

Initiative Ratchets Up Diabetes Tracking in Pa.

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Efforts are underway in Pennsylvania to set up physician tracking systems, self-management programs, and centers to help patients better manage diabetes.

"In Pennsylvania, there's a significant lack of knowledge regarding diabetes health," said Dr. Andrew Behnke, an endocrinologist and a member of the Pennsylvania Medical Society. While the society isn't specifically involved in this initiative, "we're supportive of any effort to educate physicians and patients and help patients achieve their health goals."

The University of Pittsburgh Diabetes Institute (UPDI) will be spearheading these efforts in partnership with communities throughout western Pennsylvania with an \$8 million grant from the Department of Defense.

"Diabetes has emerged as one of the most serious health problems in Pennsylvania, particularly in rural areas," Rep.

John Murtha (D-Pa.) said in announcing the initiative. Eight percent of Pennsylvanians (1.1 million people [720,500 diagnosed and 379,500 undiagnosed]) have diabetes, according to data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. Diabetes accounts for about \$7.7 billion in total health care costs

every year in Pennsylvania and 11,500 deaths in the state each year. It is also the leading cause of new blindness, end-stage renal disease, and nontraumatic amputations in the state.

The expectation is the programs will serve as models that can be replicated throughout the United States and applied to the military, Rep. Murtha said.

A similar initiative is already underway in New York City, where clinical laboratories are sending the results of all hemoglobin A_{1c} tests to the city's health department, with a goal of providing information to physicians on their patients with diabetes—and informing those patients whose results indicate poor glycemic control.

Some of the DOD funds will build upon the UPMC's efforts to track diabetes information. Diabetes tracking systems and programs will be offered through Memorial Medical Center, Uniontown Hospital, Highlands Hospital, and Indiana (Pa.) Regional Medical Center. Specifically, the programs will be monitoring hemoglobin A_{1c} tests, blood pressure, cholesterol levels, and foot and eye exams, said Linda Simine-

rio, Ph.D., director of the UPDI. Project leaders hope to use the data to coordinate intervention programs, where they would work with doctors to get patients better care.

As part of the tracking initiative, Delphi Health Systems Inc. will partner with UPDI and the community hospitals by providing diabetes management software to be used at the point of care.

The ultimate goal is to create a registry to monitor and support the needs of people affected by diabetes.

The project has been working with leaders of hospitals in outlying communities that have their own physician practices, Dr. Siminerio said in an interview. "We've been asking those leaders who have done needs assessments in their communities what their physicians are interested in—what they feel would improve the quality of care in diabetes patients."

In another partnership, the Diabetes Institute and the Conemaugh Health System's Memorial Medical Center will be establishing a Diabetes Wellness Center at



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Memorial's downtown campus in Johnstown. The Center is planning a comprehensive approach to screen for the prevention of diabetes complications such as retinopathy, nephropathy, neuropathy, cardiovascular disease, and lower-extremity arterial disease.

"We are excited about the establishment of the diabetes clinic and the positive impact this overall program will have on people with diabetes and people at risk of getting diabetes," said Scott Becker, chief executive officer of the Conemaugh Health System. "With the right education, management, and care, people can lessen the effects of this potentially devastating disease and in many cases prevent it from happening in the first place."

Experts estimate that 1.5 million new cases are diagnosed each year in the United States. Recent statistics from the CDC indicate that the incidence of diabetes has risen more than 14% in the last 2 years.

Nationally, diabetes is the fifth leading cause of death, according to the American Diabetes Association. One out of every 10 health care dollars is spent on diabetes and its complications. ■

POLICY & PRACTICE

Indiana Discrimination Case

An Indiana diabetes patient who was turned down for a promotion because of his illness has won a lawsuit in federal court. Gary Branham sued the Internal Revenue Service, claiming that he was unfairly denied a promotion because he had diabetes. The promotion to special agent would have required Mr. Branham to carry a gun. The jury agreed that Branham was qualified for the job despite his diabetes and awarded him \$78,000 in back pay, but no damages for pain and suffering. Mr. Branham's attorney, John Griffin, said the verdict "brings to light some of the stereotypes and myths that exist about diabetes. The fact is, it doesn't limit us in doing our job." Mr. Griffin noted that one of his expert witnesses was Dr. Charles Clark, former president of the American Diabetes Association.

New CEO at JDRF

Arnold Donald has been named the president and CEO of the Juvenile Diabetes Research Foundation. Mr. Donald is chairman and CEO of the Merisant Company, which produces artificial sweeteners Equal and Canderel. He replaces Peter Van Etten, who is retiring after 6 years as president and CEO. "Arnold Donald has a long and successful track record in leading science and consumer-based businesses, and an even longer resume of community involvement, charitable activities, and government advocacy," said Robert D. German, chairman of the foundation's board of directors. "He is uniquely qualified to build on the strong record that Peter Van Etten helped forge for JDRF in setting the pace and direction for research around the world leading to a cure for type 1 diabetes and its complications."

Behaviors Leading to Death

By the time they enter adulthood, a large percentage of American youth have already begun the behaviors that lead to preventable causes of death, according to a study from the Carolina Population Center and the University of North Carolina at Chapel Hill. Researchers studied a nationally representative sample of more than 14,000 young adults; they were first interviewed from 1994 to 1995 when they were 12-19 years old, and interviewed again in 2001 and 2002, at ages 19-26 years. For nearly all groups surveyed, diet, obesity, and access to health care worsened; tobacco, alcohol, and illicit drug use and the likelihood of acquiring a sexually transmitted disease increased. This "doesn't bode well for their future health, especially if these habits become established," said Kathleen M. Harris, Ph.D., the study's principal investigator. The study appears in the January issue of the Archives of Pediatric and Adolescent Medicine.

Health Care Spending 2004

Growth in U.S. health care spending slowed for the second straight year in 2004, increasing by only 7.9%, accord-

ing to the Centers for Medicare and Medicaid Services' annual report on health care spending. This compares with the 8.2% growth rate in 2003 and 9.1% growth rate in 2002. Slower growth in prescription drug spending has contributed to this overall slowdown. In 2004, prescription drugs accounted for only 11% of the growth in national health care expenditures, smaller than its share of the increase in recent years. Spending for physician services grew 9% in 2004, nearly the same as the 8.6% increase experienced in 2003.

Passport to Medicaid

Citizens applying for Medicaid may soon have to produce a passport or a birth certificate to prove they are U.S. citizens. Such a requirement will take effect July 1 if Congress passes budget reconciliation legislation that was pending at press time. The new rule also would apply to all citizens currently receiving Medicaid when they seek to renew their Medicaid eligibility, which in most cases must be done every 6 months. The intent of the rule was to prevent illegal immigrants from obtaining Medicaid by falsely claiming citizenship or resident alien status. Yet, the Center on Budget and Policy Priorities said that the provision threatens Medicaid coverage for many patients. Roughly 49 million low-income Americans, including 12 million African Americans and 800,000 elderly African Americans, would be subject to the new requirement between July 2006 and June 2007, the center indicated in a report. "This ill-conceived requirement would exacerbate a historical legacy of discrimination and could cause many elderly African Americans to lose access to health care," stated Leighton Ku, a senior fellow at the center and coauthor of the report. Many of these individuals lack passports and do not have birth certificates in their possession. Medicaid applicants who have neither of these documents could find that their coverage is denied or seriously delayed.

Ban on False Information

The Health and Human Services Department may not deliberately disseminate false or misleading scientific information under a recent federal law. The provision, part of the fiscal 2006 HHS appropriations law, also prohibits the questioning of scientific advisory panel nominees about their political affiliations, voting history, and positions on topics unrelated to the capacity in which they are to serve. "If your doctor gives you misleading scientific information, it's called malpractice," said Dr. Francesca Grifo, senior scientist and director of the scientific integrity program at the Union of Concerned Scientists. "This ban at HHS represents a modest but important first step in ensuring scientific integrity in federal policy making and better health care for us all."

—Joyce Frieden