

Physician Champion Profile Questions

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State Medical Society: MedChi, The Maryland State Medical Society

- **What would you like members to understand about diabetes prevention?**

I think we, as physicians and providers in medicine, know how hard it is to prevent diabetes, but what I think we are starting to realize is how big of a problem it is nationwide. We have 30 million Americans who are diagnosed with diabetes, 84 million with prediabetes. In Baltimore City, one in eight adults is diabetic, and it costs the system a lot of money. So essentially, 1 out of every 7 healthcare dollars is spent on complications from diabetes. So that adds up to a total of \$327 billion of healthcare costs in this country, which is just a huge percentage. So I think we're starting to realize we're way behind on bending the cost curve. I think it really is impinging on everybody to figure out how we can prevent diabetes in the first place. As the old adage goes, an ounce of prevention is worth a pound of cure, and that's especially true in diabetes.

- **What role do physicians and healthcare teams play in diabetes prevention?**

What I think we're realizing is that we can't just be satisfied working within the clinic and hospital walls anymore. We really have to move outside, into the community. We, as physicians, need to be advocates for our patients and call for changes in policies and legislation to make it easier for our patients to access the healthy foods and exercise spaces that they need. With all the innovations coming out with regard to medications and ways of treating diabetes, often times we're already behind the eight ball. And the number of folks really being diagnosed every single day makes it very difficult to make an impact, unless we work on preventing it in the first place.

- **What type of impact do you feel physicians and care teams can have in helping stem the tide of type 2 diabetes?**

I think care teams provide additional support for people who are struggling to adhere to plans. We employ motivational interviewing here in clinic to get people talking about their own reasons for change and get them imagining themselves in

healthier situations. I think care teams really can help people in the clinic, but I think also it's important to think about how we can get out into people's homes, looking in their refrigerators, looking in their cabinets, nudging people to avoid that sugary drink and foods that tend to be very cheap and very accessible. We've also done some grocery store tours where we go and walk around the stores with people and help them with label reading. We give them a \$10 gift card for the store and challenge them to buy a healthy family meal for \$10. I think that's been a really fun way to get people outside the bounds of the healthcare setting and into the actual environments where they're inundated with, you know, 50 types of bread. How do you know which bread to buy? It's hard to know. And then another way I think is really great that a lot of folks are employing are cooking classes, especially getting kids cooking because that's been a passion of mine. I grew up in an Italian restaurant. My grandfather, my dad, we all owned a family business. I learned how to cook early and loved cooking. And I think it's just a matter of helping people reprioritize cooking because people say, 'I don't have time to cook,' or they don't know how to cook. But I spend a lot of time here in my clinic and with my team time printing out recipes for people and showing them that you can eat good food on a tight budget.

- **How receptive is your team to this approach?**

Very receptive. I think we all recognize the importance of this, and we need creative approaches. The same-old, same-old is not working any more. There's the tried-and-true medicines, and oftentimes they have side effects, so they don't really work for everyone. But I think what we're learning is how to take a holistic approach, and really thinking about all the social determinants of health that go into somebody's diet, their physical activity and their ability to take medicines. It's so different for everyone, but especially in the community where I practice it's very difficult because we're faced with, not only food deserts, which are places where there's a lack of access to fresh fruits and vegetables or having to take two or three bus lines just to get to a grocery store, but really, we're also facing, in Baltimore, a lot of food swamps. They're areas inundated with fast food. It's all around you, just one fast food joint after the other. And it's easier to go in and get a chicken box than it is to get a head of broccoli—and probably cheaper.

- **How can members become invested in helping address diabetes prevention in their patient population?**

I think it's really important to stay up to date on the latest medications. I think it's very important to recognize that treatments, once somebody is diagnosed, are

critical, but also we have to move upstream a little bit. We have to recognize the importance of creative approaches to lifestyle change. And as any doctor will tell you, behavioral change is so critical to somebody's health, but it's also one of the hardest things to do. I could have three counselors in my clinic, who, all their job would be is to just help people eat better, and they'd still be busy every single segment of the day. There's never going to be enough folks to really prevent or oppose the constant onslaught that people have of fast food advertising and fast food accessibility, and a food system in America that has been working against us for decades. We've got to prevent people from falling in the river of diabetes and prevent people from falling off the waterfall. But in order to do that, we have to walk way upstream and figure out why they're falling in the river in the first place, and put up gates on the side of the riverbed to say, 'Look, you don't need to jump in the stream, even though it's sweet and it tastes good. Just stay out here, and you're good.' But it's really hard, and then once they've fallen off the waterfall and they've been diagnosed with diabetes, it's like throwing them a life preserver at the bottom to just keep them afloat so they don't get the complications of chronic ulcers, gangrene, amputations and heart disease. It's really hard.

- **What steps has your medical society taken to spread awareness around diabetes prevention?**

So MedChi has been very active with not only promoting the diabetes prevention program, but also collaborating with our Maryland Department of Health. We have a website now called powertopreventdiabetes.org, and it is on bus billboards, it's on bus stops, it's on billboards throughout the city and the state to really help people recognize the importance of getting tested and talking about prediabetes and really giving people options for taking prediabetes prevention classes around the state. We have 63 CDC-recognized DPPs in Maryland, and we have had 2,600 participants over the last four years with 87 percent completing four or more classes, and 32 percent, almost a third, with a 5 percent weight loss or more.

- **Would you say that those tools, specifically the billboards and signage has led to that?**

It's hard to say, but I think it's definitely helped. I see the billboards all over. They're superhero-style, like comic books. They're very attractive, very eye-catching, and they drop the statistics, like one in three adults has prediabetes.

They drop the big bombs, and it's kind of shocking to people. Those ad campaigns I think have really helped with getting folks to think about this and actually get tested because people know, [and they say] 'My dad had diabetes, my grandfather had diabetes, my sister's got diabetes. I may have diabetes at some point if I don't have it right now. Let me go get tested.' And you hope that people have been thinking about this already, and this is just kind of like the final nudge to get them in to get tested. But everybody's fighting their own battles, so it's hard to know where they're coming from, but you just hope to catch them in a state where they're open to talking about it.

- **How effective have those methods been? Please explain.**

I have some numbers from our managed care organization that manage our Medicaid population. There's four that have taken on a DPP and have been promoting it among their beneficiaries, and so of those four MCOs there's been 661 people enrolled through their health insurance plans, which I think is great. And often times they're offering incentives, like if you've been diagnosed with prediabetes and you complete this class then you get this kind of gift card or these kinds of things. And I think that is helpful, incentivizing taking those extra steps.

- **What tools do you believe members will find most useful in helping patients prevent diabetes?**

I think doctors want free, low-time-intensive resources to help them and their staff address early screening. A lot of this happens before the doctor even gets into the room, with an MA who's rooming the person, or the nurse who's asking about their health history before they even are seen by the doctor. And they fill out, especially new patients are going to fill out health histories and family histories, and so members of the healthcare team are going to see the line for diabetes has mother, father, brother and sister all checked off so we're going to know that this person probably has a high genetic predisposition for having diabetes. Often times the EHR will flag things, which is good. Our electronic health records can be helpful in recognizing these kinds of things. But I think what doctors really need to know is that, once they're finding and recognizing that someone has prediabetes, it's getting them referred quickly. Now it's easy for a doctor to refer a patient to a diabetes prevention program, and basically, they can quickly email the behealthymaryland.org email address with their patients' info. They can send a secure email and that will start that process of getting a patient enrolled in a

DPP. So I think that's really important for doctors to know. I think a lot of them probably don't know that it exists and it's easy to use. They can send either a secure email or they can send it through the EHR securely, but the email address is referral@secure.behealthymaryland.org.

- **If you are using specific tools for diabetes prevention, how effective have you yourself found these tools and what would you recommend to your members/peers?**

I think the top three things that I would like to recommend to folks are: I usually print out some recipes for them right in the clinic, and I like the good-food-on-a-tight-budget recipes because they're simple, they're healthy and they're cheap. It's five pages, and I usually print it out and go through one or two recipes with them and I say, 'Here's how you put this together. It's really easy. Come back and see me and we can talk about how the meal was.' And I've been surprised. People will come back and say, 'Yeah, Dr. Bruno. The kids loved it. We ate it all. It was good. Give me some more recipes.' So it's been nice to see that. There are a number of cooking classes that are going on in test kitchens around the city. The American Heart Association has a cooking kitchen, and so I often will tell people to go and do a cooking class because a lot of folks just need a little bit of help with some basic kitchen prep skills like cutting up vegetables and things, so that can be good. And then with my preventive medicine residency program, we've been doing a meal every week with people from the community. We all just gather in the kitchen together, make the food together and we eat a meal together, and it's just fun.

- **How did you get the community together to participate?**

We just had a connection with one of the churches in the neighborhood, and the church has a kitchen. So every Thursday night, at 5, the preventive medicine residents and I go down to the kitchen. Usually, we take turns figuring out which meal we're going to do that week, and we go buy the food in advance, and then we all get together, and it's kids and adults. And we usually have around 20, 25 people, and we all stand around in the kitchen and just task it out. It's just a great way to get together with folks and really have a feeling of community, but also a producible, and people are eating together, and we're promoting that kind of healthy lifestyle.

- **What aspect of diabetes prevention for your patients is the most daunting for you? (Any ideas for improving?)**

It really is just old habits die hard. It's hard when somebody's been drinking soda their whole life, like my lady today. She's like, "Dr. Bruno, I used to drink 2 liters of soda every day, and I've been off of soda. I had one soda on Sunday. I haven't been drinking soda every day like I used to," she says. And I'm like, "Well, alright, this is great." This is the kind of thing we need to keep doing, is finding the alternative. The most daunting part I think is just realizing that it's a marathon not a sprint, recognizing that people want to change, but they need either direction, coaching or just need a teammate, somebody on their team just kind of fighting for them. Because what we've found, and what I find, is that making people feel bad about their weight or getting on them paternalistically about the rise in A1C tends to not be very effective for a lot of folks. Some people still have that very hard on themselves mentality, but for folks in my community especially, they're dealing with so much, it's like, "Let's just try to make this easy, fun and creative."

- **What would you like patients to understand about diabetes prevention?**

Like I said, that it can be easy, it can be fun, it can be creative. Let's work together inside the clinics and hospitals and outside in the community, and let's try to make our communities healthier. I've also really been fighting hard over the last few years with an organization in town called [Sugar Free Kids Maryland](#), and we do a lot of work on trying to get the community to drink healthier drinks, especially kids because one in eight low-income preschoolers in Baltimore is already obese. So it's a huge, huge problem. I saw a 1-year-old the other day, she can't even walk yet and she's already obese. It's so sad. It's really hard, and I know they're going to have a lifetime of trouble with diabetes, with heart disease, with depression from being made fun of for being heavier than their peers. This is the kind of stuff that takes a real toll on kids. So I think it's really important to tackle this stuff from the policy standpoint and the legislative standpoint. Sugar Free Kids Maryland has been working pretty hard to get the mayor's office and the city council to approve a bill, and they finally just signed it into law in late April. It's called the Healthy Kids Meal Bill, so any time any family goes into a restaurant in the city of Baltimore, and they order off the kid's menu or a kid's meal, like a Happy Meal or whatever else, they will not have a soda option on there. So they can still have milk or juice or water, but there's not soda offered. They can still buy it off the regular menu if they really wanted it, but it's just not a part of the default. And I think this is kind of a big step to get kids and

parents thinking along the lines of drinking less sugary drinks. I feel really compelled to do this kind of work out in the community.