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AMA, ADA, CDC & Ad Council Announce their Pre-diabetes Public Awareness Campaign

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On January 21, 2016, SETMA, other healthcare providers and the public received an announcement from the AMA about the new ADA, AMA, CDC and Ad Council Pre-diabetes Public Awareness Campaign. The announcement was made by Karen Kmetik, PhD, Group Vice President, Health Outcomes of the American Medical Association.

Dr. Kmetik's stated in the announcement:

"I am pleased to share that today the AMA, the American Diabetes Association (ADA), the Centers for Disease Control and Prevention (CDC) and the Ad Council, are launching a long-term, first-of-its-kind national pre-diabetes public service advertising campaign. The campaign aims to increase public awareness of pre-diabetes and the steps people can take to prevent the onset of type 2 diabetes. In concert with the campaign, the AMA also will kick-off a series of robust communications efforts for physicians-encouraging them to prepare for conversations with their patients by accessing tools and resources developed jointly by the AMA and the CDC.

"Utilizing a multi-faceted approach to reach millions of adults between the ages of 40 and 60 across the country, the campaign includes national media coverage, creative television and radio commercials, billboard and online advertisements, social media promotion, as well as a text messaging program (all translated in both English and Spanish). The dedicated bilingual website for the campaign, DoIHavePrediabetes.org, houses a variety of valuable assets including an easy-to-use interactive pre-diabetes risk test, healthy living tips and other important information."

The announcement invited healthcare providers across American:

"to partner with (the AMA) to raise awareness of pre-diabetes and this special Ad Council campaign. The partner toolkit...provides...access to a variety of materials to help, including pre-packaged content and language that...can leverage...existing channels or any new opportunities that may be a good fit. The following link allows

access to the **PARTNERS TOOLKIT** prediabetes.adcouncil.org (User name: pre-diabetes; password: pr3di@b3t3s).”

SETMA’s 16 Year Experience with Pre-diabetes

SETMA responded to this invitation with a description of SETMA’s sixteen-year history of testing patients for pre-diabetes and of utilizing SETMA’s “diabetes prevention program” to delay or to prevent the onset of diabetes. In that response to the AMA, SETMA stated: “Thank you for this exciting collaboration between the AMA, CDC, ADA and the Ad Council regarding Pre-Diabetes. SETMA has worked with each of the organizations except the AD Council. As you know, SETMA has just completed our seventh year of public reporting by provider name on 300 quality metrics, many of which are from the AMA’s Physician Consortium for Performance Improvement (PCPI) (see: [Public Reporting - Reporting by Type](#)). Since 2003, SETMA has maintained ADA recognition of our Diabetes Self Management Education Program and of our Medical Nutrition Therapy program. And, we have worked with the CDC for HIV Screening and with their influenza-like illness network (see: [Your Life Your Health - Certificate of Appreciation: Centers for Disease Control](#)).”

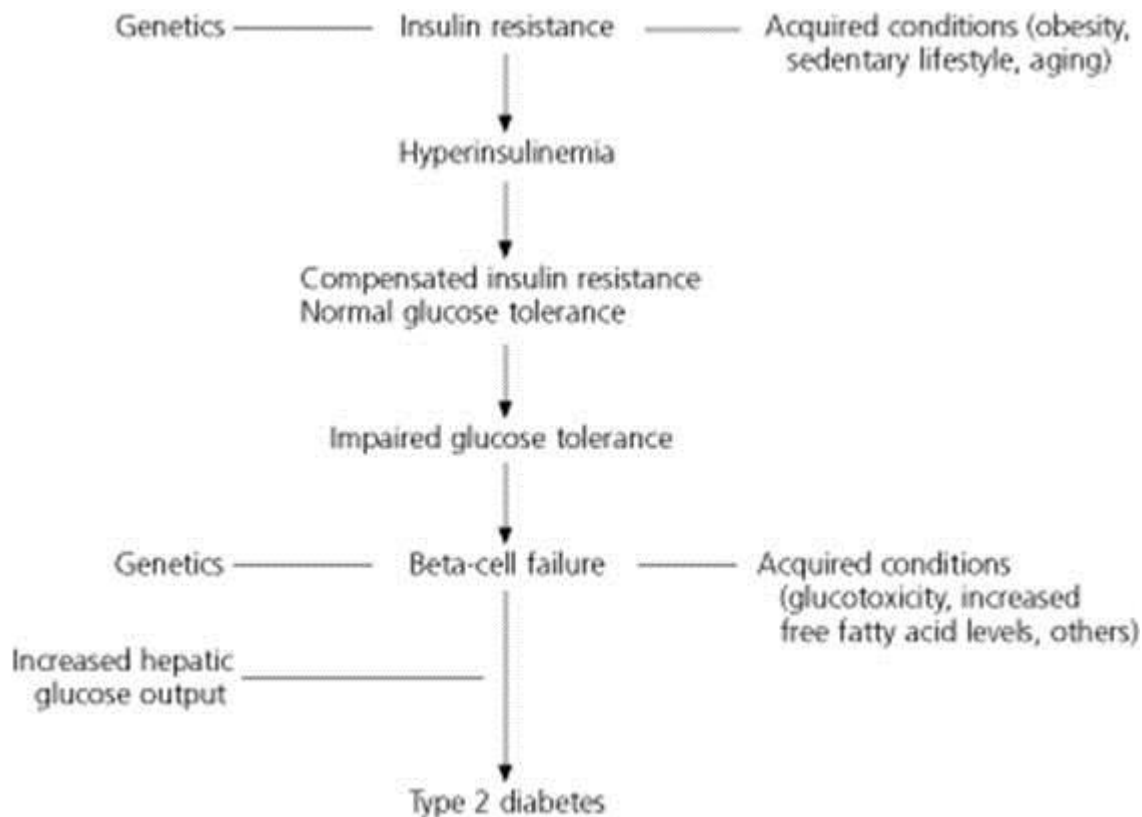
Pre-Diabetes – A description of SETMA’s Program

Sixteen years ago, SETMA designed and deployed a robust Diabetes Center of Excellence with a Diabetes Disease Management Tool (see [EPM Tools - Diabetes](#)). Shortly after deploying that tool in 2000, we realized that “The best way to treat diabetes is not to get it.” This led us to begin both a diabetes screening program and an aggressive identification and treatment of pre-diabetes. The following tools are parts of SETMA’s Pre-Diabetes and Diabetes Prevention Program:

- **LESS Initiative** – Lose Weight, Exercise Stop Smoking, which includes a diabetes screening program – the complete tutorial for this program can be found at [EPM Tools – LESS Initiative Tutorial](#). AHRQ has published this on their Innovation Exchange.
- **Preventing Diabetes** – The heart of our pre-diabetes program. We are aggressive about using the following ICD-10 codes: Pre-Diabetes (R73.09, Impaired Glucose intolerance (R73.02), Impaired Fasting Glucose (R7301) – the complete tutorial for this program can be found at [EPM Tools – Diabetes Prevention Tutorial](#).
- **Preventing Hypertension** -- The complete tutorial for this program can be found at [EPM Tools – Hypertension Prevention Tutorial](#). In reducing cardiovascular disease risk, It is critical to control blood pressure in patients with diabetes and/or pre-diabetes.
- **Cardiometabolic Risk Syndrome** – integral to this disease process is the progression from personal habits and genetic predisposition to full blown diabetes (see: [EPM Tools – Cardiometabolic Risk Syndrome Suite of Templates Tutorial](#)). It was the ADA which promoted the change of this syndrome’s name from “Metabolic Syndrome” (previously known as Syndrome X and Insulin Resistance Syndrome) to “Cardiometabolic Risk Syndrome”. The natural history of the development of diabetes from pre-diabetes is a part of our Cardiometabolic Risk Syndrome Disease Management Tool.

Progression to Type 2 Diabetes

The following information is a part of SETMA's Cardiometabolic Risk Syndrome disease-management tool. The progression from normal glucose tolerance to type 2 diabetes is characterized by dual defects that include insulin resistance and an insulin secretory defect caused by beta-cell dysfunction (Figure 1). Insulin resistance is characterized by decreased tissue sensitivity to insulin and marked compensatory hyperinsulinemia (increase of insulin levels). Initially, plasma glucose levels are maintained in the normal range. In patients who will eventually develop diabetes, there is a decline in beta-cell (the cells in the pancreas which produce insulin) secretory capacity. The first glucose abnormality that is detected is a rise in the postprandial (after a meal) glucose levels because of reduced first-phase insulin (the response of the pancreas to a meal) secretion. With time, further decline in beta-cell function leads to elevation of the fasting glucose levels. Eventually, diabetes occurs, with more insulin secretory loss.



Introduction to SETMA's Work

The following is a brief introduction to our work in this area. Below is the master template to the LESS Initiative (Lose Weight, Exercise, Stop Smoking) which is completed on all patients who come to SETMA. It includes the Elements of Preventing Diabetes which are also the Risk

Factors for Developing Diabetes. This information is auto populated and takes only a few seconds to complete during a patient encounter.

Last Updated **01/20/2015**

SETMA's LESS Initiative

10-15 pounds of excess weight places a person at a higher risk for developing diabetes, but 10-15% decrease in weight, even if a person is obese, decreases that risk significantly. The bad news is that more people are at greater risk of developing diabetes than think they are, but the good news is that a person can help decrease their risk without attaining their ideal body weight.

You are pounds overweight which places you at a higher risk for developing Diabetes.

If you lose to pounds, you will significantly reduce your risk of developing Diabetes.

Information
[Preventing Diabetes](#)
[Pre-diabetes](#)
[SETMA's LESS Program](#)
[Diabetic Risk Factors](#)

[Limitations](#)
[Weight Management](#)
[Exercise](#)
[CHF Exercise](#)
[Diabetic Exercise](#)
[Smoking Cessation](#)
[Which Exercise Prescription?](#)

Elements of Preventing Diabetes

1. Family History

Family History of Type II Diabetes? Yes No

Family History of Hypertension? Yes No

Family History of Hyperlipidemia? Yes No

2. Is the patient overweight or obese? Yes No

BMI Body Fat %

Is the adiposity in the abdominal area, as indicated by the waist circumference? Yes No
(Males > 38" or Females > 35")

inches

3. Did the patient have a low birth weight? Yes No
(< 5 lbs 5 oz)

lbs oz

4. Is the patient's BP elevated? Yes No
(> 130/80 mmHg)

/ mmHg

5. Are the patient's lipids abnormal? Yes No

HDL

Triglycerides

Cholesterol

6. Non-Caucasian Race? Yes No

We will provide you with follow-up counseling to help you stay on track towards health lifestyles.
 We will monitor you annually for the development of diabetes.

The following Preventing Diabetes template looks busy but all data is auto populated. The information can be printed for provider or patient and includes "Predicting Diabetes," "Screening Insulin Resistance," Definitions of Impaired Fasting Glucose and Impaired Glucose tolerance," "Reducing Your Risk of Diabetes," etc. Down the right side of this template there are multiple teaching tools including "What is Pre-Diabetes?," "What to do about it," and many more.

Preventing Diabetes

Patient

[Screening Recommendations](#)
 [Predicting Diabetes](#)
 [Screening Insulin Resistance](#)
 [IFG and IGT](#)
 [Current Strategies](#)
[Could You Have Diabetes and Not Even Know It?](#)
[Reducing Your Risk](#)
[LOW Risk of Developing Diabetes](#)

Return

Document

Patients with prediabetes have an atherogenic pattern of CV risk factors which are predominantly observed in prediabetics with increased HOMA IR and fasting insulin, i.e. insulin resistance.

Diagnosis	Fasting Test	Casual Test
Diabetes	> 126 mg/dL	> 200 mg/dL
Pre-Diabetes	100 - 125 mg/dL	140 - 199 mg/dL
None	< 100 mg/dL	< 140 mg/dL

Vital Signs

Time	Ht In	Wt Lb	BMI

Time	BP	Cuff Size

Fasting Lab Results

FPG 09/18/2013

2-Hr OGTT / /

[DM Prediction Rule](#)
 > 4 doubles the risk of DM

Check for New Labs

Test	Value	Date
Cholesterol	111	04/08/2015
HDL	41	04/08/2015
LDL	55	04/08/2015
Triglycerides	77	04/08/2015
Magnesium	/ /	/ /

Body Fat
 BMR
 Protein Req
 Waist
 Hips
 Ratio

Treatment

Insulin Resistance	Homocysteine
Impaired Fasting Glucose	hsCRP
Hypertriglyceridemia	Endothelial Dysfunction

Diagnostic/Referral Orders

Status	Priority	Order
obtained	Routine	EEG
completed	Immediate	EGD

Links

[Insulin Resistance](#)
 [Hypertension Mgmt](#)
 [Weight Mgmt](#)
 [Exercise](#)
 [Lipids Mgmt](#)
 [Metabolic Syndrome](#)
 [Smoking Cessation](#)
 [Order Management](#)

Patient Information

[What is Pre-Diabetes?](#)
[Carb Confusion](#)
[What To Do About It](#)
[Taking Steps To Prevent You Have The Power](#)
[More Than 50 Ways To Prevent Importance of Glycemic Index](#)
[Applying the Glycemic Index](#)
[Glycemic Load](#)
[Insulin - Friend or Foe](#)
[Hyperinsulinemia](#)
[Hunger, Insulin, and Meals](#)
[Hunger, Fat, and Fav Foods](#)

[Print All](#)

Provider Information

[Glycemic Index and Prevention](#)
[Weight Loss](#)
[Physical Activity](#)
[Behavior Modifications](#)
[Summary of Studies](#)
[Lifestyle and Diabetes](#)
[Visceral Fat](#)
[Insulin Resistance Summary](#)
[Questions and Answers](#)

The following concluding note was included in our response to the AMA:

SETMA will continue our pre-diabetes program and we will review your materials. As you know, for the past 20 years, I have written a weekly health column (see [Your Life Your Health - View All Articles](#)). I will include information about your program in my column. A search of our website shows over thirty Your Life Your Health articles on pre-diabetes dating back to 2002. The following are links to several of these:

- [Your Life Your Health - Prevention of and the Screening for Diabetes - Part 2: Diabetes Prevention Program at SETMA](#)
- [Your Life Your Health - Cardiometabolic Risk Syndrome Part III: Pre-Diabetes](#)
- [Your Life Your Health - Prevention of and the Screening for Diabetes - Part I: Insulin Resistance](#)
- [Your Life Your Health - Hypertension: Part I Insulin Resistance and Oxidative Stress](#)

All of SETMA's clinical decision support tools – such as those above – and/or disease management tools are posted on our website and are available for use by any provider in the work without cost or attribution of source.