kentucky dialysis patients who drop private health coverage and transfer to the Medicare and Medicaid programs during their coordination of benefits period.
- **House Bill 111**, <http://www.lrc.ky.gov/record/09RS/HB111.htm>, providing tax credits for employers who start healthy lifestyle and wellness programs.
- **Senate Bill 133**, <http://www.lrc.ky.gov/record/09RS/SB133.htm>, requiring chain restaurants with at least 10 locations in Kentucky to provide calorie information on menus and menu boards on all food and drink items sold on menus and outdoor menu boards.

Needless to say, preserving private and public insurance coverage for diabetes and preserving the diabetes funding increases the legislature approved in 2005 and 2006 are also critical issues to KDN and ADA. Despite the legislature’s actions to address the budget shortfall, cuts across the board are likely for most areas of state government, including the Cabinet for Health and Family Services.

**Only time will tell how this unfolds and what the impact will be on programs such as the Kentucky Diabetes Prevention and Control Program. At this point we can only hope that previous appropriations approved by the legislature due in large part to our efforts will be recognized as a priority which needs to be protected. We will be following up with Cabinet for Health and Family Services officials to make sure the impact is minimized.**

Thanks again to all who attended ***“Diabetes Day at the Capitol 2009”***. We need your continued support, as our work is far from done. I am confident that with your support, we will continue to move forward!

# Medical Update In Diabetes — 2009 Recommendations



*Submitted by  
Stephen Pohl, MD,  
Endocrinologist,  
Lexington, KY, KDN  
and AACE member*

In January, my copy of Diabetes Care (Supplement 1) arrived. This annual publication contains the current

*Standards of Medical Care in Diabetes* developed by the American Diabetes Association (ADA). First approved in 1988, the Standards have become an authoritative source of information to all practitioners who provide care to persons with diabetes. The Standards, as well as a wide variety of position statements on topics not covered adequately in the Standards, are readily available on the ADA website, [www.diabetes.org](http://www.diabetes.org). The American Association of Clinical Endocrinologists (AACE) also publishes guidelines for diabetes care (go to [www.aace.com](http://www.aace.com)).

The ADA Standards contain, by my count, 189 recommendations regarding specific aspects of diabetes care. Each recommendation has a grade, A, B, C, or E, that reflects the evidence upon which the recommendation is based. A, B, or C indicates that scientific evidence exists to support a recommendation. A indicates “clear evidence”; C indicates study flaws or conflicting evidence. E indicates “Expert consensus or clinical experience”. For you “evidence based medicine fans” the current Standards, again by my count, hold 37, 33, 20, and 99 grades A, B, C, and E respectively.

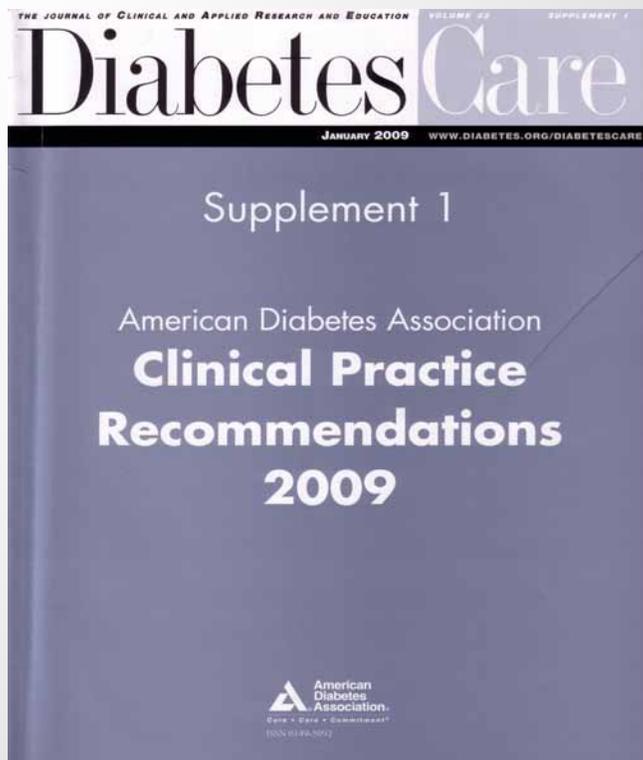
Each year the ADA reviews and revises the Standards and, fortunately, publishes a summary of the revisions in an accompanying document. This year’s revisions mostly represent fine tuning. However, several sections including “Foot Care”, “Diabetes Care in the Hospital”, “Diabetes in the School and Day Care Setting”, and “Diabetes and Employment” have been revised extensively. I did not find any radically new or different recommendations in these sections. However, there are numerous fine points worthy of study. For example, I no longer find the foot exam on every visit recommendation. Instead, the ADA recommends an annual comprehensive foot exam with neurologic and vascular evaluations and

thorough patient education regarding foot care.

There is a new section on bariatric surgery. The ADA now recommends that “Bariatric surgery should be considered for adults with BMI  $\geq 35$  kg/m<sup>2</sup> and type 2 diabetes, especially if the diabetes is difficult to control.....”

I recommend that all diabetes care practitioners keep the ADA Clinical Practice Recommendations close at hand for day in, day out reference. With my web browser running, it takes me less than 15 seconds to pull up these documents. I do not recommend absolute adherence to the Recommendations; so many of them are based on opinion, and clinical circumstances vary. However, the prudent practitioner should be aware of what the experts recommend and depart from their recommendations only with very good reasons.

*Dr. Pohl’s NOTE: My goal in writing this column is to review and discuss new developments in the field of diabetes that have immediate application in clinical care. Please send suggestions for topics to [slpohl@insightbb.com](mailto:slpohl@insightbb.com). Extensive reviews of general areas are beyond the scope my efforts. However, I will be happy to respond to “Is there anything new in the area of .....?” with a reply or a column.*





## UPDATE ON SPECIAL TASKFORCE AND SUBCOMMITTEE ACTIONS

# KENTUCKY BOARD OF NURSING

*Submitted by: Sharon Eli Mercer, MSN, RN NEA, BC, Nursing Practice Consultant, Kentucky Board of Nursing*

The Kentucky Board of Nursing receives multiple inquiries regarding administration of medication by unlicensed assistive personnel. One of the areas with the largest number of questions has been medication administration by unlicensed personnel within the school setting. This was an issue of mutual concern for both the Board of Nursing and the Department of Education.

After consideration of the number of inquiries, in 2007 the Kentucky Board of Nursing directed that a taskforce be created to assist the Board in the exploration of issues surrounding the administration of medication by unlicensed personnel. The initial focus of the taskforce has been to review current practices and utilization of unlicensed personnel in the administration of medication within the public school setting. The taskforce is made up of education administrators, Department of Education representatives, parents and KBN Board members.

To assist the taskforce, a subcommittee of stakeholders was convened consisting of representatives from Kentucky Association of School Administrators (KASA), Kentucky School Boards Association (KSBA), Department for Public Health, PTA, Special Education, Kentucky School Nurses Association (KSNA), National Association of School Nurses, Kentucky Nurses Association, Kentucky Educators Association, Directors of Pupil Personnel Board, and local school district representatives.

The subcommittee has met multiple times and has focused on the issues that the members identified as the most important. The two top items were: (1) review, revision and clarification of the Kentucky Board of Nursing's delegation Administrative Regulation, 201 KAR 20:400 and (2) development of a standardized training program for all unlicensed personnel administering medication in the school setting.

The revision of the Administrative Regulation will go to the Kentucky Board of Nursing for approval before it will be filed for review by the Administrative Regulation Review Subcommittee. If approved there, it would then go to a Legislative Committee Meeting for review.

The development of a standardized training program for all unlicensed personnel administering medication is moving forward. The program will include a Train the Trainer for the registered nurses training the unlicensed personnel. This was incorporated into the program to assist in providing consistent presentation and interpretation of the training material. The training program will consist of five (5) modules, including a final exam and a competency check off. Much of the training will be computerized for ease of access and timeliness.

Though much has been accomplished to date, there remains a large amount of work and details to be completed. The subcommittee remains committed to keeping the safety and quality of health services provided to children in the school setting in the forefront as they continue their work.



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# **KENTUCKY MEDICAID VERIFIES COVERAGE OF DIABETES CLASSES WHEN PROVIDED BY A HOSPITAL**

*Note: In response to several inquiries regarding whether or not Kentucky Medicaid pays for Diabetes Self-Management Education / Training (DSME / T) in hospitals, the following response was received.*

**Darlene Burgess with Kentucky Medicaid verified that Medicaid DOES PAY for hospital - based Diabetes Self - Management Education / Training (DSME / T) classes. Both Ms. Burgess and Mary Ann Hacker noted that G0108 and G0109 (diabetes class codes) are both covered in the outpatient hospital setting.**

**Ms. Burgess noted that there are no other stipulations for payment and that a hospital diabetes program DOES NOT have to be “ADA recognized” to receive payment from Medicaid.**

**Ms. Burgess also noted that at the present time, this DSME / T payment by Medicaid is limited to outpatient hospital settings and health departments.**

**For more information, email Darlene Burgess at [Darlene.burgess@ky.gov](mailto:Darlene.burgess@ky.gov).**



## HOME NEEDLE DISPOSAL IN KY

Submitted by: *Destiny Burton, RN, Kentucky Diabetes Prevention and Control Program, Lake Cumberland District Health Department,, KDN member*

### Are you teaching the “proper way” to dispose of used needles or lancets in Kentucky?

More and more people are experiencing health problems that require the use of medical sharps in the home. Medical sharps include needles, syringes and lancets. The most common use is among persons with diabetes who often use lancets, insulin syringes or both. These contaminated needles can pose a danger for others in the household, but can also be hazardous to waste haulers.

Each state has its own rules and regulations for disposing of medical waste. In Kentucky, medical waste can be disposed of with household garbage in most landfills. However, to protect workers from accidental needle sticks and possible exposure to blood-borne diseases, the Kentucky Division of Waste Management recommends the following guidelines for the safe disposal of medical sharps in a home setting:

- A commercially made sharps container available for purchase at pharmacies and retail stores
- A hard, plastic container such as an empty laundry detergent bottle may also be used
- Contact a local hauler to let them know when the medical waste will be set out
- Be sure to label the container as “SHARPS” and set it on top of bagged garbage
- Set the sharps container out the morning of scheduled pick up or place inside a garbage can with a lid to prevent tampering or accidentally exposure

Teaching our patients with diabetes regarding how to dispose of sharps properly greatly reduces the risk of accidental exposure to diseases, germs and injury. For more information, contact the Kentucky Division of Waste Management.

Sources:

1. [www.waste.ky.gov](http://www.waste.ky.gov)
2. [www.safeneedledisposal.org](http://www.safeneedledisposal.org)

## HOME NEEDLE DISPOSAL FACT SHEET REVISED

Submitted by: *Jamie Lee, RN, Kentucky Diabetes Prevention and Control Program, Lake Cumberland District Health Department,, KDN member*

Recently, it came to our attention that what we were teaching patients with diabetes regarding “sharps disposal” was NOT what was written in the *“Safe Options for Home Needle Disposal Fact Sheet”*, published by the KY Division of Waste Management.

For years, we have taught that proper disposal of sharps included “using a thick detergent bottle”. However, my staff and I were surprised to find that on the *“Safe Options for Home Needle Disposal Fact Sheet”* the *“thick detergent bottle language”* did not exist.

Instead, the language that was included in Kentucky’s Needle Disposal Fact Sheet recommended purchase of a “commercially made SHARPS container”. Ironically, however, we found language in the KY Waste Management website that noted that a “thick detergent bottle” was acceptable for sharps disposal.

Thus Catherine Guess with the KY Division of Waste Management was contacted and she noted that “a thick detergent bottle” could indeed be used for SHARPS disposal in Kentucky. Ms. Guess then revised their “fact sheet” to also note this. Catherine Guess can be reached at [Catherine.Guess@ky.gov](mailto:Catherine.Guess@ky.gov) or by calling 502-564-6716 X 4644.

**On the next page, is a copy of the revised 2009 Fact Sheet that you may distribute to your patients with diabetes. The fact sheet can be downloaded from <http://www.waste.ky.gov/> click on fact sheet then click on needle disposal.**





Kentucky Department for Environmental Protection  
**FACT SHEET**

### Safe Options for Home Needle Disposal

In Kentucky, [medical waste](#) falls under the legal definition of *municipal solid waste* (household and commercial solid waste) and is subject to the same legal requirements as household garbage. As such, it may legally be disposed of with the household garbage in a permitted contained landfill.



However, medical waste can pose its own set of problems, especially for waste haulers who may inadvertently come in contact with needles or other medical waste that has not been properly managed. The Kentucky Division of Waste Management offers the following recommendations for safe disposal of sharps (needles, syringes, and lancets) used in the home:

- Use a sharps container purchased from a local pharmacy.
- Contact your local hauler to advise when you will set out the sharps container.
- If possible, set the sharps container out on the morning of pickup.
- Set the sharps container on top of bagged garbage; ensure that it is marked as a sharps container.
- Place a lid on the garbage can to prevent tampering.

*\*A cheaper alternative to a sharps container is a hard plastic container such as an empty laundry detergent bottle.*

Needle-stick injuries are a preventable health risk. Used sharps can injure people, spread germs, and spread diseases. The importance of using a purchased sharps container is to provide safe disposal of sharps in the home and to protect the collectors when they pick up the waste at the curbside. Do not dispose of sharps in the trash unless they are contained within a sharps container. Do not flush them down the toilet.

The U.S. Environmental Protection Agency has comprehensive information on medical waste at <http://www.epa.gov/epaoswer/other/medical/> The Coalition for Safe Community Needle Disposal is working with EPA to evaluate and promote alternative disposal methods for used needles and other medical sharps. Publications with safety disposal tips for patients and healthcare professionals are online at <http://www.epa.gov/epaoswer/other/medical/publications.htm>

### Division of Waste Management

200 Fair Oaks, Frankfort KY 40601 Phone: 502-564-6716 Fax: 502-564-4049  
E-mail: [waste@ky.gov](mailto:waste@ky.gov) Web site: <http://www.waste.ky.gov/>

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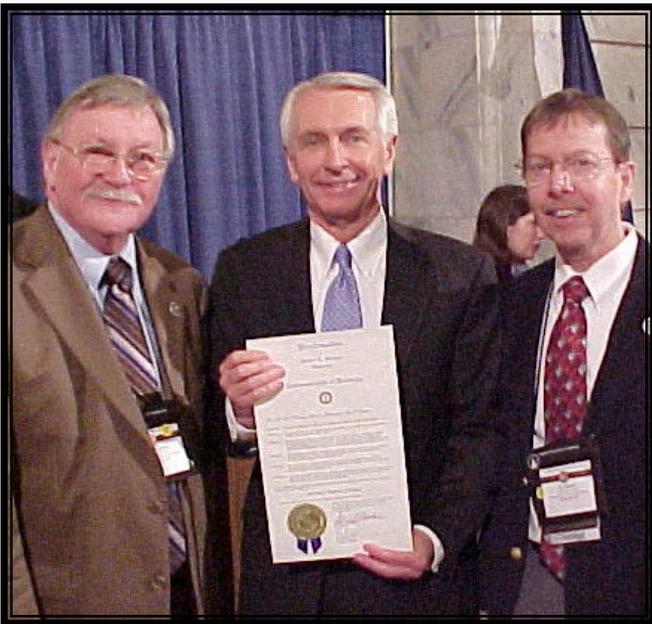
February 2009

# PATIENT ADVOCATE DAY IN KENTUCKY TO UNDERSCORE ACCESS ISSUES AND NEED FOR HEALTHCARE REFORM

Submitted by: Col. Luke Barlowe, National Patient Advocate Foundation (NPAF) National Volunteer Coordinator, Kentucky State Policy Liaison, Bardstown, KY

## RESOLUTION MADE JANUARY 1, 2009 PATIENT ADVOCATE DAY in KY

Governor Steve Beshear signed a proclamation declaring **January 1, 2009, Kentucky Patient Advocate Day**. The Proclamation that Governor Beshear signed is part of a national initiative by the



*Kentucky State Policy Liaison, Jim Meade, and Col. Luke Barlowe, National Volunteer Coordinator with the National Patient Advocate Foundation, met with Governor Beshear on behalf of Kentucky's patient population*

National Patient Advocate Foundation (NPAF) to celebrate patient advocacy. Patient Advocate Day affirms a State's commitment to stand in voice and action as an advocate for the patient, based on principles such as:

- Access to prescribed healthcare is a basic human need and a shared societal responsibility across all Americans
- All patients, even those experiencing financial hardship, need access to timely and sustained medical care
- A serious diagnosis should open a patient's door to relevant clinical information; access to the medical care system; help reaching informed and independent decisions, and the benefits of appropriate support

- Continued, collaborative, and creative efforts among all levels of government, private industry, health care providers, and citizenry are required to overcome the challenge of ensuring healthcare to those in need and obstacles to progressive, fair, fiscally sound, and effective healthcare for all.

Kentucky State Policy Liaison, **Jim Meade** and **Col. Luke Barlowe**, National Volunteer Coordinator with the National Patient Advocate Foundation, promoted the initiative with the Governor on behalf of Kentucky's patient population.

"I congratulate Governor Beshear on behalf of all patients for his forethought and careful consideration of improving access to healthcare for Kentucky," said **Nancy Davenport-Ennis**, Founder and CEO of NPAF. "Our organization is a valuable resource to legislators and others who seek to advocate for better outcomes and better lives for patients, since we answer calls for help, in many cases, during and after a health or medical crisis. We work first-hand with the difficulties that cancer patients and others with life-threatening diseases face, and can show where reform is urgently needed. Fighting the illness is only one part of the struggle."

By signing the Kentucky Patient Advocate Day proclamation, Governor Beshear joins his fellow Governors from Arkansas, Iowa, Missouri, Nevada, New Mexico, New York, South Carolina, Texas, Utah, Virginia, Washington, West Virginia, and Wyoming, who have already proclaimed a Patient Advocate Day.



# SENATOR HARPER ANGEL FILES LEGISLATION THAT WOULD HAVE REQUIRED CALORIE POSTINGS — **DID NOT PASS SENATE**

Submitted by Partnership for a Fit Kentucky [fitky@listserv.ky.gov]

Senator Denise Harper Angel, D-Louisville, filed legislation that would have required the posting of calorie information in Kentucky restaurants. Unfortunately, the bill did not pass.

Senate Bill 133 would have made it mandatory for chain restaurants with at least 10 locations in Kentucky to provide calorie information on menus and menu boards on all food and drink items sold. Senator Harper Angel said this bill, which she called C-Meal (Consumer Menu Education and Labeling) truly was a consumer bill.

"Displaying calorie information in this manner is a common sense approach that would have allowed consumers to exercise personal responsibility by providing them with the knowledge they need to make informed decisions," said Senator Harper Angel. "C-Meal would have allowed people to make better dining choices."

This type of legislation is not a new concept in the United States. In October, California enacted similar legislation, and, in the early part of this decade, New York enacted menu-labeling legislation. In addition, Seattle, WA, and Portland, OR, have local ordinances regarding menu. On the national level, the 110th U.S. Congress introduced Senate and House bills calling for menu labeling requiring calorie information to be posted in restaurants across the country and, **Senator Harper Angel's resolution urging the 111th U.S. Congress to enact a federal "Meal Act" passed the**

State Senate.

"Obesity continues to be a growing problem in this country and the problem is not just among adults, but it is also affecting our children and teenagers," she said. "We are much more sedentary than our grandparents and great-grandparents and we are eating high calorie,

high fat foods. Diet and exercise are two key factors in the weight problem facing Kentucky and the nation. Obesity leads to countless health problems, among those are diabetes, cancer and - - the number one cause of death in every single county in Kentucky -- heart disease.

"I am concerned with the health problems attributed to obesity and believe it will help Kentuckians to have this nutrition information available so they can make healthy food choices," Senator Harper Angel added.

"The average American spends nearly half of his food budget in restaurants and dines out four times a week. Restaurant food tends to be served in larger

portions and is usually higher in calories than food served at home. C-Meal was not intended to tell people what to eat, but just provide them with the tools to know what they are eating," she explained. "Consumers need the facts, not guesswork, to make healthy choices."

California now has a menu labeling law, and Senator Harper Angel would have liked for Kentucky to follow suit and be a leader in the nation with this issue.

**Senate Bill 133 was heard during the 2009 legislative session but did not pass.**



## PHARMACISTCARE: AN AWARD-WINNING KY DIABETES PROGRAM

*By: Amy E. Tackett, PharmD, GYI Pharmacy Practice Resident-Community Care-PharmacistCARE*

PharmacistCARE is a free-standing pharmacist-managed clinic that offers Medication Therapy Management (MTM) services and is located within Kentucky Clinic, an ambulatory care facility that is part of University of Kentucky (UK) HealthCare.<sup>1</sup> It is staffed by three clinical pharmacists and Certified Diabetes Educators (CDEs) who are employed as faculty members at the UK College of Pharmacy. It received the American Society of Health-System Pharmacists (ASHP) Best Practices Award for 2008, in addition to the American Pharmacist Association (APhA) Pinnacle Award in 2005 and the Kentucky Pharmacist Association (KPhA) Innovative Practice Award in 2004. It is also an American Diabetes Association (ADA) recognized program. PharmacistCARE services originated in 2002 as a service for UK Health Plan (UKHP) members with the mission “to help the public understand the medications they are taking and to control chronic health conditions through optimally effective use of medication.”<sup>2</sup> PharmacistCARE also serves as an innovative practice learning site (ambulatory care specialty) for fourth year Doctor of Pharmacy students and UK pharmacy residents.



*Dr. Amy E. Tackett, PharmD*

member with a diagnosis of diabetes was eligible to participate in the program at no cost. Currently, any adult UKHP member with a diagnosis of diabetes is still eligible with no co-payment. Beginning in July 2008, billing procedures and coverage by additional third-party payers were established, and the program currently accepts third-party payers including Medicare Part B, Humana, Anthem/Blue Cross Blue Shield, Aetna, and United Health Care. However, only DiabetesCARE is covered by insurance providers other than the UKHP, and all these patients must have a referral by their primary care provider (PCP) to enroll in the DiabetesCARE program if services are to be covered.



*Dr. Amy Nicholas takes a patient's blood pressure*

The next service to be added to the PharmacistCARE program in 2006 was CardioCARE. This program was developed in response to concerns that cardiovascular disease (CVD) is the leading cause of mortality in the United States, and that Kentucky ranks sixth in highest CVD death rates. The goal is to improve the health of UKHP members with documented CVD or who are at risk for developing CVD by improving blood pressure and/or lipid levels. Currently, this program is only covered by UKHP, but is offered to non-UKHP patients for a cash fee.

The last program to be developed in 2007 was PrediabetesCARE. This program was added in response to the move to a more preventative effort. Like CardioCARE, this program is only covered by UKHP and is available to non-UKHP patients for a cash fee. Any adult UKHP member who has a diagnosis of prediabetes and who is taking at least one oral antihyperglycemic agent (most commonly metformin) is eligible for no copayment.

When patients express an interest in enrolling in any of the PharmacistCARE programs, they are scheduled for an initial assessment and sent paperwork to be completed prior to coming in for the initial assessment. The paperwork consists of informed consent, HIPAA, and a comprehensive form that is used in clinical management and outcomes tracking. The initial face-to-face



*Dr. Mikael Jones performs a foot exam on a patient while Dr. Holly Divine observes*

The first service offered by PharmacistCARE in 2002 was DiabetesCARE. Many factors contributed to this being chosen as the first targeted disease state including the success of the Asheville Project, high costs associated with treating patients with diabetes, a large patient population in the UKHP with diabetes, and strong evidence that pharmacist-provided diabetes self-management education programs decrease A1c levels and health care costs. Originally, any adult UKHP

appointment lasts 30 minutes to 1 hour, depending on the level of complexity of the patient. It consists of a comprehensive medication therapy management (MTM) session where all medications, not just medications related to diabetes or cardiovascular disease, are thoroughly reviewed. At the conclusion of the visit, the patient is enrolled in a live comprehensive group (unless the patient has limitations that necessitate individual classes) self-management education course (3 two-hour sessions for DiabetesCARE and PreDiabetesCARE and 2 two-hour sessions for CardioCARE). The patients set 1-3 learning objectives (if DiabetesCARE or PreDiabetesCARE) for the course. All patients in the education course receive a comprehensive resource binder containing handouts and booklets that supplement the information provided in the classes. The program is beginning to incorporate Conversation Maps® to enhance the patients learning experience and to promote more group interaction and participation. Most patients complete the course in one month, at which time they schedule a post-program visit 1-2 months after course completion to allow for goal attainment (1-3 behavioral goals are set at the last class). At this 30 minute to 1 hour visit, a general MTM session is conducted and standards of care guidelines are addressed. At the conclusion, patients begin scheduling maintenance visits, which occur every 1-6 months, depending on the insurance type, disease state, and level of control. These maintenance visits typically last 30 minutes to 1 hour and consist of general MTM, reinforcement and further education (if necessary), assessment of standards of care, limited physical examination including blood pressure, sensory foot exam (if patient has diabetes) and weight, and point-of-care testing (A1c, lipids and blood glucose meter download and interpretation). All visits are documented in a web-based documentation system designed by PharmacistCARE and maintained by Research and Data Management Center (RDMC), a unit of the UK College of Pharmacy. This system generates notes detailing and documenting the visit which are faxed or mailed to the patient's primary care provider. This system also stores data for retrieval for outcomes and research.

Another option for providers with patients enrolled in the PharmacistCARE program is Collaborative Care Agreements (CCAs), which allow the pharmacists to initiate and/or adjust dosages of medications as outlined in the CCA. There are currently CCAs signed for 19% of the patients enrolled in the DiabetesCARE program. Recently, outcomes of the DiabetesCARE program were published ranging from March 2003 to October 2006.<sup>3</sup> Data from the PharmacistCARE database



*(top row, from left) Dr. Holly Divine, Dr. Amy Nicholas (sitting), and Dr. Carrie Johnson received the Best Practices Award from the American Society of Health System Pharmacists*

previously described were analyzed to obtain these outcomes. The clinical outcomes measured were HbA1c, low-density lipoprotein cholesterol (LDL), high-density lipoprotein cholesterol (HDL), triglycerides, total cholesterol, weight, and blood pressure. Measurements were taken at the initial visit (baseline) and compared with values after 1 year of enrollment. Humanistic outcome measures included health-related quality of life, patient satisfaction, and patient-reported resource use. The mental component score (MCS) and physical component score (PCS) of the SF-12 were used for health-related quality of life and questions taken from the Diabetes History form (version 2.0) from the Michigan Diabetes Research and Training Center were used in assessing patient satisfaction. These data were extracted from the comprehensive survey described above and elsewhere in more detail that patients complete prior to the initial visit (baseline) and typically every 6 months thereafter.<sup>3</sup>

From March 2003 to October 2006, 236 patients enrolled in the DiabetesCARE program. Of those, 163 remained continuously active. However, 62 were recently enrolled, therefore lacked data points at one year after enrollment. A total of 101 patients were continuously enrolled in the program and had data points at baseline and, at minimum, one year after enrollment. Baseline characteristics of the patients included in the study are described elsewhere.<sup>3</sup> Clinical outcomes showed the following trends regarding A1c: where A1c  $\leq 7\%$ , increased 0.12%; A1c 7.1-8.0%, decreased 0.38%; A1c 8.1-9.0%, decreased 0.58%; and A1c  $\geq 10\%$ , decreased 3.56%.

The A1c change for all patients was (-) 0.42%. The change in A1c among all patients was found to be statistically significant. Also found to be statistically significant were reductions in LDL, triglycerides, and total cholesterol levels. HDL was found to be statistically significantly increased. Blood pressure and weight showed little change (few patients had baseline and 1 year post-enrollment values). MCS and PCS scores from the SF-12 were compared for 73 patients. MCS showed a significant increase while PCS did not change significantly. Patient satisfaction with their diabetes care increased significantly for all areas assessed. Resource use showed few significant changes, with the number of visits with a dietician significantly increasing. One main limitation with this data is the relatively small sample size (n=101 for outcomes data, n=73 for humanistic outcomes).

Along with clinical and humanistic outcomes, efficacy of recommendations provided by PharmacistCARE pharmacists to health care providers were assessed.<sup>4</sup> The primary objective was to assess the percentage of health care provider acceptance of recommendations made by the

*continued on page 12*

continued from page 11

pharmacists. If the recommendation was accepted, a secondary objective was to measure the time to acceptance and for the formulary subset of accepted recommendations, cost savings were determined.

This study looked at the 236 patients that were enrolled in the DiabetesCARE program from March 2003 to October 2006 (like the study above). Baseline characteristics are described elsewhere.<sup>4</sup> A total of 692 recommendations were sent to 65 health care providers, of which 425 (61.4%) were accepted. Changes initiated by a pharmacist via a CCA accounted for 62 of the accepted clinical recommendations and therefore were implemented that day. Of the total recommendations, 114 (16%) were formulary-related; 77 (67.5%) of these recommendations were accepted. On average, each formulary recommendation saved the health plan an estimated \$13.59 ± 18.72 per month and the patient an estimated \$13.58 ± 10.68 per month. This calculates to an estimated yearly savings of \$163.08 for the health plan and \$166.20 for the patient for each accepted formulary recommendation. The theoretical annual cost savings attained through accepted recommendations was \$12,550 for the health plan and \$12,795 for the patient. The median time to acceptance for all clinical recommendations was 13.5 days (0-229). The median time to acceptance for formulary recommendations was 47.2 days (0-172). Recommendation acceptance rates and median times to acceptance are further broken down and discussed in detail elsewhere.<sup>4</sup>

Currently, a study is underway assessing provider satisfaction with PharmacistCARE services in an effort to better serve providers, which will hopefully increase referrals and provide ideas for additional services PharmacistCARE can offer. This study is expected to be completed and the results submitted for publication by July 2009. For more information about PharmacistCARE please contact (859) 323-4742 or pharmacist@email.uky.edu.

#### References

1. Nicholas A, Divine H, Nowak-Rapp M, Roberts KB. University and college of pharmacy collaboration to control health plan prescription drug costs. *J Am Pharm Assoc.* 2008;47:86-92.
2. Divine H, Nicholas A, Johnson CL, et al. PharmacistCARE: Description of a pharmacist care service and lessons learned along the way. *J Am Pharm Assoc.* 2008;48:793-802.
3. Johnson CL, Nicholas A, Divine H, et al. Outcomes from DiabetesCARE: A pharmacist-provided diabetes management service. *J Am Pharm Assoc.* 2008;48:722-730.
4. DeName B, Divine H, Nicholas A, et al. Identification of medication-related problems and health care provider acceptance of pharmacist recommendations in the DiabetesCARE program. *J Am Pharm Assoc.* 2008;48:731-736.

## A BLUEPRINT FOR EFFECTIVE CHANGE TO REDUCE OBESITY IN KENTUCKY

The Partnership for a Fit Kentucky (PFK) announced the release of its new report, *Shaping Kentucky's Future: Policies to Reduce Obesity* in February. As the grim numbers in this report show, too many Kentuckians weigh too much. Weight-related illnesses like diabetes and heart disease are on the rise—a third of the babies born in KY in 2000 will develop diabetes in their lifetimes. Obesity is one of the most serious health problems facing Kentuckians today.

The CDC recommends policy change as one of the most effective strategies for making significant changes in obesity at the population level. In this report, the PFK proposes eight public policies selected by a committee of KY stakeholders to reduce the levels of obesity in the state. The policies are intended to be a blueprint for effective action to lower obesity rates in KY.

This report is intended for KY policy makers, administrators, advocates, health professionals and anyone who cares about the health and future of KY citizens. It is designed to educate and inspire discussion.

## Shaping Kentucky's Future Policies to Reduce Obesity



Partnership for a Fit Kentucky 2009

See / print full report [www.fitky.org](http://www.fitky.org)

## PROFESSIONAL DEVELOPMENT RESOURCES FOR DIABETES EDUCATION 2009

\*New additions designated in red.

### *AADE Core Concepts Course*

**Program Description:** An intensive 3-day seminar on diabetes and diabetes self-management education. Course facilitators will help participants explore the core scientific basis for diabetes education and care and apply concepts to patient situations. Earn up to 22 CE credits.

**Where:** 4/28-30 – Charlotte, NC  
9/23-25 – Chicago, IL  
10/14-16 – Dallas, TX  
10/21-23 – Orlando, FL

**Registration Information:** Online registration at: <https://www.diabeteseducator.org/ProfessionalResources/products/> and look under Educational Conferences. For questions, call 800-338-3633, ext 4817. Cut-off date for the March 4-9 class is 2/17/09.

**Cost:** Before cut-off date: \$505 (AADE member), \$660 (non-member)

**After cut-off date:** \$585 (member), \$740 (non-member)

## KY Statewide Diabetes Symposium 2009

**\*November 19, 2009\***

At the Newport Syndicate,  
18 East 5th Street, Newport, Kentucky  
(2 blocks south of Newport on the Levee)

Brochures Available in July

Application will be made for CEUs  
for Nurses, Dietitians, Pharmacists, and  
other Healthcare Professionals, as well as  
hours for CDE

This symposium is being organized by

**Kentucky Chapters of the  
American Association of Diabetes Educator's (AADE)**

Diabetes Educators of the Cincinnati Area (DECA)  
Greater Louisville Assn. of Diabetes Educators (GLADE)  
Kentucky Assn. of Diabetes Educators (KADE)  
Tri-State Assn. of Diabetes Educators (TRADE)

**Kentucky Diabetes Network**

**Kentucky Diabetes Prevention & Control Program**

For additional information regarding this program please contact:  
Jan Lazarus, RD LD (859) 363-2116 ([janifer.lazarus@ky.gov](mailto:janifer.lazarus@ky.gov))

Or

Janice Haile, RN CDE (270) 686-7747 Ext. 3031 ([janice.haile@ky.gov](mailto:janice.haile@ky.gov))

## FREE CEU PROGRAM FOR NURSES, DIETITIANS, AND CERTIFIED HEALTH EDUCATORS

**Friday  
June 12, 2009  
12-4pm**

Continuing  
Education on  
Diabetes

*Diabetes Update 2009*

Warren County  
Health Department  
1109 State Street  
2nd Floor Conference Room

For more information, call:  
1-877-641-5822, ext. 143 or 130

Provided by The Barren River  
District Health Department and  
Kentucky Diabetes Prevention and  
Control Program

\*Preregistration required

Sponsored by:



Area Health Education Center  
South Central Kentucky

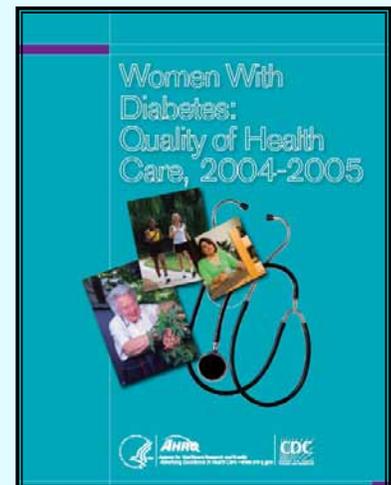
Barren River District



## WOMEN WITH DIABETES: QUALITY OF HEALTH CARE NEW REPORT

Through a collaboration, the Centers for Disease Control and Prevention and the Agency for Healthcare Research and Quality recently released a report, **Women with Diabetes: Quality of Health Care, 2004-2005** on behalf of the Department of Health and Human Services. This report examines the quality of health care in the United States for women with and without diagnosed diabetes, using the most scientifically based measures and national data sources available.

To receive a free copy of this report, please email Dr. Michelle Owens-Gary at [MOwens1@cdc.gov](mailto:MOwens1@cdc.gov). Please provide your full mailing address.



## NATIONAL DIABETES MEETINGS SCHEDULED

**2009 American Association of Diabetes Educators  
36th Annual Meeting and Exhibition**  
Atlanta, GA  
August 5-8, 2009

**2010 American Association of Diabetes Educators  
37th Annual Meeting and Exhibition**  
San Antonio, TX  
August 4-7, 2010

## DECA DIABETES EDUCATOR MEETINGS SCHEDULED

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Susan Roszel, corresponding secretary at [sroszel@fuse.net](mailto:sroszel@fuse.net) or Jana McElroy at [jmcelroy@stelizabeth.com](mailto:jmcelroy@stelizabeth.com) or call 859-344-2496. Meetings are held in Cincinnati.

**Date:** April 20, 2009  
**Time:** 5:30 pm Registration  
Business Meeting  
6-7 pm Education Offering  
**Location:** Good Samaritan Hospital  
Conference Center  
**Topic:** TBA\*

**Date:** September 21, 2009  
**Time:** 5:30 pm Registration  
Business Meeting  
6-7 pm Education Offering  
**Location:** Good Samaritan Hospital  
Conference Center  
**Topic:** TBA\*

**Date:** October 19, 2009  
**Time:** 5:30 pm Registration  
Business Meeting  
6-7 pm Education Offering  
**Location:** Good Samaritan Hospital  
Conference Center  
**Topic:** TBA\*

**Date:** November 2, 2009  
**Time:** 5:30 pm Registration  
Business Meeting  
6-7 pm Education Offering  
**Location:** Good Samaritan Hospital  
Conference Center  
**Topic:** TBA\*

## Saint Joseph Berea Diabetes Workshops

**Saint Joseph Berea will host 2 - four hour  
Diabetes CE workshops in one day:**

8am to 12n – *Understanding Diabetes Basics (4CE)*  
1p-5p – *Care of the Hospitalized Patient with Hyperglycemia (4CE)*

**DATE**

**April 15<sup>th</sup>** in the Diabetes & Nutrition Center on 4<sup>th</sup> floor of Saint Joseph Berea

**START**

At [www.sihlex.org](http://www.sihlex.org)

(Click on the *Education & Event Calendar* on the right side of the screen; use key words 'diabetes' and 'hyperglycemia' to locate the 2 different workshops; have to sign up for them separately)

**TIME**

Either half day for 4 ceu's or all day for 8 ceu's (SJB employees free)

**TARGET AUDIENCE:** Nurses and any interested health care professional  
If questions, please call 859-313-2187 (*Educational Services*) OR,  
859-313-2958 (*Diabetes & Nutrition Center*)

## ENDOCRINOLOGISTS MEETINGS SCHEDULED

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact: Dr. Vasti Broadstone, Phone: 812-949-5700 E-mail: [joslin@FMHHS.com](mailto:joslin@FMHHS.com).

## GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the 2<sup>nd</sup> Tuesday every other month. Registration required. For meeting schedule or to register, please contact Diana Metcalf at [Diana.Metcalf@nortonhealthcare.org](mailto:Diana.Metcalf@nortonhealthcare.org).

The 2009 meeting dates:

May 12, 2009  
July 14, 2009  
September 8, 2009  
November 10, 2009

Details TBA\*





### KADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, go to <http://kadenet.org/> or contact:

Dana Graves  
Phone: 859- 313-1282  
E-mail: [gravesdb@sjhlex.org](mailto:gravesdb@sjhlex.org)  
Or Diane Ballard [DianeBallard@alltel.net](mailto:DianeBallard@alltel.net)

### KENTUCKY DIABETES NETWORK (KDN) MEETINGS SCHEDULED

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. A membership form may be obtained at [www.kentuckydiabetes.net](http://www.kentuckydiabetes.net) or by calling 502-564-7996 (ask for diabetes program).

**2009 KDN Meeting Dates:**  
June 5, 2009  
September 11, 2009  
November 6, 2009

Meeting times are 10:00 am—3:00 pm EST  
“First-timers” should arrive by 9:30 am

### TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN, meets quarterly from 10– 2 pm CST with complimentary lunch and continuing education. To register, call (270) 686-7747 ext. 3019 or email Mary Tim Griffin at [mary.griffin@ky.gov](mailto:mary.griffin@ky.gov).

**Date:** April 16, 2009  
**Time:** 10 am Registration  
10:30 am—1pm Program  
11:30-12 pm Lunch/Demos  
1-2 pm Business Meeting  
**Location:** Western Baptist Heart Center  
Atrium Classroom, 2501 Kentucky Ave.  
Paducah, KY  
**Topic:** *Diabetes and Heart Disease*  
**Speaker:** Patrick Withrow, MD  
Medical Director  
Western Baptist Hospital Heart Center

**Date:** July 16, 2009  
**Time:** 10 am Registration  
10:30 am—1pm Program  
11:30-12 pm Lunch Break  
1-2 pm Business Meeting  
**Location:** Owensboro Medical Health System  
HealthPark, 1006 Ford Avenue,  
Owensboro, KY  
**Topic:** *Using the Right Tools to Help Your  
Diabetes Patient Quit Smoking*  
**Speakers:** Celeste T. Worth, CHES  
Tobacco Treatment Specialist  
Kentucky Cancer Program  
University of Louisville

**Fall 2009 Workshop Details TBA\***  
\*TBA = To Be Announced

DON'T MISS THIS!

Kentucky is one of the nation's leading states  
in the number of people with diabetes who  
smoke!

Soon there will be special tobacco continuing  
education programs designed specifically for  
Kentucky's diabetes educators.

Watch this newsletter for more information!



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**Mark Your Calendars ★ KY Statewide Diabetes Symposium 2009 ★ 11-19-09**

# Contact Information



**American Diabetes Association**  
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[www.diabetes.org](http://www.diabetes.org)  
 1-888-DIABETES



**TRADE**  
 Tri-State Association  
 of Diabetes Educators

[www.aadenet.org/  
 AboutAADE/Chapters.html](http://www.aadenet.org/AboutAADE/Chapters.html)



**KDN**  
 KENTUCKY DIABETES NETWORK, INC.

[www.kentuckydiabetes.net](http://www.kentuckydiabetes.net)

KENTUCKY ASSOCIATION  
 of DIABETES EDUCATORS



Bluegrass / Eastern Chapter  
 A Chapter of AADE

[www.kadenet.org](http://www.kadenet.org)



[www.louisvillediabete.org](http://www.louisvillediabete.org)



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<http://chfs.ky.gov/dph/info/dpqi/cd/diabetes.htm>



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Diabetes Educators Cincinnati Area

[www.aadenet.org/  
 AboutAADE/Chapters.html](http://www.aadenet.org/AboutAADE/Chapters.html)



**American Association of Clinical Endocrinologists**  
 Ohio River Regional Chapter

[www.aace.com](http://www.aace.com)

**Kentuckiana Endocrine Club**  
[joslin@fmhhs.com](mailto:joslin@fmhhs.com)

NOTE: Editor reserves the right to edit for space, clarity, and accuracy