saturday, AUG. 6

DAILY news

AADE 11
ANNUAL MEETING
& EXHIBITION

diabetesseducator.org/annual

General Session host Joe Popp provides a light moment during the Friday morning session. See page 13 for more photos.

Today's schedule-at-a-glance

7:30 AM–4 PM
REGISTRATION OPEN
MANDALAY BAY FOYER

9–10:30 AM
CLOSING GENERAL SESSION
MANDALAY BAY BALLROOM

10:45 AM–12:15 PM
CONCURRENT BREAKOUT SESSIONS

12:45–2:15 PM
CONCURRENT BREAKOUT SESSIONS

2:45–4:15 PM
CONCURRENT BREAKOUT SESSIONS

See you next year

AADE 12
Annual Meeting & Exhibition
Indianapolis
Aug. 1–4, 2012

Personalized care is key to re-inventing health care

Paul Tang, MD, MS: 'If you were in control of the world, would you design the health system we have now?'

Providing personalized care using health information technology and engaging patients as part of the healthcare team to meet their individual needs is key to re-inventing the U.S. healthcare system and improving the health of the patients diabetes educators serve.

"If you were in control of the world, would you design the health system we have now?" asked Friday's keynote speaker Paul Tang, MD, MS, vice president and chief innovation and technology officer at the Palo Alto Medical Foundation in California and consulting associate professor of medicine at Stanford University.

The answer from the audience, of course, was a resounding no. "Why don't we change it then?" Dr. Tang asked. "The people in this room are the folks who do health care every day. The people in Congress don't do that. . . . So, collectively, we have to take the initiative."

The current health system costs too much and needs to be reformed to improve quality and efficiency. One way to improve care is through the use of electronic health records (EHRs) and other forms of health information technology, he said, yet only 17 percent of U.S. physicians currently use EHRs.

Health information technology got a boost from the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act, which calls for universal use of EHRs by 2014. The act provides financial incentives for the "meaningful use" of EHRs to improve the way health care is delivered. But if Medicare providers are not using health information technology after 2015, financial penalties kick in.

"Meaningful use" of health information technology means to use technology to improve the quality, safety and efficiency of health care and reduce disparities in the

see RE-INVENTING, page 4

Comprehensive therapy required to control hypertension in African-Americans

African-Americans with diabetes are more likely to develop hypertension and more severe forms of hypertension than other racial and ethnic groups. They also are more likely to develop complications associated with hypertension, including stroke, kidney disease and heart disease.

In a breakout session Wednesday developed on behalf of the AADE African-American Committee Interest Group, three speakers explored "Controlling Hypertension in African-Americans with Diabetes" by examining therapeutic lifestyle changes, pharmacologic therapy, nutritional interventions and barriers to achieving blood pressure control.

"Recent consensus on the treatment of hypertension in African-Americans with diabetes suggests that a comprehensive lifestyle approach, including nutrition, and the use of combination medication therapy is required to reach targeted blood pressure goals in this population," said Denine Rogers, RD, LD, nutritional telemedicine consultant with Wellpoint Health Management Corporation, Atlanta.

The reasons for the greater incidence of hypertension in African-Americans include stress, diet and social status. Racial bias "likely plays a role," Rogers said. Lack of access to regular health care for some African-Americans is also a factor.

Adeola Akindana, RN, MSN, CDE

A comprehensive program of lifestyle modification, including weight loss, physical activity and pharmacologic therapy is needed to help African-Americans with diabetes control hypertension and its complications, she said.

The initial indication for initiating antihypertensive drug therapy is a blood pressure of 140/90 mmHg or greater, usually starting with a thiazide diuretic and progressing to two or more medications when blood pressure reaches 160/100 mmHg or greater, said Adeola Akindana, RN, MSN, CDE, a diabetes research

see HYPERTENSION, page 4

Technology advancements enhance member experience

Video imagery of now-obsolete devices flashed across the screen at Friday's General Session, serving to remind diabetes educators how far technology has come and how it has changed the lives of individuals with diabetes.

"We've come a long way from the 'black brick' meter that weighed in at 3 pounds," said AADE Chief Executive Officer Lana Vukovljak, MA, MS, who illustrated how diabetes tools and treatment methods, diabetes educators and even the AADE have evolved over the years.

Beyond smaller and more sensitive meters and more integrated pens and pumps, patients now can access a wealth of information and tools at their fingertips.

"They have access to websites, podcasts, videos, chat rooms, online calorie counters and activity trackers," Vukovljak said. "And the explosion of mobile apps for diabetes and health management has been staggering."

With all of these changes, the job of a

see TECHNOLOGY, page 12

IN THIS ISSUE Today's Focus: Cultural Disparities track

get annual meeting news at aade-365.ascendeventmedia.com

Vegan diets help reduce prevalence of type 2 diabetes

Diet is key to controlling diabetes, but some healthcare professionals say the best strategy for success is a plant-based diet with ties to Native Americans in the Southwest.

The diet is based on the use of "the three sisters" — corn, beans and squash — to reduce calorie consumption and allow patients with diabetes to stop using some medical treatments, as reported in a session Wednesday. Two presenters discussed diet and Native American cuisine during the concurrent breakout session "Ancestral Diets for Modern-Day Native Americans: Reclaiming Health, Healing Diabetes."

"The diet of the three sisters is a Native American tradition," said Caroline Trapp, MSN, APRN, BC-ADM, CDE, director of diabetes education and care with the Physicians Committee for Responsible Medicine (PCRM). "It is a new approach that is centuries old."

The plant-based diet falls in line with other research showing that vegan diets have had the greatest success at lowering body mass index (BMI) compared with diets that include fish and animal meats, she said.

"As animal foods increase in the diet, the prevalence for type 2 diabetes increases," Trapp said.

The Adventist Mortality Study looked at almost 25,000 people ages 30-89 who were directed to not smoke, and about half did not eat meat. The nonvegetarians had a BMI of 28.9. As different diet groups reduced meat and fat intake, their BMI were lower, with vegans having a BMI of 23.6.

The prevalence of type 2 diabetes followed the same pattern, with 7.6 percent of nonvegetarians having type 2 diabetes and each diet group's numbers falling. The vegan group had the lowest incidence of type 2 diabetes — 2.9 percent.

Another study of 99 people with type 2 diabetes over 74 weeks compared those on a low-fat vegan diet with no portion control to a control group whose members followed American Diabetes Association guidelines in a low-fat diet with portion control.

"After 22 weeks, the people on the vegan diet had their A1C drop almost three times as much as the other group," Trapp said. "This has the potential to turn diabetes around.

"It is not going to cure everybody," she said. "Some have insulin deficiency. It has the potential to slow things down and reverse the progression to diabetes."

Lois Ellen Frank, PhD, of the Institute of American Indian Arts, focused on the plant-based diet. She is a former chef who has studied the development of the Native American foods movement that supports the revitalization of the traditional Native American cuisine. The cuisine is based on the three sisters diet with other plants such as chiles and tomatoes added.

"These foods are becoming attractive, and they are healthy," Dr. Frank said, adding that the movement is trying to teach Native American children to follow the traditional diet of their ancestors. "I want to see native people healthy."

Caroline Trapp presents evidence of the value of the centuries-old three sisters diet.

Using the three sisters diet as a base, Lois Ellen Frank recommended adding other plants, such as chiles.

continued from HYPERTENSION, page 1

nurse with Prince George's Hospital Center, Cheverly, Md.

Some groups recommend treating African-Americans with diabetes and chronic kidney disease at a lower blood pressure threshold and targeting a treatment goal of 130/80 mmHg.

After initial therapy with diuretics, drug therapy for hypertensive African-Americans usually starts with an ACE inhibitor or angiotensin II receptor blocker, Akindana said. Many African-Americans may require two or three antihypertensive drugs to achieve control, including beta-blockers, calcium channel blockers and renin inhibitors to protect from kidney damage.

Constance Brown-Riggs, MSEd, RD, CDE, CDN, healthcare author, and owner and president of CBR Nutrition Enterprises, a nutrition counseling service in Massapequa, N.Y., described the benefits of the DASH (Dietary Approach to Stop Hypertension) diet in helping patients reduce blood pressure.

The DASH diet emphasizes nutrient-rich, low-fat dairy products, fruits and vegetables. It provides needed calcium, potassium, fiber, magnesium and vitamins A, C and E.

The DASH diet trial demonstrated that in patients with mild hypertension it can be as effective as a single antihypertensive medication in reducing blood pressure and that African-Americans benefited more than other population groups, Brown-Riggs said.

Barriers to achieving lifestyle changes among African-Americans, such as losing weight and being more physically active, include cultural factors such as a greater acceptance of large body sizes, the speakers said.

Environmental influences include commercials that promote unhealthy eating, the higher cost of healthy foods versus junk food, a lack of free exercise facilities and a lack of information about how to prevent hypertension.

continued from RE-INVENTING, page 1

delivery of care. Use of technology is also meaningful if it engages patients and their families in health care and improves care coordination.

"If we don't have this health technology infrastructure, you and I can't do our jobs — helping patients manage their disease and their health. HITECH has stimulated laying down the technology infrastructure and causing providers to put in electronic health records where we work," Dr. Tang said.

"The meaningful use provision is also bringing patients to the table," he noted. "But first, we have to understand what patients need."

Dr. Tang suggested that healthcare providers, including diabetes educators, look at health care from the patient's perspective and develop personalized electronic health records that reflect the patient's health goals and concerns.

For example, an individual with type 2 diabetes might say he or she wants to live to be 90. In response, the diabetes educator can say that to reach that goal, the individual needs to worry about excessive weight, high cholesterol, hyperglycemia and other relevant health factors. Then the educator can provide the specific information and tools the individual needs to manage his or her disease, he said.

Health information technology can help educators provide information and tools to patients online and through such technologies as smartphones. It also enables educators to receive feedback from patients so they can learn how effective the tools are.

"We should try to give patients all of the tools they need to make decisions to control their behaviors and a disease that can be pretty ravishing. Our goal is to transform patients so they can manage the disease themselves," he said.

"We need to put in place an infrastructure that moves information around electronically so we can make it available to all patients and their caregivers," Dr. Tang said. "The new definition of patient-centered really means bringing patients onto the healthcare team."

General Session attendees chuckle at a quip from keynote speaker Paul Tang, MD.