

TEXAS DIABETES

The Newsletter of the Texas Diabetes Council 

Welcome to *Texas Diabetes*,

formerly the *CornerStone* newsletter. It's designed to be more inviting to the reader and reflect the Council's new graphic image, as presented in other communications material.

The Texas Diabetes Council and the newsletter staff hope you enjoy the publication's new look and welcome your comments. Send them to donna.jones@tdh.state.tx.us.

Texas Diabetes Council approves new, updated algorithms

The Texas Diabetes Council has updated its Minimum Standards for Diabetes Care in Texas and algorithms and approved a new weight-loss algorithm. "To my knowledge, this is the first weight-loss algorithm in the nation," said Charles A. Reasner, MD, San Antonio, chair of the Council's Health Care Professionals Advisory Committee.

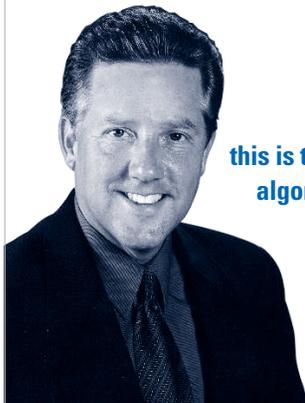
The standards and algorithms incorporate the latest treatment goals and methods and help primary care providers give patients the best treatment. In addition to the new weight-loss algorithm and the minimum standards, the Diabetes Program/Council offers algorithms on:

- ◆ **Glycemic Control** for Type 2 Diabetes Mellitus in Children and Adults
- ◆ **Insulin for Type 1 Diabetes Mellitus** in Children and Adults

- ◆ **Insulin for Type 2 Diabetes Mellitus** in Children and Adults
- ◆ **Exercise for Impaired Fasting Glucose (IFG)/Type 2 Diabetes** Prevention and Therapy
- ◆ **Hypertension for Diabetes Mellitus** in Adults
- ◆ **Lipid Treatment for Type 1 and Type 2 Diabetes Mellitus** in Adults
- ◆ **Medical Nutrition for IFG/Type 2 Diabetes** Prevention and Therapy

The Council's Medical Professionals Advisory Subcommittee develops evidence-based algorithms through a consensus process that includes review by leaders across Texas and the United States. Jeffrey Jackson, MD, Temple, chairs the Subcommittee. Proposals from the Subcommittee are reviewed by the Health Care Professionals Advisory Committee before adoption by the Diabetes Council. The algorithms and standards of care are distributed widely by the TDH Diabetes Program and reprinted in professional journal articles and by health care organizations.

The algorithms are available at no charge from the Diabetes Program/Council office (512-458-7490) and on the Council's Web site (www.texasdiabetesCouncil.org) ■



"To my knowledge, this is the first weight-loss algorithm in the nation."

Charles A. Reasner, MD, San Antonio, chair of the Council's Health Care Professionals Advisory Committee

SUMMER 2003

IN THIS ISSUE

- 1 **New algorithms, updated algorithms, and updated standards of care for diabetes are yours for the asking**
- 2 **Advisory Committee offers recommendations to advance pediatric diabetes research** | **New strategic plan charts course for reducing obesity** | **Latest National Diabetes Education Program emphasizes prevention**
- 3 **Epi Update** | **Leisure-time activity beats Insulin Resistance Syndrome** | **Make plans to attend Driscoll's "Diabetes" conference**
- 4 **Learn about disease management**
- 5 **How to manage diabetes in the workplace for a healthier bottom line** | **Make plans to attend a Texas Diabetes Council meeting, too**
- 6 **Texas Diabetes Council members** | **Diabetes CME on the net has something for everyone**

Texas Diabetes, the newsletter of the Texas Diabetes Program/Council, is published by the Texas Department of Health in Austin. Publication No. 45-11004

Please send news and information to:

Texas Diabetes
Texas Diabetes Program/Council
Texas Department of Health
1100 West 49th Street
Austin, TX 78756-3199

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

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



TEXAS DIABETES
COUNCIL

Small Steps. **BIG** Rewards.

Prevention Campaign Helps Millions at Risk as Diabetes Skyrockets

US Department of Health and Human Services (HHS) Secretary Tommy G. Thompson is leading a national campaign to encourage Americans to find out if they are at risk for diabetes and to take small steps to delay or prevent the disease and its many complications.



The *Small Steps. Big Rewards.* campaign emphasizes that relatively modest lifestyle changes can help people prevent or delay the onset of type 2 diabetes. The centerpiece of the campaign is the lifestyle change "GAME PLAN for Preventing Type 2 Diabetes," which is based on the Diabetes Prevention Program's clinical trial sponsored by the HHS National Institutes of Health. This landmark study showed that overweight Americans at high risk for type 2 diabetes can delay or prevent the disease by losing 5 to 7 percent of their body weight through moderate changes in diet and increased physical activity.

For more information on the *Small Steps. Big Rewards.* campaign or to obtain materials to get started on the GAME PLAN, visit www.ndep.nih.gov or call 1-800-438-5383. ■

Texas Pediatric Diabetes Research Advisory Committee sends recommendations

The Texas Pediatric Diabetes Research Advisory Committee has completed its assessment of the state's research resources and sent its recommendations to the Governor, the Lieutenant Governor, and the Speaker of the House of Representatives. The Advisory Committee recommends that:

- ◆ **Diabetes diagnosed before age 21 years be a reportable condition to the Texas Department of Health and**
- ◆ **The Legislature establish the Texas Pediatric Diabetes Research Resource.**

The Committee report explains that by adopting the recommendation to designate diabetes as a reportable disease, Texas would gain the most accurate and complete record of the incidence of diabetes in children of any state in the nation.

The recommendation to establish a Texas Pediatric Diabetes Research Resource recognizes the pressing need for reliable medical information and biological specimens. These could be used to map the magnitude of pediatric diabetes and the reach of its related problems in the state. The Resource, which would be coordinated across existing facilities, would provide a registry of information and a means of collecting and storing blood specimens for DNA and plasma for use in approved research work.

According to the Advisory Committee's report, type 2 diabetes accounts for nearly half of pediatric diabetes diagnosed in some areas of Texas and the number of youth diagnosed with type 2 diabetes stands to triple over the next 25 years. Type 1 diabetes in the pediatric population is increasing at a rate of 3 to 5 percent each year and is the second most prevalent chronic disease of childhood (after asthma).

The 77th Texas Legislature created the Texas Pediatric Diabetes Advisory Committee in 2001. The Advisory Committee's report *Pediatric Diabetes Research in Texas: An Initiative to Understand and Prevent Diabetes in Texas Children* is available on the Internet at www.tdh.state.tx.us/diabetes/PRR4.pdf. ■



TDH task force releases strategic plan to reduce obesity in Texas

Addressing a primary risk factor for type 2 diabetes, the Texas Department of Health has released a strategic plan for reducing what Texas health officials call an "alarming" and "dangerous" level of obesity in the state.

The plan calls for:

- ◆ **increasing awareness of obesity as a public health threat;**
- ◆ **mobilizing families, schools, and communities to create opportunities for healthy lifestyles;**
- ◆ **promoting policies and environmental changes that support healthful eating habits and physical activity; and**
- ◆ **monitoring obesity rates and related behaviors and health conditions.**

The complete plan is available online at www.tdh.state.tx.us/phn/obesity-plan.pdf. ■



Leisure-time activity levels related to insulin resistance risk

EDITOR'S NOTE: Diabetes Program/Council Director Jan Marie Ozias, PhD, RN, prepared the following summary of a recent study. The summary was published in the monthly newsletter School Health Alert.

Tulane University investigators examined self-rated physical activity levels for relationships with cardiovascular risk factors that comprise the Insulin Resistance Syndrome (IRS). A survey was completed with a rural biracial (65 percent white, 35 percent African American) community sample of young adults who had been enrolled in the Bogalusa Heart Study.

Physical activity was measured by four items in a survey:

- ◆ self-rated physical activity at work,
- ◆ self-rated physical activity during leisure time (outside of work),
- ◆ hours watching television (weekdays and weekends), and
- ◆ hours playing computer/video games.

Variables that assessed risk of IRS were waist circumference, diastolic blood

pressure, ratio of total to HDL cholesterol, and insulin resistance index (derived from 12-hour fasting plasma insulin and glucose). Other measures taken were body mass index (BMI), plasma glucose, systolic



blood pressure, resting pulse, and abdominal thickness.

Leisure-time, but not work-related, physical activity and total hours of inactivity (television and computer/video games) were significantly related to having three or more cardiovascular risk variables. Moderately-to-very active young adults had a lower risk of IRS. In this study, television-watching time was related to BMI and visceral fatness (waist circumference and abdominal thickness). The relationship of reported activity level to resting pulse, triglycerides, and fasting insulin remained significant after adjusting for BMI or waist measurement.

The self-report activity method showed a better relationship to the risk factors than a seven-day recall method. Self-rated levels of leisure activity and sedentary activities may be a marker for other habits such as diet. This simple tool can be useful for general studies that require short questionnaires for monitoring physical activity in community-based programs.

(Gustat J et al. *J Clin Epidemiol* 2002;55(10):997-1006.)

Comment: Low physical activity contributes to and can result from obesity, so clinicians need to develop targeted

Diabetes:

The family disease of the 21st Century

The Renaissance Casa de Palmas Hotel in McAllen is the setting for "Diabetes: The family disease of the 21st century," a conference sponsored by Driscoll Children's Hospital, September 20-21, 2003.

Frank Vinicor, MD, MPH, Atlanta, director of the Division of Diabetes Translation of the Centers for Disease Control and Prevention, is among the featured speakers. Dr. Vinicor will discuss "The epidemiology of type 2 diabetes: Will parents outlive their children?"

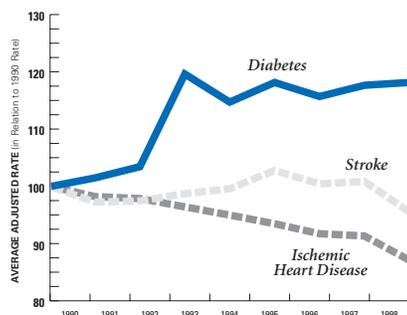
Other experts will address the metabolic syndrome; genetic roots of diabetes; dyslipidemias, hypertension, non-alcoholic steatohepatitis, and the cardiovascular link across the life spectrum; and more.

The conference qualifies for up to 12 hours of credit in Category 1 of the Physician's Recognition Award of the American Medical Association. For more information, call Vicki Synovitz at 361-694-4117. ■



Epi Update

Trends in Selected Causes of Death in Texas 1990-1998



interventions for high-risk youth in addition to physical activity for population-oriented health promotion. School nurses struggle with the myriad of strategies offered by other authors for assessing student risk of diabetes, metabolic disease, or cardiovascular disease – these physical activity questions and simple measures, e.g., blood pressure and waist size, can identify students needing evaluation and follow up. ■

Disease Management: What is it, and how does it work?

EDITOR'S NOTE: *Disease management is a relatively new concept that is gaining increased attention as Texas and the nation seek ways to make health care more cost effective.*

Private insurers led the way in applying the disease management model, but Medicare and Medicaid recently have taken steps toward incorporating it into their health care strategies as well. This overview of disease management was prepared by Kathleen King-Tryce, RN, MSN, nurse consultant to the Texas Diabetes Program/Council. For more information, call Ms. King-Tryce at 512-458-7490.

BACKGROUND

Disease management (DMgt) is a system of coordinated, sequential activities instituted by health plans/payers to reduce medical care costs and to improve health outcomes through better management of chronic conditions. They may include:

- ◆ **Identification of high-risk and/or high-cost patients** through billing information, e.g., prescriptions;
- ◆ **Education or training of patients** in self-care management skills;
- ◆ **Education and coordination** of multidisciplinary health care teams; and
- ◆ **Monitoring or measurement of care utilization**, including medications and outcomes.

SIGNIFICANCE

- ◆ **Chronic care accounts for 80 percent of US health care costs.**
- ◆ **Fifty percent of people with diabetes also have other significant conditions.**

- ◆ **Through patient and claims data reviews, DMgt programs identify the top 20 percent of high-risk and/or high-cost patients, who use 80 percent of health care dollars.**
- ◆ **With DMgt, overall treatment expenses may be reduced by 2 to 4 percent.**

NATIONAL TRENDS

The Centers for Medicare and Medicaid Services has developed 17 DMgt demonstration projects throughout the United States for various diseases. Systems range from simple electronic patient reminder systems to coordinated health care systems. For example, Florida developed a public-private collaborative project, which includes technology-based DMgt for 50,000 Medicaid patients with asthma, diabetes, hypertension, and/or heart failure.

TEXAS EXPERIENCE

Health Plan Disease Management.

Health plans, e.g., Valley Baptist Health Plan in Harlingen, typically use internal staff or external vendor contracts for nursing case-management and education, pharmacy data to identify clients, diabetes education programs that are recognized by the American Diabetes Association or the Indian Health Services, and utilization management to reduce high-cost services, e.g., emergency room visits and hospital care.

Commercial Disease Management

(Vendors). Mercy Health Center, Laredo, uses state Telecommunications Infrastructure Funds to contract for health outcomes measurement and case management.

Facility-based Disease Management.

Texas community health centers trained through the National Collaborative to Reduce Health Disparities use best practices in a "chronic care model," which

includes clinical information (database) systems, service delivery changes for appointments and reminders, patient self-management goal setting and education, and multidisciplinary team care.

Employer (Worksite) Disease

Management. The Texas Business Group on Health is pilot testing (September 2002) a diabetes program in two Dallas area businesses: Federal Reserve Bank and Texas Utility. These programs are unique in that they deliver service through group and worksite contacts and monitor outcomes with employers' data.

Medicaid and Disease Management.

Texas Diabetes Medicaid Managed Care Pilot Project (1999-2001) intended to improve medical care and health outcomes for Medicaid enrollees with diabetes through provider and patient education. Recommendations for diabetes disease management included:

- ◆ **Conduct pre-program analysis of the patient group,**
- ◆ **Focus on newly diagnosed patients,**
- ◆ **Study the cost benefit of adding self-management education,**
- ◆ **Assess existing services in the target area, and**
- ◆ **Arrange for outreach and incentives for participants and providers.**

The Texas Medicaid pediatric asthma disease management program is being developed to evaluate the effect of provider and patient education, improve outcomes for Medicaid enrollees, and lower costs by using best practices and coordinating asthma care.

Texas Diabetes Council. In 1996 and 1997, the Council funded a nurse case-manager intervention, which was tested with 358 patients at Texas Diabetes Institute. The intervention compared cost effectiveness with a nurse case manager with a control group using a primary care physician only. The nurse applied diabetes treatment algorithms with off-site medical supervision.

The study found that patients managed by a nurse case manager using treatment supports had better results on all measures: hemoglobin A1c, lipids profile, and completion of retinal and foot exams. ■

Diabetes Council and HHS respond to diabetes in the workplace

As diabetes increases dramatically among the nation's workforce, so does employers' concern for their bottom line. Between 1990 and 1998, the Centers for Disease Control and Prevention (CDC) found a 70 percent increase in diabetes among individuals aged 30 to 39, a 40 percent increase among those aged 40 to 49, and a 31 percent increase among those aged 50 to 59. Meanwhile the CDC says that, on average, workers with diabetes miss about 8.3 days of work per year compared with 1.7 days missed by people without diabetes. This accounts for about 14 million disability days a year.

The Health and Human Services Administration (HHS) and the Texas Diabetes Council recognize these issues and are responding – they are taking steps to help employers help employees manage their diabetes and reduce the risk for costly complications.

latest disease management trends, worksite wellness strategies, and guidance on choosing a health care plan that covers diabetes care needs. It also includes

more than 30 lesson plans and fact sheets, a worksheet to help companies assess their need for diabetes education and management at the worksite, and a host of other interactive tools. All materials can be

downloaded, e-mailed, and incorporated into electronic presentations.

At the state level, the Diabetes Council is monitoring a pilot project sponsored by the Texas Business Group on Health (TBGH). Marianne Fazen, PhD, president and chief executive officer of TBGH, recently reported on the S-E-T (Screening, Education, and Treatment) Diabetes Management Project, which is being pilot-tested by two major employers in the Dallas-Fort Worth area.

Dr. Fazen noted, "The key to this program's success is the worksite setting. Employees are somewhat of a 'captive audience' during half of their waking hours. So the workplace is an ideal setting to educate, encourage, measure, and support employees' efforts to control their diabetes." ■

On average, workers with diabetes miss about **8.3 days** of work per year compared with **1.7 days** missed by people without diabetes.

The HHS Web site includes more than 30 lesson plans and fact sheets, a worksheet to help companies assess their need for diabetes education and management at the worksite, and a host of other interactive tools.



At the national level, HHS has launched a new Web site: www.diabetesatwork.org. The site links top-level managers, occupational health providers, benefits and human resource managers, and employees to a resource kit. The kit features the

Diabetes Council welcomes public participation

The Texas Diabetes Council's quarterly meetings are open to the public, and the agenda has a standing item inviting public comments.

The Council also welcomes presentations that inform its members, committees, and the TDH Diabetes Program staff about developments and innovations that help prevent and control diabetes in Texas.

Priorities for presentations are those that contribute to achieving the objectives outlined in the State Plan to Prevent and Control Diabetes (available by mail or Web site: www.texasdiabetescouncil.org).

To propose a presentation to the Council, interested parties should contact: Lawrence B. Harkless, DPM, Chair, c/o Jan Marie Ozias, PhD, RN, Director, Texas Diabetes Program/Council, 1100 West 49th Street, Austin, TX 78756-3199.

Meeting dates, locations, and agendas are published in the Texas Register (www.sos.state.tx.us/texreg/index.shtml) and posted on the Council's Web site (www.texasdiabetescouncil.org). Minutes of the meetings also are posted on the site.

For beginners and
advanced practitioners:
Diabetes CM
on the net

*Are you new
to diabetes care?*

Whether you're a beginner who's looking for a comprehensive introduction or an advanced practitioner who's looking for a review, the Diabetes Council's online continuing medical education program fills the bill. This one-hour activity is offered free of charge and qualifies for Category 1 credit toward the AMA Physician's Recognition Award.

To take advantage of this outstanding educational opportunity, visit www.tdh.state.tx.us/phpep/cme/diabetes today. ■



TEXAS DIABETES
COUNCIL

Texas Diabetes Council Members

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

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

**Jan Marie Ozias, PhD, RN, Director
Diabetes Program/Council
Texas Department of Health**
1100 West 49th Street
Austin, TX 78756-3199
Phone: 512-458-7490
Fax: 512-458-7408

Lawrence B. Harkless, DPM, Chair
San Antonio

Gene Bell, RN, CFNP, CDE
Lubbock

Mary-Ann Galley, PharmD
Houston

Victor Hugo Gonzalez, MD
McAllen

Judith L. Haley
Houston

Jan B. Hamilton, PhD, RD/LD
Plainview

Richard (Rick) S. Hayley
Corpus Christi

Lenore F. Katz
Dallas

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

Margaret G. Pacillas, RN, CDE
El Paso

Jeffrey Ross, MD, DPM, FACFS
Houston

Mike Thompson, Jr.
Austin

**Texas Rehabilitation Commission
Texas Education Agency
Texas Department of Health
Texas Department of Human Services
Texas Commission for the Blind**

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

The Newsletter of the Texas Diabetes Council
DIABETES
NEXT

PPSRT STD
U.S. Postage
PAID
Austin, Texas
Permit No. 28