



# Sweet Nothings

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## Spotlight on Sampson County

Submitted by: Donna Royal, RN

The Sampson County Health Department has been working hard to establish its brand new Diabetes Self-Management Program, and so far has seen much success. The program was introduced through an article that ran in our local newspaper. We then sent out letters to the individual doctors in our county, explaining the program and giving our contact information so they could set up times to talk with us if they wanted more information. The program was surprisingly well accepted, and we began receiving referrals almost immediately.

To introduce ourselves to the doctors face to face, we fixed folders with referrals and patient flyers and put them in hanging file folders. We took these to each office and introduced ourselves and told them what our service could provide to their patients. We were very well received, and have received many referrals than we had originally anticipated. The program has been going very well, but with more referrals we are also seeing ways that we can make the program better.

Sampson County is working to get the program as organized as possible because the patients that we have seen have had great results. We have seen a drop in A1c in most patients and have been very pleased to see weight loss in most of our patients. We have had weight loss ranging all the way up to 20 pounds!

Diabetes outreach presentations have also been provided through our program. We have several nutrition sites throughout the county. These are sites where the elderly can go each day for a low cost or free lunch. They also provide programs, entertainment and trips to the seniors so that they have something to do, and to keep busy during the day. The site managers call on a monthly basis to set up a day during the month when diabetes programs can be implemented. Each month a new topic is offered. Blood glucose screenings, portion control, foot care, increased risk for coronary artery disease, and diabetes and your kidneys has been presented thus far. This month the Diabetes Educator partnered with the Sampson County Partners for Healthy Carolinians to provide blood pressure screenings at each site. Literature, flyers and referral forms were distributed.

Another event we have coming up that is going to be great for the program is a 5K marathon that is going to be held here in Clinton. The marathon is being set up by Hope Works. The organization is asking for sponsors and also will be hosting a huge health fair in downtown Clinton after the marathon. The diabetes program is going to help sponsor the event and will in exchange have our name and logo appear on their t-shirts, flyers, cups, banners, etc. We will also be setting up during the health fair to provide information on diabetes. This event will take place in September, and we are very excited to be a part of it.

We are thrilled to have so much going on here in Sampson County and eager to watch this program grow! We are going to continue putting our best effort forward, to make sure that this program really makes a difference in the lives of our friends, families and neighbors here in Sampson County.

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### Remember



Data reports and PDSAs are due the 5th of each month.

### Data Update

June 2009

Total Number of Patients Seen: 622  
 New Patients: 39  
 Pre A1c: 8.0%  
 Post A1c: 7.1%  
 Foot Exams: 59%



## Melinda's Medication Moment

Submitted by Melinda Rummage, RN, CDE

**Alpha-glucosidase inhibitors:** Acarbose (Precose) and Miglitol (Glycet) work by slowing the absorption rate of sugar by the intestines from food. These drugs do not cause hypoglycemia. Hypoglycemia can occur when these drugs are used in combination with other oral diabetes medications and/or insulin.

Alpha-glucosidase inhibitors are very helpful for patients whose blood sugars go up after eating (postprandial hyperglycemia). They have proven helpful for people with [type 2 diabetes](#) who have not been able to keep their blood sugar levels within a safe range by eating a balanced diet, losing weight, and exercising. A good time to start using these drugs is when a patient is newly diagnosed with type 2 diabetes. They are effective when used with other medications, and work well especially when used with Metformin. People using Acarbose alone, tend not to gain weight and may even lose some.

The most common side effects are typically abdominal discomfort, excessive gas (flatulence), and diarrhea. You may be able to lessen this side effect by decreasing the amount of high-[carbohydrate](#) foods eaten. If you take one of these medications along with another medicine that lowers blood sugar (such as insulin or a sulfonylurea medication), your blood sugar level can drop very low. If your blood sugar level does drop too low, use glucose tablets—rather than other simple sugars such as fructose, lactose, or sucrose—to raise your blood sugar level. If you do not treat low blood sugar with glucose tablets, it may require more food to raise your blood sugar level than it would for a person who is not taking one of these medications.

Acarbose and miglitol may need to be taken 3 times per day, with each meal. The pill is taken with the first bite of food at the meal.

## NEWS FLASH!

The American Diabetes Association (ADA) confirms that the A1c test will be used for the diagnosis of diabetes. Fasting blood sugar tests will no longer be necessary to diagnosis diabetes. The A1c test can be done anytime without regard to meals. According to the ADA, an A1c value greater than or equal to 6.5% can be used for the diagnosis of diabetes, while those with an A1c level of greater than or equal to 6% but less than 6.5% are likely to be at highest risk for developing diabetes.

Details will be published in the July edition of Diabetes Care.

<http://www.diabetes.org>

## Fresh Market News From Pitt County

Jacqueline Sugg from Pitt County is involved in a nutrition education program that is held at the local farmers market in Pitt county. You can actually bring your family out to the Farmers Market to taste a free food sample and learn about the health benefits of fruits and vegetables, all while you shop for fresh produce at the Market. They also have food demonstrations and cookbooks on sale for only \$3. To keep them busy, there is a Kids Corner with activities available for children. Congratulations to Jacqueline Sugg, MS, RD, LDN from the Pitt County HD for creating fun filled family activities around fruits and vegetables. Thanks for all you do to make our communities healthier.

## Carb Counting Quiz

If I go into Laura's office and pour out just 16 M&Ms (the equivalent of one-1.7oz package) how many grams of carbs are in those 16 M&Ms? Go to [www.calorieking.com](http://www.calorieking.com) to find out.

(Answer is on page 4)



## Prediabetes, Let's Do Something About It!

Submitted by: Melinda Rummage, RN, CDE

Because diabetes is a major cause of disability and death in North Carolina and in the nation, diagnosing the disease early is essential to prevent complications of diabetes and improve the quality of life of North Carolinians who have been diagnosed with diabetes. A new case of diabetes is diagnosed every thirty seconds in the U.S. It is the responsibility of the health care providers of North Carolina, to educate citizens about diabetes, types of diabetes, signs and symptoms of diabetes, those who are at risk, the causes of diabetes, management of the diabetes, and treatment of diabetes. When a patient has pre-diabetes, this is an excellent time to educate people about life style changes, rather than waiting until the person has been diagnosed with diabetes, because there a percentage of patients that can prevent the onset of diabetes from actually developing once life style changes are put into place.

Prevention is the key to living healthy. Once a person is diagnosed with a chronic disease then they spend the rest of their lives trying to keep up or ahead of health issues associated with the disease. More than 60 million Americans have pre-diabetes. Individuals with either impaired fasting glucose (IFG) or impaired glucose tolerance (IGT) are at high risk for type 2 diabetes. This is the definition of pre-diabetes. Over a 5-year period, approximately 30% to 40% of individuals with IGT or IFG develop type 2 diabetes. The guidelines for diagnosing pre-diabetes set by the American Diabetes Association (ADA) are as follows:

IFG: Fasting glucose level between 100 and 125 mg/dl. (5.6 and 6.9 mmol/L).

IGT: 2-hour post 75 gram glucose load glucose concentration of between 140 and 199 mg/dl. (7.8 and 11.0 mmol/L)

A joint statement from the American Cancer Society, American Diabetes Association, and American Heart Association calls for public health approaches to obesity prevention to reduce the risks of developing cancer and heart disease as well as diabetes. Rates of diabetes are related to environmental factors at the individual, family and community level. With respect to diabetes risk, key variables appear to include the level of activity and involvement with local establishments (businesses, churches, hospitals, schools, health departments, and parks and recreation departments), interactions with neighbors for community improvement, food selection (ability to make choices based on health or other values), recreational opportunities, and perceived safety.

The evidence-based support for lifestyle intervention to prevent type 2 diabetes that focuses on weight loss of at least 5% to 7% of initial body weight and a diet low in fat (<30% of calories from fat, <10% saturated fat) and high in vegetables and fiber, should be motivation enough for us all as educators to constantly be finding ways to motivate our patients and encouraging them to make these lifestyle changes a permanent part of their life. For more information go to: (information obtained from these 3 sites)

<http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram/>

North Carolina Diabetes Prevention and Control Fact Sheet 2009: Type I Diabetes (or Juvenile Diabetes) NC Division of Public Health. Diabetes Prevention and Control.

The Art and Science of Diabetes Self-Management Education. Published by the American Association of Diabetes Educators, 2006. Page 26, 29-39

## Carrot and Raisin Salad

Makes 4 Servings



### Ingredients:

- 8 oz. can crushed pineapple with juice
- 1/3 cup nonfat sour cream
- 1/3 cup nonfat mayonnaise or mayonnaise made with olive oil
- 6 cups grated carrots
- 1/2 cup raisins

### Directions:

Mix it all together and chill for 4 hours for flavors to marry.

**Nutrition Facts:** 1 cup of salad: 90 calories, 18g carbs, 1g fat, 1g protein



## Understanding Medicare and Medicaid Coverage for Patients with Diabetes

Eric Sternberg, OneSource Medical Group

Medicare is our country's basic health insurance program for people 65 years of age or older, or those people with disabilities who qualify. Medicare has four parts and you should understand the basic definitions as it applies to your benefits.

1. Part A – This covers hospital insurance, helps to pay for inpatient hospital care, skilled nursing facilities, rehab centers, and additional follow up services.
2. Part B - This helps pay for doctor visits, outpatient care, and additional other medical services such as DME supplies (Durable Medical Equipment). Part B covers these services up to 80% of what Medicare reimburses for these services leaving the remaining 20% to the patient. The great news is most Part B recipients have secondary or supplemental coverage that cover the remaining 20%. In the case that the patient does not have additional coverage they can contact the Centers for Medicare and Medicaid at [www.medicare.gov](http://www.medicare.gov) for financial help.
3. Part C – This coverage is available in many parts of the country. This refers to Medicare Advantage Plans, such as HMOs and PPOs, and the coverage is dependent on the financial contribution of the patient and the plans that are chosen. These plans should be explored at great length based on the financial commitment and the financial return the patient will receive in coverage.
4. Part D – This plan was designed by Medicare to help recipients pay for their prescriptions for pharmaceutical therapy. It's important that patients use this benefit for their pharmacy items and not their DME Benefits. Each patient should contact the Social Security Administration to find out how much money they have allocated in this benefit to best use Part D.

It is important that patients recognize the difference between Medicare and Medicaid. Medicare is a national program as described above, while Medicaid is typically run by state and state welfare programs and is designed to help persons of low income and limited resources. Since this will vary from state to state it is important that recipients understand what plans fit them best.

Now that we have an overview of government run healthcare programs it's important that we understand how choosing coverage affects those people with diabetes.

1. Part A – While this covers hospital and inpatient services, patients who require diabetes supplies are covered by Part A when they are an inpatient. It is important that you let your supplier know when you are in the hospital so they do not ship you product as they will not be able to bill on your behalf.
2. Part B - There is a yearly cost, (out of pocket deductible), that must be met prior to Medicare covering for your DME and diabetes supplies. Typically patients meet this deductible in the first few weeks of the year as they have doctor visits. Again, as stated in the first page, Medicare will cover 80% of patients' supplies leaving the remaining 20% to be covered by the patient, typically by their secondary or supplemental insurance. If the patient doesn't have this additional coverage they can request financial hardship if they qualify and visit [www.medicare.gov](http://www.medicare.gov) for financial guidance.
3. Part C - These Advantage Plans can help patients with parts A, B, & D plans, but again, each plan has different premiums which can be costly for patients and limit DME products and medical services, so it is important that patients make good choices if they pursue this benefit path.
4. Part D - It is important that this benefit only be used for your pharmacy items. While DME/diabetes supplies can be covered under this plan, this can prove to be financially restrictive to patients with diabetes. Patients who use this coverage for their diabetes supplies will pay a premium. They will be expected to pay a co-pay out of their pocket and the rest of their retail payment for these supplies will be pulled from the Part D bucket causing the patient to hit their financial "Donut Hole" at a faster pace.

**(Continued on page 5)**

## **Answer to Carb Counting Quiz on Page 2**

Answers is 34g carbs and 240 calories. Remember to tell your patients that foods that fall outside the food guide pyramid should equal 100-150 calories or less. Meaning, if I really want these M&Ms, I better only have 8.

**(Continued from page 4)**

What does Part B cover for Diabetes Supplies?

Part B will cover a new Blood Glucose Meter every five years, a new Lancet Device every six months, 90 days worth of test strip supplies, 90 days of lancets, syringes, 90 days of Insulin Pump supplies for patients on an Insulin Pump. If a patient is on an Insulin Pump then Part B will pay for insulin. Patients not using insulin are covered for one testing per day; patients on insulin are covered for 3 times per day testing. Although your doctor can write a prescription order for more or less testing utilization, the patient must substantiate that order with a written statement every six months supporting their testing habits. This will allow for Medicare to cover and reimburse for your testing utilization. Again Part B will only cover these supplies at 80% leaving the remaining 20% for the patient to cover with their additional coverage, pay out of pocket, or qualify for federal assistance.

It is critical that a patient who has Part B coverage use a DME (Durable Medical Equipment) company that is qualified to accept assignment to bill Medicare on behalf of the patient. The patient should ask their healthcare professional team if they have a preferred company as these companies should be nationally accredited and hold a national Medicare license and should also hold a Medicaid license as well as an HME (Home Medical Equipment) license in order to service patients with diabetes appropriately. Patients who have Part B coverage should not pay any money up front for their diabetes supplies. If they are then they are not using their benefits to the best advantage. These patients should ask their healthcare team how to best use their benefits or again visit [www.medicare.gov](http://www.medicare.gov) to ask questions.

[www.diabetesincontrol.com](http://www.diabetesincontrol.com) May 2009

## Did You Know?

**Cholesterol Drug Cuts Amputation Risk in Diabetes:** Treating Type 2 diabetes patients with fenofibrate, a cholesterol-lowering drug, cuts the risk of a first diabetes-related limb amputation by 36%, according to a new study. Overall, the risk of first amputation was 36% lower for all patients given fenofibrate compared to those given placebo. The risk of minor amputation in patients who did not have large vessel disease was even lower, 47%, for those who took the drug compared to those who got the placebo.

*The Lancet, May 19, 2009*

**Keeping Diabetes Under Control Still Difficult for Many Americans:** Only slightly more than half of the 18 million Americans diagnosed with diabetes had their blood sugar, cholesterol, and blood pressure under optimum control in 2006, according to the latest News and Numbers from the Agency for Healthcare Research and Quality. In 2006, 57% percent of blacks and 62% of Mexican Americans with diabetes did not have their blood sugar levels under control, compared with 40% of non-Hispanic whites with diabetes. *This AHRQ News and Numbers summary is based on data from the 2008 National Healthcare Disparities Report.*

[www.diabetesincontrol.com](http://www.diabetesincontrol.com)

## On-Line Calculator From ADA

ADA has an online calculator to determine estimated Average Glucose (eAG) and here's a table of calculations that have already been done.

A1C	eAG	eAG
%	mg/dl	mmol/l
6	126	7.0
6.5	140	7.8
7	154	8.6
7.5	169	9.4
8	183	10.1
8.5	197	10.9
9	212	11.8
9.5	226	12.6
10	240	13.4

<http://professional.diabetes.org/glucosecalculator.aspx>



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[www.ncdiabetes.org](http://www.ncdiabetes.org)



"I'm the Blood Sugar Fairy.  
If you can see me, yours is too low."

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[www.diabeteshealth.com](http://www.diabeteshealth.com)

## Resources

### A great resource for you and your patients:

[www.paddocklabs.com](http://www.paddocklabs.com)

On the left side of page: click on Diabetesource  
At top of page: click on Professional Publications and then click on Diabete-Source. There are tons of new and archived DiabeteSource newsletters, with many tops. Check it out! Recent topics include:

- Implementing Carbohydrate to Insulin Ratio for Type 1 Diabetes
- Patients
- Celiac Disease & Diabetes
- Danger! Danger! Hypoglycemia Unawareness
- Update on the Management of Type 2 Diabetes
- Attack of the Killer Postprandials

## Continuing Education

The ADA is doing a FREE webcast. There are 3 main topics that will be covered.

1. Issues that impede pt. behavior modification
  2. Characteristics of successful pt-provider behavior modification interactions
  3. Importance of empowering pts in behavior change goal-setting.
- to view and get FREE CEU go to: <http://professional.diabetes.org/ce>

Here's a resource for online continuing education for nurses. They have a current offer of 15 CE hours for only \$35.95. They are accredited by ACCC, which is accepted by the NC Board of Nursing and ADA.  
National Center of Continuing Education, Inc.

[www.nursece.com](http://www.nursece.com)

[www.cojoweb.com/ref-seniors.html](http://www.cojoweb.com/ref-seniors.html)

<http://www.resourcesforseniors.com/>

### Gestational Diabetes from Diagnosis to Delivery

Winston Salem: July 29

Greensboro: July 30th

Raleigh: July 31st

7:30am-3:30pm.

\$179 for 6 contact hours approved for RN, RD, CDEs and PAs.

[www.pesihealthcare.com](http://www.pesihealthcare.com)

### Diabetes and Depression

<http://www.diabetesatwork.org/DiabetesResources/ContinuingEducation.cfm>

### Continuing education through CDC

<http://www2a.cdc.gov/TCEOnline/>

### CE for Medical Professionals Emerging Peptide Hormone Therapies for the Treatment of Obesity

[http://www.vindicomeded.com/cmelc/et\\_monograph1208.asp](http://www.vindicomeded.com/cmelc/et_monograph1208.asp)

### Glucose Monitoring: A Case for Improved Outcomes

[http://www.rxschool.com/Course/info.cfm/course\\_id/543](http://www.rxschool.com/Course/info.cfm/course_id/543)