

Chronic Disease Trainings for Health Home Care Managers

Training Topic:	NYS Department of Health OHIP Health Home Live Webinar:
1) Chronic Conditions Overview	September 13 th
2) High Blood Pressure, Prehypertension & Hypertension	September 13 th 1:00-2:30 pm
3) Prediabetes	November 8 th
4) Diabetes	1:00-2:30 pm
5) Asthma MCD Module available at https://chwtraining.mcdph.org/	December 6 th 1:00-2:30 pm
6) Arthritis & Chronic Disease Self-Management Program - *Live Webinar ONLY*	January 31 st 2018 1:00-2:30 pm

To receive updates and slides from these live sessions, sign up for the Medicaid Health Home listserv at: hhsc@health.ny.gov and request to be added to the Health Home listserv.





Department
of Health

Providing Support to Patients Diagnosed with Diabetes and Prediabetes

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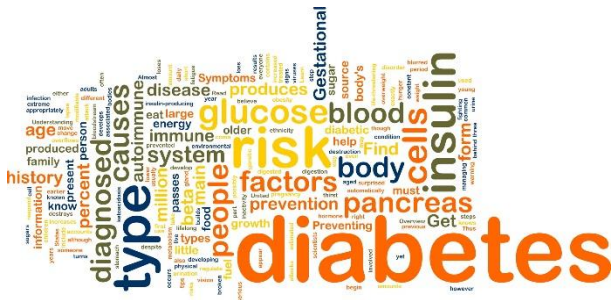
Director, Bureau of Women, Infant and Adolescent Health

Welcome....



What will we talk about today?

- Diabetes
- Prediabetes
- Evidence-based programs for managing and preventing type 2 diabetes
- Special considerations for women of reproductive age
- How can Health Home Care Managers help patients with diabetes and prediabetes?
- Resources



What is diabetes?



- Diabetes is the condition in which the body does not properly process food for use as energy.
- When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should.
- This causes glucose or “sugar” to build up in your blood.
- This is why many people refer to diabetes as “sugar.”

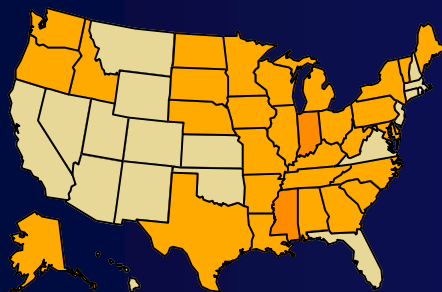
How Common is Diabetes?

- As of 2017, 30.3 million people in the United States, or 9.4 percent of the population, had diabetes.
- In New York State, 1.6 million people, or 10% of people have diabetes
- More than 1 in 4 of them didn't know they had the disease.
- Diabetes affects 1 in 4 people over the age of 65.
- About 90-95 percent of cases in adults are type 2 diabetes.¹

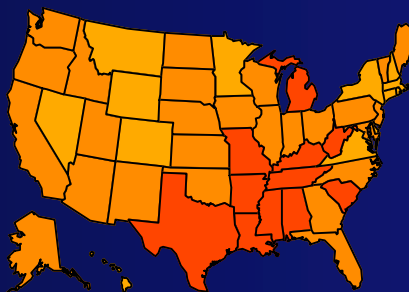
Age-adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

Obesity (BMI ≥ 30 kg/m²)

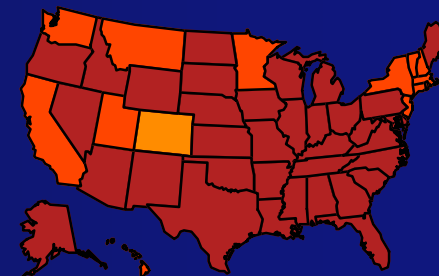
1994



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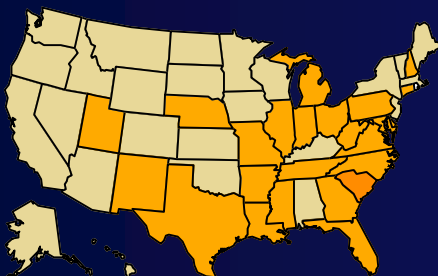


2015

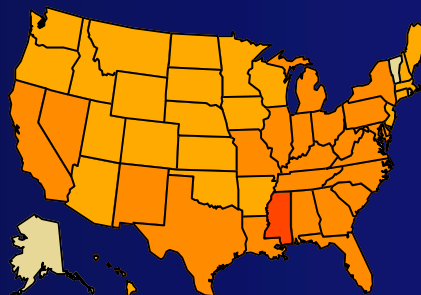


Diabetes

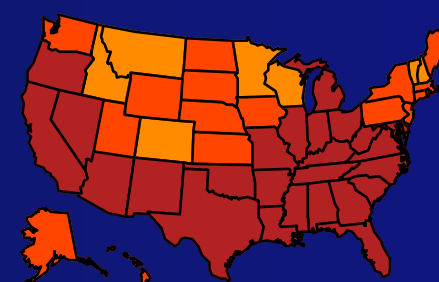
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2015



CDC's Division of Diabetes Translation. United States Surveillance System available at <http://www.cdc.gov/diabetes/data>



Diabetes is Costly

ESTIMATED DIABETES COSTS IN THE UNITED STATES, 2012

TOTAL (DIRECT AND INDIRECT)
\$ 245 billion

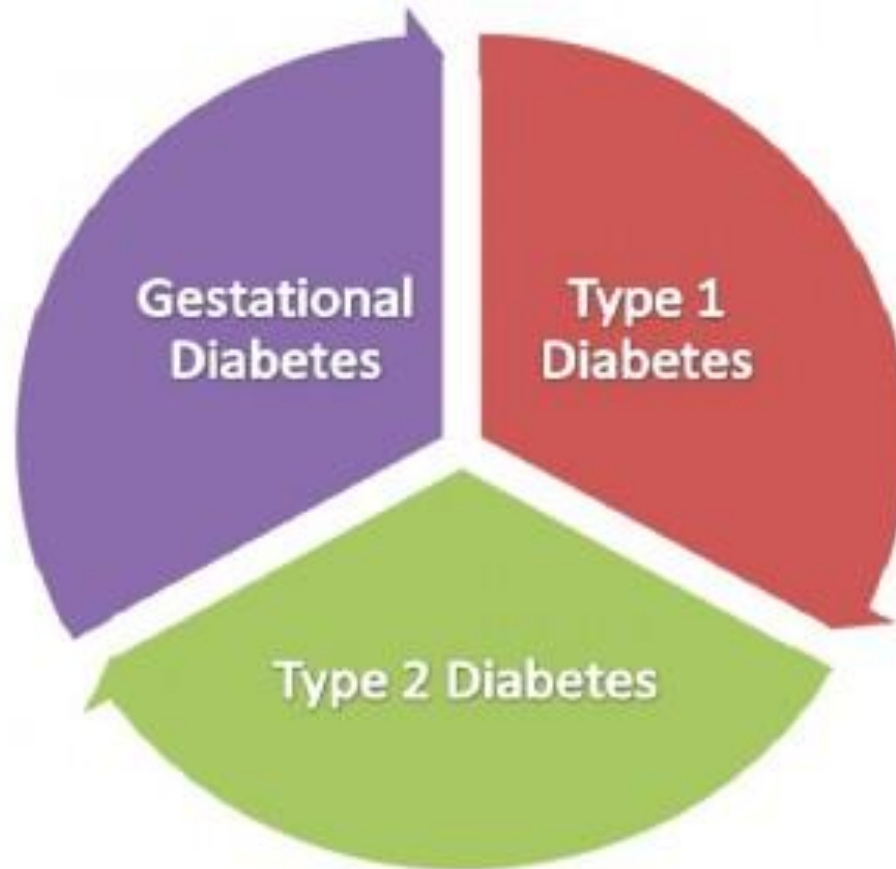
DIRECT MEDICAL COSTS
\$ 176 billion

After adjusting for population age and sex differences, average medical expenditures among people with diagnosed diabetes were 2.3 times higher than people without diabetes.

INDIRECT COSTS
\$ 69 billion

(disability, work loss, premature death).

There are three types of diabetes



Type 1 Diabetes

- The body's cells that produce insulin are destroyed
- Daily insulin injections are necessary
- Usually diagnosed in childhood or young adulthood
- Most common type of diabetes in children and adolescents

Type 2 diabetes

- Body doesn't make or use insulin well
- Was previously called adult-onset diabetes.
- Type 2 diabetes may account for about 90% to 95% of all cases of diabetes.
- African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans are at particularly high risk for type 2 diabetes.
- Type 2 diabetes is increasingly being diagnosed in children and adolescents.

What's the difference

Type 1 diabetes



The body cannot produce the insulin it needs

Causes unknown, but develops when the immune system **attacks** insulin producing cells³



Incidence is **growing** steadily



The symptoms often appear **suddenly**³



Usually diagnosed in children or young adults³



Must take insulin **daily**³

Type 2 diabetes



The body produces too little insulin and/or is unable to respond to it³

Risk factors include³:

- Advancing age
- Obesity
- Poor diet
- Family history of type 2 diabetes
- Physical inactivity
- Ethnicity



Incidence is **rising** at an epidemic rate³



The symptoms often appear **gradually**

Healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use can **prevent or delay** the onset of type 2 diabetes⁴

Often **managed** by exercise and a healthy diet or oral medication³
If the condition progresses, it can be **treated** with insulin³



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Gestational Diabetes

- ▶ Diagnosed in some women during pregnancy.
- ▶ Gestational diabetes occurs more frequently among African Americans, Hispanic/Latino Americans, and American Indians. It is also more common among obese women and women with a family history of diabetes.
- ▶ After pregnancy, 5% to 10% of women with gestational diabetes are found to have type 2 diabetes.
- ▶ Women who have had gestational diabetes have a 20% to 50% chance of developing diabetes in the next 5-10 years.



What health problems can people with diabetes develop?

- Heart disease
- Stroke
- Kidney disease
- Eye problems
- Foot problems
- Nerve damage
- Dental disease
- Pregnancy complications

PREDIABETES




Prediabetes

- Prediabetes is a condition in which blood sugar is higher than normal, but not high enough to be diabetes.
- People with prediabetes are at increased risk of developing type 2 diabetes.
- People with prediabetes are already at increased risk for heart disease and stroke.
- Approx. 1.3 million people, or 8.2% of the population in NYS have been diagnosed with prediabetes (BRFSS 2015).



Did you know?

1 OUT OF **3**  U.S. ADULTS
HAS **PREDIABETES,**
ONLY **10% KNOW**
THEY HAVE IT.



Source: Centers for Disease Control and Prevention (2014)

ymca.net/diabetes

Clinical Tests for Prediabetes

Prediabetes Test Ranges

	NORMAL	PREDIABETES	DIABETES
A1c Hemoglobin A1c	< 5.7%	5.7-6.4%	> 6.4%
FPG Fasting Plasma Glucose	< 100 mg/dl	100-125 mg/dl	> 125 mg/dl
OGTT Oral Glucose Tolerance Test	< 144 mg/dl	144-199 mg/dl	> 199 mg/dl

www.multiactivelife.com

What is Your Risk?

DO YOU HAVE PREDIABETES?

Prediabetes Risk Test

- How old are you?
Less than 40 years (0 points)
40–49 years (1 point)
50–59 years (2 points)
60 years or older (3 points)
- Are you a man or a woman?
Man (1 point) Woman (0 points)
- If you are a woman, have you ever been diagnosed with gestational diabetes?
Yes (1 point) No (0 points)
- Do you have a mother, father, sister, or brother with diabetes?
Yes (1 point) No (0 points)
- Have you ever been diagnosed with high blood pressure?
Yes (1 point) No (0 points)
- Are you physically active?
Yes (0 points) No (1 point)
- What is your weight status?
(see chart at right)

Write your score in the box.

Add up your score.

Height	Weight (lbs.)		
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+
	(1 Point)	(2 Points)	(3 Points)

You weigh less than the amount in the left column (0 points)

Adapted from Bang et al., Ann Intern Med. 151:775-783, 2009.
*Original algorithm was validated without gestational diabetes as part of the model.

If you scored 5 or higher:

You're likely to have prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanic/Latinos, American Indians, Asian Americans and Pacific Islanders.

Higher body weights increase diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weights than the rest of the general public (about 15 pounds lower).

For more information, visit us at

DoIHavePrediabetes.org



LOWER YOUR RISK

Here's the good news: it is possible with small steps to reverse prediabetes - and these measures can help you live a longer and healthier life.

If you are at high risk, the best thing to do is contact your doctor to see if additional testing is needed.

Visit DoIHavePrediabetes.org for more information on how to make small lifestyle changes to help lower your risk.



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Take the Prediabetes Risk Test!



<https://www.youtube.com/watch?v=s020q-FE0H4&feature=youtu.be>

Or text **RISKTEST** to 97779

What can You do to Help?



What's in Your Community?

There are programs in the community to help people manage diabetes and prediabetes!



Linking Your Patients to Community Programs

DIABETES
SELF-
MANAGEMENT



NATIONAL DIABETES PREVENTION PROGRAM

WORKING TOGETHER TO PREVENT TYPE 2 DIABETES



THE GROWING THREAT OF PREDIABETES

84.1 MILLION adults have prediabetes



REDUCING THE IMPACT OF DIABETES



Congress authorized CDC to establish the **NATIONAL DIABETES PREVENTION PROGRAM** (National DPP) — a public-private partnership to offer evidence-based, low-cost interventions in communities across the United States to prevent type 2 diabetes

It brings together:



to achieve a greater impact on reducing type 2 diabetes

Research shows structured lifestyle interventions can cut the risk of type 2 diabetes in **HALF**

Groups in the National Diabetes Prevention Program are working to:



Build a workforce that can implement the lifestyle change program effectively



Ensure quality and standardized reporting



Deliver the lifestyle change program through organizations nationwide



Increase referrals and participation in the lifestyle change program

A key part of the National DPP is a **lifestyle change program** that provides:



A TRAINED LIFESTYLE COACH



CDC-APPROVED CURRICULUM



GROUP SUPPORT OVER THE COURSE OF A YEAR

JOIN IN THIS NATIONAL EFFORT

Everyone can play a part in **preventing** type 2 diabetes



RAISE AWARENESS of prediabetes



SHARE INFORMATION about the National DPP



ENCOURAGE PARTICIPATION in a local lifestyle change program



PROMOTE the National DPP as a covered health benefit

Find out how to get involved with the National Diabetes Prevention Program

www.cdc.gov/diabetes/prevention

National Diabetes Prevention Program

https://nccd.cdc.gov/DDT_DPRP/Programs.aspx

Finding Diabetes Self-Management and Diabetes Prevention Programs



https://professional.diabetes.org/erp_list?field_erp_state_value=NY&=Apply



<http://www.qtacny.org/programs/stanford-self-management-programs/>

Some Special Considerations...



Special Considerations for Women of Reproductive Age

- **Approximately 45% of births nationally are unintended** (mistimed, unplanned or unwanted at the time of conception)
- Unintended pregnancies minimize the ability to prepare for a healthy pregnancy and have proactive conversations with health care providers
- It is important to start a **universal focus on the importance of preconception care** to begin to reduce maternal mortality and morbidity
- Ask about pregnancy intention at each health care visit
- Preconception care is important for all, but crucial for those with chronic conditions, such as diabetes

Unintended Pregnancy

Mistimed

- Woman did not want to become pregnant at the time pregnancy occurred but **did want to become pregnant at some point in the future**
- 27% of all pregnancies

Unwanted

- Woman **did not want to become pregnant then or at any time in the future**
- 18% of pregnancies

Potential Health Impacts of Chronic Disease

Preconception/Prepregnancy Counseling

- Desires pregnancy:
 - Discuss with primary health care provider
 - May refer to maternal-fetal medicine specialist
 - A1C levels under stable control
- Does not desire pregnancy:
 - Refer to primary health care provider or women's health care provider for contraceptive counseling
 - Discuss availability of effective and highly effective contraception

Impact of Pregnancy on Diabetes

For the woman:

- Creates changes in insulin requirements
- Increase the risk for preeclampsia
- Can worsen preexisting complications of diabetes (eye and kidney problems)
- Increase the risk for maternal morbidity and mortality

For the baby:

- High glucose levels at conception increase risk for miscarriage and birth defects
- Higher birth weight- macrosomia
- Hypoglycemia

After Pregnancy

Breastfeeding benefits

- For women using insulin in the postpartum period, breastfeeding is like exercise
- It is important to monitor the blood glucose during and after breastfeeding
- For mothers with gestational diabetes- may reduce risk of developing type 2 diabetes later

HH Care Manager's Role - Women of Reproductive Age

- HH Care Managers should discuss with women of reproductive age their pregnancy considerations
 - Especially since the patients served by HHs have chronic conditions
- Ask about pregnancy intention
- Connect the patient or ensure involved providers are discussing preconception care with the patient
 - How will the patient's chronic condition be impacted by a pregnancy?
- If the patient is or becomes pregnant, ensure connection to providers that can work with the patient to address chronic condition and the pregnancy
 - Ensure prenatal services are in place

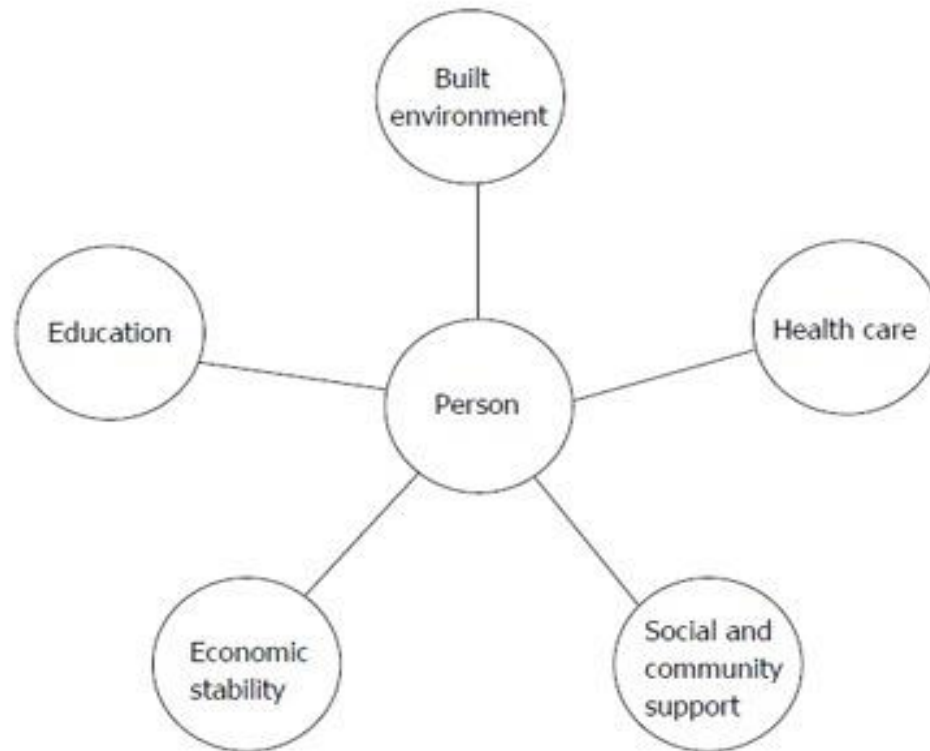


Role of a Health Home Care Manager: Important Linkages

- Health Home Care Managers have an opportunity to assist patients in important ways
- Knowing and understanding the community, risk factors and the lifestyle of patients you serve
- Connecting patients to community services and programs
- Ability to connect patient's lifestyle with diabetes outcomes



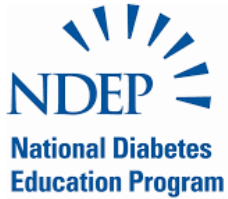
Social determinants of Health



Examples of Social Determinants of Health

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)

Resources



<https://www.niddk.nih.gov/health-information/communication-programs/ndep>



https://www.health.ny.gov/contact/contact_information/



https://www.health.ny.gov/diseases/conditions/diabetes/information_and_resources.htm

Resources for Preconception Health, Contraception and Diabetes During Pregnancy

Preconception Health:

- <https://www.cdc.gov/preconception/planning.html>

Contraceptive Counseling and Resources:

- <https://www.acog.org/-/media/Departments/LARC/ContraceptiveCounselingReplaceable.pdf>
- <https://www.cdc.gov/mmwr/volumes/65/rr/rr6503a1.htm>
- https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf

Diabetes and Pregnancy:

- <https://www.niddk.nih.gov/health-information/diabetes/diabetes-pregnancy>
- <https://www.marchofdimes.org/complications/preexisting-diabetes.aspx>

Thank You!



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