

# AHA SCIENCE CARDIOMETABOLIC HEALTH & DIABETES PRE-SUMMIT | August 14<sup>th</sup> Meeting Summary

## ATTENDEES

**Members Present:** Robert Eckel, MD, FAHA; David Aguilar, MD; April Carson, PhD, MSPH, FAHA; Adrian Hernandez, MD, MHS, FAHA; Goutham Rao, MD, FAHA; Nathan Wong, PhD, MPH, FAHA; Emelia Benjamin, MD, ScM, FAHA; Biykem Bozkurt, MD, PhD, FAHA; Prakash Deedwania, MD, FAHA; Gregory Nichols, PhD, FAHA; Tracy Wang, MD, MHS, MSc, FAHA; Vlad Zaha, MD, PhD; Martha Daviglus, MD, PhD, FAHA; Kate Kirley, MD, MS; Cindy Lamendola, ANP, MSN, FAHA; Amy Shah, MD; Anne Sumner, MD, FAHA; Francine Welty, MD, PhD, FAHA

**Staff Present:** Angela Agens; Christina Shay, PhD, FAHA; Comilla Sasson, MD, PhD, FAHA; PhD; Eduardo Sanchez, MD, MPH; Mark Schoeberl; Meighan Girgus; Meredith Nguyen; Michele Bolles; Radhika Rajgopal-Singh; Rose Marie Robertson, MD, FAHA; Wendy Segrest

## BACKGROUND

AHA hosted a Cardiometabolic Health and Diabetes Science Pre-Summit on August 14th. Nineteen AHA leaders and volunteers were invited to explore AHA's role in the diagnosis, treatment and care for patients with prediabetes and diabetes.

## OBJECTIVE

To understand current science, explore cardiovascular links to cardiometabolic health and diabetes, and current barriers in improving diabetes management.

## CONCLUSIONS

- AHA to consider opportunities for Diabetes /Cardiometabolic Health science updates that better drive a call to action on prediabetes screening, diabetes and cardiovascular care
- Recommended focus areas for AHA to consider moving forward:
  - Patients:** Screening for undiagnosed diabetes/prediabetes, preventing conversion of prediabetes to diabetes, healthcare disparities and social determinants of health
  - Providers:** Prevention clinics (population health management), POC/CDS/EHRs, need lifespan approach, research programs on implementation science, education platform (community, providers, job training)
  - Healthcare Systems:** Develop science and data on what works (need more population health/ healthcare systems approach), better identification of people with prediabetes, use large data to identify gaps in overall and at-risk populations

## RESULTS | FIGURE 1: BARRIERS UNCOVERED AND PRIORITY AREAS TO CONSIDER



### PATIENTS

#### Key Barriers

- Limited patient awareness
- Lack of urgency in messaging
- Confusion on what tools are useful
- Focus on weight loss instead of celebrating slowing down of weight gains or weight stability
- Limited discussions with HCP staff and patient compliance
- Cost/access from a pharmacology perspective, limited patient choice for pediatrics
- Cost of drugs and devices

#### Priority Areas

- Patient Awareness, including screening for diabetes/prediabetes patients and preventing conversion of prediabetes to diabetes, should include family counseling and primordial education
- Others:
  - Research to find an alternative screen method – alternative to A1C
  - Primordial activities: Urgency in messaging for prevention, family education and alignment with food industry/ sugar tax, support of a healthy diet
  - Advocacy: Access to care
  - Partnership alignments if it meets goal with ADA, etc.



### PROVIDERS

#### Key Barriers

- Limited provider motivation
- Information overload found with practitioners
- Lack of training for specialists and PCPS

#### Priority Areas

- Need lifespan approach (birth to death)
- Guidance on new drugs, make glucose a vital sign, what can be used other than A1C
- Prevention clinics for population health management (coordinated set of tools and resources)
- Point of Care Support/Integration into EHRs
- Reimbursement
- Performance measures and screening,
- Reassess of lifestyle science
- Partnerships, i.e. Academy of Nutritionists and Dietetics
- Engaging primary care providers
- Research programs on implementation science (systems of care approach)
- Need to bring together multiple physician specialty groups, multidisciplinary clinics



### ECOSYSTEM

#### Key Barriers

- Lack of reimbursement for prevention services
- Lack of science for prevention/implementation
- Appropriately aligned incentives for insurance companies, affordable, fresh produce
- Lack of access to data, fragmentation of care between pharmacists and other healthcare providers

#### Priority Areas

- Develop an educational platform
- Developing data and science in this area, especially in implementation
- Create a Strategically-Aligned Research Networks, possibly with ADA
- Better identify people with prediabetes (better referral to DPP)
- Advocacy for diagnoses codes; reimbursement
- Stimulate EHR data-driven strategies (convene common data model)
- Partnerships