November 13, 2015

FridayFocus

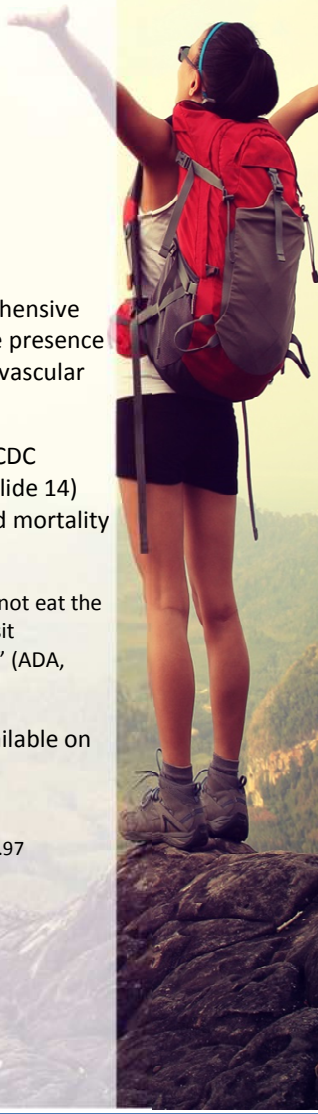
American Diabetes Awareness Month

November is Diabetes Awareness Month! Unfortunately, for our nation's diabetics, there are no pink ribbons or t-shirts with catchy slogans to draw our attention to this growing epidemic. We don't have famous athletes on TV talking about how they or a loved one survived this disease. Instead, as one letter put it, diabetes awareness month is "about being grateful that you or your loved one wakes up in the morning. It's about the 3 am blood sugar check, the low blood sugars, the needles…" (Anonymous, 2015, personal conversation)

Still as healthcare professionals, there is a lot we can do about this disease. First and foremost, we must face the facts that while there is still no cure, what we know about this disease has changed over the years. For instance, 75 years ago, diabetes was seen as juvenile onset (type 1), adult onset (type 2), or gestational diabetes (GDM). Today, we know diabetes takes many forms including; pre-diabetes, metabolic syndrome, type 1, type 2, non-type 1 non-type 2, GDM, and specific types of diabetes due to other causes - most recently added to this list is 'thin man's diabetes'. We also know that comprehensive diabetes care requires more than just educating the patient on eating less and exercising more. Diabetes is not just a systemic problem, it is a social epidemic affecting the patient, their family, the community, and our society.

When it comes to HEDIS and best practice guidelines we need to complete and properly document annual screenings including:

Annual Screening Exam	Level of Compliance
Blood Pressure	Less than 140/90
Diabetic Eye Exams	Documentation to include the type of test, date completed, the name of the provider or practice completing the test, and the results.
HbA1c	Less than 8.0% for minimal control or Less than 7.0% for optimal control
Nephropathy Screening	Documentation of a urine protein test or script for ACE/ARB therapy



However, that is just the beginning. According to the official 2015 ADA Position Statement, diabetes requires comprehensive diabetes evaluation and education as well as lifestyle modifications. This means there should also be screenings for the presence of common comorbidities such as psychosocial problems, dental disease, neuropathy and the presence of either microvascular or macrovascular complications. (ADA, 2015, table 5)

Then again, there is the cost of the medications and supplies. One may ask, 'what's the burden?' According to the CDC "improved self-management of chronic diseases results in an approximate cost-to-savings ratio of 1:10." (CDC, 2013, slide 14) Put in other words, non-adherence to cardio-protective medications increase the risk of hospitalizations by 10-40% and mortality by 50-80%.

Last and certainly not least are the dietary changes. Many diabetics and their families think that having diabetes means they cannot eat the foods they love or that their foods have to be bland. This is far from the truth, in fact, each week during November, anyone can "visit diabetesforecast.org/adm to find recipes for every meal, including snacks and special occasion treats, tip sheets, and shopping lists." (ADA, 2015)

As always, we appreciate your ideas and feedback. Thank you for the quality work you do. All Friday Focuses are available on the SWHP site: https://swhp.org/about-us/news/newsletters/provider-friday-focus.

References

ADA. (2015). Standards of Medical Care in Diabetes - 2015; Abridged for Primary Care Providers. *Diabetes Care*, *38*, S1-S94. doi:10.2337/diaclin.33.2.97

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