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