

Adult Diabetic Care Path (18-75 years old)

Screening and Diagnosis	
<p>Fasting plasma glucose every 3 years: Patients age 45 or older, or patient with BMI > 25</p> <p>Fasting plasma glucose and/or Hgb A1C every year: All patients at high risk for diabetes (BMI >30, CHD risk factors (obese, HTN, elevated lipids, family history of cardiovascular risk) first degree family history of type II diabetes, or personal history of diagnosed gestational diabetes or delivering a baby greater than 9 lbs).</p>	
Treatment	
<i>Patient with Diabetes in Control</i>	<i>Patient with Diabetes Out of Control</i>
<p>Definition:</p> <ul style="list-style-type: none"> ➤ A1C less than population-specific goal (7%) (goal for frail elderly is 7-7.5% if long life expectancy, 7.5-8% if life expectancy < 10 years, 8-9% if short life expectancy) ➤ LDL less than 100 mg/dL (statins not appropriate for frail elderly) ➤ Blood Pressure less than 140/80 mmHg ➤ Urine albumin/creatinine ratio < 30 mg/g ➤ Patient is a documented daily aspirin user ➤ Patient is a documented non-smoker ➤ GFR ≥ 60 <p>Exams:</p> <ul style="list-style-type: none"> ➤ Chronic Disease Management (CDM) visit every 6 months ➤ Annual diabetic eye exam ➤ Annual foot exam 	<p>Definition:</p> <p>A1C greater than population-specific goal (8%) (goal for frail elderly is 7-7.5% if long life expectancy, 7.5-8% if life expectancy < 10 years, 8-9% if short life expectancy)</p> <ul style="list-style-type: none"> ➤ LDL greater than 100 mg/dL (statins not appropriate for frail elderly) ➤ Blood Pressure greater than 140/80 mmHg ➤ Two urine albumin/creatinine ratios greater than 30mg/g or not done in the past year ➤ Patient is not a documented aspirin user ➤ Patient is a documented smoker ➤ GFR 45-60 <p>Exams:</p> <ul style="list-style-type: none"> ➤ Chronic Disease Management (CDM) visit every 3 months ➤ Annual diabetic eye exam ➤ Annual foot exam

Please note: The Via Christi Health Alliance in Accountable Care, Inc. (the "ACO") in consultation with its affiliated ACO providers developed these care pathways and guidelines based on the most recent evidenced based medicine data. The ACO is continually researching and updating its care pathways and guidelines to reflect the most recent evidence based standards. This information is intended to provide health professionals with information to improve the quality of care and ultimately lower the cost of such care to the patients they serve. By providing this evidence based information, it is not the intention of the ACO to provide specific medical advice for particular patients. Rather we urge each provider to review this material when consulting and evaluating the treatment options suitable for their patients. The ACO affiliated providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic or prescription decisions.

Labs and Imaging:

- A1C-1-2 times annually
- Fasting lipids annually
- Urine albumin/creatinine ratio annually (optional for patients > 75 years of age)

Patient Engagement:

- Offer diabetic education annually
- Offer reconciled medication list and after visit summary at the conclusion of each visit

Labs and Imaging:

- A1C: every 3 months or as needed to gain and/or maintain control
- Fasting Lipids at least annually and as needed to maintain control
- Urine albumin/creatinine ratio annually or repeat first positive (optional for patients > 75 years of age)

Patient Engagement:

- Medication Therapy Management (MTM) Pharmacist – Medication review or visit with pharmacist for patients who have intensive insulin needs, whose medication costs exceed established limits, or who are prescribed a highly complex regimen and difficulty with side effects.

Specialist Consult

When to Refer:

- Proteinuria uncontrolled after 6 months of treatment with ACE/ARB
- Any Proteinuria with GFR < 45
- Any Proteinuria with Rapid decline of GFR (> 4mL/min/yr.)
- Uncontrolled DM with multi target organ damage with GFR < 60

References:

1. intermountainphysician.org/ClinicalPrograms or intermountain.net/ClinicalPrograms.2013. (Document referred.) Date accessed 7/22/2014.

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