



Together2Goal[®]

AMGA Foundation
National Diabetes Campaign



Monthly Campaign Webinar

November 21, 2019

Today's Webinar



- Together 2 Goal® Updates
 - Webinar Reminders
 - *T2G Talk & Taste* Reimbursement Forms
 - Innovator Track CVD Cohort Case Studies
 - Plank Mentor Q&A Videos
 - CLOT WISE™
 - ADA's 2020 Scientific Sessions
- Culinary Medicine as an Emerging Population Health Intervention
 - Timothy Harlan, M.D., FACP, CCMS of Tulane University School of Medicine
 - Kerri Dotson, R.D., LDN of Tulane University School of Medicine
- Q&A
 - Use Q&A or chat feature



Webinar Reminders

- Webinar will be recorded today and available the week of November 28th
 - www.Together2Goal.org
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen



T2G Talk & Taste Reimbursement Forms



Please submit your reimbursement form, receipt, and team photo to Together2goal@amga.org by November 29th!



Innovator Track CVD Cohort Case Studies



Now available at www.together2goal.org

Plank Mentor Q&A Videos



<p>Build an Accountable Diabetes Team</p>  <p>Rae Ann Williams, M.D., FACP HealthPartners Care Group Regional Medical Director, Primary Care</p> <p>Contact</p>	<p>Integrate Emotional & Behavioral Support</p>  <p>Mark R. Greenwood, M.D. Intermountain Medical Group Family Medicine Medical Director</p> <p>Contact</p>	<p>Refer to Diabetes Self-Management Education and Support Programs</p>  <p>Valerie Spier, M.P.H., RD, CDE Sutter Health Clinical Performance Improvement Consultant</p> <p>Contact</p>	<p>Conduct Practice-Based Screening</p>  <p>Frank Colangelo, M.D., M.S.-HQ5, FACP Premier Medical Associates, P.C. Chief Quality Officer</p> <p>Contact</p>	<p>Adopt Treatment Algorithms</p>  <p>Carrie Koenig, M.D. Mercy Medical Chair of the Quality Department, Medical Director of Care Management</p> <p>Contact</p>	<p>Measure HbA1c Every 3-6 Months</p>  <p>Janet Appel, RN, M.S.N. Sharp Rees-Stealy Medical Group Director of Population Health and Informatics</p> <p>Contact</p>
<p>Use a Patient Registry</p>  <p>Brian Shablin, M.D., M.S. Lehigh Valley Physician Group Quality Liaison-Internal Medicine, Practice Lead-LVPG W. Broad</p> <p>Contact</p>	<p>Embed Point-of-Care Tools</p>  <p>Scott Hines, M.D. Crystal Run Healthcare Chief Quality Officer and Medical Director</p> <p>Contact</p>	<p>Publish Transparent Internal Reports</p>  <p>Stephen Combs, M.D., CPE, FACHE, FAAP Ballad Health Vice President and Chief Medical Officer, Ballad Medical Services</p> <p>Contact</p>	<p>Assess and Address Risk of Cardiovascular Disease</p>  <p>Liana Spano-Brennan, D.O., FACC Summit Medical Group, P.A. Cardiologist</p> <p>Contact</p>	<p>Contact Patients Not at Goal & with Therapy Change within 30 Days</p>  <p>Brian Jameson, D.O. Geisinger Chair, Endocrinology</p> <p>Contact</p>	 <p>Together 2 Goal. AMGA Foundation National Diabetes Campaign</p>

www.together2goal.org/mentorvideos

CLOT WISE™

- An education program from Janssen Pharmaceuticals, Inc. on the underlying risk for blood clots related to CAD and PAD and how to reduce your patients' risk for cardiovascular events
- Visit www.clotwise.com to learn more!



ADA's 2020 Scientific Sessions



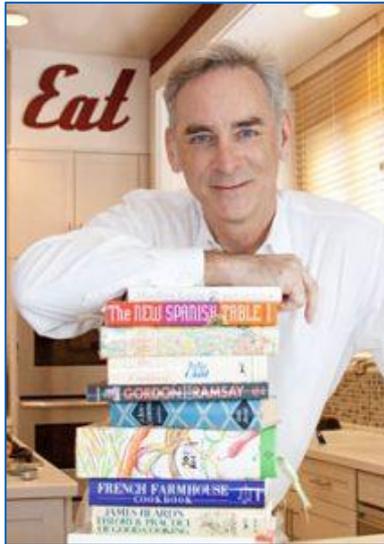
- Abstract submissions are now open!
- Submissions will be accepted until **Monday, January 13, 2020, at 5:00 p.m. ET.**



<https://professional.diabetes.org/scientific-sessions>

Today's Featured Presenters

Timothy Harlan, M.D. FACP, CCMS



Medical Director
Executive Director

Goldring Center for Culinary Medicine
Tulane University School of Medicine



Kerri Dotson, RDN, LDN



Director of Operations
Executive Chef

Goldring Center for Culinary Medicine
Tulane University School of Medicine



*“Tell me what you eat,
and I will tell you what
you are.”*

Anthelme Brillat-Savarin
Judge, Epicure
1755 - 1826





9.4%

Diabetes mellitus

1 in 3 adults
Hypertension

610,000

Heart disease mortality

140,000

Stroke deaths

\$4290

8% of total expenses

\$818 Billion

Between 2010-2030, the cost of medical care for heart disease (in 2008 dollar values) will rise from \$273 billion to \$818 billion

\$240+ billion

Diabetes-related illness

35.7%
Obesity

Mr. H is a 48 year old African-American.

There is a five year history of hypertension, diabetes and hyperlipidemia. He also has chronic active hepatitis C and is part of a randomized trial that included pioglitazone, peginterferon alfa-2^a (Pegasys) and ribavarin.

During the trial he was on metoprolol tartrate, lisinopril, hydrochlorthiazide, glipizide and pravastatin. He is faithful about taking his medications and says that he really doesn't "like the idea of all this medication."

He works as a contractor, is married and does not smoke. He does not exercise but his job is "physical." He eats "on the run." He explains that he will usually stop at McDonalds for an Egg McMuffin and a coffee for breakfast. Sometimes he will eat in the cafeteria for lunch but most of the time he has a Subway turkey sub.

He will snack in between lunch and when he goes home for dinner usually on something from the vending machine like peanut butter crackers. For dinner his wife does all the cooking and they rarely eat out. She will use boxed meals like Hamburger Helper about half the time and make meals from scratch the other half.

His wife came with him to the visit.

Initial BP = 142/88

Height 72 inches Weight 229 lbs.

BMI = 31.2

Waist = 44 inches Hips 43 inches

Waist to hip ratio = 1.023

Initial examination is otherwise normal.

Initial labs:

Creatinine = 1.0

Hemoglobin A1c = 6.3%

Total Cholesterol= 141

Triglycerides = 92

HDL = 44

LDL = 79



Comparison of Weight-Loss Diets with Different Compositions of Fat, Protein, and Carbohydrates

811 overweight adults to one of four diets the targeted percentages of energy derived from:

Fat	Protein	Carbohydrates
20 %	15%	65%
20%	25%	55%
40%	15%	45%
40%	25%	35%



Comparison of Weight-Loss Diets with Different Compositions of Fat, Protein, and Carbohydrates

811 overweight adults to one of four diets the targeted percentages of energy derived from:

Fat	Protein	Carbohydrates
20 %	15%	65%
20%	25%	55%
40%	15%	45%
40%	25%	35%

**At 6 months, participants had lost an average of 6 kg
7% of their initial weight**

Original Investigation

February 20, 2018

Effect of Low-Fat vs Low-Carbohydrate Diet on 12-Month Weight Loss in Overweight Adults and the Association With Genotype Pattern or Insulin Secretion

The DIETFITS Randomized Clinical Trial

Christopher D. Gardner, PhD¹; John F. Trepanowski, PhD¹; Liana C. Del Gobbo, PhD¹; [et al](#)

» [Author Affiliations](#)

JAMA. 2018;319(7):667-679. doi:10.1001/jama.2018.0245



Ancel Keys, PhD



Lyon Heart Study

Prospective study of 605 first heart attack patients

2 groups:

study given instruction Med Diet

control told to follow a “prudent” diet.



Lyon Heart Study

Prospective study of 605 first heart attack patients

2 groups:

study given instruction Med Diet

control told to follow a “prudent” diet.

Study group with a *50 - 70 %* reduction in second event



Adherence to a Mediterranean Diet and Survival in a Greek Population - Antonia Trichopoulou

22,000 study population

Prospective Design

Significant reduction coronary disease AND cancer



9 dietary components

Mediterranean Diet Score

from 0 - 9

depending on the amounts consumed daily



2 point improvement
from 5 – 7 confers a 25% reduction in death from
all causes including heart disease **and** cancer.

25% reduction in all-cause mortality



1. Vegetables

Each additional serving of fruit and vegetables per day reduces your risk of CHD by 4% (*J Nutr* 2006 136: 2588-2593)

Male: **303 grams** = 10.8 ounces

Female: **248 grams** = 8.9 ounces

This equates to 2-3 cups of vegetables per day.

leafy greens

carrots

celery

beets



2. Legumes

Lentils, peas, peanuts, snap beans, bean pods

10K men, Eating legumes 4 times or more per week reduces the risk of heart disease by as much as 22%. (Archives 2001 161: 2573 - 2578)

Male: **60 grams** = 2.1 ounces

Female: **49 grams** = 1.75 ounces

2 to 3 servings per week.

One serving is equivalent to approximately:

1/3 of a cup of raw beans

1/2 of cooked beans

1/4 of a cup of peanuts



3. Fruits and Nuts

Male: **249 grams** = 8.9 ounces

Female: **216 grams** = 7.7 ounces

1 to 2 servings per day.

One serving of fruit is equivalent to:

An orange or apple the size of a baseball

7, 2-½ inch strawberries

1 cup of dried fruit

12 grapes

One serving of nuts is equivalent to

24 almonds

15 pecan halves

14 walnut halves

18 cashews



4. Cereals & Whole Grains

Male: **291 grams** = 10.4 ounces

Female: **248 grams** = 8.9 ounces

One serving is equivalent to:

1 slice of sandwich bread

1/4 of a cup of uncooked grains and cereals
(rice, bulgur, millet, oatmeal, quinoa, polenta)

1/2 of cooked grains and cereals



5. Fish

Male: **26 grams** = 1 ounce

Female: **21 grams** = 0.75 ounces

•This is greater than or equal to about 2 servings per week.

Trichopoulou A, Bamia C, Trichopoulos D. Adherence to a Mediterranean diet and survival in a Greek population. *N Engl J Med.* 2003;348(26):2599–2608. doi:10.1056/NEJMoa025039.



6. Oils / Fats

1:1.6 grams = 10 sat : 16 unsaturated

One serving of fish is equivalent to

1 teaspoon of any vegetable oil

3 Tablespoons of sunflower seeds

47 pumpkin seeds

1 teaspoon of butter



7. Dairy

Men with the largest increase in total dairy intake actually gained slightly more weight over the course of the 12-year study than those who decreased their dairy intake the most. (*AJCN* 2006 83: 559 - 66)

Male: **201 grams** = 7.2 ounces

Female: **194 grams** = 6.9 ounces

1 serving is equivalent to:

<1 cup of milk

$\frac{3}{4}$ cup of grated cheese

1 cup yogurt



8. Meats

Male: **109 grams** = 3.9 ounces

Female: **91 grams** = 3.25 ounces

The median consumption was about 4 ounces of meat per day.



9. Alcohol

Male: 10 - 50 grams =

~ 2 drinks

Female: 5 - 25 grams =

~ 1 drink

One drink is equivalent to:

12 ounces of regular beer (about 5% alcohol)

5 ounces of wine (about 12% alcohol)

1.5 ounces of distilled spirits (about 40% alcohol)

Effects of a Mediterranean-Style Diet on the Need for Antihyperglycemic Drug Therapy in Patients With Newly Diagnosed Type 2 Diabetes

(Ann Intern Med. 2009;151:306-314)

4 years, 215 participants – ***Prospective***

New onset diabetics

Endpoint: Medication

Effects of a Mediterranean-Style Diet on the Need for Antihyperglycemic Drug Therapy in Patients With Newly Diagnosed Type 2 Diabetes

(Ann Intern Med. 2009;151:306-314)

4 years, 215 participants – **Prospective**

New onset diabetics

Endpoint: Medication

After 4 years only **44%** in the study group needed medication

70% of the standard low-fat diet needed medication

26% difference with diet alone

Effects of a Mediterranean Eating Plan on the Need for Glucose-Lowering Medications in Participants With Type 2 Diabetes: A Subgroup Analysis of the PREDIMED Trial

(<http://care.diabetesjournals.org/content/42/8/1390.abstract>)

Researchers found that compared to those on the **low-fat eating plan**, those who followed either type of Mediterranean-style diet were 9% less likely to need to start glucose-lowering medication, and 13% less likely to need to start long-term insulin treatment.

Mediterranean Diet and Western Style Diet

In 1995 - 380,000 members of the AARP – **Prospective**

No history of cancer, heart disease, diabetes, chronic disease.

Five years of follow-up

Causes of death in the over 12,000 subjects who had died during

Correlated with each subject's dietary score.

For men Those with higher levels of the Mediterranean Diet score (7 to 9) were **23% less likely to die** from any cause, including cancer and heart disease, than those whose diets received the lowest scores (0-3).

An increase of just one point in the dietary score meant an **additional 5% reduction** in risk of death from all causes

Women saw a **14% lower risk of death from cancer.**

Mitrou PN, et al, Mediterranean Dietary Pattern and Prediction of All-Cause Mortality in a US Population *Results From the NIH-AARP Diet and Health Study* (*Arch Intern Med.* 2007;167(22):2461-2468)

It's really rather simple...

Two *Points!*

Short, simple messages, repeated over and over.

BP = 142/88

Height 72 inches Weight 226 lbs.

BMI = 30.65

Medications: Metformin

Labs:

Creatinine = 1.1

Hemoglobin A1c = 5.4%

Total Cholesterol= 131

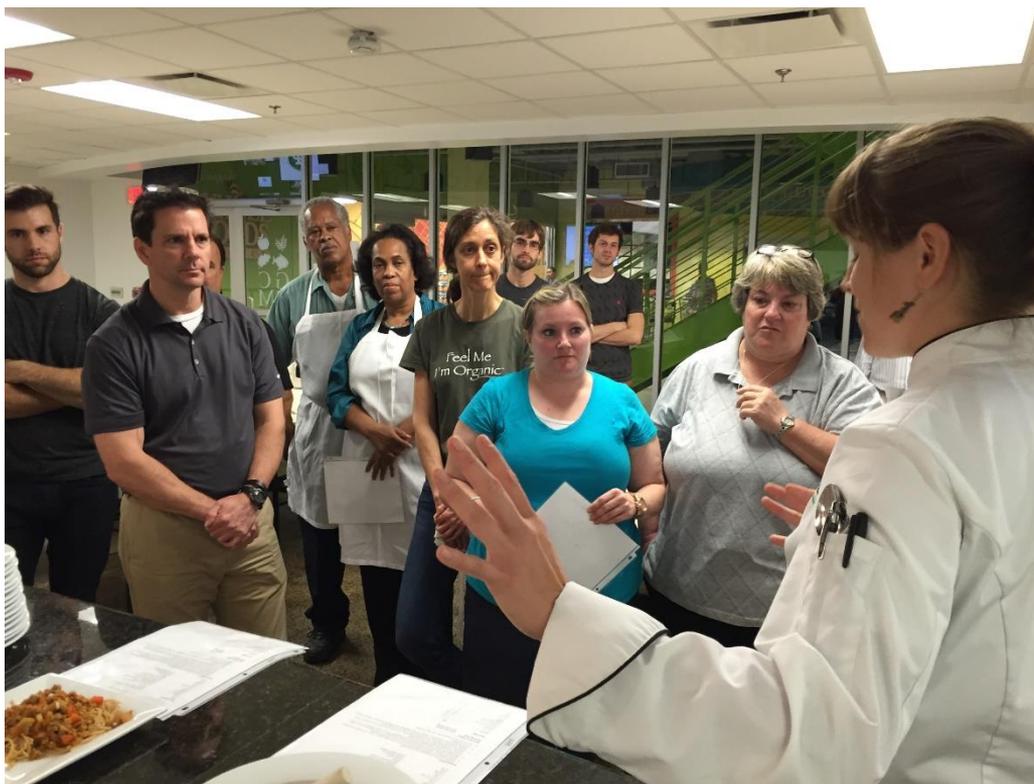
Triglycerides = 182

HDL = 42

LDL = 57



<i>Module 1 – Introduction to Culinary Medicine</i>	Module 16 - Anti-inflammatory Diet
Module 1 - Kitchen Safety and Sanitation Module	Module 17 - IBS IBD GERD
<i>Module 2 - Weight, Obesity & Portion Control</i>	Module 18 - Congestive Heart Failure
Module 3 – Fats and Heart Disease	Module 19 - HIV
Module 4 - Food Allergy & Intolerance	Module 20 - Geriatrics
Module 5 - Protein & Vegetarian	<i>Module 21 - Mindfulness Motivational Interviewing</i>
Module 6 - Sodium, Potassium, Renal & Hypertension	<i>Module 22 - Eating Disorders</i>
Module 7 - Carbohydrates Diabetes	Module 23 - Myths, Fads, Diets, & Controversies
Module 8 – Pediatric Diet	Module 24 - Polycystic Ovary Syndrome
Module 9 - Sports Nutrition	<i>Module 25 - Bariatric Diet Strategies</i>
Module 10 - Cancer Nutrition	Module 26 - Food Safety
Module 11 - Pregnancy & Nutrition	<i>Module 27 - Billing and Coding</i>
Module 12 - Pregnancy & Diabetes	Module 28 - PKU Nutrition
Module 13 – Celiac Disease	Module 29 - Enteral and Parenteral Nutrition
Module 14 - Food Allergy	<i>Module 33 - Pharmaceutical Treatment for Obesity</i>
Module 15 - Food and Neurocognition	<i>Module 34 – Systemic Treatment of Obesity</i>



*“Food is our
common ground,
a universal
experience.”*

James Beard

Happy Holidays

- No December webinar!
- Stay tuned for our upcoming Together 2 Goal® 2020 webinar calendar



Questions

