



# DIABETES

American Diabetes Association:  
Standards of Medical Care 2021



## Important Points to Remember

Diabetes is a complex, chronic illness requiring regular medical care in combination with required multifactorial risk-reduction strategies. Patient self-management is integral in preventing acute and long-term complications. In the United States, 34.2 million Americans have diabetes and another 88 million have prediabetes.

The American Diabetes Association Standards of Medical Care in Diabetes is intended to provide clinicians with general treatment goals, guidelines and tools to evaluate the quality of care. The recommendations include screening, diagnostic and therapeutic actions that are known or believed to favorably affect health outcomes of patients with diabetes. Ensuring favorable health outcomes encompasses addressing individualized patient social determinants of health that often result in health inequities. Lack of medication adherence and food insecurity, particularly in older adults, may impair achieving diabetes control.

### Glycemic Testing: A1C



- Perform the A1C test at least two times per year in patients who are meeting treatment goals (and who have stable glycemic control).
- Perform A1C testing at least quarterly, and as needed, in patients whose therapy has recently changed and/or who are not meeting glycemic goals.
- A1C testing is the primary tool for assessing glycemic control and has strong predictive value for diabetes complications.
- Use of point-of-care testing for A1C allows for timely decisions on therapy changes, when needed.

### Blood Pressure Control



- Blood pressure should be measured at every routine clinical visit. Patients found to have elevated blood pressure,  $>140/90$  mmHg, should have blood pressure confirmed using multiple readings, including measurements on a separate day, to diagnose hypertension.
- All hypertensive patients with diabetes should monitor their blood pressure at home.
- A lifestyle therapy plan should be developed in collaboration with the member. Self-management skills are an important component of hypertension treatment, along with prompt initiation and timely titration of pharmacologic therapy to achieve blood pressure goals.

### Lipid Management



- In adults not taking statins or other lipid-lowering therapy, it is reasonable to obtain a lipid profile at the time of diabetes diagnosis, at an initial medical evaluation and every five years thereafter if under the age of 40 years, or more frequently if indicated.
- Recommend lifestyle modification focusing on weight loss (if indicated), application of specific dietary approaches (Mediterranean style or Dietary Approaches to Stop Hypertension-DASH) and increased physical activity.

CareSource offers a disease management program specific to diabetes. Member participation in a disease management program can assist members in developing self-management skills, leading to improved health outcomes. Patient participation in a disease management program improves the percentage of CareSource members who receive recommended chronic health screenings.

For more information about CareSource programs, please contact your Provider Relations Representative. If you have a patient with diabetes who you believe would benefit from this program, please call **1-844-438-9498**.

## Retinopathy Screening

- Adults with type 1 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist within 5 years after the onset of diabetes.
- Patients with type 2 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist at the time of diagnosis of diabetes.
- Subsequent examinations for type 1 and type 2 patients with diabetes should be repeated annually by an ophthalmologist or optometrist. If there is no evidence of retinopathy for one or more annual eye exams and glycemia is well controlled, then screening every one to two years may be considered. Examinations will be required more frequently if retinopathy is progressing.
- Women with pre-existing diabetes who are pregnant or planning to become pregnant should have a comprehensive eye examination and be counseled on the risk of development and/or progression of diabetic retinopathy. Eye examinations should occur in the first trimester with close follow up throughout pregnancy and one year postpartum.

## Nephropathy Screening

- At least once per year, assess urinary albumin and estimated glomerular filtration rate in patients with type 1 diabetes with duration of  $\geq 5$  years, in all patients with type 2 diabetes regardless of treatment.
- Patients with diabetes and urinary albumin  $>300$  mg/g creatinine and/or an estimated glomerular filtration rate of  $30-60$  mL/min/1.73m<sup>2</sup> should be monitored twice annually to guide therapy.
- Periodically monitor serum creatinine and potassium levels for the development of increased creatinine or changes in potassium when ACE inhibitors, angiotensin receptor blockers or diuretics are used.

## Microvascular Screening

- Complete foot exam at least annually including assessment of skin and nails, check for foot ulcers and/or recent podiatry visit.
- Provide general preventive foot self-care education to all patients with diabetes. Assess for numbness and/or tingling in hands or feet, balance issues, dizziness and erectile dysfunction in males.

The Complete Standards of Medical Care in Diabetes – 2021 is the source document for this information and can be accessed at:

[https://care.diabetesjournals.org/content/44/Supplement\\_1](https://care.diabetesjournals.org/content/44/Supplement_1)

## POPULATION MANAGEMENT CAN BE EASY!

Our online Provider Portal allows you to easily and securely access critical information 24/7. CareSource offers its providers a comprehensive suite of informational online tools that can help increase efficiency and improve patient outcomes. Some of these tools include:

**Member Profile** – With its comprehensive view of patient medical and pharmacy data, the Member Profile can help you determine an accurate diagnosis more efficiently and reduce duplicate services, as well as unnecessary diagnostic tests.

**Provider Portal Access**  
[providerportal.caresource.com](https://providerportal.caresource.com)

**Clinical Practice Registry** – This proactive online tool emphasizes preventive care by identifying and prioritizing health care screenings and tests. The primary benefit of the Registry is population management. You can quickly sort your CareSource membership into actionable groups.