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COMMON PRACTICE

## **An Ounce of Prevention Equals a Pound of Cure**

The Performance Improvement and Quality Committee and Clinical Efficiency Committee have worked hard to produce clinical guidelines and thought processes around treatment of diabetes. This is the second of a four-part series on a topic that is common to many providers in Connected Care Partners. Certainly, an ounce of prevention is worth a pound of cure in diabetes management. Value is substantial due to the downstream spend of ESRD, CHF and vascular disease of all types. A multidisciplinary team has been integral in this effort. They are leading the charge to construct a diabetes prevention program for the patients of our region. The following is a brief synopsis of their efforts thus far.

Diabetes is a common and costly chronic disease. Almost 30 million Americans have diabetes, mostly Type 2, and more than \$300 billion was spent last year on treatment. Prediabetes is the preclinical state represented by blood sugars between the normal and diabetes ranges (Hgb A1c of 5.7-6.4; fasting glucose of 100-125 mg/dL, oral glucose tolerance test glucose of 150-199 mg/dL). It is estimated that prediabetes affects one in three American adults, and almost 90 percent of them are unaware of the diagnosis and related cardiovascular risks. The rate of prediabetes is higher for adults 65 and older at approximately 50 percent. In addition to increased risk of cardiovascular disease, those with prediabetes have a 15-30 percent chance of progressing to Type 2 diabetes in the next three to five years, which means we could see the prevalence of diabetes triple over that time period.

The good news is that diabetes can be delayed or prevented for those at the highest risk (individuals with prediabetes, women with history of gestational diabetes, and those with a strong family history of diabetes) with lifestyle changes such as regular exercise, modest weight loss and changes to nutrition. Over 20 years of research has shown that lifestyle changes are very effective and durable. The Diabetes Prevention Program has grown from the original research of the Diabetes Prevention Program trial, which showed a significant reduction in the risk for progressing to Type 2 diabetes for adults over 18 with prediabetes. The Diabetes Prevention Program is an evidence-based, year-long behavioral lifestyle change program delivered in a group format to participants with prediabetes or who are at very high risk for Type 2 diabetes.

Based on the Diabetes Prevention Program studies, lifestyle interventions including modest weight loss (5-7 percent) and regular exercise (at least

150 minute/week) reduce the risk of progression to Type 2 diabetes by 58 percent for adults over age 18 and 71 percent for adults over 60. This compares to 31 percent for metformin for adults 18 years and older. Long-term studies have shown continued effectiveness for the Diabetes Prevention Program. Over 15 years of research has shown the Diabetes Prevention Program to be durable, scalable and cost effective. Medicare now covers delivery of the Diabetes Prevention Program for eligible beneficiaries, and other large insurers have partnered with national organizations like the YMCA to deliver the program to members.

This team, working in concert with the American Medical Association, has implemented the diabetes prevention pilot in Tupelo since June 5. The vision is to continue to develop the diabetes prevention component as part of the diabetes management program. The wellness visit is a great opportunity for screening for prediabetes with fasting glucose, as well as developing a plan for the management of diabetes for the management of patients with diabetes. High quality diabetes care begins with prevention.

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