

## Clinical Practice Guidelines for the Management of Diabetes Mellitus in Adults 18 -75 years of age

**Perform the following assessment at least annually and more frequently as needed):**

- Monitor Systemic Blood Pressure (goal < 130/80mm/Hg) at each visit
- Obtain, track & trend the current Weight & Height and then calculate the Body Mass Index (BMI) = weight (kg)/height squared (M<sup>2</sup>) or (pounds x 703)/inches<sup>2</sup>)
- Perform a Psychosocial Assessment to identify: a depressed mood, anxiety, an eating disorder, cognitive impairment, substance abuse and/or dependence
- Identify modifiable Risks for cardiovascular disease: (smoking, hypertension, dyslipidemia, sedentary lifestyle, stress)
- Comprehensive foot exam (including monofilament testing)
- Obtain history of recent, acute blood glucose level changes (hyper- and hypoglycemic episodes)
- Dilated eye examination by an eye-care profession (optometrist or ophthalmologist) for the screening and early intervention of retinal disease
- Screening for peripheral neuropathy

**Laboratory Tests - 1-4 times per year, based on individual therapeutic goals and previous test results:**

*Diabetes diagnostic testing should include:*

- **Hemoglobin A1c (HbA1c):** Goal < 7%

*Other tests for related issues include (non-diagnostic):*

- **Lipid Levels:** Fasting lipid profile: Goal LDL<100 mg/dl, HDL>40 mg/dl (men), HDL>50 mg/dl (women)
- **Nephropathy:** Urinalysis for microalbuminuria
- **Hypothyroidism:** Screen for thyroid peroxidase, thyroglobulin antibodies (hypothyroidism), and/or serum TSH test may be utilized

**Treatment Options Based on HbA1c Level**

***If HbA1c is ≥7% and <8%, or above the individualized goal for 6 or more months:***

- Review and clarify the management plan with the patient with attention to:
  - meal plan
  - activity program
  - medication administration schedule, technique and practices
  - self-monitoring blood glucose (SMBG) schedule and technique
  - treatment for hypoglycemia and hyperglycemia sick day management practices
- Reassess goals and adjust medication as needed
- Communicate individualized glycemic goals to patient
- Consider referring patient to diabetes educator (DE) for evaluation, diabetes self-management education (DSME) and ongoing consultation
- Consider referral to registered dietitian (RD) for medical nutrition therapy (MNT)
- Schedule follow-up appointment within 3-4 months or more frequently as situation dictates

***If HbA1c is ≥ 8%***

- Review and clarify the plan as previously noted

- Assess for psychosocial stress
- Refer patient to DE for evaluation, DSME and ongoing consultation. Document reason if no referral initiated.
- Intensify therapy
- Refer patient to RD for MNT
- Communicate individualized glycemic goals to patient

**Education, Counseling and Risk Factor Modification (at diagnosis and as needed):**

Each patient should receive written management plans that are reviewed and revised annually with the assistance of a diabetic team consisting of the physician, certified diabetic educator, and registered dietician. The management plan should incorporate the following facets of care:

- Blood glucose management and frequency of self-monitoring of blood glucose (SMBG) determined by severity of diabetes
- Nutrition counseling, including role of weight in insulin resistance and importance of progress toward ideal body weight, as recommended by registered dietician.
- Blood Pressure management
- Regular exercise program
- Training in self-management skills and problem solving, if appropriate, refer to diabetic education classes and WellCare's Diabetes Disease Management Program
- Self-care of feet
- Cardiovascular risk reduction
- Smoking cessation program and avoiding secondhand smoke

**Medical Recommendations (at each visit until therapeutic goals are achieved):**

- ACE Inhibitor as indicated for any degree of albuminuria and to delay the progression of nephropathy, regardless of the presence or absence of hypertension. (For those patients with hypertension who are intolerant to ACE Inhibitors, consider ARB therapy).
- Statin therapy for primary prevention against macro-vascular complications in patients with diabetes who are  $\geq$  age 40 or who have an LDL-C  $>$  100 mg/dl
- An anti-platelet agent for primary prevention of CVS disease unless contraindicated
- Pneumococcal and influenza vaccinations, as appropriate
- Consider the use of antidepressants as clinically appropriate
- Treatment of hypertension, to achieve a target of  $<$  130/80 for adults

**Physician Measurement and Assessment of Compliance with Guidelines:**

- The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:
- Hemoglobin A1c testing (HbA1c)
- LDL-C testing
- LDL-C control ( $<$ 100 mg/dL)
- Dilated eye exam (retinal) performed
- Medical attention for nephropathy
- BP control ( $<$ 140/90 mm Hg)
- BP control ( $<$ 130/80 mm Hg)

**References:**

American Diabetes Association, Standards of Medical Care in Diabetes. 2010.

Joslin Diabetes Center & Joslin Clinic. Clinical Guideline for Adults with Diabetes. 4/3/2009

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