

## CAFP Initiative Begins To Address Diabetes Care

BY DOUG BRUNK  
San Diego Bureau

LOS ANGELES — The California Academy of Family Physicians has launched a widespread initiative designed to help its members optimize the care of patients with diabetes.

Called "New Directions in Diabetes Care," the 4-year program "will be bringing together lots of advances that have been learned in the field of disease management, such as registries, tracking chronic disease patients, [and] identifying [patient] populations," Bo Greaves, M.D., said at the academy's annual meeting.

"The Institute for Healthcare Improvement has been working for several years on a breakthrough collaborative to analyze what the systems of care are in mom-and-pop family practice and other physician offices, and how can we make some quantum leap improvements in those systems of care," added Dr. Greaves, a Rohnert Park, Calif.-based family physician who is the CAFP's president-elect.

"There's a lot of material out there and yet a lot of it has not yet been implemented. We hope this initiative will be a big step for our academy to help fuse that," Dr. Greaves said.

The project's goal "is directed at inducing organizational changes in physicians' offices to better accommodate care management systems and streamline patient care to lead to improved efficiency and greater provider and patient satisfaction," according to a fact sheet.

The CAFP is currently recruiting 15-20 practices from across the state to take part.

Starting this fall, physicians in the practices will participate in a series of online learning sessions, implement changes based on what they learn, and then report back to the other members of the collaborative.

Listservs and other online forums will enable physicians to share information and experiences.

"By 4 years [from now] we hope that we have spread a new approach to diabetes care based on population management, access, and high quality care, not just at a visit, but throughout the relationship with the patient," Dr. Greaves said.

Partners in the project include the department of family and community medicine at the University of California, San Francisco, and Lumetra, the Medicare Quality Improvement Organization for California. ■

## Diabetic Panic Episodes May Be Mistaken for Hypoglycemia

BY MIRIAM E. TUCKER  
Senior Writer

VANCOUVER, B.C. — Panic symptoms affect many patients with diabetes and are linked to depression and diabetes-related disability, Evette Ludman, Ph.D., and her associates reported in a poster presentation at the annual meeting of the American Psychosomatic Society.

Like other forms of anxiety, panic symptoms in diabetic patients are often associated with depression as well as poor diabetes-related functional and clinical indicators. "Clinicians treating diabetic patients should be alert for panic symptoms as well as depressive symptoms. Panic episodes may be mistaken for hypoglycemia," said Dr. Ludman, senior research associate at the Center for Health Studies, Group Health Cooperative (GHC), Seattle.

In a National Institute of Mental Health-supported study—the first to look specifically at panic symptoms in diabetic patients—surveys were sent to 9,063 individuals in a population-based diabetes registry from nine primary care clinics of GHC, a large HMO in western Washington.

Complete data were available for 4,385, of whom 4.4% met criteria for panic dis-

order, defined as answering "yes" both when asked if they'd had "spells of panic or fear" during the past 2 weeks, and when asked if these feelings "forced you to change what you were doing at the time."

Respondents who answered yes to both questions were significantly more likely to be female than were those who reported no panic symptoms (63.7% vs. 48.1%), to be employed (53.3% vs. 41.9%), and to also have a diagnosis of major depression (54.9% vs. 10.0%); they were also significantly younger (55.4 years vs. 63.7 years). Overall, 2.0% of the patients had panic but no major depression, 2.4% had both panic and major depression, and 9.5% had major depression without panic symptoms, Dr. Ludman reported.

Independent of depression, symptoms of panic were associated with higher hemoglobin A<sub>1c</sub> values, a greater number of diabetes complications, higher levels of disability (using World Health Organization criteria), and lower social functioning. Unlike depression, panic was not associated with smoking or body mass index.

"Treatment for panic episodes is likely to positively impact diabetes symptoms, self-care, and quality of life among patients with diabetes," Dr. Ludman and her associates said.

## Internists' Effort Seeks to Improve Outcomes for Diabetes Patients

BY ROBERT FINN  
San Francisco Bureau

SAN FRANCISCO — The American College of Physicians and the American College of Physicians Foundation have begun a major 3-year initiative to improve diabetes care in the United States.

The initiative, announced at a press briefing during the annual meeting of the ACP, is aimed not only at physicians, but also at the entire diabetes management team, including subspecialists, physician assistants, diabetes educators, nurses, office staff, and the patients themselves.

Of the 18.2 million Americans with diabetes, 5.2 million are undiagnosed, according to information distributed at the briefing.

Novo Nordisk, the Denmark-based pharmaceutical company that first commercialized insulin, has funded the initiative with an unrestricted educational grant of \$9.27 million.

"We believe this intensive 3-year project, combining an emphasis on highest standards of care, measurable goals for practice in office settings, and research, can dramatically improve diabetes care," Charles K. Francis, M.D., president of the ACP said in a statement.

Some of the educational programs and materials will be available to the medical profession in general, while others will be limited to ACP members.

Vincenza Snow, M.D., the ACP's direc-

tor of clinical programs, said that the project has three goals: to increase physician awareness of high-quality diabetes care and the gap between current practice and acceptable standards, to provide proven educational interventions for improving care to the entire diabetes team, and to recognize physicians and physician practices that make demonstrable improvements in the care of patients with diabetes.

"Knowledge is necessary but not sufficient for change," Dr. Snow said, noting that all internists have extensive training in diabetes care.

"It's not necessarily that our members don't know what to do. We need to empower them to do that in their real-life practices. What has been shown is that multifaceted and multi-intervention educational programs are what works. You have to hit people over the head many, many times in many different ways to make sure that new things are implemented and that they don't disappear once



Dr. Vincenza Snow (left) and Dr. Alan C. Moses describe the initiative to better diabetes care at the ACP's annual meeting.

the intervention goes away."

The initiative was inaugurated at the ACP annual meeting with a diabetes track consisting of 16 workshops and courses. This track will be a feature of future annual meetings, and clinical skills modules will be offered at local chapter meetings.

Other parts of the program will be introduced at a rapid pace, Dr. Snow said. For example, enhanced diabetes information will become part of the ACP's Web-based point-of-care decision support tool, Physicians' Information and Education Resource (PIER); the medical knowledge self-assessment program (MKSAP); and the

college's Web site ([www.acponline.org](http://www.acponline.org)).

Versions of MKSAP will be developed for nonphysician members of the diabetes management team.

And ACP will develop a self-management tool kit to help patients become working partners with their health care providers in diabetes care. These materials, available in both English and Spanish, will include versions intended for patients whose literacy is at the third- or fourth-grade level.

Additionally, ACP will develop a Web portal collecting all of its diabetes information in one place, offering clinical decision support, CME credit, and the latest research in diabetes care.

"Beating diabetes is our passion, not just our business," said Alan C. Moses, M.D., vice president of medical affairs for Novo Nordisk. "We try to distinguish ourselves from other companies by acting in accordance with our triple-bottom-line principle, [which] emphasizes a commitment not only to the economic success of the business, but just as importantly, to environmental soundness and social responsibility."

The initiative will include a research component that will assess measurable outcomes as the project progresses.

"I hope that 3 years from now we'll be here again talking about the positive results of the project and the real changes that have occurred in diabetes care," Dr. Francis said. ■