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## Preventing Type 2 Diabetes

# Make a Difference through Clinical- Community Linkages

By Liz Kitchen MS, RD, LD, Public Health Nutritionist,  
Ohio Department of Health

In the average primary care practice, it is likely that one-third of patients older than the age of 18, and half older than the age of 65 have prediabetes. In Ohio alone more than 35 percent of people have prediabetes.

You know the risk factors for type 2 diabetes (e.g., age, ethnicity, family history, physical inactivity), but are you aware that there is a community resource available to help stop the progression from prediabetes to diabetes – The Diabetes Prevention Program (DPP)? At the recent OPCPCC fall conference, Kate Kirley, MD, MS from the American Medical Association talked about DPP and social determinants of health. It is through the DPP that healthcare providers and community programming can begin to combat health disparities, by referring and enrolling patients into the program.



**The Ohio Patient-Centered Primary Care Collaborative (OPCPCC)** is a coalition of primary care providers, health professionals from the medical neighborhood, insurers, employers, consumer advocates, government officials and public health professionals. They are joining together to create a more effective and efficient model of healthcare delivery in Ohio. That model of care is the Patient-Centered Medical Home (PCMH).

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## Research Behind the Diabetes Prevention Program (DPP)

The DPP is a Centers for Disease Control and Prevention (CDC) evidence-based lifestyle change program for preventing type 2 diabetes. The structure of the DPP is based on [NIH Research](#) which was shown to reduce the risk of developing type 2 diabetes by 58 percent, and 71 percent for those individuals older than 60 years of age. By participating in the year long program, participants lost an average of 5-7 percent of their body weight, in addition to learning how to eat healthfully, increase their level of physical activity and improve their problem solving and coping skills.

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# Newborn Screening in Ohio: Saving Babies for 50 Years

By Anna Starr, Bureau of Maternal, Child and Family Health, Ohio Department of Health



Newborn screening originated in Buffalo, New York in the 1960s when Dr. Robert Guthrie first developed a test for screening newborn blood for the metabolic disorder, phenylketonuria (PKU). The goal of newborn screening is to identify serious disorders early so that treatment can be initiated quickly. After a piloting a newborn screening program for two years, Ohio began screening all newborns for PKU in 1966. By the late 1960s other disorders were found to be amenable to newborn screening and by 1990, Ohio screened for five disorders: 1.) PKU; 2.) Homocystinuria; 3.) Galactosemia; 4.) Congenital Hypothyroidism; and 5.) Sickle Cell and other Hemoglobinopathies. Today, with advanced laboratory technologies and DNA testing, Ohio now screens for 36 disorders through bloodspot screening including Krabbe Leukodystrophy, which was just added to the newborn screening panel in July 2016. Additionally, Ohio mandates all newborns be screened for hearing loss and critical congenital heart disease before discharge from the birth hospital.

Approximately 98 percent of babies born in Ohio are screened by heel stick, and for hearing and heart problems. Parents may opt out of these screenings for religious and other reasons. Screening for Critical Congenital Heart Disease (CCHD) is waived if the baby has a known diagnosis of a heart defect through prenatal testing, as those babies are already under care of pediatric cardiology.

## Bloodspot Screening

Newborn bloodspot screening involves taking a sample of the newborn's blood from a heel stick on a filter paper card, also called the newborn screening kit. The cards are sent to

the Ohio Department of Health (ODH) Newborn Screening Laboratory by courier service for analysis. Babies' primary care physicians (as specified by the mother at the time of birth) are notified if the bloodspot screening results are abnormal for any of the 36 disorders. Primary care physicians receive the newborn screening report from the ODH Newborn Screening Laboratory with recommendations for confirmatory testing and referrals to specialists. Primary care providers are required by Ohio Administrative Code (OAC) 3701-55-07 to communicate the abnormal newborn screening results to the parents, facilitate getting confirmatory testing done, as well as report the results of that testing back to the ODH Newborn Screening Laboratory.

Many disorders on the newborn bloodspot screening panel are serious disorders that if left untreated, could result in permanent disabilities or death in some cases. Screening for these disorders early enables treatment that results in improved health outcomes.



## Hearing Screening

Mandated newborn hearing screening began in Ohio in 2002. Ohio's goals for newborn hearing screening are the same as the national goals: screen every baby for hearing loss by one month of age; ensure those babies who referred from their hearing screening results receive confirmatory testing by three months of age; and facilitate early intervention services for those babies diagnosed with hearing loss by six months of age. Achieving these goals provides infants with hearing loss the best opportunity to have communication skills equal to their hearing peers at the time of entry to school.



Hearing screenings are conducted prior to discharge from the birth hospital, using physiologic testing such as Automated Brainstem Response (ABR) or Otoacoustic Emissions (OAE). These are non-invasive screening tests and the results are known immediately and should be discussed with the parents at the time of discharge. Many birth hospitals assist parents in making appointments with audiologists for diagnostic testing. ODH's Infant Hearing Program



follows up with primary care providers of infants who referred from their hearing screening results, but have not had diagnostic testing. ODH also makes referrals to the Early Intervention Program for those babies diagnosed with hearing loss.

**Newborn Screening for Critical Congenital Heart Disease (CCHD)**  
Newborn screening for CCHD began in October 2014. Birth defects are one of the leading causes of infant mortality in Ohio and heart defects are the largest contributor to birth defects that cause infant death. Using pulse oximetry, seven specific heart defects are targeted for screening: Hypoplastic Left Heart Syndrome; Pulmonary Atresia; Tetralogy of Fallot; Total Anomalous Pulmonary Venous Return; Transposition of the Great Arteries; Tricuspid Atresia; and Truncus Arteriosus. Often, these heart defects are detected prenatally, but some are not, putting those babies at risk for serious problems after discharge from the birth hospital. CCHD screening consists of putting the pulse oximetry sensors on the baby's right hand and either foot. Readings are taken for both extremities. If the readings do not meet the screening algorithm, a second screening should be done in an hour. If the second screening does not meet the screening algorithm, a third screening is done an hour after that. If, after three screenings, the results do not meet the algorithm, the baby should be referred for a pediatric cardiology evaluation. The screening algorithm is as follows:

- Pulse oximetry saturation rate is  $\geq 95\%$  and the difference between right hand and either foot is  $\leq 3\%$  = PASS

- Pulse oximetry saturation rate is  $< 90\%$  either extremity = AUTOMATIC FAIL, INFANT SHOULD HAVE IMMEDIATE EVALUATION
- Pulse oximetry saturation rate is between 90-95% in both right hand and either foot, or has difference of  $> 3\%$  = PULSE OXIMETRY SCREENING SHOULD BE REPEATED IN 1 HOUR
- If 2<sup>nd</sup> pulse oximetry saturation rate is between 90-95% in both right hand and either foot, or has a difference of  $> 3\%$  = PULSE OXIMETRY SCREENING SHOULD BE REPEATED IN 1 HOUR
- If 3<sup>rd</sup> pulse oximetry saturation rate is between 90-95% in both right hand and either foot, or has a difference of  $> 3\%$  = INFANT HAS FAILED SCREENING AND SHOULD HAVE IMMEDIATE EVALUATION

More than a million babies have been screened in Ohio, identified and treated early to improve their health outcomes. We encourage primary care providers to make sure you have the results for all three newborn screenings for your patients, and review the results with parents when the baby comes for his or her first well child check. If one of the screenings is abnormal, help the family get their baby to the right place for diagnostic testing, whether through lab work, an audiologist, or referral to a medical specialist. If possible, follow-up with parents after the diagnostic testing to help them understand the results.

We celebrate 50 years of newborn screening to improve and save babies lives in Ohio. If you have questions about any of Ohio's three newborn screening programs, please visit our webpages or contact Anna Starr at ODH at 614-995-5333 or [Anna.Starr@odh.ohio.gov](mailto:Anna.Starr@odh.ohio.gov).

## Resources

### Bloodspot Screening

<http://www.odh.ohio.gov/odhprograms/phl/newbrn/nbrn1.aspx>

### Hearing Screening

<http://www.odh.ohio.gov/odhprograms/cmh/Infant%20Hearing/Infant%20Hearing.aspx>

### CCHD Screening

<http://www.odh.ohio.gov/odhprograms/cmh/cwmh/CCHD/Critical%20Congenital%20Heart%20Disease.aspx>

# OPCPCC Annual Conference

The fifth annual Ohio Patient-Centered Primary Care Collaborative annual conference was held on November 18 at the Pinnacle Golf Club in Grove City, Ohio. The theme of this year's conference was, "Mobilizing prevention and practice teamwork in the neighborhood: Leveraging the primary care relationship." The conference examined how primary care practice teams can work through the patient-centered medical neighborhood to mobilize prevention and disease management activities to improve population health. Diabetes prevention and management was used as an example throughout the conference to illustrate models, strategies, and best practices.



*John Auerbach, MBA*

The day began with a keynote presentation by John Auerbach, MBA, Associate Director for policy at the CDC. Other conference agenda items included managing diabetes through addressing social determinants of health, integration of medical and behavioral health to manage chronic medical conditions, a sharing of best practices for managing diabetes, updates on the State Innovation Model and the Comprehensive Primary Care initiative, inter-professional teams and diabetes management, and employer initiatives for diabetes prevention.

Conference slides are now posted on the [OPCPCC website](#). Contact OPCPCC at [PCMH@odh.ohio.gov](mailto:PCMH@odh.ohio.gov) or 614-644-9756 with questions.



## OPCPCC Provider and Patient Engagement Toolbox Redesign

The OPCPCC Patient Engagement Toolbox contains a wealth of information and resources to help practices engage patients in their own care. For example, the toolbox includes more than 30 resources related to self-care goals on many topics including depression, sleep, medications, and exercise. You can access these valuable resources through the [OPCPCC Toolbox website](#).

The toolbox was recently redesigned in order to make it more interactive and to allow users to submit resources for possible inclusion in the toolbox. The redesigned [toolbox](#) was unveiled at the OPCPCC annual conference on November 18. It is updated bi-monthly by the OPCPCC Center for Provider and Patient Engagement to ensure that new resources are made available in a timely manner. Be sure to check out the [toolbox](#) soon.



## DPP Overview

The DPP is meant to empower participants to take charge of their health and well-being by providing a group setting with a trained lifestyle coach. Participants meet once a week for six months followed by an additional six months of less frequent classes. The class curriculum can be found [here](#).



## DPPs in Ohio

Currently in Ohio there are 20 CDC-recognized DPPs located throughout the state, with more than 50 satellite sites offering the program. Programs are offered in a variety of settings such as local YMCAs, community centers, faith-based organizations and worksites. DPP locations can be found by [city](#), however, interested participants should contact the sites directly to determine specific dates and times for upcoming classes.

## Provider - DPP Engagement and Referral

Research shows that a patient is more likely to engage in healthy behaviors when his or her healthcare provider makes the recommendation. To help your patients prevent or delay type 2 diabetes make sure to [screen](#) and [test](#) them for prediabetes, and then refer them to a CDC-recognized DPP.

## Additional Resources

If you need additional resources to incorporate screening, testing and referring into your practice, please refer to the [AMA/CDC Prevent Diabetes STAT toolkit](#).

## Announcements and Upcoming Events

### OPCPCC Activities and Events

- Tue., Jan. 24 at 11:00 a.m. OPCPCC Center for Provider and Patient Engagement call
- Tue., Feb. 28 at 11:00 a.m. OPCPCC Patient Engagement webinar

December is Free Clinic Appreciation Month. In 2015, free clinics in Ohio served more than 27,000 people and recorded more than 66,000 patient visits.

If you have ideas or would like to contribute an article for an upcoming newsletter, please send your ideas to [PCMwwwH@odh.ohio.gov](mailto:PCMwwwH@odh.ohio.gov) or call 644-9756.

## OPCPCC Membership

The OPCPCC invites you to become a member and join us in spreading PCMH throughout Ohio. **Membership in OPCPCC is free** and benefits include:

- Conferences and networking opportunities
- Quarterly Newsletters
- Ohio PCMH Weekly updates

Please complete the [on-line membership form](#), to ensure that you will receive updates about OPCPCC and PCMH activities in Ohio. Please call (614) 644-9756 with any questions regarding membership in OPCPCC.