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Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke

Strategies for Preventing and Managing Diabetes and Heart Disease and Stroke

Category A: Diabetes Management and Type 2 Diabetes Prevention Strategies				
Strategy	References that Provide Evidence Base for Recommending these Strategies			
A1: Improve access to and participation in ADA-recognized/AADE-accredited DSMES programs in underserved areas	 2017 National Standards for Diabetes Self-Management Education and Support. Diabetes Care. 2017; 40:1409–1419. Retrieved from http://care.diabetesjournals.org/content/40/10/1409.full-text.pdf. Klein HA, Jackson SM, Street K, Whitacre JC, Klein J. Diabetes self-management education: miles to go. Nurs Res Pract. 2013:581012. Powers, MA, Bardsley, J, Cypress, M, et al. Diabetes Self-management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. Diabetes Care. Jul 2015; 38(7): 1372-1382. https://doi.org/10.2337/dc15-0730 Morgan JM, Mensa-Wilmot Y, Bowen S, Murphy M, Bonner T, Rutledge S, et al. Implementing Key Drivers for Diabetes Self-Management Education and Support Programs: Early Outcomes, Activities, Facilitators, and Barriers. Prev Chronic Dis 2018;15:170399. DOI: http://dx.doi.org/10.5888/pcd15.170399 			
A2: Expand or strengthen DSMES coverage policy among public or private insurers or employers, with emphasis on one or more of the following: Medicaid and employers	 2017 National Standards for Diabetes Self-Management Education and Support. Diabetes Care. 2017; 40:1409–1419. Retrieved from http://care.diabetesjournals.org/content/40/10/1409.full-text.pdf. Powers, MA, Bardsley, J, Cypress, M, et al. Diabetes Self-management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. Diabetes Care. Jul 2015; 38(7): 1372-1382. https://doi.org/10.2337/dc15-0730 Morgan JM, Mensa-Wilmot Y, Bowen S, Murphy M, Bonner T, Rutledge S, et al. Implementing Key Drivers for Diabetes Self-Management Education and Support Programs: Early Outcomes, Activities, Facilitators, and Barriers. Prev Chronic Dis 2018;15:170399. DOI: http://dx.doi.org/10.5888/pcd15.170399 			
A3: Increase engagement of pharmacists in the provision of medication management or DSMES for people with diabetes	 2017 National Standards for Diabetes Self-Management Education and Support. Diabetes Care. 2017; 40:1409–1419. Retrieved from http://care.diabetesjournals.org/content/40/10/1409.full-text.pdf. Centers for Disease Control and Prevention. Collaborative Practice Agreements and Pharmacists' Patient Care Services. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. https://www.cdc.gov/dhdsp/pubs/docs/Translational Tools Pharmacists.pdf Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process. 2014 https://jcpp.net/wp-content/uploads/2015/09/Patient Care Process Template Presentation-Final.pdf. Klein HA, Jackson SM, Street K, Whitacre JC, Klein J. Diabetes selfmanagement education: miles to go. Nurs Res Pract. 2013:581012. 			

Patient-Centered Primary Care Collaborative. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes – Resource Guide. 2nd ed. 2012. https://www.pcpcc.org/sites/default/files/media/medmanagement.p Powers, MA, Bardsley, J, Cypress, M, et al. Diabetes Self-management Education and Support in Type 2 Diabetes: A Joint Position Statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. Diabetes Care. Jul 2015; 38(7): 1372-1382. https://doi.org/10.2337/dc15-**A4:** Assist health care Albright, Ann L., and Edward W. Gregg. Preventing type 2 diabetes in organizations in communities across the US: The National Diabetes Prevention Program. American Journal of Preventive Medicine 44.4 (2013): S346implementing systems to identify people with S351. https://doi.org/10.1016/j.amepre.2012.12.009 prediabetes and refer them Centers for Disease Control and Prevention. 2018 CDC Diabetes to CDC-recognized Prevention Recognition Program Standards. Atlanta, GA: Centers for lifestyle change programs Disease Control and Prevention, U.S. Department of Health and Human for type 2 diabetes Services. https://www.cdc.gov/diabetes/prevention/pdf/dprpprevention standards.pdf 3. Centers for Disease Control and Prevention. The National Diabetes Prevention Program. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. https://www.cdc.gov/diabetes/prevention/index.html 4. Centers for Disease Control and Prevention. Resources for Health Care Professionals. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. https://www.cdc.gov/diabetes/prevention/lifestyle-program/resources/ professionals.html 5. Centers for Disease Control and Prevention. Community-Clinical Linkages for the Prevention and Control of Chronic Diseases: A Practitioner's Guide. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2016. https://www.cdc.gov/dhdsp/pubs/docs/ccl-practitioners-guide.pdf 6. Centers for Disease Control and Prevention. *Preventing Type 2* Diabetes: A Guide to Refer Your Patients with Prediabetes to an Evidence-based Diabetes Prevention Program. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. https://preventdiabetesstat.org/toolkit.html 7. National DPP Customer Service Center https://nationaldppcsc.cdc.gov/s/ **A5:** Collaborate with Albright, Ann L., and Edward W. Gregg. Preventing type 2 diabetes in communities across the US: The National Diabetes Prevention payers and relevant public and private sector Program. American Journal of Preventive Medicine 44.4 (2013): S346organizations within the S351. https://doi.org/10.1016/j.amepre.2012.12.009 state to expand availability 2. Centers for Disease Control and Prevention. *National DPP Coverage* of the National DPP as a Toolkit. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Service. www.coveragetoolkit.org covered benefit for one or more of the following 3. Centers for Disease Control and Prevention. 2018 CDC Diabetes groups: Medicaid Prevention Recognition Program Standards. Atlanta, GA: Centers for beneficiaries; state/public Disease Control and Prevention, U.S. Department of Health and Human employees; employees of Services. https://www.cdc.gov/diabetes/prevention/pdf/dprpprivate sector organizations standards.pdf Centers for Disease Control and Prevention. Diabetes Prevention Impact

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A6: Implement strategies to increase enrollment in CDC-recognized lifestyle change programs	2. Cee Pro Dis See Sta Dis See Dis See See Sta	bright, Ann L., and Edward W. Gregg. "Preventing type 2 diabetes in mmunities across the US: The National Diabetes Prevention ogram." <i>American Journal of Preventive Medicine</i> 44.4 (2013): S346-51. https://doi.org/10.1016/j.amepre.2012.12.009 nters for Disease Control and Prevention. <i>2018 CDC Diabetes evention Recognition Program Standards</i> . Atlanta, GA: Centers for sease Control and Prevention, U.S. Department of Health and Human rvices. https://www.cdc.gov/diabetes/prevention/pdf/dprp-ndards.pdf nters for Disease Control and Prevention. <i>Addressing Chronic sease through Community Health Workers</i> . Atlanta, GA: Centers for sease Control and Prevention, U.S. Department of Health and Human rvices; 2018. https://www.cdc.gov/diabetes/prevention/pdf/dprp-ndards.pdf
A7: Develop a statewide infrastructure to promote long-term sustainability/reimburseme nt for Community Health Workers (CHWs) as a means to establish or expand their use in a) CDC-recognized lifestyle change programs for type 2 diabetes prevention and/or b) ADA-recognized/AADE-accredited DSMES programs for diabetes management	1. 20 Su htt 2. All con Pro S3 3. Ce Pro Dis Sen sta 4. Ce Dis	17 National Standards for Diabetes Self-Management Education and pport. Diabetes Care. 2017; 40:1409–1419. Retrieved from p://care.diabetesjournals.org/content/40/10/1409.full-text.pdf. bright, Ann L., and Edward W. Gregg. "Preventing type 2 diabetes in mmunities across the US: The National Diabetes Prevention ogram." American Journal of Preventive Medicine 44.4 (2013): S346-51. https://doi.org/10.1016/j.amepre.2012.12.009 Inters for Disease Control and Prevention. 2018 CDC Diabetes evention Recognition Program Standards. Atlanta, GA: Centers for sease Control and Prevention, U.S. Department of Health and Human rvices. https://www.cdc.gov/diabetes/prevention/pdf/dprp-indards.pdf Inters for Disease Control and Prevention. Addressing Chronic sease through Community Health Workers. Atlanta, GA: Centers for sease Control and Prevention, U.S. Department of Health and Human rvices; 2018. https://www.cdc.gov/dhdsp/docs/chw_brief.pdf

Category B: Cardiovascular Disease Prevention and Management		
Strategy	References that Provide Evidence Base for	
	Recommending these Strategies	

B1: Promote the adoption and use of electronic health records (EHRs) and health information technology (HIT) to improve provider outcomes and patient health outcomes related to identification of individuals with undiagnosed hypertension and management of adults with hypertension	Centers for Disease Control and Prevention. Implementing clinical decision support systems. Best Practices for Cardiovascular Disease Prevention Programs: A Guide to Effective Health Care System Interventions and Community Programs Linked to Clinical Services. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2017: 43-47.
B2: Promote the adoption of evidence-based quality measurement at the provider level (e.g. use dashboard measures) to monitor healthcare disparities and implement activities to eliminate healthcare disparities	Centers for Disease Control and Prevention. Implementing clinical decision support systems. Best Practices for Cardiovascular Disease Prevention Programs: A Guide to Effective Health Care System Interventions and Community Programs Linked to Clinical Services. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2017: 43-47.
B3: Support engagement of non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings	Centers for Disease Control and Prevention. Promoting team-based care to improve high blood pressure control. Best Practices for Cardiovascular Disease Prevention Programs: A Guide to Effective Health Care System Interventions and Community Programs Linked to Clinical Services. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2017: 18-22.
B4: Promote the adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification	Centers for Disease Control and Prevention. Pharmacy: Community pharmacists and medication therapy management. Best Practices for Cardiovascular Disease Prevention Programs: A Guide to Effective Health Care System Interventions and Community Programs Linked to Clinical Services. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2017: 55-59.
B5: Develop a statewide infrastructure to promote sustainability for CHWs to promote management of hypertension and high blood cholesterol	Centers for Disease Control and Prevention. Integrating community health workers on clinical care teams and in the community. Best Practices for Cardiovascular Disease Prevention Programs: A Guide to Effective Health Care System Interventions and Community Programs Linked to Clinical Services. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2017: 50-54.
B6: Facilitate use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension	Centers for Disease Control and Prevention. Self-measured blood pressure monitoring with clinical support. Best Practices for Cardiovascular Disease Prevention Programs: A Guide to Effective Health Care System Interventions and Community Programs Linked to Clinical Services. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2017: 28-32.
B7: Implement systems to facilitate systematic referral of adults with hypertension and/or high blood	Centers for Disease Control and Prevention. Self- management support and education. <i>Best Practices for</i>

cholesterol to community programs/resources	Cardiovascular Disease Prevention Programs: A
	Guide to Effective Health Care System Interventions
	and Community Programs Linked to Clinical
	Services. Atlanta, GA: Centers for Disease Control
	and Prevention, US Dept of Health and Human
	Services; 2017: 33-37.

ⁱ Electronic source: https://www.cdc.gov/dhdsp/pubs/docs/Best-Practices-Guide-508.pdf