WHAT'S THE BUZZ?

ME Cares
Update

May/June 2002

Monthly Updates
Nurse-Physician Care Support for Cardiovascular Disease in Maine

New Minimum Data Set
Attached to this newsletter is the new minimum data set for CVD and HF. The list has been reduced by more then half the number of items as the original set. For each item the designated field in CMS is identified. It is important that you put the item where it is stated because that is where the analysis of the data will come from. You can start using this set as of June and continue to collect the minimum data at baseline, 6 months and 12 months. The formation of this list is a result of nurses' comments, a workgroup's effort, and the approval of the steering committee. Please call Vickie if you have any questions.

ME Cares/ ADEF Work Group
The first meeting of the joint ME Cares –ADEF work group was held on May 22, 2002. The purpose of this meeting was to begin to identify activities of collaboration between these two programs, as well as identify other ways to integrate cardiac care and diabetes care through out-patient follow-up. Similar risk factors and behavior modification techniques exist for both disease processes. Patients with both of these conditions run the risk of fragmented or duplication of care. ME Cares and ADEF are both provider sponsored, community based programs that require partnership in their approach to patients. The members of this work group include: Jen Messinger (CMMC), Roni Paradis (CMMC), Cindy Hale (DCP), Celeste Pascarella (MCH), Catherine Bunker (MDIH), Kim Horton (BHH), Betty Serois (SMH), Sue Young (BHH), Richard Wexler, MD (MCD), and Vickie Rea (MCD).

The group brainstormed on ideas of collaboration and integration, defined two specific ideas for pilot sites to implement some of the ideas, and identified potential funding sources to support the pilot sites. Concept papers are currently being written and will be used for possible grant applications. Please contact Vickie if you have any questions or interest in participating.

MCCD Update
The Medicare project has been in operation for more than a month. A few minor glitches have been smoothed out and it is hoped that the hospitals and physicians will receive the first checks the week of June 3, 2002. To date six hospitals have enrolled patients with a total of 27

individuals randomized between the intervention and control groups. We have an impressive challenge ahead to recruit a minimum number of 343 patients for both arms of the study in the first year. Thank-you to all those hospitals that have and are attempting to enroll patients. Please remember that if your hospital did not initially agree to participate, it is not too late!!!

Clinical Headlines

- **Threshold for Statin Treatment Lower for Diabetics –** Data from the Health Survey for England was used to assess the financial and health impact of lowering the risk threshold for diabetic patients who receive statin therapy. The burden of CVD in diabetic patients was 27.1%, nearly four times that of non-diabetic patients (6.7%). Guidelines and measurements were according to English standards. (*Heart 2002; 87: 423-427).*
- **Flaxseed Supplements improve lipid profile in Postmenopausal Women –** In a randomized study 40 g of ground flaxseed daily for 3 months resulted in a 6% lower total cholesterol and a non-significant 4.7% reduction in LDL and non-significant 12.8% reduction in triglyceride concentration. The study also found there was no effect on bone metabolism. (*J Clin Endocrinol Metab 2002; 87: 1527-1532.)*
- **Clinical Parameters Cannot Predict Systolic Function in HF Patients –** Routine clinical measures cannot differentiate normal from decreased systolic function. This supports current recommendations for echo or radionuclide testing for ventricular function. Interesting, though, is the question of how important is it to know the EF for proper treatment. Of 225 patients hospitalized with HF, 104 had normal function and 121 had decreased function. It is believed from this article that there is not good evidence that knowing the EF makes a meaningful difference in recommended therapy. (*Am J Med 2002; 112-437, 496-497).*

ME Cares Update

- **Resources –** An exercise video and 80-page booklet are available for $7 through the National Institute of Aging. You can find out more about this from the web site: www.nia.nih.gov/exercisevideo or send check to NIAIC, Dept. W. P.O. Box 8057, Gaithersburg, MD 20898-8057. Another great web site is www.womenheart.org . This covers a lot of good material related to women and heart disease including a free monthly newsletter. Check it out!
- **Workshops –** Reminders to sign up for the following days: **June 18, 2002,** Augusta "Using Information to Improve Program Design and Outcomes." This should be an interesting working morning to stimulate ideas for use of data to implement QI plans. Call or fax Vickie if you are interested. **June 27, 2002,** Waterville " Inequality is Bad for Our Hearts" Why low income and social exclusion are major causes of heart disease. Call Diane Campbell for more information 622-7566, ext. 230.
- **Transition –** This is Vickie's last newsletter. It has been an experience of a lifetime to work with you all, envisioning different approaches to chronic care in Maine. The nurses, physicians and administration of ME Cares hospitals have taken a leap of good faith to participate in one program that will bring benefit to the people of Maine and possibly affect national policy. **Thanks to you all for this opportunity!!!**

THERE WILL BE NO CONFERENCE CALL IN JUNE