

# Diabetes

American Diabetes Association  
Standards of Medical Care in Diabetes – 2017



## Important Points to Remember

Diabetes is a chronic illness that requires continuing medical care and ongoing patient self-management education and support to prevent acute complications and to reduce the risk of long-term complications.

The American Diabetes Association Standards of Medical Care in Diabetes is intended to provide clinicians with general treatment goals 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.

CareSource is continually educating our members on the following diabetes screenings and reinforcing the importance of working with you to help members self-manage their diabetes.

## Care Management Referral Contact Information

1-866-286-9738

## CareSource24<sup>®</sup>, Available 24/7 Nurse Advice Line

1-866-206-0701

## 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 the A1C test quarterly in patients whose therapy has changed or who are not meeting glycemic goals.
- Use of point-of-care testing for A1C allows for timely decisions on therapy changes, when needed.

## BLOOD PRESSURE

- Blood pressure should be measured at every routine diabetes visit. Patients with confirmed office-based blood pressure >140/90 mmHg should, in addition to lifestyle therapy, have prompt initiation and timely titration of pharmacologic therapy to achieve blood pressure goals.

## LIPIDS

- In adult patients not taking statins, it is reasonable to obtain a lipid profile at the time of diabetes diagnosis, at an initial medical evaluation and every five years thereafter unless otherwise indicated.

## RETINOPATHY SCREENING

- Adults and children age 10 or older with type 1 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist within five 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 diabetic patients should be repeated annually by an ophthalmologist or optometrist. Less frequent exams (every two to three years) may be considered following one or more normal eye exams. 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 examination should occur in the first trimester with close follow up throughout pregnancy and one year postpartum.

## NEPHROPATHY

- 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 and in all patients with comorbid hypertension.
- Annually 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. Serum creatinine should be used to estimate GFR and stage the level of chronic kidney disease (CKD), if present.
- Assess for numbness and/or tingling in hands or feet, balance issues, dizziness and erectile dysfunction in males.

## MICROVASCULAR SCREENING

- Complete foot exam including assessment of skin and nails, check for foot ulcers and/or recent podiatry visit.

The Complete Standards of Medical Care in Diabetes – 2017 is the source document for this information and can be accessed at: [http://care.diabetesjournals.org/content/40/Supplement\\_1](http://care.diabetesjournals.org/content/40/Supplement_1)

CareSource has an enhanced disease management program aimed at improving the health of our members with diabetes across their care. If you have a CareSource patient with diabetes who you believe would benefit from this program and is not already enrolled, refer the patient to CareSource's Care Management program. Care Management referrals can be accessed through the CareSource Provider Portal at **CareSource.com**.

## 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** – <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.

