



Diabetes Toolkit for Primary Medical Providers

MDwise is a Hoosier Healthwise/HIP Plan



ADA Standards of Care for Members with Diabetes

STANDARD OF CARE	WHAT IS THIS? WHY IS IT IMPORTANT?	HOW OFTEN SHOULD THIS BE DONE?	ADA RECOMMENDATIONS OR TREATMENT GOALS
HBA1-C TESTING	This test shows the average amount of glucose in the blood over the last 2–3 months and indicates if a person's diabetes is under control.	Test HbA1c every 6 months if the patient is in good control and at least twice a year.	The recommended level is < 7.0% when appropriate for the patient.
LDL-C TESTING OR A LIPID PANEL	Keeping low density lipid cholesterol (LDL-C) under control is recommended to decrease the incidence of heart attack and strokes. Completion of this test is the most-often used indicator of quality care for persons with diabetes.	LDL-C testing should be done annually. While a fasting lipid profile is the preferred way to test a member, a non-fasting direct measurement of LDL-C can be performed to determine if treatment for hyperlipidemia is required.	The LDL cholesterol goal is < 100 mg/dL.
BLOOD PRESSURE & CONTROL OF B/P	High blood pressure leads to strokes, kidney and heart damage.	Blood pressure should be checked at every visit.	Control hypertension with ACE/ARB and/or other medication as appropriate. Treat to a blood pressure of < 130/80 mmHg.
SCREENING FOR KIDNEY DISEASE OR NEPHROPATHY	Several interventions can reduce the risk and slow the progression of renal disease for people who have diabetes.	Perform an annual test to assess urine albumin excretion in type 1 DM patients with a duration of \geq 5 years of diabetes and in all type 2 DM patients upon diagnosis. An annual urine screening for microalbuminuria is recommended, if appropriate. Measure serum creatinine at least annually in all adults with diabetes.	Treatment with ACE inhibitors or ARBs should be used in the non-pregnant patient with microalbuminuria. Referral to a nephrologist may be indicated when nephropathy is present.
DILATED RETINAL EYE EXAM	A dilated eye exam can detect early disease, which allows early treatment which is important in an effort to prevent blindness.	A dilated retinal eye exam should be done on an annual basis.	Refer members with diabetes to an optometrist or ophthalmologist every year or perform dilated retinal exams in your office.
TESTING FOR NEUROPATHY & FOOT EXAMINATIONS	Persons with diabetes may lose sensation in their feet and not notice a potential problem. Teaching self-foot inspection and care allows early treatment of problems.	For all patients with diabetes, perform an annual comprehensive foot examination to identify risk factors for ulcers or amputations. Have the patient remove their socks and shoes at each visit, so a quick foot exam can be completed.	A foot exam should include inspection, assessment of foot pulses and testing for loss of protective sensation with a 10-g monofilament, a tuning fork or by pinprick sensation. Testing of ankle reflexes should also be performed. Refer to podiatry as needed.
HEALTH MAINTENANCE OR WELLNESS EXAM	Preventive health care is the cornerstone of prevention of diabetes complications.	Provide preventive health care at every visit as needed. Check to see if your member needs testing at each visit.	An annual health maintenance exam is recommended, as well as continuing medical care for diabetes.
IMMUNIZATIONS	Influenza, Pneumococcal and Hepatitis B vaccines prevent life threatening illnesses in persons with diabetes.	Check vaccine status at every visit, and reach out to members to get an annual flu shot before the flu season. Administer Pneumococcal vaccines and a Hepatitis B series as indicated.	Provide annual flu vaccine for diabetic members > 6 months old. One lifetime pneumococcal vaccine with revaccination at 65 years old if last vaccine was \geq 5 years ago. Complete a Hepatitis B series for all < 60 years old or at provider's discretion if > 60 years old.
NUTRITION EDUCATION	Learning to monitor carbohydrates is a key strategy to help people with diabetes control their blood sugar levels. Nutrition education is an essential component of self-management and control of diabetes.	Inquire about your patient's past participation in nutrition and self-management classes. As self-management skills improve, complications can be prevented. Refresher courses for diabetes education should be considered.	Upon diagnosis, a person with diabetes should receive individual nutrition therapy, preferably by a registered dietician. Ongoing education about nutrition and self management should be offered. Adolescents may benefit from annual nutrition education and self management classes.

MDwise Case and Care Managers Provide Physician Support By Helping Manage Members with Chronic Conditions

The goal of INcontrol, the MDwise disease and care management program, is to work with our practitioners and members to improve quality of care and to promote optimal outcomes. Practitioners and members can access the program's written materials on our website at MDwise.org/INcontrol. It is our hope that practitioners will utilize this information as an additional resource for their MDwise patients with chronic conditions and special health needs. Members can also use this information to learn more about their condition. Providers are welcome to refer members to our INcontrol program for prompt follow-up and reinforcement of key disease information.

The care management referral form is now online. The online form is for members, providers and caregivers to request care management, case management and specific disease management services. Please visit MDwise.org/cmdm-referral to complete the online referral.

Members with the following diagnoses are eligible to participate in the MDwise INcontrol program:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Asthma
- Congestive Heart Failure (CHF)
- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Depression
- Diabetes
- Pervasive Developmental Disorder (PDD)
- Pregnancy

How do case and care managers assist the provider and member with quality of care goals?

- Promote member self-management by engaging the member in development of goals
- Promote active engagement of those who support the member (providers, family, caregivers) in care plan development
- Connect members to appropriate medical, behavioral and social services to maintain needed care delivery
- Empower members to make quality health care decisions
- Work one-on-one with high risk qualifying members to assist them in gaining control of their disease
- Appropriate exchange of member's health information between MDwise and the member's PMP, specialty care, behavioral health and ancillary care providers to ensure seamless delivery of care
- Member education about their chronic condition and how to avoid complications
- Assist with lifestyle issues affecting members, such as referral to smoking cessation courses or educational classes
- Assist the member with transportation needs
- Find specialists and obtain appointments for specialty services within the member's network
- Review medications prescribed and help the member understand how to take medications appropriately
- Counsel members who visit the ER frequently, educating them about calling their PMP office or NURSEon-call service before going to the ER to see if an ER visit is necessary or if it can wait until the next office day
- Provide routine contact with the member to assess their compliance with their plan of care and offer education and support as indicated
- Provide feedback to the provider when a member is at risk for deterioration or hospitalization due to non-compliance

If you have any questions, please contact us toll-free at 1-800-356-1204 or 317-630-2831 in the Indianapolis area.

Frequently Asked Questions on How Office Staff Can Support Members with Diabetes

What are the HEDIS quality measures for comprehensive diabetes care?

- HbA1c screening at least every six months and controlling blood sugar levels.
- LDL-C screening on an annual basis and controlling cholesterol levels.
- Blood pressure measurement at each visit and controlling hypertension.
- Screening for microalbumin in the urine or medical treatment for kidney disease.
- Dilated retinal eye exam every year.

What can the office staff do to encourage their members to get the testing that is recommended for persons with diabetes?

- Provide educational information about how controlling diabetes promotes health and well-being.
- Refer members who need services, including a health maintenance exam and labs to the care manager at the MDwise delivery system.
- If a member is non-compliant, consider a depression screening in your office (See MDwise.org/toolkits and select the Behavioral Health Toolkit for depression screening tools.)
- Call the member to remind them of an upcoming office visit and suggest that they get their labs done on the way into the office.
- Remind the members of the MDwise Rewards program where healthy habits are rewarded with gift cards. Visit MDwise.org/rewards for more information.

Does the LDL-C have to be done when the member has been fasting?

- Although fasting is the preferred way to collect a lipid panel, for members who are *non*-fasting, a direct measurement of LDL-C can be performed and provide the information needed to determine if treatment for hyperlipidemia is required.

When should an LDL-C be performed; can it be done with an HbA1c?

- As a reminder when ordering an HbA1c test consider ordering an LDL-C too.

What are the codes to identify LDL-C screening?

- 83721, 80061, 83700, 83701, 83704

How is a member identified as being diabetic using HEDIS specifications?

- Members 18–75 years who were continuously enrolled for the calendar year.

- Two possible ways to identify members from data for the calendar year or the year prior to calendar:
 - > Claims/encounter data—Members who had: two face-to-face encounters in outpatient or non-acute inpatient setting on different dates of service with a diabetes diagnosis; one face-to-face encounter in acute inpatient or ED setting.
 - > Pharmacy data—Members dispensed insulin or oral hypoglycemic/antihyperglycemic medication in an ambulatory setting.

What should we do if a member is listed as having diabetes by MDwise, and they are not diabetic?

- Notify your provider representative from MDwise and they will work with you to get the member's name removed from the list of members with diabetes.

For more information regarding diabetes please visit the INcontrol page on the MDwise website at MDwise.org/dm/diabetes



What educational resources are available for people who have diabetes?

ndep.nih.gov/i-have-diabetes/index.aspx
YourDiabetesInfo.org

Offers several recipes, online tools and publications in several languages that can be downloaded or ordered free of charge.

diabeticdietfordiabetes.com

Offers nutrition tips, recommended serving size information and several recipes.

nlm.nih.gov/medlineplus/spanish/diabetes.html

Website is in Spanish and offers tutorials as well as links to other helpful sites.

fit4d.com/blog/2011/nutrition/smartphone-apps-for-diabetes-management

Offers several free downloadable Apps for both Android and Apple smartphones to track blood glucose, exercise, carbohydrate intake and insulin. Also has several other App options.

healthyhoosier.org

Offers a downloadable guide for many popular fast food restaurants. Includes calories, fat, cholesterol, carbohydrates, sodium and carbohydrate exchange for many menu items. Refers patients with diabetes to a nutritionist at a local hospital to learn to eat a healthier diet.