Summer 2006

Kentucky Diabetes Connection

The Communication Tool for Kentucky Diabetes News

AACE
American Association of Clinical Endocrinologists Ohio Valley 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

A Message from Kentucky Diabetes Partners

KENTUCKY DIABETES CONGRATS!!!

Congratulations!

Kim DeCoste RN, MSN, CDE
Elected to the American Association of Diabetes Educators
Board of Directors

Deborah Fillman RD, LD, MS, CDE
Named Kentucky Outstanding Dietitian of the Year
Named Tri State Association of Diabetes Educator's
"Diabetes Educator of the Year"

Dawn Fraze RN, BSN, CDE and
Paula White MS, RD, LD
Won American Association of Diabetes Educators
Allene Von Son Award / Electronic Material

Justin Harris (From Lexington, KY)
American Diabetes Association
National Youth Advocate

Laura Hieronymus RN, MSEd, CDE
Named National American Association of Diabetes Educator's
"Diabetes Educator of the Year"

Kathleen Stanley RD, LD, CDE, MSEd
Won American Association of Diabetes Educators
Allene Von Son Award / Print Material

Congratulations!

Articles / Pictures in Fall Issue of this Newsletter

If you would like to be added to the mailing list to receive this newsletter, please contact: Kentucky Diabetes Connection, P.O. Box 309, Owensboro, KY 42302-0309 or Phone: 270-686-7747 ext: 3031 or Email: janice.haile@ky.gov

THE REPORT CARD IS IN: KENTUCKY IS ON TOP!

Submitted By : ***Jaime France, BS, University of Kentucky Dietetic Intern with Lincoln Trail District Health Department***

With summer in full swing now, school is the farthest thing from most children's minds. Thoughts of swimming and sleeping in are currently taking priority. **But let's throw caution to the wind and look ahead to the 2006-2007 school year. There's going to be some changes.**

One important part of the School Health Nutrition Law enacted by Kentucky Senate Bill 172 goes into effect this year. This means Kentucky children will see some changes in the cafeteria and vending machines starting in the fall. This law is designed to ensure that our children have access to healthier foods during school hours.

Kentucky recently received a grade on this, too!

The Center for Science in the Public Interest (CSPI) released a "report card" for all the states. This "School Foods Report Card" evaluates state legislation on school nutrition policies. Five areas were looked at: beverage nutrition standards, food nutrition standards, grade(s) that the policies apply to, times the policies apply to, and the location(s) at schools where these policies apply.

Kentucky's grade was at the top of the class - an A-! Kentucky didn't receive "a perfect A" because of weak beverage portion standards, no limits on trans fats, and a clause on "a la carte" items that allows any foods reimbursable under the federal meal program patterns. Twenty-three states actually failed because they had no state policy whatsoever.

Regardless of the little minus sign behind that 'A', the Kentucky legislation was a big step in the right direction. As of 2004, Kentucky ranked 6th in the nation in its adult obesity rates, with about 25.8% of adults being labeled as obese. Obesity is defined as a Body Mass Index, or BMI, of 30 or greater. When this percent is combined with the numbers of Kentucky adults who are overweight (BMI around 25), Kentucky moves up to 4th place. A little over 63% of all Kentucky adults are overweight or obese.

What about our kids? Well, to put it simply, they're getting bigger, too. In Kentucky, 14.6% of high school students were overweight in 2003, according to *"F as in Fat: How Obesity Policies are Failing in America 2005,"* a report from the Trust for America's Health. The new Kentucky School Health Nutrition Law will help Kentucky children have access to healthier choices in the cafeteria.

What can students expect? No foods or beverages can be sold, outside of the school meal program, until half an hour after the last lunch period ends. The exception for this is those "a la carte" items, which are sold during lunch, in addition to the meal. Beverages are limited to 1% or fat-free milk (any flavor), water, 100% fruit or vegetable juice, and any beverage that contains no more than 10 grams of sugar per serving. Foods have stricter standards, too. Foods must have less than 32% sugar by weight and cannot have more than 14 grams of sugar (fruits and veggies are excluded from this). Calories from fat must be less than 30% (except for cheese, nuts, seeds, and nut butters), and calories from saturated fat can't exceed 10%. Sodium content, portion sizes, and access to retail fast food in the cafeteria were also addressed in our Kentucky law. Oh, and those food-based fundraisers? Yup, those fall under the same guidelines above.

Will this new legislation halt the rising numbers of overweight children in our state? By itself, probably not. This issue is much too big to be solved by a single act of law. Many more factors are involved in childhood overweight and obesity than simply what children eat at school. But at the same time, it's nice knowing that our schools, and the people in this state, care enough about the health of our kids to pass the School Health Nutrition Law. We've taken another step towards improving the health of our children. Congratulations, Kentucky. We're leading the pack in the battle against childhood obesity!

References Available Upon Request

STATE SCHOOL FOODS REPORT CARD

The following chart was taken from the *Center for Science in the Public Interest (CSPI)* June 2006 "*The School Foods Report Card"* . **For more information, model policies, and other materials, contact:**

Center for Science in the Public Interest,
Phone: 202-777-8351, Fax: 202-265-4954,
Email: nutritionpolicy@cspinet.org

The entire *School Foods Report Card* is available online (free of charge) at: http://cspinet.org/nutritionpolicy/sf_reportcard.pdf.

Grade	States
A-	Kentucky (1)[1]
B+	Nevada (2), Arkansas (3), New Mexico (4), Alabama (5), California (6)
B	New Jersey (7), Arizona (8), Tennessee (8)
B-	Louisiana (10), West Virginia (11), Connecticut (12), Florida (13)
C+	Hawaii (14), Texas (15)
C	Maine (16), Mississippi (17), District of Columbia (18)
C-	Colorado (19), South Carolina (20)
D+	New York (21), Maryland (22)
D	Oklahoma (23), Virginia (24), North Carolina (25)
D-	Indiana (26), Illinois (27), Georgia (28)
F	Alaska, Delaware, Idaho, Iowa, Kansas, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming (All ranked 29)

1 The numbers in parentheses give the state's rank as compared to the school nutrition policies in other states, with (1) being the strongest policy.

Estill County Receives Diabetes Grant Through the Appalachian Regional Commission

Submitted by: Kristy Bledsoe, Estill County Health Department

Estill County was recently awarded a $10,000 grant from the Appalachian Diabetes Translation and Control Project to help prevent and manage Type 2 Diabetes in their community. Estill County is a small, rural community located in the Appalachian hills of Kentucky. Like most Appalachian communities, the rate of diabetes has significantly increased and has become one of the leading causes of death for adults. According to the National Diabetes Surveillance System, Kentucky has one of the highest rates of diagnosed diabetes in the nation, with 6% of adults over 18 having an actual diagnosis (2004). This does not take into account the large number of adults who have not been tested and are unaware they have the disease, nor does it consider the increasing number of children being diagnosed with Type 2 Diabetes.

The focus of the Appalachian Diabetes Control and Translation project is to encourage Appalachian communities to form local partnerships in order to educate their citizens regarding the prevention and management of diabetes. Through their partnership with the Appalachian Regional Commission and the Centers for Disease Control, the Appalachian Diabetes Control and Prevention project provides training, start-up funding and technical assistance to selected applicants.

There are several community agencies within Estill County that have been dedicated to educating the citizens of their county on health issues for many years. While there have been times in the past that the agencies have worked together on activities through community events (such as health fairs), most agencies focus on their individual efforts to address the health and nutrition concerns in the community. However, with the help of the grant, community partners in Estill County will form a more "formal diabetes coalition" to focus on diabetes awareness, prevention and management. This new Coalition would like to make the citizens of Estill County more aware of local diabetes resources and train educators within the school systems regarding dealing with diabetes in children. In addition, the Estill County Coalition would like to take diabetes education to the public by offering nutrition and cooking classes at local churches and businesses, and by providing free glucose screenings by hosting a community-wide health fair.

Like many small towns, Estill County has a large population of uninsured and underserved citizens. The hope of the community partners is to impact individuals who are not usually reached. The dedicated partners are grateful for the opportunity to work together to decrease the impact of diabetes in Estill County!

Federally Qualified Health Centers and Rural Health Clinics Now Eligible to Receive Funding for Diabetes Self Management Training (DSMT) and Medical Nutrition Therapy (MNT)

***Taken From:** Centers for Medicare and Medicaid Services (CMS) Manual System, Pub 100-02 Medicare Benefit Policy, Transmittal 49, 3-31-06, Change Request 4385*

On February 8, 2006, President Bush signed the Deficit Reduction Act (DRA) of 2005 into law. A number of the DRA's provisions are effective on January 1, 2006. One of those provisions is Section 5114 which amends the Social Security Act to add diabetes outpatient self-management training (DSMT) and medical nutrition therapy (MNT) services to the list of Medicare covered and reimbursed services under the Medicare Federally Qualified Health Center (FQHC) benefit.

Prior to the passage of the DRA of 2005, FQHCs certified to furnish MNT and DSMT services were only allowed to "bundle the cost" of such services into their FQHC payment rates. However, with passage of the DRA, the provision of these same services will now generate an FQHC visit payment.

Effective for services furnished on or after January 1, 2006, FQHCs that are certified to furnish DSMT and MNT services can now receive per visit payments for such covered services. In other words, if all relevant program requirements are met, these services are included under the FQHC benefit as billable visits.

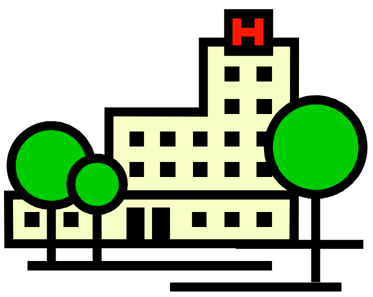
A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters.

For other questions contact:
Centers for Medicare/Medicaid:

David Worgo 410-786-5919
david.worgo@cms.hhs.gov (policy)

Gertrude Saunders 410-786-5888
gertrude.saunders@cms.hhs.gov (claims processing).

Federally Qualified Health Center



THE DIABETES PHYSICIAN RECOGNITION PROGRAM THROUGH THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) PROVIDED THIS RECOGNIZED PHYSICIAN DIRECTORY WHICH LISTS 39 KENTUCKY PHYSICIANS WHO HAVE DEMONSTRATED THAT THEY MEET IMPORTANT DIABETES STANDARDS OF CARE. FOR MORE INFORMATION REGARDING DIABETES CERTIFICATION THROUGH NCQA, CONTACT THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE, 2000 L STREET NW, SUITE 500, WASHINGTON, DC 20036, (202) 955-3500.

CONGRATULATIONS

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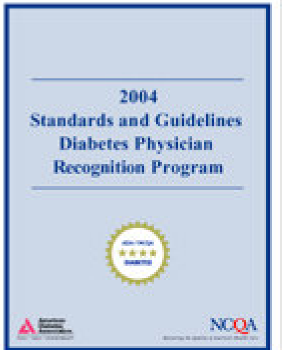
The *Bridges To Excellence (BTE)* Coalition, a Not-For-Profit Organization Created to Encourage Significant Leaps in the Quality of Care By Recognizing and Rewarding Health Care Providers Who Demonstrate That They Deliver Safe, Effective, Efficient, Patient-Centered Care.

The National Committee for Quality Assurance (NCQA) has recognized top-performing doctors treating patients with diabetes in Louisville for their participation in the Bridges to Excellence (BTE) pay-for-performance initiative. BTE was established in 2002 to recognize and reward higher quality care and is made up of physicians, health plans, and several of the nation's largest employers, including General Electric, UPS, and Humana. Since BTE's launch in June 2003, the Louisville market has grown from seven recognized physicians to nearly 40 today -- all focused on treating patients with diabetes. From BTE's implementation in Louisville, the not-for-profit organization has administered rewards in excess of $184,000 to Louisville area physicians.

For more information on Bridges to Excellence, contact:

Regional Contact(s)	Title	Company	Contact Information
Eric Hokenson	Program Manager	United Healthcare	Erik_Hokenson@uhc.com 952-992-7303
Rich Johnson	Program Manager	Humana	rjohnson2@humana.com 502-580 4381



Standards and Guidelines for the Recognition of Diabetes Physicians

The publication, *Standards and Guidelines: Diabetes Physician Recognition Program,* outlines the standards and details what is involved in the application process and explains data samples. *Note: purchase of the Survey Tool is required for physicians applying for recognition. The Survey Tool includes the complete Standards and Guidelines.*

2004 DPRP Standards and Guidelines Item # 40143-100-04 Price: $100
2004 DPRP Standards and Guidelines e-pub (single user) Item # 40143-301-04 Price: $80

Survey Tool for the Recognition of Diabetes Physicians

The *Survey Tool For Recognition Of Diabetes Physicians* incorporates the standards and guidelines and also facilitates the collection of information about how the practice meets the standards. *(This is the version to use to apply for recognition.)*

2004 DPRP Survey Tool Web-based 1-4 users
Item # 10832-321-04 Price: $60

2004 DPRP Survey Tool and Application Fee Package
Item #10832-151-05 Price: $450

Call NCQA Customer Support at (888) 275-7585 for more information.

Regional Strategic Planning Meetings For Obesity Prevention

Submitted by: Elaine Russell, KY Department for Public Health Obesity Program

As follow-up to an article that appeared in the Spring, 2006 issue of this newsletter, the following list includes actual plans for the 10 regional groups that have formed across Kentucky to decrease obesity. The *Partnership for a Fit Kentucky* is a coalition supporting the Kentucky Department for Public Health's Obesity Prevention Grant. For more information or if you would like to work with any of these regional coalitions, contact Elaine.Russell@ky.gov .

The purpose of the regional groups are to increase collaboration in regions and communication throughout the state. To accomplish this:

- Each region will prioritize objectives from the state action plan to begin building regional action plans.
- Coalitions will be formed to develop and implement the action plans.
- Each region will have a web page to input regional activities, meetings, programs, and trainings. The regional web pages will be linked to the ***Partnership for a Fit Kentucky*** website.
- A statewide inventory of programs will be taken in each county. A map with the programs will be provided on our website, www.fitky.org.

Owensboro Region Initial Meeting: August 30, 2005
Regional Coalition: The Green River District Health Department was identified as the lead agency. This region decided to create a website that will communicate existing regional nutrition and physical activity programs, upcoming trainings and relevant meetings. The more advanced communities will mentor and share resources with others. Organizational meetings were held in December and January with a ***Get Fit Western Kentucky*** Workshop held on March 17, 2006. The workshop included break out sessions on worksite wellness, school wellness and community wellness.

Paducah Region Initial Meeting: November 30, 2005
Regional Coalition: The Paducah region decided to create a coalition called REACT (Ready, Effective, and Collaborating the Task). Each county will designate a REACT coordinator that will collect information and activities pertaining to the 3 objectives. Information will be compiled and placed on a website created by the Pennyrile Allied Community Service Program. Quarterly meetings will be held.

Somerset Region Initial Meeting: December 14, 2005
Regional Coalition:
The Lake Cumberland District Health Department will be the lead agency for this region. This region also decided to create a website that will communicate existing regional nutrition and physical activity programs, upcoming trainings, and relevant meetings. This group will communicate via e-mail.

Louisville Initial Meeting: March 3, 2006
Louisville Coalition:
Louisville was different than the other regions in that a community coalition was already established through the Mayor's Healthy Hometown Movement. With this infrastructure in place, this group was able to move a step forward and choose objectives from each of the five venues: Schools, Family and Communities, Worksites, Built Environment and Health Care. The school venue included a large group of participants so it was split into schools-nutrition and schools-physical activity. Each venue committee chose an objective that they wanted to work on as a group and then began developing their strategic plan to accomplish that objective. At the end of the group work, a point person was identified to help organize and lead the next venue committee meeting.

Ashland Initial Meeting: March 16, 2006
Regional Coalition:
Ashland/Boyd County Health Department will be the lead agency. A website will be developed for the region to communicate existing regional nutrition and physical activity programs, upcoming trainings, and relevant meetings. This group will met again as a full group in June and subcommittees will meet independently.

Lexington Initial Meeting: April 20, 2006
Regional Coalition: UK Cooperative Extension will be the lead agency for this region. A point person was identified for each of the 5 venues. Venue subcommittees met at least one time before the whole group met together on July 26.

Bowling Green Initial Meeting: April 25, 2006
Regional Coalition: Barren River District Health Department will be the lead agency. Point persons were identified for each of the five venues. The venue subcommittees will meet at least one time before the whole group meets on September 12, 2006. This region combined the Barren River District and the Lincoln Trail District. Lincoln Trail District will become a separate region.

Northern Kentucky Initial Meeting: May 10, 2006
Regional Coalition: Northern Kentucky District Health Department will be the lead agency for this region. Point persons were identified for each of the five venues. The venue subcommittees will meet at least one time before the whole group meets in mid-September. The Family and Communities venue and the Built Environment venue chose the same objective and the two groups will merge.

Hazard Initial Meeting: June 27, 2006
Regional Coalition Each group began developing an action plan for their chosen objective. It will require the continued coordination of local, regional and state entities to make the plans a reality. The breakout groups will set up follow up meetings and the full group will meet quarterly.

Lincoln Trail Initial Meeting: September 21, 2006
Hardin Memorial Hospital
913 N Dixie Hwy
Elizabethtown, KY 42701

PARTNERSHIP FOR FIT KENTUCKY — REGIONAL MEETINGS AND CONTACT PERSON

Ashland
August 23, 2006
Ashland Boyd County Health Department
2924 Holt Street
Ashland, KY 41105
1:00 –3:00pm
Sara Dunlap
Sara.dunlap1@ky.gov
606-329-9444

Paducah
October 17, 2006
Kentucky Dam Village
166 Upper Village Drive
Gilbertsville, KY 42044
REACT Meeting
9:00 am – 12:00pm
MeMe Perdue
pacsme@hesenergy.net
1-800-264-0643

Lexington
October 11, 2006
Lexington Good Barn
1451 University Drive
Lexington, KY 40546
1:30 pm EST
Janet Tietyen
jtietyen@uky.edu
859-257-1812

Owensboro
August 24, 2006
Green River District Health Department
1501 Breckenridge Street
Owensboro, KY 42302
1:00pm
Debbie Fillman
Deborah.Fillman@ky.gov
270-852-5581

Somerset
August 29, 2006
Cumberland Valley District Health Department
342 Old Whitley Road
London, KY 40743
TBA
Tracy Aaron
Tracys.aaron@ky.gov
606-678-4761

Louisville
September 1, 2006
Water Tower
3005 River Road
Louisville, KY 40207
10:00am -12:00pm
Branalyn Williams
branalyn.williams@louisvilleky.gov
502-574-6209

Bowling Green
September 12, 2006
TBA
Diane Sprowl
DianeJ.Sprowl@ky.gov
270-781-8039 x 129

Northern Kentucky
September, 20, 2006
Boone County Library
8899 US 42
Union, KY 41091
1:00 pm – 4:00 pm
Mary Singler
Mary.Singler@ky.gov
859-363-2083

Lincoln Trail
September 21, 2006
Hardin Memorial Hospital
913 N. Dixie Hwy
Elizabethtown, KY 42701
9:00 am – 12:00pm
Karen Blaiklock
kblaiklock@hmh.net
270-706-1250

Hazard
TBA
Fran Feltner
fjfeltn@uky.edu

DIABETES NEWS FLASH

Taken from Diabetes In Control Newsletter, Issue 322 July 26, 2006

Pfizer Postpones Exubera Launch: **Pfizer** says it will delay the launch of its inhaled insulin, Exubera, until September, several weeks later than originally planned. Although Exubera was approved by the Food and Drug Administration in January and made available in Germany and Ireland in May, Pfizer executives said that they wanted to make sure U.S. educational programs for doctors, pharmacists, diabetes educators and patients cover all the bases. "We will never get a second chance" to introduce the first inhaled insulin, said Hank McKinnell, Pfizer's chairman and CEO, in a telephone conference call.

FDA Approves Medtronic's New Continuous Blood Glucose Monitor: The Guardian Real-Time system with real-time trend data that alerts individuals with diabetes to potentially dangerous changes in their blood sugar levels, was approved last week. The new monitor will be available by the end of the year. In April, Medtronic received FDA approval for the MiniMed Paradigm system that combines glucose monitoring with an insulin pump.

Statement of the American Diabetes Association (ADA) Expressing Disappointment by the President's Veto of Stem Cell Research Legislation

Submitted by: Stewart Perry, Lexington, KY, National Vice Chair of the ADA Board Elect, KDN member

Lawrence T. Smith, from Kentucky, and Chair of the American Diabetes Association (ADA) and the parent of a daughter who has type 1 diabetes, and Dana Lewis, a teen from Huntsville, Alabama who has type 1 diabetes and is the ADA's National Youth Advocate, issued the following statements in response to the veto by President Bush of the Stem Cell Research Enhancement Act (HR 810). The ADA has been a strong supporter of HR 810, which would accelerate medical advancements by easing existing restrictions and supporting research that uses embryonic stem cells, while maintaining strict ethical guidelines.

Said Smith: "This is a devastating setback for the 20.8 million American children and adults with diabetes -- and those who love and care for them. We truly believe that embryonic stem cell research offers the greatest promise for a cure for diabetes. Despite bipartisan support in Congress, the backing of 70 percent of the American public, and the hopes and prayers of millions of individuals with diabetes and other debilitating diseases, the President has chosen the wrong path."

Lewis who had presented the President with a petition, signed by approximately 11,000 Americans affected by diabetes, stated: "I had hoped that the President would have really tried to listen to our voices. I feel let down and I am very saddened that he shattered my sense of hope and the hope of millions of other children and young adults. I still believe this bill is right for this country, and I will still fight in the future to see it become law."

For more information, please call the American Diabetes Association at 1-800-DIABETES (1-800-342-2383) or visit http://www.diabetes.org.

ADA Offers Invitation to Attend a *"Consensus Conference on Impaired Fasting Glucose (IFG) and Impaired Glucose Tolerance (IGT)"* in October, 2006

The American Diabetes Association invites you to attend a Consensus Conference titled, *"Impaired Fasting Glucose (IFG) and Impaired Glucose Tolerance (IGT): Implications for Diabetes Care"* to be held October 16, 2006 at the Hilton O'Hare International Airport, Chicago, IL 60666, Tel: 773-686-8000 Fax: 773-601-2873.

Following presentations by invited speakers and in-depth discussions, the consensus panel will evaluate the scientific evidence and develop a document that will clarify the issues and provide guidance to health professionals and the public. The consensus statement will respond to the following questions:

1. What is known regarding the pathogenesis of impaired fasting glucose (IFG) or impaired glucose tolerance (IGT)? Is one a later stage of the other or does the pathogenesis of the two conditions differ? If they differ, what distinguishes the two?
2. What is the natural history of IFG/IGT? How well does IFG, IGT, or the combination of both conditions predict the subsequent development of diabetes? Does IFG/IGT predict the development or cardiovascular disease? If so, are the effects of IFG/IGT independent of associated known cardiovascular risk factors including the subsequent development of diabetes?
3. Do interventions that prevent diabetes in high risk populations do so by altering the natural history of IFT/IGT (i.e. restore IFG/IGT to normal vs. prevent the progression from IFG/IGT to diabetes vs. prevent the development of diabetes without passing through IFG/IGT)?
4. Do interventions that prevent the progression from IFG/IGT to diabetes also prevent the development/worsening of other metabolic abnormalities (e.g. hypertension, hyperlipidemia or cardiovascular disease)?
5. Who should be screened, when and how, to more likely prevent/delay the adverse consequences of IFG/IGT? Are present diagnostic criteria useful in this regard?
6. What additional information/studies are necessary to demonstrate the benefits of intervention at the stage of IFG/IGT?

Target Audience: This program has been developed for health professionals with an interest in IFG and IGT and the implications for diabetes care.

Registration: Registration form, program schedule, and fees may be accessed at: http://www.diabetes.org/uedocuments/FinalBrochureApril212006.pdf

Contact Information:

- Program/Conference, **Stacey Loflin**, 703-549-1500, ext. 1371, sloflin@diabetes.org
- Registration, **Ann Jennings**, 703-549-1500, ext. 2453, meetings@diabetes.org

IMPORTANT KENTUCKY MEDICAID INFORMATION

Submitted by: Janice Haile, KDPCP State Staff, KDN, TRADE, ADA member

Have you ever had a patient with a Kentucky Medicaid card tell you that certain necessary diabetes items were not covered? Recently, I received a phone call from a patient who said she had Medicaid and was started on insulin (Lantus). She said that she was using the Opticlick pen and although the Medical Card covered the insulin, it did not cover her needles for the pen so she could inject the insulin. She asked if the local diabetes coalition could help her buy her needles.

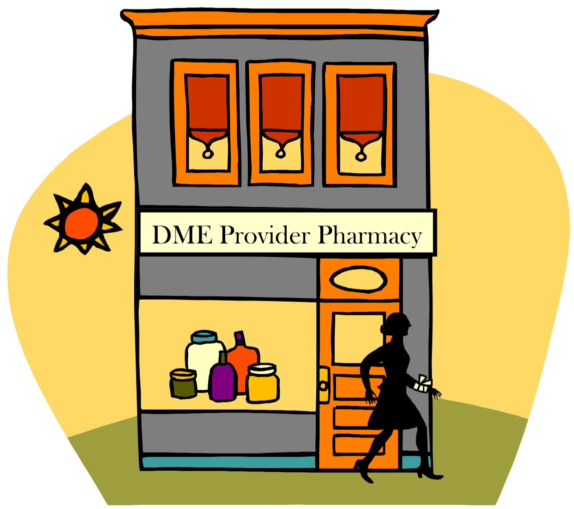
I told the patient that I needed to do some checking but that I thought Medicaid would cover the needles. I called Medicaid and talked with Nici Gaines, the contact person for the pharmacy division of Medicaid, and Patricia Biggs, the Durable Medical Equipment (DME) Medicaid contact person . I was told that the Opticlick pen (like all insulin pens) require prior authorization. I was also told that insulin pens are covered under the "pharmacy" section of Medicaid because they contain active drug.

However, I was also told that the supplies for diabetes such as syringes, needles, glucose test strips, and meters are covered under the durable medical equipment (DME) section of Medicaid and thus for these supplies to be covered, a person with Medicaid would have to go to a pharmacy that is also a Medicaid DME provider.

I was then given several important telephone / fax numbers for contacting Medicaid that I thought other diabetes educators and physicians may also find useful. See below.

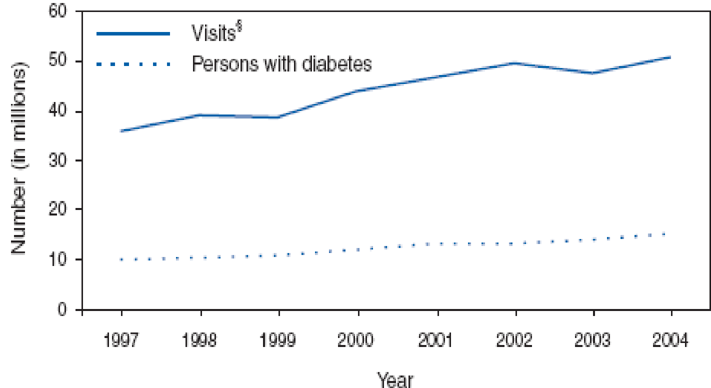
DME Prior Authorization 800-292-2392 (select option 7)
DME Claim Payment 800-807-1232

Pharmacy non urgent requests (faxed) 800-365-8835
Pharmacy urgent requests (faxed) 800-421-9064



QUICK STATS: NUMBER OF PERSONS WITH DIAGNOSED DIABETES* AND NUMBER OF AMBULATORY CARE VISITS† RELATED TO DIABETES --- UNITED STATES, 1997 — 2004

Obtained from: MMWR Weekly, August 4, 2006 / 55(30); 825



Whereas the estimated number of persons in the United States increased by approximately 8% during 1997--2004, the number of persons with diabetes in the United States increased by approximately 50%, from 10.1 million in 1997 to 15.2 million in 2004. The estimated number of diabetes-related visits to physician offices and hospital outpatient departments also increased by approximately 41% during this period.

- Estimated from self-reported responses during in-person interviews to the question, "*Have you ever been told by a doctor or health professional that you have diabetes or sugar diabetes?*"

† Ambulatory care visits include those made to physician offices and hospital outpatient departments during the preceding 12 months. Diabetes-related visits are those made by persons with a first-, second-, or third-listed diagnosis of diabetes (*International Classification of Diseases, Ninth Revision, Clinical Modification* codes 250.00--250.99).

§ The weighting methodology for physician office visits for 2003 and 2004 differed from the method used during 1997--2002, which increased the relative number of visit estimates in 2003 and 2004 compared with preceding years (available at http://www.cdc.gov/nchs/data/ad/ad365.pdf).

SOURCES:
National Health Interview Surveys, 1997--2004. Available at: http://www.cdc.gov/nchs/nhis.htm.

National Ambulatory Medical Care Survey. Available at: http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm.

National Certification Board for Diabetes Educators (NCBDE) Updates Practice Requirement and Changes Date for Beginning This Requirement

Submitted by: Janice Haile, KDPCP State Staff, KDN, TRADE, ADA member

The National Certification Board for Diabetes Educators (NCBDE) recently approved a change in requirements for renewal of certification. In addition to continuing education requirements, beginning with CDEs whose credentials will expire **12/31/2010** *(formerly 12/31/2009)*, individuals recertifying will need to document a minimum of 1000 hours of "professional practice experience in diabetes self-management training (DSMT)" at the time of application. The good news is that NCBDE has expanded what will be allowed as "professional practice experience" (see below).

The 1000 Hours of Professional Practice Experience Requirement:

- must be completed by the date of application for renewal of certification. Professional practice experience must be completed between January 1 following initial certification and/or recertification, and must be completed by the application deadline date for renewal either by examination or continuing education 5 years later.
- must be employment for compensation within the United States and its territories; volunteer hours and preceptorship/mentor hours are not acceptable.
- does not include a requirement to be practicing at the time of application.

Professional Practice Experience:

- Diabetes Self Management Training (DSMT) practice
- Program Development/Administration - Directs, manages, administers, and evaluates delivery of DSMT programs and the educators that provide it
- Professional Education/Academic (teaching) compatible with DSMT - Develops, implements, and evaluates curricula appropriate for the professional educational development of those involved in DSMT
- Research - Develops, implements, and analyzes research directly involved in DSMT
- Consulting - Serves as an advisor for evaluating and developing materials used to provide DSMT
- Other - DSMT job duties not covered by the other categories listed. Title to be specified by applicant and job description to be submitted with application.

CDEs who are unable to meet the practice requirement will be offered an additional method for renewal of certification. These individuals must take and pass the Certification Examination AND document a total of 75 hours of diabetes related continuing education activities offered by organizations on the NCBDE List of Recognized Continuing Education Providers over the five year certification cycle.

NCBDE Recognized Continuing Education Providers

To satisfy the requirement for CDE renewal of certification, diabetes related continuing education must be approved by a provider listed below:

- American Association of Diabetes Educators (AADE)
- American Diabetes Association (ADA)
- American Dietetic Association (ADA)
- International Diabetes Federation (IDF)
- Accreditation Council for Pharmacy Education (ACPE) Accredited or Approved Providers
- Accreditation Council for Continuing Medical Education (ACCME) Accredited or Approved Providers
- American Academy of Family Physicians (AAFP)
- American Academy of Nurse Practitioners (AANP)
- American Academy of Optometry
- American Academy of Physician Assistants (AAPA)
- American Association of Clinical Endocrinologists (AACE)
- American College of Endocrinology (ACE)
- American College of Sports Medicine (ACSM)
- American Medical Association (AMA)
- American Nurses Association (ANA)
- American Nurses Credentialing Center (ANCC) Accredited or Approved Providers
- American Occupational Therapy Association (AOTA)
- American Physical Therapy Association (APTA)
- American Psychological Association (APA)
- American Podiatric Medical Association (APMA)
- Commission on Dietetic Registration (CDR) Accredited or Approved Providers
- National Association of Clinical Nurse Specialists (NACNS)
- National Association of Social Workers (NASW)

Diabetes related continuing education offered by a state board of licensure (if the board is accredited or approved by one of the NCBDE recognized providers) **and** diabetes related continuing education from accredited academic institutions granting degrees related to professional practice are also accepted.

Note from Janice Haile: Because of confusion and questions that have arisen regarding NCBDE requirements and renewal by continuing education, I contacted NCBDE, the American Nurses Association, the American Nurses Credentialing Center and the KY Board of Nursing to obtain the following information.

A diabetes program approved by the Kentucky Board of Nursing (KBN) (alone) would not be accepted by NCBDE

for continuing education as KBN is not listed on the NCBDE approved provider list and they do not have a reciprocal association with the American Nurses Association. However, a diabetes program approved by the Kentucky Nurses Association (KNA) would be approved by NCBDE as KNA has a reciprocal agreement with the American Nurses Association and would therefore be accepted for CDE recertification by continuing education.

Also Kentucky entities that are accredited by the American Nurses Credentialing Center (ANCC is included on the approved NCBDE list) are as follows: AdvancMed, LLC, Eastern Kentucky University, Kindred Healthcare, St. Elizabeth Medical Center, and the University of Kentucky. Thus, if a diabetes program is approved by one of these 5 KY ANCC providers, then it would also be accepted by NCBDE for maintaining certification through continuing education.

Lastly, it should be pointed out that approval by ANY of the "NCBDE Recognized Continuing Education Providers" is allowed for CDE renewal of certification regardless of the professional area in which an individual may practice or be licensed. For example, if a nurse attends a diabetes program approved by the American Dietetic Association, this would be allowed by NCBDE for renewal of certification by continuing education. In other words, the entity approving an offering does NOT have to be within the same discipline as the attendee to count as credit for NCBDE CDE renewal.

National Certification Board for Diabetes Educators (NCBDE) Renewal as Certified Diabetes Educator (CDE) Dates and Hours Required

Renewal by continuing education requires that CDEs meet eligibility requirements and earn 75 hours of continuing education in diabetes related content areas during the five year recertification cycle. Implementation of this recertification plan will occur on a prorated basis as shown below.

Credential expires	Continuing education hours required	Hours must be completed by	Hours may be accrued from
12/31/2005	15 hours	9/15/2005	1/1/2004
12/31/2006	30 hours	9/15/2006	1/1/2004
12/31/2007	45 hours	9/17/2007	1/1/2004
12/31/2008	60 hours	9/15/2008	1/1/2004
12/31/2009	75 hours	9/15/2009	1/1/2004

After initial certification as a certified diabetes educator (CDE), all continuing education must be completed between the following January 1 and the application deadline date for renewal, i.e., September 15, five years later.

For subsequent certification periods, all continuing education must be completed between the day after the application deadline date (i.e., September 16) and the application deadline date for renewal, i.e., September 15, five years later.

Electronic Health Records: Announcement by Health and Human Services

***Submitted by:** Martha Henneghan, US Dept of Health and Human Services, (202)690-6343*

The first round of ambulatory electronic health record products (EHRs) have been certified by the Certification Commission for Healthcare Information Technology (CCHIT), HHS Secretary Mike Leavitt announced in July, 2006. HHS awarded CCHIT a contract in fall 2005 to develop certification criteria and a certification process.

"This seal of certification removes a significant barrier to widespread adoption of electronic health records. It gives health care providers peace of mind to know they are purchasing a product that is functional, interoperable and which will bring higher quality, safer care to patients," Secretary Leavitt said.

CCHIT certification indicates that EHR products meet base-line levels of functionality, interoperability and security in compliance with CCHIT's published criteria. This impartial seal of approval paves the way for adoption of health IT products by limiting the risk associated with investing in health IT. CCHIT is continuing to evaluate products, and additional results will be announced at the end of the month and quarterly thereafter.

"Volunteers from across the health care spectrum developed CCHIT's criteria and inspection process, ensuring fairness and balance between the interests of diverse stakeholders," said Dr. Mark Leavitt, CCHIT Chair.

In September 2005, HHS awarded a $2.7 million contract to CCHIT, a private, non-profit organization, to develop an efficient, credible, and sustainable mechanism for certifying health care information technology products. The CCHIT will certify health IT products in three initial phases:

- First, outpatient or ambulatory EHRs;
- Second, inpatient, or hospital EHRs; and
- Third, architectures, or systems that enable the exchange of information between and among health care providers and institutions.

The announcement of the first round of vendors to earn certification for electronic health record products from the CCHIT came at the George Washington University's Medical Faculty Associates, who adopted an EHR system last year. That system achieved certified status today.

"George Washington Medical Faculty Associates was an early adopter of the electronic health record system which has transformed our practice, enabling us to be proactive instead of reactive," said George Washington University CEO Stephen Badger. "It has enhanced the overall patient care, significantly reduced our administrative costs and led to happier physicians and patients, because of this transformation."

To learn more about the CCHIT, and for a list of certified products, visit www.cchit.org.

2006 Family Fun Diabetes Day

Submitted by: *Lisa Edwards, American Diabetes Association, Kentucky Office, KDN Member*

The American Diabetes Association is sponsoring a Family Fun Diabetes Day on September 16th from 9 a.m. to 1 p.m. at Kentucky Horse Park in Lexington, KY. This day is designed for children with diabetes and their immediate family.

The goal of the Family Fun Diabetes Day is to give parents and children the opportunity to meet and build relationships with other families that have a common concern.

The families will have the opportunity to enjoy carnival games, inflatables, hayrides, pony rides, crafts, educational booths, lunch and much more.

For registration, brochures, or additional information, please contact Lisa Edwards at (859) 268-9129.

Build Relationships With Other Families
With Diabetes!

American Diabetes Association to Hold 14th Annual Gala to Benefit Local Programs and Research Efforts

Submitted by: *Amy Hoffman, RD LD, American Diabetes Association, Kentucky Office, KDN Member*

American Diabetes Association
is pleased to present

Stand Up Diabetes: An Evening in the Bluegrass Gala

Hosted by: Central Baptist Hospital.
Date: Saturday November 11, 2006
Time: 6:00 pm
Where: Embassy Suites of Lexington, 1801 Newtown Pike, Lexington, KY

Features:

- 400 Silent Auction Items
- Dinner
- Dancing
- Live Auction
- Cocktails
- hors d' oeuvres

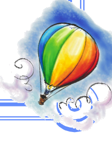
For ticket information or reservations,
please call 859-260-7790
or email ahoffman@diabetes.org

Ticket prices:
$110.00 per person or
$1,100 for a table of ten

Proceeds benefit local youth,
advocacy and research programs
of American Diabetes Association.

YOU CAN MAKE A DIFFERENCE!!

By attending this fun filled gala, your contributions will help support the American Diabetes Association!



AADE Offers Members a Valuable New Tool to Track Behavior Change!

Taken in part from letter received from Malinda Peeples, RN, MS, CDE, AADE President

Diabetes educators who are members of the American Association of Diabetes Educators (AADE), will soon receive access to AADE7™ IMPACT, a revolutionary new suite of Internet-based tools that is the first in a line of products from the AADE7™ System!

This new tool called IMPACT, developed in partnership with the University of Pittsburgh Diabetes Institute (UPDI), is designed to significantly improve and streamline the way a diabetes educator manages and tracks behavior change. And, best of all, AADE membership entitles an educator to have complete access to the AADE7™ IMPACT tools for FREE!!

AADE7™ IMPACT stands for " **I**mproving **M**anagement for **P**atient **ACT**ion" and includes the following:

Goal Tracking – Using the AADE7™ Goal Sheets as a foundational tool, IMPACT incorporates a printable electronic record to help the diabetes educator and their patients more efficiently establish, track and report behavior change goals and clinical measures.

Communication Resources – Customizable letter-writing templates and forms are included, which will help standardize and enhance communications with patients and foster interaction with local primary care physicians.

Reporting – IMPACT also includes online reporting capabilities that will allow an educator to view information about their entire patient population, including individual patient and overall site summary reports.

Members of AADE will receive a CD in the mail that will contain a demonstration movie of AADE7™ IMPACT. This CD will also contain a link to the AADE7 IMPACT website. AADE hopes diabetes educators will take advantage of this new member benefit. It's the first program specifically designed to track behavior change which is the unique outcome of diabetes education!

Updated Healthy Kentuckians *2010, Mid-Decade Review Summary Report* Available

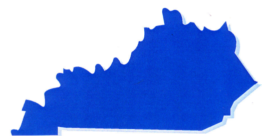
Submitted by: Sara Robeson, MA, MSPH, Epidemiologist, Kentucky Department for Public Health

Healthy Kentuckians 2010 Mid-Decade Review reflects the objectives that Kentucky will be tracking for the next half of this decade (from FY 2006 through FY 2010). This updated document provides the framework for developing public health prevention initiatives geared to improving the health status of all Kentuckians.

Diabetes: The diabetes section of the report showed that, **"***the percentage of adult Kentuckians who have been told by a doctor that they have diabetes"* increased from 5 percent in 1996-98 to 7.5 percent in 2004. In Kentucky, the age-adjusted death rate from diabetes as a leading or contributing cause of death increased from 76 per 100,000 in 1999 to 78 per 100,000 in 2002.

The report can be found on the Web at http://chfs.ky.gov/dph/hk2010MidDecade.htm. For hard copies of the 2010 Mid-Decade Review or information on how to use this document in public health planning, please contact the Kentucky Department for Public Health, Division of Epidemiology and Health Planning at (502) 564-3418.

Healthy
Kentuckians
2010



Mid-Decade Review
Summary Report

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Public Health
William Hacker, M.D., F.A.A.P., C.P.E.
Commissioner

HEALTH CARE EXCEL ANNOUNCES 10TH ANNUAL EDUCATIONAL HEALTH FORUM

Submitted by: Beryle George, Center Director, Center for Marketing, Health Care Excel

Health Care Excel (HCE) will be hosting its 10th annual educational health forum, *The Health Information Technology Puzzle, Where Do You Fit In?*, on Friday, September 29, 2006, from 7:30 a.m. to 4:30 p.m., at The Fountains Banquet and Conference Center in Carmel, Indiana. Aside from its new venue, the event is boasting a number of exciting new changes including the opportunity to register on-line, more speakers than ever before, and an exhibition hall.

"This is one of Health Care Excel's most advantageous forums to date, in respect to the number of speakers and the first ever exhibition hall," said Karen Dees, Event Manager. "Many organizations have held events on health information technology in the past year, and we have really strived to make ours unique. There will be something for everyone."

A successful health information technology (HIT) infrastructure is built from many components. Each one is significant in itself, yet each one has its place and purpose. The 2006 forum will provide information and resources to help "piece together the HIT puzzle." Recognized speakers will share their firsthand experiences in implementing HIT within different health care settings, discuss the return on investment, and identify which technology is on the horizon. Fourteen speakers already have agreed to present, including Margret Amatayakul, R.H.I.A., C.H.P.S., F.H.I.M.S.S., President of Margret\A. Consulting, LLC, who is a leading authority in electronic health records; Dr. Robert Esterhay, Associate Professor, Health Management and System Sciences, University of Louisville; and Dr. Judy Monroe, Indiana State Department of Health Commissioner.

The event is intended for health care regulators, providers, and consumers who are interested in HIT implementation to improve the quality of care delivered. Information will be applicable to both the beginning and seasoned user. Attendees will have the option to choose from multiple breakout sessions, gathering the information that is most applicable to them.

Continuing Medical Education (CME) and Continuing Education (CE) credits will be available. Additional information on CE and CME credits, exhibitor opportunities, venue, and accommodations, among other items, is available at www.hce.org/forum or by calling (317) 347-4500, extension 1296. Information is regularly updated.

KENTUCKY PHYSICIANS PRIORITIZE ELECTRONIC MEDICAL RECORD IMPLEMENTATION!

Submitted By: Jeremy Ecenbarger Corporate Public Relations, Health Care Excel

More than 150 Kentucky physician practices have made the commitment to work with Health Care Excel (HCE), the Kentucky Medicare Quality Improvement Organization (QIO), for the next three years to streamline and improve methods of health care delivery, while enhancing patient care. The new commitment is groundbreaking in that efforts are focused on health information technology (HIT), with a specific concentration on electronic health record (EHR) implementation. The QIO also is encouraging the adoption of other HIT, including electronic prescribing and reminder systems in conjunction with office practice redesign.

"Physicians are aware that HIT and EHRs are increasingly an important force in medical practice," says Dr. John Lewis, Medical Director for HCE. "Most of them see this not as an imposition imposed on them by bureaucrats, but rather as an opportunity to improve the care of their patients, the efficiencies of their offices, and their own lifestyle."

The QIO is working with primary care physician practices and multi-stakeholder organizations on a statewide basis, providing free educational materials and self-management tools. Over the next three years, the QIO will be promoting more reliable delivery of preventive services, such as vaccines and cancer screening, and effective management of patients with chronic conditions, specifically diabetes and heart disease. Efforts also will be made to improve clinical performance measures through the production and effective use of electronic clinical information in conjunction with the redesign of patient care processes within the physician practice sites.

The QIO also is focusing on the following activities.

Increased Participation in Physician Voluntary Reporting Program

This new reporting program builds on Medicare's efforts to improve the health of people with Medicare by preventing chronic disease complications, avoiding preventable hospitalizations, and improving the quality of care delivered. Under the innovative voluntary reporting program, participating physicians report on quality of care by adding G codes to their bills for Medicare.

Encourage Collaboration with Medicare Advantage Organizations

In addition to the original Medicare "fee-for-service" program, Medicare offers beneficiaries the option to receive care through private insurance plans. The private insurance options are part of Medicare Part C,

known as Medicare Advantage. Medicare Advantage's main premise is that through preventive care and the use of a primary physician who acts as a "gatekeeper" to specialized care, health care costs can be reduced while health is improved.

Improve Delivery of Health Care Services to Underserved Populations

The QIO is focusing on diabetes screening and management, mammography, and adult immunizations for Kentucky's underserved populations, including African Americans, Asian/Pacific Islanders, American Indians/Alaskan Natives, and Hispanics/Latinos. The QIO also is working with practices to increase culture competency by providing the knowledge and skills necessary to deliver effective clinical care .

Develop Pharmacy Quality Improvement Project

The QIO is working with more Prescription Drug Plan sponsors, pharmacy stakeholders, and others to develop a pharmacy-related quality improvement project for Kentucky.

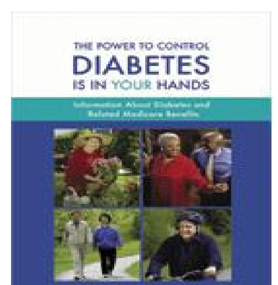
Information on Medicare QIO efforts nationwide can be found on the CMS Web site at www.cms.hhs.gov. For more information about Health Care Excel activities with health care providers, go to www.hce.org, or contact the Medicare QIO Provider Help Desk at 1-800-300-8190.

NEW VERSION OF "*THE POWER TO CONTROL DIABETES IS IN YOUR HANDS*" AVAILABLE ON THE WEB

The National Diabetes Education Program (NDEP) recently made available a new version of ***"The Power To Control Diabetes Is In Your Hands".*** This resource was developed to help older adults with diabetes better understand the disease, take charge of their own diabetes management, be able to ask their healthcare provider useful questions, and take advantage of related Medicare benefits.

The first 25 copies are free. Each additional package of 25 copies is $5, for a maximum of two packages. Materials are available in English and Spanish. To order, contact, National Diabetes Information Clearinghouse (NDIC), 1 Information Way, Bethesda, MD 20892-3560.

Phone: 1-800-860-8747
Fax: (703) 738-4929
Email: ndic@info.niddk.nih.gov

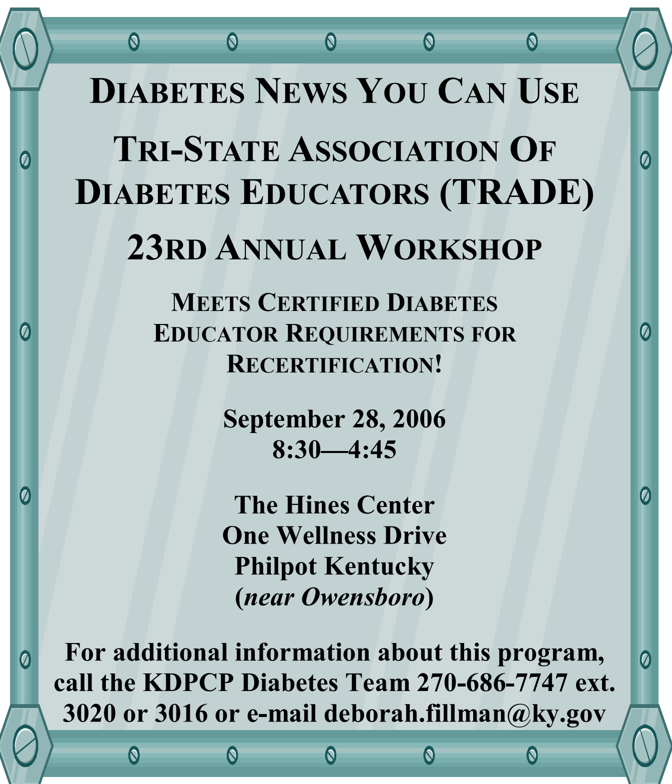


KENTUCKY DIABETES RESEARCH BOARD APPOINTED BY GOVERNOR - - CONDUCT FIRST MEETING

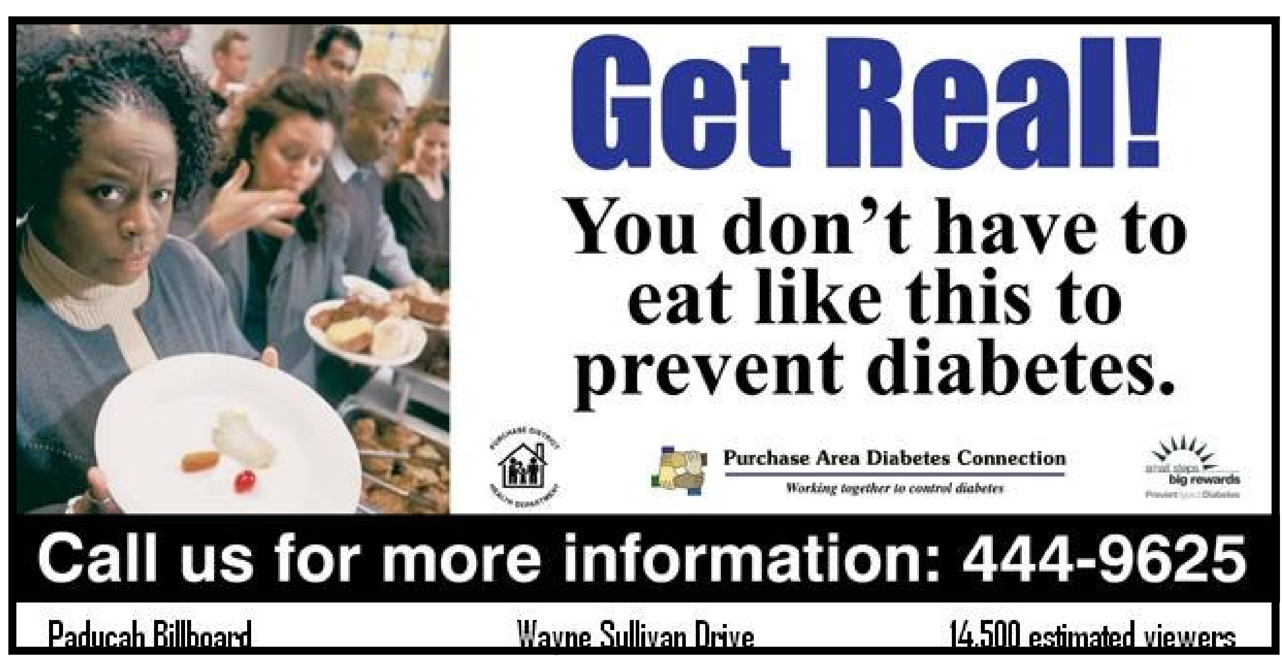
The Kentucky Diabetes Research Board, recently appointed by the Governor, held their first meeting June 22, 2006, in Frankfort, Kentucky. Dr. William Hacker, Commissioner of Health for the Kentucky Department for Public Health, congratulated the newly appointed Board members and thanked them for their willingness to serve Kentucky.

Kentucky Diabetes Research Board members include: **Dr. Eric Smart** from the University of Kentucky (UK), **Dr. Kenneth Ramos** from the University of Louisville (UL), **Dr. Thomas Mitchell** from the University of Louisville (UL), **Dr. Baretta Casey** from the UK Center of Rural Health, **J. Todd Whitchurch** representing the Juvenile Diabetes Research Foundation (JDRF), and **Stewart Perry** representing the American Diabetes Association (ADA). The Research Board will also be represented by the Secretary of the Cabinet for Health and Family Services (or the Secretary's designee). In addition, there will be a second representative from the University of Kentucky, Department of Medicine, appointed.

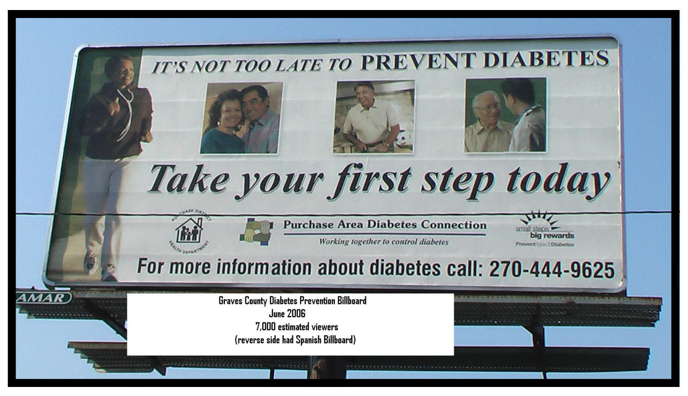
Kentucky law KRS 211.735 to 211.739 includes the legislation regarding Kentucky's Diabetes Research Board. On June 22, the Board met for several hours and began working on plans to finalize operations, regulations, and by-laws so they can proceed with the main purpose of the Board --- allocating money to either UK or UL for diabetes research initiatives. Dr. Baretta Casey was elected Chair of the Board.



From East to West .... Kentucky Busy Promoting Diabetes Messages!

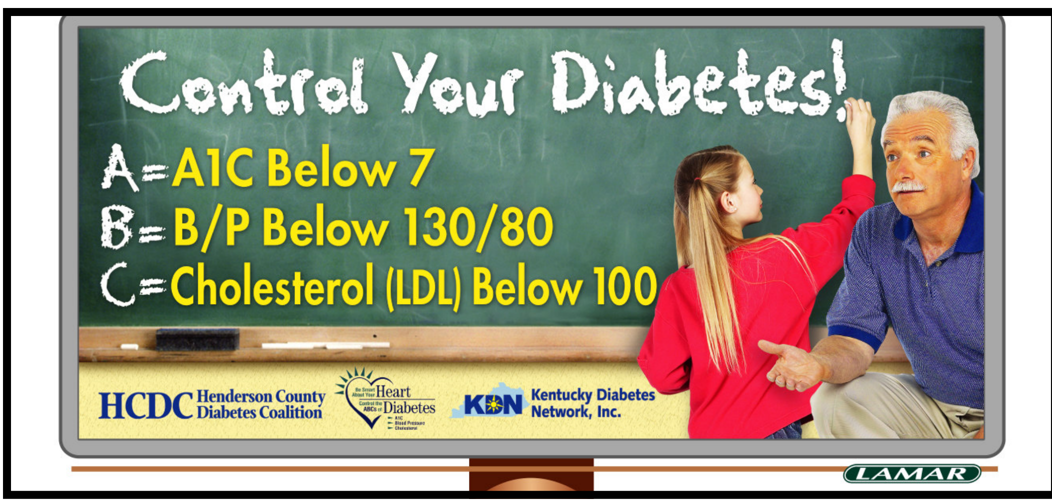


McCracken County — Paducah



Graves County

Laurel County



Henderson County

Three New Diabetes Health Disparity Collaboratives (HDC) Receive Funding in Kentucky!

Follow Up To An Article Appearing In The Winter, 2006 Kentucky Diabetes Connection Newsletter, titled "*Diabetes Health Disparities Collaboratives: One Approach to Disease Management*"

In 1998, the federal Bureau of Primary Health Care (BPHC) began the first Health Disparity Collaborative (HDC), which focused on diabetes. The HDC goal was to reduce health disparities through improvements in clinical care delivery and patient self-management.

Recently three new Collaborative Sites were funded in Kentucky and have begun to receive training. The three new sites include:

- **Foothills Community Action**
  Contact: April Stone RD
  Cfn1@foothillscap.org
  606-723-4492

- **Lexington Fayette County Health Department**
  Contact: Dr. Rice Leach
  Ricec.leach@ky.gov
  859-252-2371

- **Mountain Comprehensive Health Corporation**
  Contact: Mike Caudill, CEO
  lmcaudill@mtncomp.org
  606-633-4823

Here's how the Health Disparity Collaboratives (HDCs) work: A clinic (predominantly a federally funded health center) applies for admission into one of six HDCs. Patients being seen at the health center for a chronic condition, such as diabetes, are entered into a registry. Baseline measures are taken on key indicators of health status and quality of care. Those measures are tracked over time and benchmarked against data from other participating health centers.

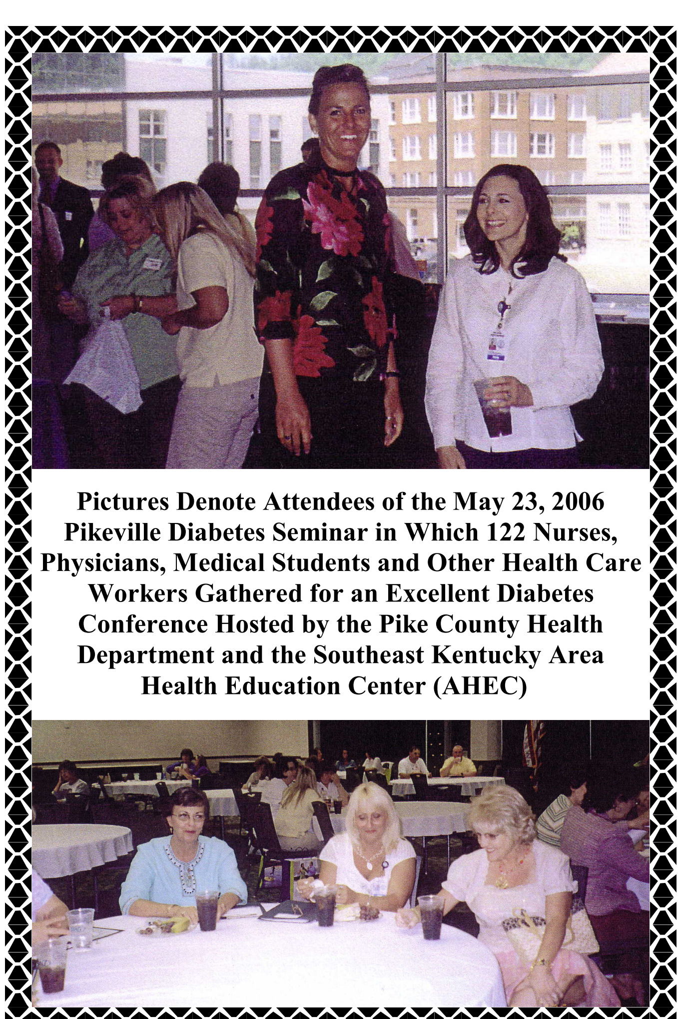
For example, in the diabetes HDC, one indicator of the health status of a diabetes patient is HbA1c levels. The HDC uses the average HbA1c level of diabetes patients registered at the health center, to gauge how that center's patients are doing over time with respect to the health center's targets and other health centers in the HDC. Target levels are set. Progress is monitored.

A second use of the HbA1c data is to assess process rather than outcomes. Here, data for registry patients are checked for frequency of testing. Specifically, "*the number of registered diabetes patients who have received 2 HbA1c's spaced at least 91 days apart within the last year*" is monitored.

In short, standard treatment protocols for chronic diseases such as diabetes have been developed and are fairly well accepted. The questions then become: How closely are those protocols being followed? How effective has the standard treatment been? What needs to happen at the patient and provider levels to increase the effectiveness of or adherence to recommended treatment protocols?

The HDCs drive quality improvement by providing quantitative feedback to help answer these questions.

Lexington Fayette County *Health Disparity Collaborative* Team Work with Brenda Wheatley (standing) During a Training Session Held in Nashville, TN



Pictures Denote Attendees of the May 23, 2006 Pikeville Diabetes Seminar in Which 122 Nurses, Physicians, Medical Students and Other Health Care Workers Gathered for an Excellent Diabetes Conference Hosted by the Pike County Health Department and the Southeast Kentucky Area Health Education Center (AHEC)

GOOD NEWS FOUND IN THE FOLLOW UP FROM THE DIABETES CONTROL AND COMPLICATIONS TRIAL (DCCT)!

Submitted by: ***K.M. Venkat Narayan, MD, MPH, MBA, Chief, Epidemiology and Statistics Branch, Division of Diabetes Translation, Centers for Disease Control and Prevention***

The following is a helpful summary of the 12-22-05 New England Journal of Medicine article regarding follow up findings from the Diabetes Control and Complications Trial. This summary was prepared by Dr. Venkat Narayan.

This is the follow-up of the well-designed DCCT trial among 1441 people with type 1 diabetes, who were, on average, 27 years at start of the study (17-18 years ago). The study participants are now, on average, 45 years old.

At the start of the DCCT, the mean HbA1 in both groups ("intensive" and "conventional" glycemic control) was identical (9.1%), and randomization was perfect in that all other variables of interest (smoking, BP, cholesterol) were evenly distributed across the 2 groups. Therefore, all results relate to the benefit of intensive glycemic control after accounting for all other factors.

At the end of DCCT (average treatment duration of 6.5 years), the HbA1 in the intensive group was 7.4% and in the conventional group it was 9.1%. This difference translated to major benefits in reducing microvascular complications.

Until now, no published trial has shown the benefit of glycemic control on macro-vascular disease. However, the benefits of glycemic control on micro-vascular disease is well established in type 1 (DCCT) and type 2 (UKPDS) Diabetes.

The DCCT cohort has been followed up (called EDIC) now for 11 years, with the average HbA1c being 7.9% in the intensive group and 7.8% in the conventional group. Several points can be noted here:

- In 11 years, the intensive group has worsened by only 0.5 %age point.
- The conventional group has also benefited from translation of intensive treatment and the gap between the two groups has almost disappeared.
- **Although, glycemia is a degenerative condition, it is POSSIBLE to keep 1441 people with HbA1c <8% for 17 years!!!!!**

Now, 11 years after the end of DCCT, researchers report that the risk of any CVD is reduced by 42% in the group treated intensively in the DCCT for 6.5 years. So, despite the fact that the HbA1c in the two groups converged, the intensive group had benefits in terms of CVD! It is believed that the intensively treated group invoked "metabolic memory" as the mechanism for this. All other factors (BP, lipids, smoking) were similar in the two groups.

This study is GREAT NEWS! But there are still questions.

Questions are:

Will it apply to type 2 Diabetes?
The scientific answer is, We don't know, but the ACCORD Trial is addressing it. I cannot think why type 2 diabetes would be very different, but we have to wait for the final conclusion on this.

Does this study change our views on glycemic control?
Well, for people with type 1, there is now evidence of the independent benefit from glycemic control on CVD. This only means that we should translate implementation of glycemic control more aggressively.

Do targets change?
I think a goal of <7% is still good. Even if we aimed for this, about 40-50% would end up having levels >7% and that is what the national picture shows. The target for poor control (9 or 9.5%) helped to shift a significant proportion of those in poor control into average control. I think we need targets both for good control and for poor control.

What about hypoglycemia?
In the past 5-10 years, there has been so much innovation in terms of better drugs, insulins, testing methods, and delivery methods that I think that with good protocols, hypoglycemia can be managed and it needs to be kept in perspective. The ACCORD Study is comparing HbA1c goals of 7.5% with 6.0%.

In my opinion, if there is one thing for NDEP and/or ADA to do, it would be to develop a set of practical guidelines for "How" to implement good glycemic control and help primary care providers overcome the fear of tight control and of insulin use.

TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN, meets quarterly from 11 – 2 pm CST with complimentary lunch and continuing education units. To register, call (270) 686-7747 ext. 5581.

TRADE Workshop September 28, 2006
Diabetes News You Can Use
Please call (270) 686-7747 ext: 3016 for a brochure.

Date: November 16, 2006
Speaker: To be announced
Title: Incretin Mimetics
Location: Bowling Green

Date: January 18, 2007
Possible Tele Conference
Detailed information to be announced

Date: April 19, 2007
Speaker: To be announced
Title: Diabetes Eye Care
Location: Welborn Clinic, Evansville, Indiana

Tentative
Date: July 19, 2007
Speaker: Dr. Rader
Title: Foot Care in Diabetes
Location: Jasper Memorial Hospital, Jasper, Indiana

DECA DIABETES EDUCATOR MEETINGS SCHEDULED

Diabetes Educators of the Cincinnati Area (DECA), which also covers Northern Kentucky. Anyone interested in diabetes is invited. Please contact Susan Roszel, corresponding secretary at sroszel@fuse.net or Jana McElroy @ jmcelroy@stelizabeth.com or call 859-344-2496

Date: September 18, 2006
Time: To be announced
Location: Montogomery Inn Boathouse
Title: Insulin Therapy for Type 2 Diabetes (sponsored by Novo Nordisk)

Date: October 16, 2006
Time: 5:30 PM
Location: Bethesda North
Title: Islet Cell Transplantation
Speaker: Terry Becker, Islet Recipient (sponsored by Abbott)

Date: November 6, 2006
Time: 5:30 PM
Location: Good Samaritan Hospital, Cincinnati, Ohio
Title: Real Time Blood Glucose Monitoring (sponsored by Medtronic)

Members of AADE and DECA: no charge. All others $20.00.
CEUs are awarded if whole program is attended.

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.

Quarterly general meetings are held from 10-3 pm EST. Anyone interested in improving diabetes outcomes in KY may join. A membership form may be obtained at www.kentuckydiabetes.net or by calling 502-564-7996 (ask for diabetes program).

2006 meeting times are 10:00 am—3:00 pm EST

September 15 Lexington - UK Extension Office
November 3 Kentucky History Center, Frankfort

KADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of most months from 6 - 8pm, except summer (time & location vary). For a schedule or more information, contact:

Dana Graves OR Laura Hieronymus
Phone: 859- 313-1282 Phone: 859-223-4074
E-mail: gravesdb@sjhlex.org E-mail: laurahieronymus@cs.com

Date/time: Thursday, October 12, 2006 / 8:30 am - 1:00 pm
Location: To be announced
Speakers: Bruce Bode, MD;
Scott Drab, PharmD, BC– ADM, CDE
Susan Cornell, PharmD, BC-ADM, CDE
Title: The Ever-changing Landscape of Diabetes Medication Management

November 17, 2006 - Dinner Program, to be announced

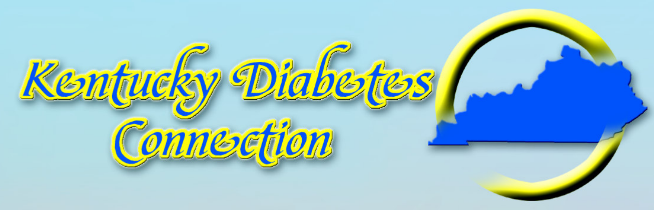
GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the 2nd Tuesday every other month *(no meeting in August)*. Registration required. Please register and direct questions to Dawn Fraze RN, BSN, CDE at 270-769-1601 ext. 129 or dawns.fraze@ky.gov .

September meeting will be held September 12th, 2006, 5:30 - 7:30 pm, program and location will be announced at a later date.

ENDOCRINOLOGISTS MEETINGS SCHEDULED

The Ohio Valley 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



Register now! TRADE 23rd Annual Workshop!
September 28, 2006. See page 15 for details!

Contact Information

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1-888-DIABETES

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AboutAADE/Chapters.html

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