

UPDATE: EVIDENCE-BASED STRATEGIES AND PREVENTIVE SERVICES



12/18/2014

To Reduce the Burden of Chronic Disease

This update to the *Evidence-Based Strategies and Preventive Services to Reduce the Burden of Chronic Disease (4/24/13)* focuses on the new recommendations of The Community Guide and the Guide to Clinical Preventive Services.

UPDATE: Evidence-Based Strategies and Preventive Services

TO REDUCE THE BURDEN OF CHRONIC DISEASE

INTRODUCTION

Improving health outcomes is a goal of many communities and health systems. Strategies central to the achievement of better health outcomes target improving access to healthcare, decreasing preventable hospitalizations, delaying the complications of chronic diseases, and improving self-management of chronic diseases.

This guide presents evidence-based strategies and innovative practices that are proven to improve population health. Communities and health systems can use the guide as a resource during their decision-making process.

Keep in mind the relationships that exist between chronic diseases, risk factors, populations at risk, age groups, and preventive services. It is estimated that one in four Americans have two or more chronic conditions that affect a person at the same time, known as multiple chronic conditions (MCC). MCC can be a combination of conditions that are physical (diabetes, cancer, heart disease, etc.) and mental or cognitive disorders (depression, substance addiction, dementia, etc.). Individuals with MCC are at greater risk of experiencing hospitalizations that could have been prevented; receiving conflicting advice from healthcare providers; having poor day-to-day functioning; having increased medical expenses; and dying. Diabetes and cardiovascular disease are one set of the most common MCC. Those with long-term illnesses such as heart disease, stroke, diabetes, or cancer commonly experience depression. These connections should influence how and where the evidence-based strategies and preventive services are incorporated into the community and health systems.

Summary of New Findings

This summary supplements the findings listed in *the Evidence-Based Strategies and Preventive Services to Reduce the Burden of Chronic Disease (4/24/13)*. All findings and recommendations for community preventive services are available at <http://www.thecommunityguide.org> and clinical preventive services available at <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/#more>.

Cancer Screening and Prevention – Community Prevention

- ✓ Use of small media to promote breast, cervical, or colorectal screening
 - Small media includes videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences

- ✓ Use of education and policy approaches to prevent skin cancer
 - Interventions combine education and policy approaches to increase preventive behaviors among populations in child care centers, outdoor occupational settings, and middle school settings.

Resources

The National Cancer Institute’s Research-tested Intervention Programs (RTIPs) provides access to 151 research-tested programs and related materials, including many studies used to support the findings of The Community Guide, through its searchable database at <http://rtips.cancer.gov/rtips/index.do>.

NATIONAL CANCER INSTITUTE
Research-tested Intervention Programs (RTIPs)
 RTIPs - Moving Science into Programs for People

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Search

Select program attributes (if you like) and then click the button at the bottom of the page to get a list of relevant programs. Multiple selections within a category expand your criteria; selections in different categories narrow them.

<p>Topics</p> <ul style="list-style-type: none"> <input type="checkbox"/> Breast Cancer Screening <input type="checkbox"/> Cervical Cancer Screening <input type="checkbox"/> Colorectal Cancer Screening <input type="checkbox"/> Diet/Nutrition <input type="checkbox"/> Informed Decision Making <input type="checkbox"/> Obesity <input type="checkbox"/> Physical Activity <input type="checkbox"/> Public Health Genomics <input type="checkbox"/> Sun Safety <input type="checkbox"/> Survivorship <input type="checkbox"/> Tobacco Control 	<p>Setting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community <input type="checkbox"/> Religious establishments <input type="checkbox"/> Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Urban/Inner City <input type="checkbox"/> School-based <input type="checkbox"/> Clinical <input type="checkbox"/> Workplace <input type="checkbox"/> Home-based <input type="checkbox"/> Day care / Preschool 	<p>Materials</p> <ul style="list-style-type: none"> <input type="checkbox"/> Available on RTIPs <input type="checkbox"/> Partially available on RTIPs <input type="checkbox"/> Available from third party only
<p>Age</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children (0-10 years) <input type="checkbox"/> Adolescents (11-18 years) <input type="checkbox"/> Young Adults (19-39 years) <input type="checkbox"/> Adults (40-65 years) <input type="checkbox"/> Older Adults (65+ years) 	<p>Race/Ethnicity (of <input type="text" value="Any%"/> of the study population)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black, not of Hispanic or Latino origin <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, not of Hispanic or Latino origin 	<p>Origination</p> <ul style="list-style-type: none"> <input type="checkbox"/> Canada <input type="checkbox"/> United States
		<p>Gender</p> <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female

Cardiovascular Disease – Community Prevention

- ✓ Clinical decision-support systems for cardiovascular disease prevention and control
 - Clinical decision-support systems are computer-based information systems designed to assist healthcare providers in implementing clinical guidelines at the point of care. Support systems for cardiovascular disease include one or more of the following:
 - Reminders for preventive services such as high blood pressure, diabetes, and high cholesterol screenings;
 - Assessments of patient’s risk based on their medical history, symptoms, and test results;
 - Recommendations for evidence-based treatments;
 - Recommendations for health behavior changes such as quitting smoking, increasing physical activity, and reducing excessive salt intake;
 - Alerts when indicators for risk factors are not at goal; and/or
 - Use of electronic health record functions to offer patient-care summary reports, feedback on quality indicators, and benchmarking.

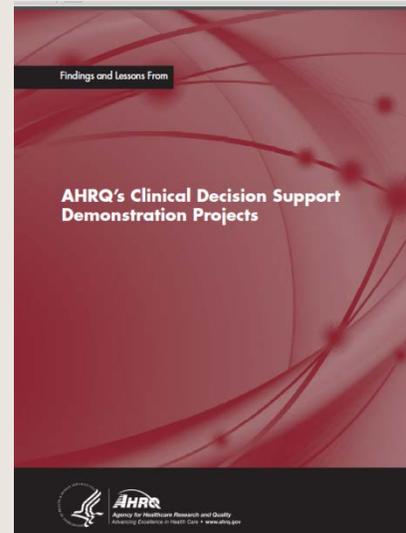
Resources

The Agency for Healthcare Research and Quality (AHRQ) supports clinical decision support as an effective means to improve healthcare quality. A wide variety of resources, including e-recommendations, white papers, demonstration project results, and podcasts are located at <http://healthit.ahrq.gov/ahrq-funded-projects/clinical-decision-support-cds-initiative>.

AHRQ provides online access to Chapter 1 of *Improving Medication Use and Outcomes with Clinical Decision Support: A Step-by-Step Guide*. The guide, developed for implementers of clinical decision support tools, begins Chapter 1 with the following:

- The 'CDS Five Rights' approach (getting the right information to the right stakeholder, at the right point in workflow, through the right channel, and the right format).
- Steps in the medication management cycle and opportunities for applying CDS to improve medication use and outcomes.
- Current and desired future states of CDS use for medication management.
- An overview of the CDS medication management literature.

To read the first chapter, visit <http://healthit.ahrq.gov/cdsguide>.

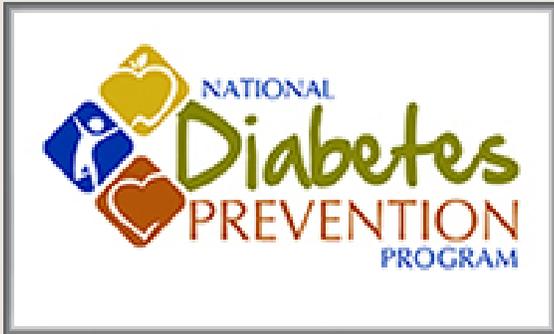


Diabetes Prevention – Community Prevention

- ✓ Combined diet and physical activity promotion programs to prevent Type 2 diabetes among people at increased risk
 - These programs actively encourage people to improve their diet and increase their physical activity. Trained providers in clinical or community settings work directly with participants for at least 3 months during multiple sessions using a combination of counseling, coaching, and extended support can be delivered in-person or by other methods.

Resources

National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC), is a proven program that can help people with prediabetes and/or at risk for type 2 diabetes make achievable and realistic lifestyle changes and cut their risk of developing type 2 diabetes by 58 percent. It is a year-long program with 16 weekly sessions and 6 monthly follow-up sessions with trained lifestyle coaches who empower participants to take charge of their health. For people over 60 years old, the program reduced risk by 71 percent. A follow-up study found, after 10 years, those who had participated in the earlier lifestyle change intervention had a 34 percent lower rate of type 2 diabetes. To learn more, visit: www.cdc.gov/diabetes/prevention.



The Diabetes Training and Technical Assistance Center (DTTAC) within the Emory Centers for Training and Technical Assistance provides training, technical assistance, and materials to build capacity to plan and implement diabetes prevention and control within states and communities. DTTAC was established in 2009 through funding from the CDC to work alongside partners to assess needs, fill gaps, and provide practical solutions to prevent and control diabetes and its complications.

DTTAC trains Lifestyle Coaches and Master Trainers of Lifestyle Coaches to deliver the National Diabetes Prevention Program lifestyle change program at sites around the country. DTTAC Lifestyle Coach Training provides the skills, knowledge, and experience that Lifestyle Coaches need to successfully facilitate this proven-effective program. To learn more, visit: http://www.tacenters.emory.edu/focus_areas/diabetes/lifestyle_coach_training.html

For more information, contact Rita Reeves with the Chronic Disease Service, Oklahoma State Department of Health at 405-271-4072 or find a local diabetes prevention program at <http://www.cdc.gov/diabetes/prevention/recognition/states/Oklahoma.htm>.

Mental Health and Addressing Mental Illness – Community Prevention

- ✓ Collaborative care for the management of depressive disorders
 - Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists to improve: the routine screening and diagnosis of depressive disorders; provider use of evidence-based protocols; and clinical and community support for active patient engagement in treatment goal setting and self-management.
- ✓ Mental health benefits legislation
 - Mental health benefits legislation, particularly comprehensive parity legislation, is effective in improving financial protection and increasing appropriate utilization of mental health services for people with mental health conditions.
- ✓ Home-based depression care management for older persons (60 years of age or older)
 - Home-based depression care management involves active screening for depression; trained depression care managers; patient education; supervising psychiatrist; and measurement-based outcomes such as reduction in depression scores, remission (no longer meeting diagnostic criteria), and changes in depression scale scores.
- ✓ Clinic-based depression care management for older persons (60 years of age or older)
 - Clinic-based depression care management involves active screening for depression, measurement-based outcomes; trained depression care managers; primary care provider; patient education; antidepressant treatment and/or psychotherapy; and a supervising psychiatrist.

Resources

Major depression and dysthymic disorder can adversely affect the course and outcome of other chronic conditions such as asthma, arthritis, cancer, cardiovascular disease, diabetes, and obesity --- and can cause absenteeism from work, decreased productivity, and short-term disability. The Community Guide's systematic review found robust evidence of the effectiveness of collaborative care models. Interventions were applicable to most primary care settings, especially when supported by organizational changes at the health-care system level. For more information, visit:

http://www.thecommunityguide.org/mentalhealth/CollabCare_EvidenceReview.pdf.



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

The AHRQ Academy web portal offers a wide variety of resources to advance the integration of behavioral health and

primary care. The six divisions of the Academy are: research, education and work force, policy and financing, lexicon, clinical and community, and Health IT. The site offers answers and solutions for patients and families, benefits purchasers, health plan providers, clinicians and medical groups, policymakers and business modelers, and researchers. For more information, visit:

<http://integrationacademy.ahrq.gov/>.

Healthy diet and physical activity counseling among adults with cardiovascular risk factors – Clinical Preventive Service

- ✓ New Grade B recommendation release August 2014.
- ✓ For primary care settings, intensive behavioral counseling interventions to promote a healthful diet and physical activity for cardiovascular disease (CVD) prevention should be provided (offered or referred) to adults who are overweight or obese and have additional CVD risk factors.
- ✓ This recommendation applies to overweight or obese persons who are 18 years or older and have known CVD risk factors, such as hypertension, dyslipidemia, impaired fasting glucose, or metabolic syndrome.
- ✓ Intensive behavioral counseling interventions, usually delivered by trained health professionals, include didactic education with other components such as audit and feedback, problem-solving skills, and individual care plans designed to help persons engage in healthy behaviors and limit unhealthy behaviors.
- ✓ Other recommendations focusing on CVD prevention are listed in the *Evidence-Based Strategies and Preventive Services to Reduce the Burden of Chronic Disease (4/24/13)*.

Resources

The United States Preventive Services Task Force (USPSTF) referenced PREMIER and DPP as two well-researched interventions with widely available materials that could be adapted to be delivered in the primary care setting or by community providers. (LeFevre ML. (2014) *Behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease prevention in adults with cardiovascular risk factors: U.S. Preventive Services Task Force recommendation statement. Annals of internal medicine, 161(8), 587-593.*)



PREMIER was one of the programs with positive results that contributed to the new recommendation. The Kaiser Permanente Center for Health Research has a website with the protocol, intervention materials, and results or the successful research study. For more information, visit:

<http://www.kpchr.org/research/public/premier/premier.htm>.



DPP is the Diabetes Prevention Program. The National Institutes of Health funded the research on the lifestyle intervention, DPP. The success of DPP has been replicated in many studies. An additional resource is the Diabetes Prevention Support Center at the University of Pittsburg. Their program, Group Lifestyle Balance™ is adapted from the DPP. For more information, go

to www.diabetesprevention.pitt.edu.

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