

PROFESSION

## AMA targets 2 diseases to improve outcomes in multiyear initiative

■ The Association's multimillion-dollar plan, part of a broader strategic direction announced in 2012, aims to prevent and treat cardiovascular disease and diabetes.

By KEVIN B. O'REILLY ([HTTP://WWW.AMEDNEWS.COM/APPS/PBCS.DLL/PERSONALIA?ID=KOREILLY](http://www.amednews.com/apps/pbcs.dll/personalia?id=koreilly)) amednews staff — Posted April 29, 2013

The American Medical Association announced in April that the first phase of its multiyear, multimillion-dollar initiative to improve health outcomes will focus on the prevention of two common, costly and often deadly conditions through better care for patients with uncontrolled hypertension and prediabetes.

The AMA will work with the YMCA of the USA to increase physician referrals to the Y's diabetes prevention program, which is an evidence-based approach to helping patients diagnosed with prediabetes increase physical activity and lose weight. Eighty million U.S. adults have prediabetes, but only about one in 10 is aware of it, according to the March 22 issue of the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*.

The AMA also will partner with the Johns Hopkins Armstrong Institute for Patient Safety and Quality in Baltimore to pilot a project to improve treatment and control of hypertension, in part by translating guidelines into evidence-driven checklists. Nearly 70 million Americans have hypertension, yet only about half have their blood pressure under control, the CDC says. Heart attacks and strokes kill about 350,000 Americans every year.

Together, the cost of treating patients with diabetes and heart disease exceeds \$500 billion a year, the AMA said.

“The toll of these two diseases — both in dollars and human suffering — is staggering,” said AMA President Jeremy A. Lazarus, MD. “That's why this is so urgent for America's physicians, and that's why the AMA is so determined in this pursuit of healthier people, better health care and lower health care costs.”

Dr. Lazarus unveiled the details of the initiative in an April 22 speech in Washington at the National Minority Quality Forum's 10th annual summit on racial and ethnic health disparities. Blacks, Hispanics and Native Americans have rates of diabetes or diabetic complications that are 50% to 100% higher than that of the general population, Dr. Lazarus noted in his talk.

The effort to improve health outcomes is the second major element of the Association's strategic direction — first announced in June 2012 by AMA Executive Vice President and CEO James L. Madara, MD — to be reported in detail.

In January, Dr. Madara announced a plan to award \$10 million in grants over five years to between eight and 10 medical schools that develop innovative plans to reshape medical education by focusing more on competency-based evaluation, patient safety and quality improvement. Thirty-one finalists were named in March, and recipients will be announced at the AMA Annual Meeting in June in Chicago.

The third element of the AMA's strategic direction focuses on ways to evaluate and improve physician satisfaction within various models of care delivery and payment. The Association is conducting research with 30 physician practices in six states to better guide AMA policies, advocacy and services. More details about the AMA's work in this area are likely to be announced before the end of 2013.

For the health outcomes initiative, Dr. Lazarus said the initial focus on prevention represents only the first phase of what will be a 15-year commitment for which the AMA already has budgeted \$6 million for 2013. The Association's decision to target cardiovascular disease and diabetes came after months of analysis about which conditions cause the most harm and could be significantly ameliorated through AMA action in partnership with others.

### Promotion of healthy lifestyles

Prevention, for example, requires linking timely physician diagnosis and treatment with community resources such as the YMCA's, Dr. Lazarus said in response to an audience member's question after his talk.

“Part of the YMCA program is evidence-based lifestyle changes,” he said. “Patients who go there will learn about diet and exercise, get their glucose levels under control, get their weight down 5% to 7%. We have to figure out ways to get into communities and get patients engaged in this. It's not just about giving pills to people, but to help them lead healthier lifestyles.”

**DID YOU KNOW:  
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people in the U.S. with  
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billion a year.**

The American Diabetes Assn. welcomed the AMA's partnership with the YMCA, whose efforts already have won a \$1.8 million grant from the Centers for Medicare & Medicaid Services as part of the CDC's National Diabetes Prevention Program. The Y's program, available at 77 locations in 30 states and the District of Columbia, has been shown to cut the number of new cases of type 2 diabetes by 58% among participants.

“The continued success of the National Diabetes Prevention Program hinges on the 79 million people with prediabetes actually participating in the program in the communities in which they live,” said Tekisha Everette, PhD, the ADA's managing director of federal government affairs. “The key to this is first knowing you have prediabetes and then linking to a program, and this starts in a physician's office. This partnership is vital to the future of diabetes prevention through the National DPP.”

The partnership will make it easier for physicians to refer patients to the YMCA program, track patient involvement and share information about patients' progress, with their permission.

For the hypertension component, the AMA picked the Hopkins Armstrong Institute as a partner because of its proven track record in translating quality improvements on a national scale. The institute, directed by MacArthur Foundation grant winner Peter Pronovost, MD, developed and helped implement the checklist methodology that has vastly reduced deadly cases of central line-associated bloodstream infections. The nationwide rate of such infections dropped 41% between 2008 and 2011, the CDC reported in February.

By fall, a handful of clinics in two metropolitan communities will be chosen to pilot-test a checklist-driven approach to blood pressure management, identify barriers to improvement and seek benefits to be gained from different approaches to working with patients and making use of community resources.

“We're very excited about this partnership,” Dr. Pronovost said. “There are lots of pockets of excellence that have already occurred in small areas in blood pressure management. The question is then how you scale that across the country to get a measurable impact.”

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### EXTERNAL LINKS

Information about the American Medical Association's strategic focus on improving health outcomes ([link: http://www.ama-assn.org/go/improveoutcomes](http://www.ama-assn.org/go/improveoutcomes) )

“Accelerating change in medical education,” AMA website with video ([link: http://www.changemed.org/](http://www.changemed.org/) )

AMA on shaping delivery and payment models ([link: http://www.ama-assn.org/go/profsatisfaction](http://www.ama-assn.org/go/profsatisfaction) )

“A Coordinated National Model for Diabetes Prevention: Linking Health Systems to an Evidence-Based Community Program,” *American Journal of Preventive Medicine*, April ([link: http://www.ncbi.nlm.nih.gov/pubmed/23498291](http://www.ncbi.nlm.nih.gov/pubmed/23498291) )

“Awareness of Prediabetes — United States, 2005-2010,” *Morbidity and Mortality Weekly Report*, March 22  
(link: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6211a4.htm> )

National Diabetes Prevention Program, Centers for Disease Control and Prevention (link:  
<http://www.cdc.gov/diabetes/prevention/> )

YMCA's Diabetes Prevention Program (link: <http://www.ymca.net/diabetes-prevention/> )

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