



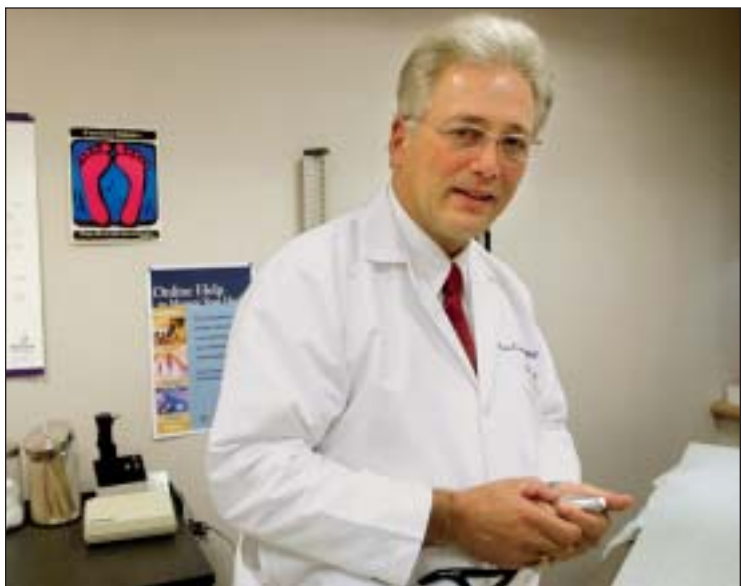
Internal Medicine News

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Having access to an on-site diabetes educator has helped patients achieve better glucose control, Dr. Francis X. Solano Jr. said.

Practices Bring in Diabetes Educators

BY CHRISTINE KILGORE
Contributing Writer

When a diabetic patient needs to see a diabetes educator, convenient access can boost compliance and help improve health outcomes.

That's the experience of Dr. Francis X. Solano Jr. and his primary care colleagues, who refer patients with newly diagnosed or uncontrolled diabetes to a certified diabetes educator—and the educator sees patients on-site.

With the educator right there in the office on designated days, most patients follow through and receive the prescribed diabetes self-management education (DSME). As a result, they have improved their health outcomes, Dr. Solano said in an interview.

He has data to prove it. "Having a diabetes educator in-house showed us the value of what we can do with our outliers and our new diabetics," he said. "Some 65% of our patients now have an A_{1c} less than 7, and only 8% have an A_{1c} greater than 9. When we started [the project], at least 20% of our patients were above 9."

Dr. Solano's practice is one of six primary care practices in Community Medicine Inc. (a group of 65 practices owned and managed by the University of Pittsburgh Medical Center) that are participating in a project aimed at inte-

grating DSME directly into primary care offices, where it can be most easily accessed.

Details of the project may not all be replicable outside such a large medical system, but experts at the University of Pittsburgh Medical Center believe the experience shows why more primary care physicians should contract with diabetes education programs to bring educators in-house.

Physicians "need to think outside the box and look at what kinds of relationships they can develop with hospital program leaders," said Linda M. Siminer-

See **Diabetes Educators** page 4

INSIDE



Inhaled Insulin

Pulmonary function changed little after 2 years of therapy.

PAGE 17

Lowering Blood Pressure

Aliskiren, the first orally active, direct renin inhibitor, may be a 'big drug.'

PAGE 41



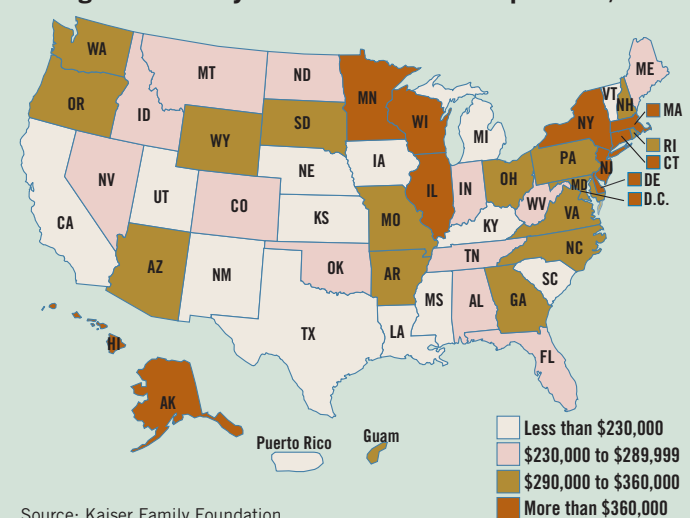
'Go ahead, light up.'

Museum exhibit shows shift in thinking about tobacco.

PAGE 59

VITAL SIGNS

Average Claims Payments on Medical Malpractice, 2005



Palliative Care to Be Recognized as New Subspecialty

Certification examination slated for 2008.

BY MARY ELLEN SCHNEIDER
New York Bureau

The field of palliative care took a major step forward in September when members of the American Board of Medical Specialties voted to approve hospice and palliative medicine as a recognized subspecialty.

The application to recognize the subspecialty had broad support and was cosponsored by 10 medical specialty boards. As a result, physicians in a number of specialties—including internal medicine, family medicine, pediatrics, psychiatry, neurology, surgery, emergency medicine, and obstetrics and gynecology—will

be able to seek the certification. The first certification examination is expected to be administered in 2008, according to Dr. F. Daniel Duffy, senior adviser to the president of the American Board of Internal Medicine.

"It's going to be a real boost to patient care," Dr. Duffy said.

The milestone is the latest in a series of developments in the size and status of the field of palliative care. Between 2000 and 2004, the number of hospital-owned palliative care programs in the United States rose by nearly 75%, jumping from 632 in 2000 to 1,102 in 2004. As of 2004, 63% of large hospitals—those with at least 200 general adult beds—reported that

See **Palliative Care** page 2

Aortic Calcification Tied to Higher Hip Fracture Risk

BY NANCY WALSH
New York Bureau

TORONTO — Aortic calcification was found to be an independent predictor of accelerated bone loss and hip fracture among postmenopausal women in a prospective epidemiologic study, Dr. Laszlo B. Tanko reported at a world congress on osteoporosis.

Epidemiologic studies have suggested a link between cardiovascular disease and osteoporosis—two conditions that clearly are major contributors to morbidity and mortality among the elderly—but whether atherosclerosis is an independent contributor to fracture risk had not yet been determined, Dr. Tanko said.

In the first long-term study addressing whether the severity and progression of aortic calcification might be associated with bone loss and fracture risk, Dr. Tanko and his colleagues from the Center for Clinical and Basic Research, Ballerup, Denmark, analyzed data from the Danish Prospective Epidemiological Risk Factors study.

In this study of 2,662 postmenopausal women, researchers identified classic cardiovascular

See **Aortic Calcification** page 6

ELSEVIER GLOBAL MEDICAL NEWS

MEETING COVERAGE

European Association for the Study of
Diabetes

National Medical Association

American Society for Laser Medicine
and Surgery

Society of Nuclear Medicine

IN THIS ISSUE

10 Opinion

Point/Counterpoint: Is it time for universal influenza immunization?

Guest Editorial: A new guideline for stroke prevention is a useful tool, Dr. Ralph L. Sacco says, 11

13 Clinical Rounds

Adolescent Health

New acne recommendations call for combination treatment.

Endocrinology, 17

Physicians should actively screen their cardiac patients for diabetes.

Women's Health, 25

An investigational drug may inhibit metastatic HER2-positive breast cancer.

Drugs, Pregnancy, and Lactation: Gerald G. Briggs, B.Pharm, reviews recent data on antiepileptic drugs, 26

Geriatrics, 28

Use of atypical antipsychotics for dementia remains steady, despite a black box warning.

Nephrology, 35

Graft failure can result from latent polyomavirus infection, 36

Rheumatology, 37

Joint damage in rheumatoid arthritis was inhibited with abatacept.

41 Cardiovascular Medicine

Mindful Practice: Dr. Jon O. Ebbert and Dr. Eric G. Tangalos discuss the role of anticoagulation self-monitoring, 44

An international task force has redefined acute MI, specifying five categories, 48

49 Infectious Diseases

In treating community-acquired pneumonia, don't wait for culture results to start antibiotics.

52 Gastroenterology

Refractory gastroparesis responds best to prokinetic agents, starting at high doses that are stepped down, 54

56 Practice Trends

Nursing home emergency planning needs improvement, according to the Office of Inspector General.

Policy & Practice, 57

The Rest of Your Life: Physicians air their experiences of being on the radio, 58

62 Indications

Reader Services

Products, 40

Classifieds, 59

Index of Advertisers, 60

Six New Centers Offer Training

Palliative Care from page 1

they had some type of palliative care program in operation, according to the Center to Advance Palliative Care.

This summer, the Accreditation Council for Graduate Medical Education (ACGME) voted to approve an accreditation process for hospice and palliative medicine fellowship training programs. ACGME is expected to begin accepting applications in summer 2007.

"We're well beyond the tipping point," said Dr. Diane Meier, director of the Center to Advance Palliative Care and director of the Hertzberg Palliative Care Institute at Mount Sinai School of Medicine in New York.

At her institution, asking for a palliative care consult is as routine as calling for an infectious disease consult. Physicians no longer see it as a personal failure in their treatment of the patient to get assistance from palliative care, she said. The focus is now on ensuring that palliative care programs have consistently high standards, Dr. Meier said.

Work is already underway in this area. The National Consensus Project for Quality Palliative Care, which is sponsored by three national palliative medicine organizations, has released quality guidelines. These guidelines include having interdisciplinary teams, making grief and bereavement services available to patients and families, and providing evidence-based pain and symptom relief, among others. The standards will be

challenging for smaller programs, Dr. Meier said, and should be filtered by the size of the facility, the staff available, and the needs of the institution.

The National Quality Forum approved its own framework for palliative and hospice care earlier this year. "That's real legitimacy," Dr. Meier said.

The Center to Advance Palliative Care has launched the Palliative Care Leadership Centers—six centers of excellence in palliative care around the country that train teams of health care providers. The program includes intensive, 2-day training sessions in which teams go to one of the six centers and leaders at the centers act as mentors for a year after training. The program costs about \$1,750 for a four-person team.

When the site visits started in 2004, Dr. Meier and others at the Center to Advance Palliative Care estimated that about 30% of the teams trained would successfully establish a program, she said, but it's been closer to 70% to date. But it sometimes takes more than a year for teams to get their programs up and running, she said.

The Mount Carmel Health System in Columbus, Ohio, is one of the six leadership centers. The program was launched in 1997 in an effort to treat patients with serious, advanced diseases who were not candidates for hospice care, said Mary Ann Gill, executive director of palliative care services at

Mount Carmel. The Mount Carmel program, which includes a palliative care consult team and three dedicated palliative care units across three hospitals, is popular with teams working to start programs in community hospitals.

During the training, the members of a palliative care team are encouraged to draft a work plan to take back to their institution. The training focuses on the clinical aspects of the program, as well as on financial management and how to sustain the program, Ms. Gill said.

Although much of the interest in palliative medicine has been from physicians at midcareer, there is increasing interest among young physicians and residents, said Dr. Philip H. Santa-Emma, medical director for the palliative care service at Mount Carmel. "I've seen a huge increase in the number of residents coming through," he said.

But the training of new physicians in palliative care also represents one of the next big challenges in the field, Dr. Meier said. Currently there is a cap on the number of residency positions funded by Medicare, making it hard for a new subspecialty to gain a foothold, she said. Palliative care fellowships are currently funded by philanthropy.

Another priority is education of physicians and other members of the health care team about when to get palliative care involved, Dr. Santa-Emma said. And members of the palliative care team need to figure out better ways to integrate their care into the intensive care unit and the emergency department, he said. ■

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