UCLA MEDICAL GROUP Managed Care Operations	UCLA Health
DEPARTMENT: **Utilization Management** **SECTION:** **Medical Group Guideline**	
TITLE: **PATIENTS WITH DIABETES**	
REVISIONS:	**08/03, 01/07, 04/09, 05/2011, 07/2013,7/2015, 6/2017, 11/2020**
APPROVED BY UMC:	**08/03, 01/07, 04/09, 06/11, 07/2013, 7/2015, 6/2017, 11/06/2020**

This guideline outlines the common care issues related to diabetic non-pregnant adults. This guideline seeks to reconcile the differences in the recommendations of the specialty groups most involved with the care of diabetes (i.e. primary care, endocrinology, cardiology and nephrology).

Part A outlines the goals for glycemic and blood pressure control. The goal for both the non-elderly and the diabetic elderly comply with current guidelines.

Part B outlines the basic cardiovascular protective therapies, key tests, exams, and special situations of comprehensive diabetic care. Not all needed care is listed. More than one visit may be needed to address every element of care.

Part A. Glycemic and Blood Pressure Control (non-pregnant adults)

Indicator	Diabetic Goal	Diabetic Elderly
HbA1c (%)	< 7*	< 7.5% HEALTHY status (few coexisting chronic illnesses, intact cognitive and functional status) < 8%COMPLEX/INTERMEDIATE status (multiple coexisting chronic illnesses or 2+ instrumental ADL impairments or mild to moderate cognitive impairment) < 8.5% VERY COMPLEX/POOR HEALTH status (Long-term care or end-stage chronic illnesses or moderate to severe cognitive impairment or 2+ ADL dependencies) ***Based on ADA/AGS health status
Systolic/Diastolic BP (mmHg)	< 140/90	< 140 / 90

Lipids (mg/dL)	Treatment initiation independent of lipid profile. Moderate dose statin is recommended for patients between 40 and 75 years without history of ASCVD. High dose is recommend for those patients with known ASCVD.	Treatment initiation independent of lipid profile. Moderate dose statin is recommended for patients between 40 and 75 years without history of ASCVD. High dose is recommend for those patients with known ASCVD.
Reference	ADA, NCEP, ATP III, UCLA, HEDIS, ACC, AHA, AGS	AGS, NCEP, ATP III, HEDIS, ACC, AHA, AGS

*** Adjust based on risk to patient and potential for hypoglycemia. Less stringent glycemic goals may be appropriate in individuals based on factors such as duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations (ADA Guidelines).**

Part B. Cardiovascular Protective Therapy, Key Tests, Exams, and Special Situations

	Frequency or Comment or Suggested Intervention	Reference
Patient Education • Hypo & hyperglycemia • Self monitoring of glucose • Diet & nutrition & exercise • Drug therapy • Foot care & skin ulcer prevention	• New diagnosis of type 2 diabetes • Annually for health maintenance and prevention of complications • New complicating factors influencing self-management • Transitions in care	ADA/AGS/ AADE, Academy of Nutrition and Dietetics
Weight	Each visit (overweight = BMI $\geq$ 25 ; Obese = BMI $\geq$ 30; Morbidly Obese = BMI $\geq$ 40)	ADA
Blood Pressure	Each visit	ADA
HbA1c	At least twice yearly if stable. Quarterly if goals not met or treatment changes.	ADA
Lipid Profile	At least yearly. Monitor for statin response.	ADA
Urine Microalbumin (spot sample screening)	Yearly (unless being treated for diabetic nephropathy).	HEDIS / ADA
Diabetic Eye Exam	At least yearly. May include non-dilated screening retinal exams.	ADA
Comprehensive Foot Exam	Document routinely but at least yearly. At each visit if peripheral neuropathy present.	ADA, UCLA
Smoking cessation	Emphasize and assist as much as possible. See UCLA Medical Group smoking cessation guidelines.	ADA
Aspirin Therapy	Use 75-162 mg/day as second prevention in those with diabetes and ASCVD. May be considered for primary prevention in those with increased CV risk after a comprehensive discussion with the patient on benefits vs	ADA
Statin Therapy	Diabetic patients should be treated with statin therapy regardless of baseline LDL-C. Moderate-intensity statin for low-risk or high-intensity statin for estimated 10 year ASCVD risk $\geq$ 7.5%.	AHA, ACC, HPS & UCLA
ACE Inhibitor Therapy	All diabetics with or without one or more additional CV risk factors. Use ARB if ACEI not tolerated.	ADA/HOPE Trial
Beta Blocker Therapy	All Type 2 diabetics with heart failure, CAD, post MI. Consider this therapy in all Type 2 diabetics for prevention. Please note increasing risk masking hypoglycemia in patients on insulin or sulfonylurea.	AHA/ACC & UCLA

Frail Elderly Syndromes • **Depression** • **Polypharmacy** • **Cognitive Decline** • **Urinary Incontinence** • **Falls** • **Pain**	As part of evaluation, screen for each of these conditions. (Any of these syndromes may be seen in an older adult with diabetes, or may complicate the treatment of diabetes in older adults)	AGS

ADA = American Diabetes Association Clinical Practice Recommendations 2020
NCEP = *JAMA.* 2001;285:2486-2497
AGS = J Amer Ger Soc 2003;51:S265-S280
AHA = American Heart Association www.americanheart.org
HOPE = The Hope Study Investigators N Engl J Med 2000;342:145-53
HPS = Heart Protection Study Collaborative Group. *Lancet.* 2002;360:7-22.
JNC-7 = Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure guidelines
UCLA = UCLA Medical Group Atherosclerosis Treatment Guidelines or Gonda Diabetes Center
HEDIS = Health Plan Employer Data & Information Set (http://www.ncqa.org/Programs/HEDIS/)