# ACP Releases Three Disease Management Tools

***The college hopes the new tools will help patients to participate better in their overall diabetes care.***

BY MARY ELLEN SCHNEIDER
*New York Bureau*

SAN DIEGO — Physicians and patients now have new tools available for diabetes management.

The American College of Physicians and the ACP Foundation capped off a 3-year diabetes initiative with the release of three new products—a patient care guide to living with diabetes, a team-based practice manual and self-assessment program, and an online portal with diabetes management resources. The tools were released last month at the annual meeting of the ACP.

The ACP diabetes initiative was funded by a $9.27-million unrestricted grant from Novo Nordisk.

"The purpose of these products is for all of them to work together," said Dr. Vincenza Snow, director of clinical programs and quality of care at ACP.

Both the patient and physician materials have similar messages, such as setting attainable goals, she said. One of the aims of providing these tools is to better enable patients to participate in their care, especially in setting goals for their treatment, Dr. Snow said.

At a press briefing, she and other speakers discussed each of these three tools in detail.

► **The team-based diabetes care guide.** The care guide was designed as a resource for all members of a multidisciplinary diabetes care team, including internists, endocrinologists, nurses, physician assistants, and diabetes educators. The ACP plans to distribute 100,000 copies of the guide for free to members of diabetes care teams. "We want the entire practice team using this manual together," Dr. Snow said.

The guide helps providers to assign their team roles and get out of their "silos." In many cases, providers may think they are working in a team, but they are really functioning as individuals, Dr. Snow said.

The guide includes a printed practice manual and a CD-ROM with electronic versions of the tools and multiple-choice questions and critiques. Among the tools are practical tips for assessing care and implementing quality improvement programs, information on population-based care, and a tutorial on patient registries. The materials can also be used to earn continuing medical education credits, Dr. Snow said.

► **The patient guide.** This guide is available in English and Spanish and was developed with the input of more than 100 patients with diabetes, health care providers, and health literacy experts, said Dr. Hilary K. Seligman, of the University of California, San Francisco. Dr. Seligman was part of the team that developed the patient guide.

The patient guide focuses on diet, exercise, checking blood sugar, keeping track of medications, and taking insulin. The full-color booklet includes practical tips about portion sizes and getting active, and features patient quotes about what works for them. Unlike some other patient education materials, the booklet has photos of real diabetes patients in their own homes, Dr. Seligman said.

**The purpose of the three new diabetes management tools is for all of them to work together.**

**DR. SNOW**

The patient guide was simultaneously produced in Spanish—not translated into Spanish—and is augmented with different photos of Spanish-speaking patients.

"Our guiding philosophy in creating this guide was that diabetes care takes place in the patient's home," Dr. Seligman said. "The vast majority of diabetes care is done by the patient on an everyday basis, and not by the physician."

But although the guide was developed to be patient centered, physicians and other members of the care team shouldn't stop at simply handing out the guide, Dr. Seligman said. The patient guide was designed to be a framework around which the clinical team could teach patients how to create an action plan. The idea is for any member of the care team to be able to teach patients to create an action plan in 2-4 minutes.

The preliminary results of an evaluation of the patient guide show that of about 225 patients who tested it, about three-fourths were able to make small behavioral changes after 1 month, Dr. Seligman said. The preliminary data also show that diabetes-related distress decreased and self-efficacy improved with use of the guide. The initial feedback from providers who tested the guide has also been positive, Dr. Seligman said.

► **The online diabetes portal.** The portal, which can be found online at http://diabetes.acponline.org, provides resources for both patients and health care providers. The site will include evidence-based guidance but was not designed to be a scholarly Web site, Dr. Snow said. "We want this to be a very practical resource." ■

*The diabetes tools can be ordered online at http://diabetes.acponline.org.*

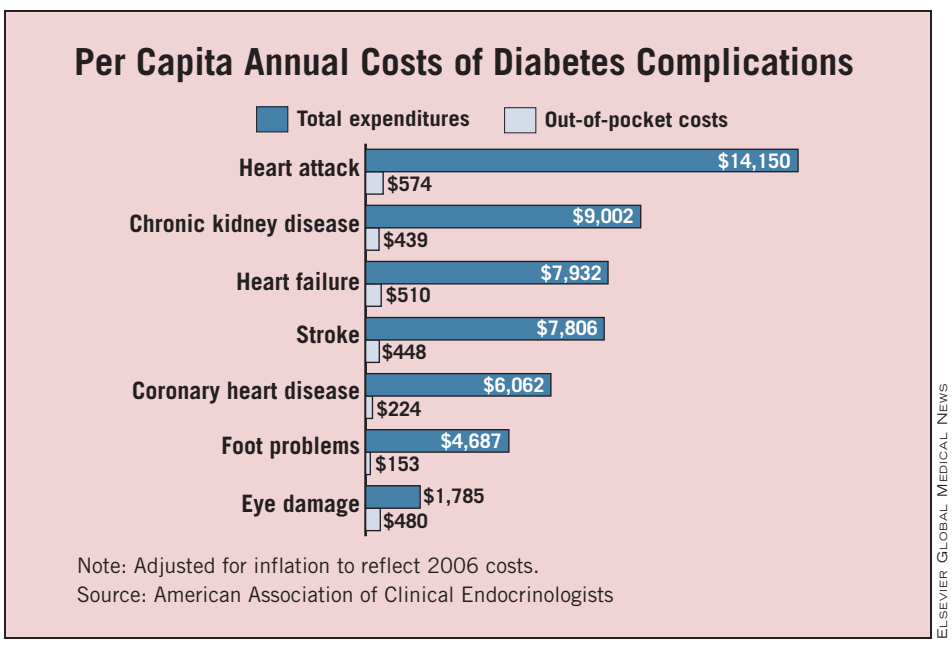
# Diabetes Complications Cost More Than $22 Billion in 2006

BY MIRIAM E. TUCKER
*Senior Writer*

The cost of diabetes complications in the United States topped $22 billion in 2006, according to a new report released at the annual meeting of the American Association of Clinical Endocrinologists.

The report, titled State of Diabetes Complications in America, is part of an educational campaign sponsored by AACE in collaboration with a "diabetes complications consortium" comprising the Amputee Coalition of America, Mended Hearts (a nationwide patient support group affiliated with the American Heart Association), the National Federation of the Blind, and the National Kidney Foundation. The project is funded by GlaxoSmithKline.

"There is a rather linear progression between how poorly controlled the diabetes is and how long it's poorly controlled, and whether you [develop] complications. So, the earlier you intervene and the more aggressively you intervene, the lower your risk for developing complications. We have known this for some time. What's remarkable about this report is that despite knowing this and despite having the tools to control blood glucose, we are still getting this high burden of complications," Dr. Daniel Einhorn, secretary of AACE's board of directors, said at a press briefing held during the AACE annual meeting.




ELSEVIER GLOBAL MEDICAL NEWS

Data from the 1999-2004 National Health and Nutrition Examination Survey (NHANES) suggest dramatic differences in both macrovascular and microvascular disease between people with diagnosed type 2 diabetes and those without (see box). Heart attack, for example, occurs in 9.8% of diabetic patients, compared with 1.8% of those with normal blood glucose levels; coronary heart disease in 9.1% vs. 2.1%; and stroke in 6.6% vs. 1.8%.

As expected, microvascular complications affect people with diabetes even more disproportionately: 27.8% vs. 6.1% for chronic kidney disease and 22.9% vs. 10% for foot problems (including amputations, foot lesions, and numbness). Retinopathy was assessed among only NHANES participants who reported a diagnosis of diabetes, with the question "Have you been told diabetes has affected your eyes/had retinopathy?" The proportion responding affirmatively was 18.9%.

Overall, 58% of those with diagnosed diabetes reported having one or more microvascular and/or macrovascular complications. Approximately 33% reported one complication, 10% had two, and nearly 7% had three.

Annual direct health care costs were assessed from the 2000, 2002, and 2004 Medical Expenditure Panel Survey. The total per capita cost of diabetes plus its complications (adjusted for inflation to reflect 2006 dollar amounts) was $9,797, of which $1,566 was out of pocket. In contrast, the total cost for people with diabetes but experiencing the same rate of complications as those without diabetes totaled $8,039, while the cost for people without diabetes (and with average complication rates) was $2,848.

Total annual direct expenditures were $22.9 billion for diabetes complications alone and $57.1 billion for diabetes plus its complications. Out-of-pocket costs were $1.8 billion and $8.4 billion, respectively. Those amounts don't include costs attributed to lost employment or productivity, premature death, or disability.

Among the complications, the most expensive per patient was heart attack, at $14,150, followed by chronic kidney disease ($9,002), congestive heart failure ($7,932), and stroke ($7,806). Among the microvascular complications, the total per-patient expenditure for foot problems was $4,687 and for eye damage (including retinopathy, cataracts, glaucoma, and blindness), $1,785.

The diabetes complications consortium was formed "to provide helpful information to people with type 2 diabetes about how to reduce the risk of the health complications associated with the disease, as well as support and encouragement to people who have experienced these serious health problems." The group's Web site is www.stateofdiabetes.com. ■

Pages 14a—14b