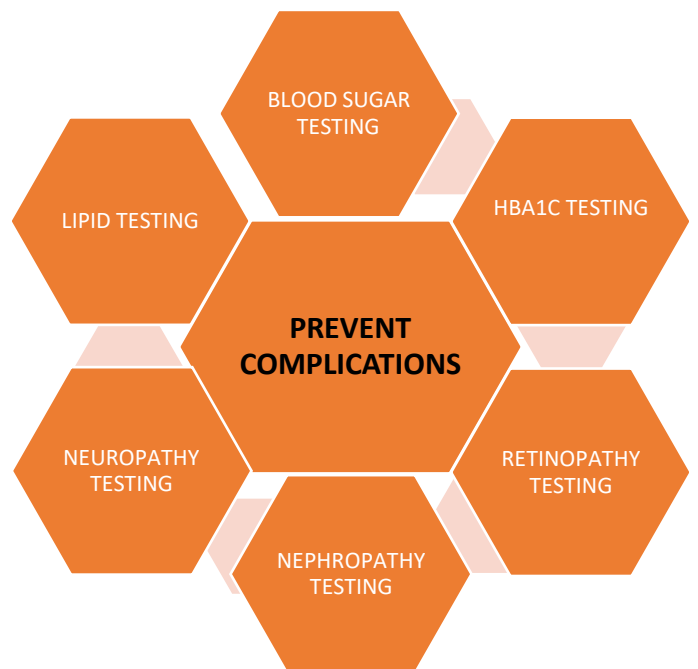
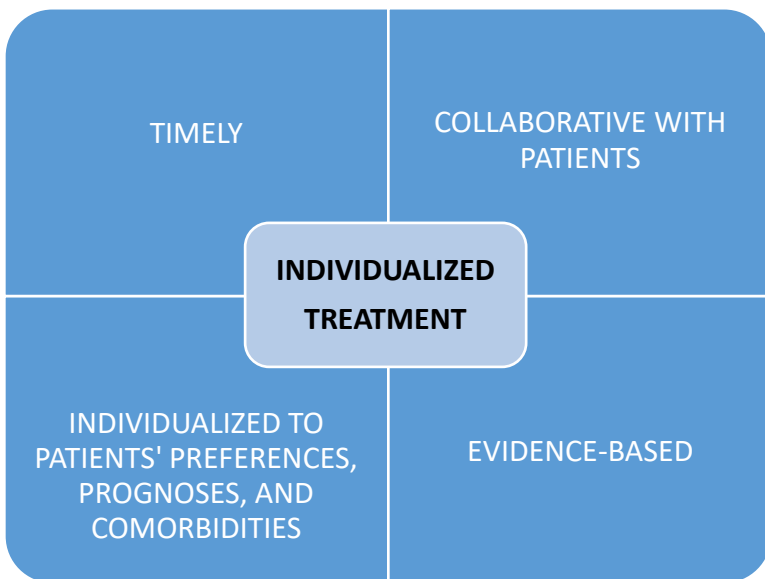
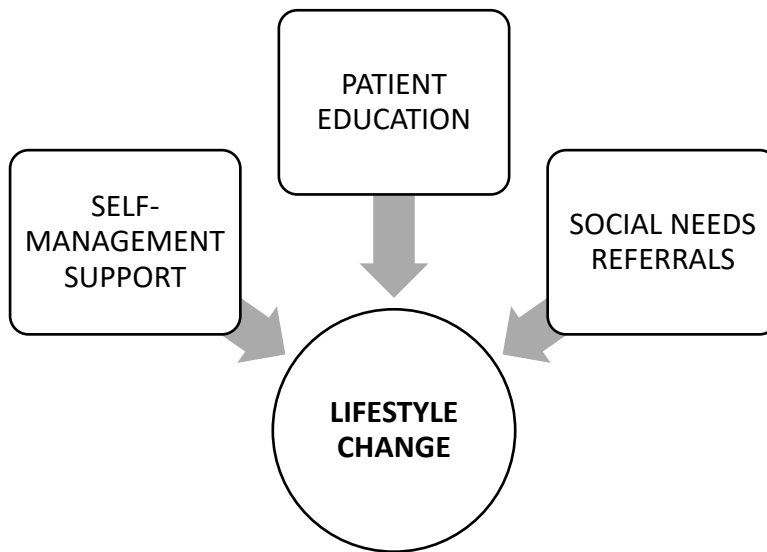


## DIABETES CARE PATHWAY: TRENTON, NJ

Developed by the Capital City Diabetes Collaborative

This Care Pathway was developed by the Trenton Health Team's Community-wide Clinical Care Coordination Team and is based on guidelines from the American Diabetes Association and the American Association of Clinical Endocrinologists to summarize the best practices in the diagnosis and treatment of Diabetes.

### KEY POINTS



## DIABETES DIAGNOSTIC CRITERIA

- Fasting Glucose  $\geq 126$
- Random Glucose  $\geq 200$
- A1C  $\geq 6.5\%$
- 2 Hour GTT  $\geq 200$
- Results to be confirmed by repeat testing in the absence of unequivocal hyperglycemia

## TESTING AND MONITORING

### GLYCEMIC CONTROL:

#### HbA1c Testing:

Bi-annually in patients who are meeting treatment goals and have stable glycemic control  
OR every 3 months for changed therapeutic regimen or not meeting treatment goals <sup>3</sup>

#### Goals:

- General goal between 7% and 8% for most patients.
- Personalize goal for patients.
- Consider de-intensifying pharmacologic therapy in patients who achieve HBA1c levels  $< 6.5\%$

#### Approach to Management of Hyperglycemia

#### Treatment Options: (Appendix A and Appendix B)

If entry A1C is  $< 7.5\%$ , consider monotherapy

If entry A1C is  $\geq 7.5\%$ , consider dual therapy.

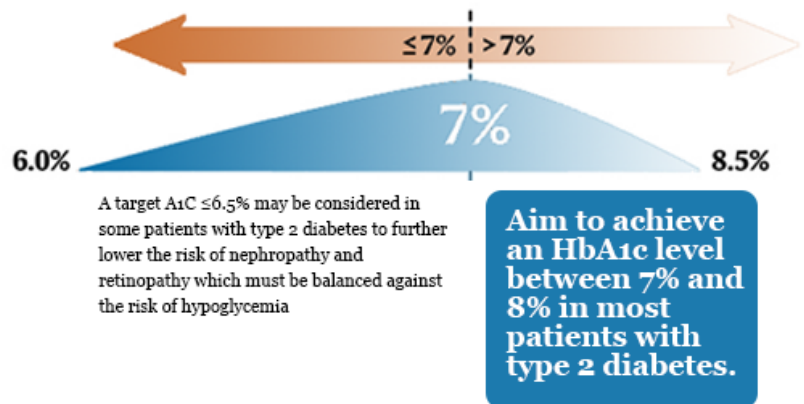
#### Self-monitoring of Blood

##### Glucose:

Pre-prandial Goal: 80-130\*

Two Hours Post-prandial Goal:  $< 180^*$

\*More or less stringent glycemic goals may be appropriate for individual patients (e.g. elderly).



- Personalize goals for glycemic control in patients with type 2 diabetes on the basis of a discussion of benefits and harms of pharmacotherapy, patients' preferences, general health and life expectancy, treatment burden and costs of care.
- Consider de-intensifying pharmacologic therapy in patients with type 2 diabetes who achieve HbA1c levels less than 6.5%.
- Treat patients to minimize symptoms related to hyperglycemia and avoid targeting an HbA1c level in patients with a life expectancy less than 10 years due to advanced age (80 years or older), residence in a nursing home, or chronic conditions because the harms outweigh the benefits in this population.

## VACCINATIONS TREATMENT

Routine vaccinations for children and adults with diabetes according to age-related recommendations

- Annual vaccination against influenza for all persons with diabetes  $\geq 6$  months of age
- Vaccination against pneumonia for all people with type 2 diabetes through 64 years of age with PPSV23. At age  $\geq 65$  years, administer the PCV13 at least 1 year after vaccination with PPSV23, followed by another dose of PPSV23 at least 1 year after PCV13 and at least 5 years after the last dose of PPSV23

- Administer 3-dose series of hepatitis B vaccine to unvaccinated adults with diabetes who are 19-59 years
- Consider administering 3-dose series of hepatitis B vaccine to unvaccinated adults with diabetes who are age ≥60 years

## RECOMMENDATIONS FOR STATIN AND COMBINATION TREATMENT

Take [ASCVD risk score](#) and consider appropriate intensity of statin.

Age	ASCVD or 10-year ASCVD risk >20%	Recommended statin intensity* and combination treatment^
<40 years	No	None <ul style="list-style-type: none"> <li>• Moderate-intensity statin may be considered based on risk-benefit profile and presence of ASCVD risk factors. ☺</li> </ul>
	Yes	High <ul style="list-style-type: none"> <li>▪ In patients with ASCVD, if LDL cholesterol ≥70 mg/dL despite maximally tolerated statin dose, consider adding additional LDL-lowering therapy (such as ezetimibe or PCSK9 inhibitor) ◇</li> </ul>
≥40 years	No	Moderate <ul style="list-style-type: none"> <li>• High-intensity statin may be considered based on risk-benefit profile and presence of ASCVD risk factors. ☺</li> </ul>
	Yes	High <ul style="list-style-type: none"> <li>▪ In patients with ASCVD, if LDL cholesterol ≥70 mg/dL despite maximally tolerated statin dose, consider adding additional LDL-lowering therapy (such as ezetimibe or PCSK9 inhibitor) ◇</li> </ul>

ASCVD: atherosclerotic cardiovascular disease; LDL: low-density lipoprotein; PCSK9: proprotein convertase subtilisin/kexin type 9.

\* For patients who do not tolerate the intended intensity of statin, the maximally tolerated statin dose should be used.

^ In addition to lifestyle therapy.

☺ ASCVD risk factors include LDL cholesterol ≥100 mg/dL (2.6 mmol/L), high blood pressure, smoking, chronic kidney disease, albuminuria, and family history of premature ASCVD.

◇ Adults aged <40 years with prevalent ASCVD were not well represented in clinical trials of non-statin-based LDL reduction. Before initiating combination lipid-lowering therapy, consider the potential for further ASCVD risk reduction, drug-specific adverse effects, and patient preferences.

Source: American Diabetes Association Standards of Medical Care in Diabetes 2020

## SCREENINGS FOR COMPLICATIONS

### BLOOD PRESSURE

#### Every Visit

- Individualized to patients
- General recommendation :<140/90 mmHg for most patients
- <130/90 mmHg for patients at high-risk of cardiovascular disease (See Appendix C for Recommendations for the Treatment of Confirmed Hypertension in People with Diabetes)

### RENAL FUNCTION

#### Annual

- Urine microalbumin to creatinine ratio, eGFR, serum creatinine, and spot testing as warranted

## EYE SCREENING

**At time of diagnosis and annually if retinopathy present, every 1-2 years if not present and glycemia well controlled**

- Dilated and comprehensive eye exam by Optometrist or Ophthalmologist
  - Image capture by primary care team if Digital Retinal Exam equipment available

## COMPREHENSIVE FOOT EXAMINATION

### Annual

- 10-g monofilament exam by Medical Assistant or Nurse
- Visual inspection (skin integrity, callus formation, foot deformity, ulcer, toenails) by PCP
- Screen for PAD (pedal pulses, refer for ABI if diminished) by PCP
- Determination of temperature, vibration or pinprick sensation by PCP

### Every Visit

- General inspection of skin integrity and musculoskeletal deformities

## DENTAL EXAM

### Every six months

## DIABETES IN PREGNANCY

### PRECONCEPTION COUNSELING

- Incorporate into routine diabetes care for all girls of childbearing potential starting at puberty up to women 50 years old.
- Discuss family planning and encourage use of effective contraception until woman is ready to conceive.

### GOALS:

- <6 to 7% (individualized to patient) to reduce risk of congenital anomalies

### TARGETS:

- Fasting < 95 mg/dL (5.3 mmol/L)
- *AND at least one of the following:*
  - One-hour postprandial < 140 mg/dL (7.8 mmol/L)
  - Two-hour postprandial < 120 mg/dL (6.7 mmol/L)

## CONTINUOUS GLUCOSE MONITORING

### Professional and Personal Continuous Glucose Monitoring for Patients with Medicaid

**Professional:** Providers may contact Libre representative to receive a continuous glucose monitor for office use. The provider places the glucose sensor on a patient's arm to collect continuous readings over a set number of days. Results are read on office monitor upon return. Providers may bill Medicaid for placement of glucose sensor and interpretation of results. This method does not require patient to be on insulin or insurance preauthorization and will not give patients real-time glucose results. Benefits include: Identification of extremes in blood glucose levels and Time in Range targets as well as assessment of nocturnal glucose patterns and success of treatment regimen.

**Personal:** To qualify for personal continuous glucose monitoring, a patient must be prescribed at least three injections of insulin a day. The patient must check and log blood sugar four times a day for 8 weeks. Providers then submit a prior authorization and copy of glucose log to the managed care organization, typically by fax. Once CGM is approved, it is supplied through the patients Durable Medical Equipment (DME) (i.e. Edgepark), not through a local pharmacy. This process may take a few weeks to complete.

### When to Consider Personal Continuous Glucose Monitoring

- If patient administers three or more injections per day
- If patient’s glucose readings fluctuate between extreme highs and lows
- If patient wants to decrease the number of times he/she has to manually check his/her blood glucose

## REFERRALS

### SOCIAL NEEDS ASSESSMENT AND REFERRALS

- Assess social context, including potential food insecurity, housing stability, and financial barriers, and apply that information to treatment decisions.
- Use the Trenton Social Determinants of Health Screening Tool (Appendix B) in NowPow.
- Refer patients to local community resources when available using the NowPow platform to match community resources to patients’ social needs and geography.
- Provide patients with self-management support from lay health coaches, navigators, or community health workers when available.

### PATIENT READINESS: MOTIVATIONAL INTERVIEWING AND PATIENT ACTIVATION MEASURE (PAM)

- Ask open-ended questions, make affirmations, use reflections and summarizing to understand patient motivations and if he or she is willing and ready to make changes in his or her health.
- PAM is a survey tool that helps us: Identify/target patients that need more support, customize an action plan that meets patients where they are, provide information the patient needs to help them reach their potential and track progress
  - The survey produces a PAM Score (0-100) and a Level of Activation (1-4) that are predictive of future utilization and outcomes



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For access to the PAM survey tool, please contact Renee Kraus: rkraus@trentonhealthteam.org

# CLINICAL REFERRALS FROM PRIMARY CARE

## Nephrology

- **At least one of the following:**
  - Uncertainty about etiology of kidney disease
  - Difficult management issues: anemia, resistant hypertension, electrolyte disturbances)
  - Advanced kidney disease (eGFR <30 mL/min/17.3 m<sup>2</sup>) requiring discussion of renal replacement therapy or ESRD

## Endocrinology

- **All of the following:**
  - Patient's A1c persistently  $\geq$  9.0% despite triple therapy
  - Clinical pharmacy care OR intensive treatment in office for at least 6 months
  - Total insulin exceeds 200 units/day
- **Assess patient's motivation & consider:**
  - Unmanaged psychiatric disorder, polysubstance abuse, or non-compliance present

## Podiatry

- **At least one of the following:**
  - Symptoms of claudication or decreased or absent pedal pulses should be referred for ankle-brachial index and further vascular assessment
  - Cigarette smokers
  - History of prior lower extremity complications, loss of protective sensation, structural abnormalities, or peripheral arterial disease

## Ophthalmology

- **At least one of the following:**
  - Patients with any level of macular edema, severe nonproliferative diabetic retinopathy, or any proliferative diabetic retinopathy
  - All patients with type 2 diabetes should receive a comprehensive eye exam and dilated eye exam at time of diagnosis and every 1-2 if retinopathy is not present

## Clinical Pharmacy

- **At least one of the following:**
  - Suspected medication non-compliance or non-adherence – conjunction with BH and SW
  - Need for medication reconciliation (patient on multiple medications and/or multiple comorbidities present)
  - Patient not meeting a1c goal

## Behavioral Health

- **Both of the following:**
  - Diagnosable mental health issue
  - Patient is interested in treatment

## Nutrition

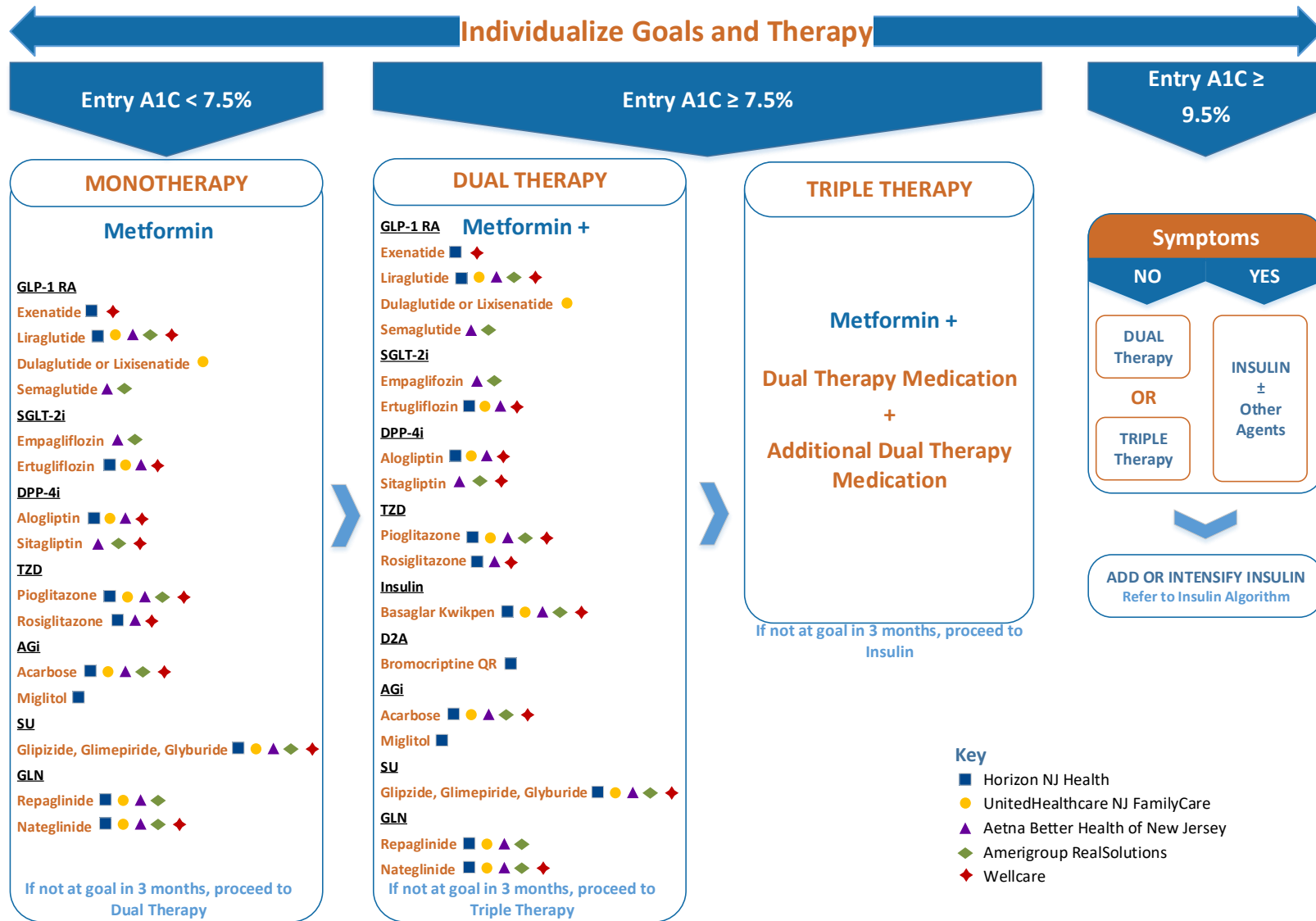
- **At least one of the following:**
  - Newly diagnosed
  - HgbA1c >8
  - BMI  $\geq$ 30
  - Triglycerides over 200
  - Experiencing regular episodes of hypo (<70) or hyperglycemia (>200), even if at goal for hgbA1c
  - Patient request
  - Provider discretion

## Care Management

- **At least one of the following:**
  - New diabetes diagnosis
  - A1c  $\geq$ 9
  - Provider discretion

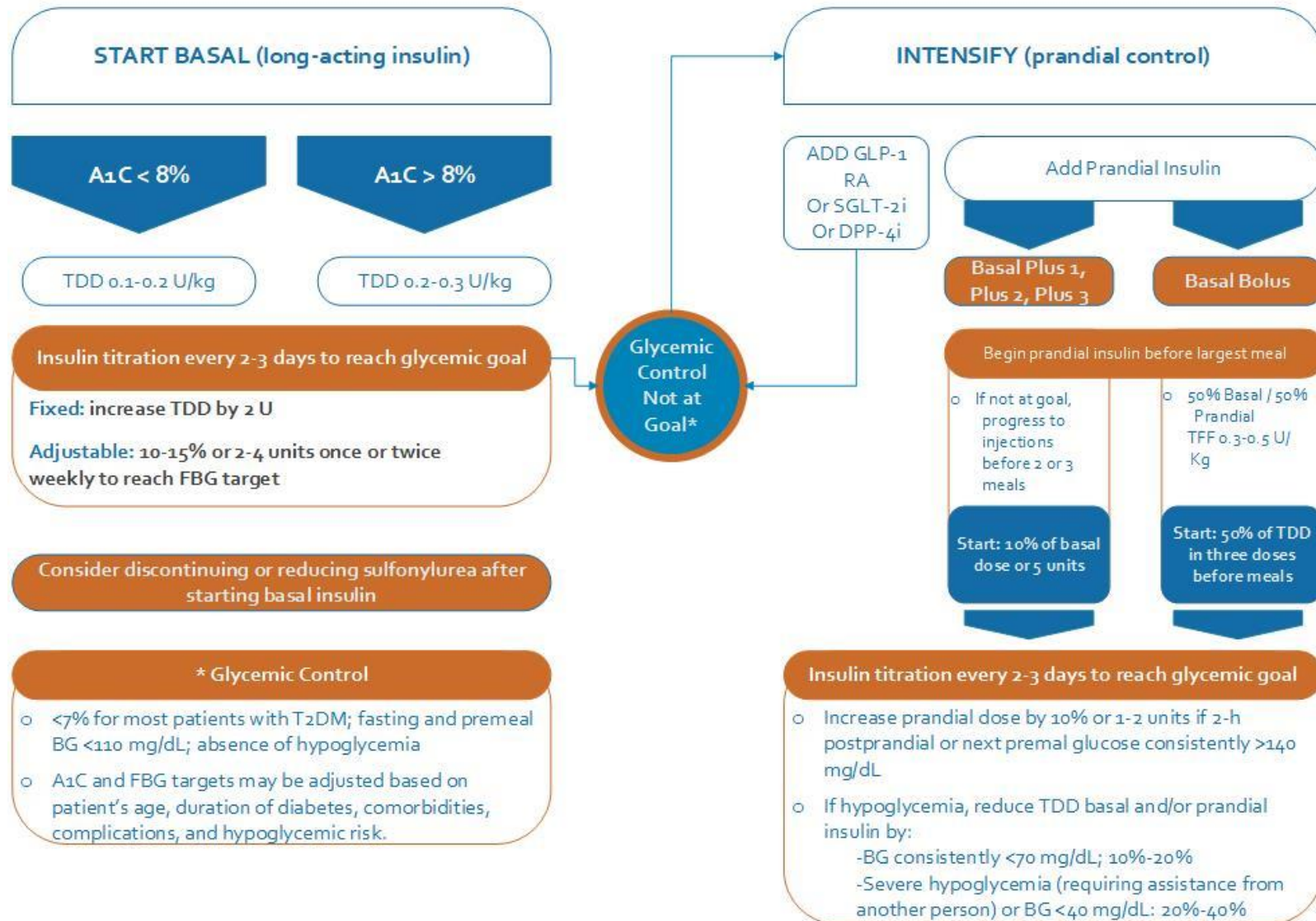
Appendix A: Glycemic Control Algorithm

Glycemic Control : Trenton, NJ



## Appendix B: Insulin

## Adding/Intensifying Insulin : Trenton, NJ

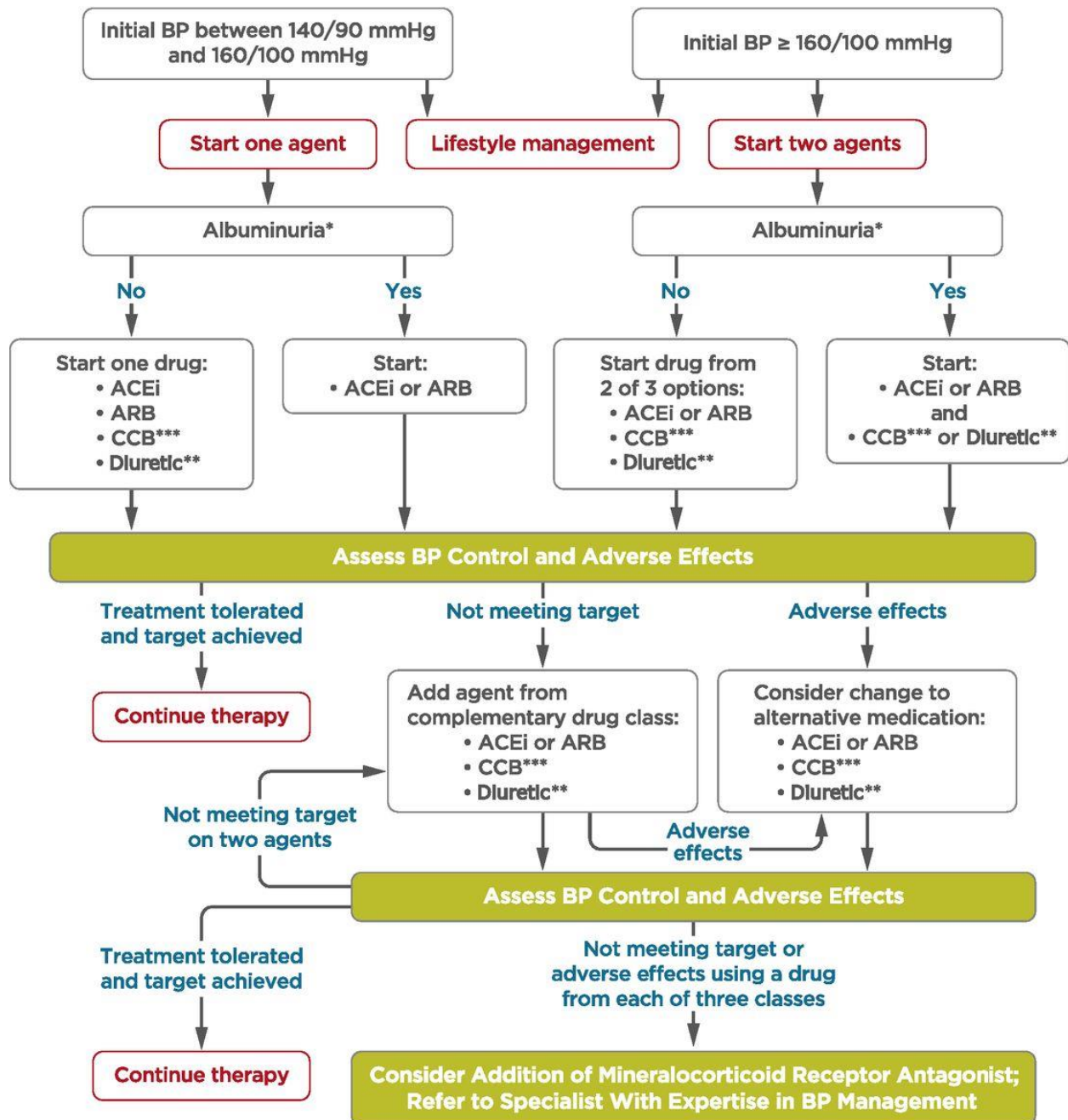




### Appendix C: Recommendations for the Treatment of Confirmed Hypertension in People with Diabetes

American Diabetes Association Standards of Medical Care in Diabetes 2020

## Recommendations for the Treatment of Confirmed Hypertension in People With Diabetes



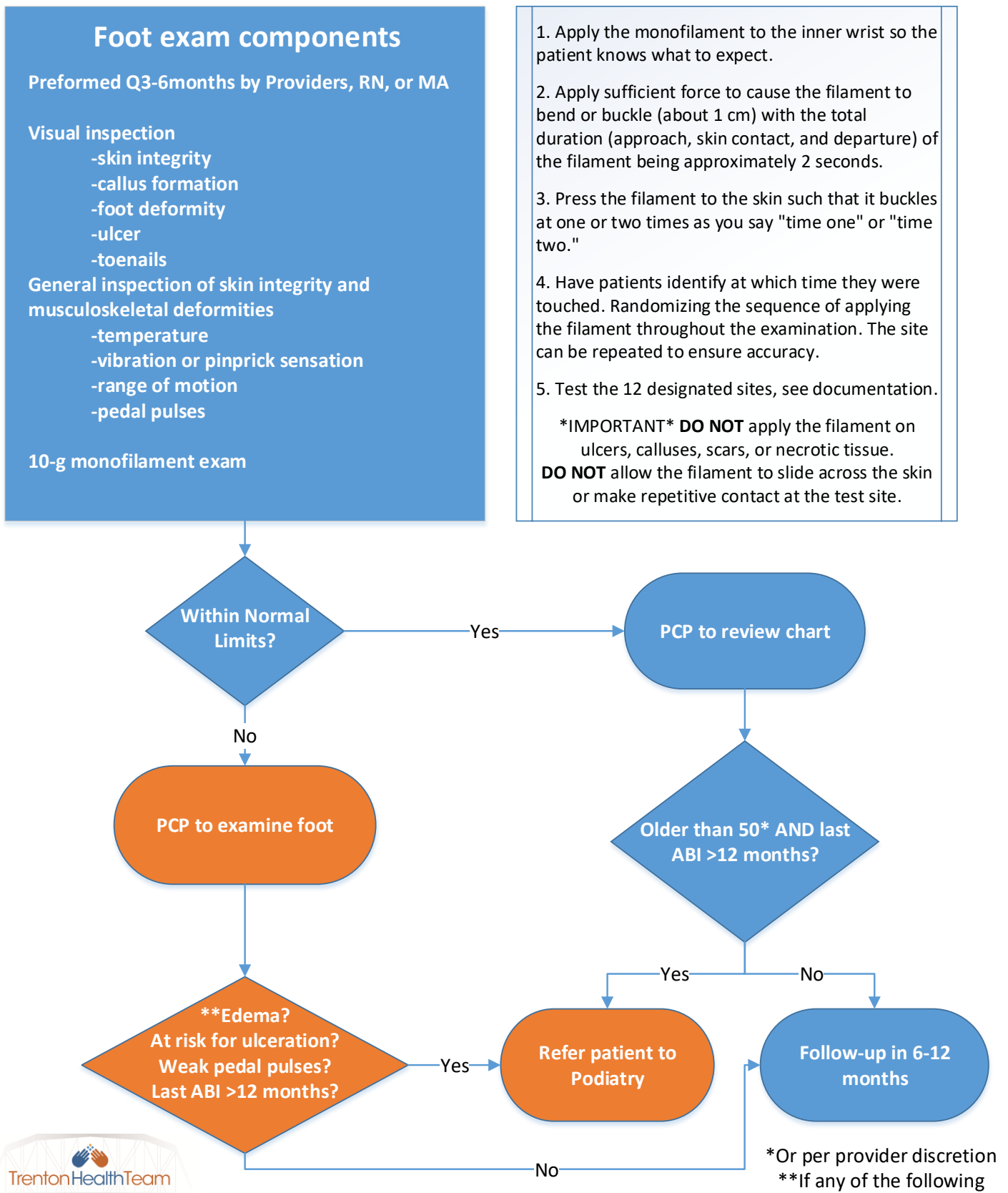
**Appendix D: Trenton Social Determinants of Health Screening Tool**

Developed by Trenton Health Team, St. Francis Medical Center, Capital Health System, Henry J. Austin Health Center, and Catholic Charities

Part 1: Social Determinants of Health		
Food Insecurity	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	Y N
Utility Needs	In the last 90 days, has your utility company threatened to shut off your service for not paying your bills?	Y N
Housing Insecurity	Are you worried that in the next 2 months, you may not have stable housing that you own, rent or stay in as part of a household?	Y N
Housing Quality	Think about the place where you are living right now. Do you have problems with any of the following?	Pests such as bugs, ants, or mice Mold Lead paint or pipes Lack of heat Oven or stove not working Smoke detectors missing or not working Water leaks None of the above
Child Care Needs	Do problems getting child care make it difficult for you to work or study?	Y N N/A
Transportation Needs	Do you put off or neglect going to the doctor because of distance or transportation?	Y N
Financial Resource Strain	In the last 12 months, did you skip medications to save money?	Y N
Literacy	Do you ever need help reading hospital materials?	Y N
Exposure to Violence	Are you afraid you might be hurt in your apartment building or house?	Y N
Legal	Do you have any legal issues?	Y N
Employment	During the last 4 weeks, have you been actively looking for work?	Y N
Medical Home	Who is your family doctor?	Dr/NP _____ I don't have one I need a new one

Part 2: Substance Abuse and Behavioral Health		
Substance Abuse	How many times in the past month have you used an illegal drug or used a prescription medication for non-medical reasons?	
Alcohol Abuse	How many times in the past month have you had 5 or more drinks in a day?	
Mental Health	Over the last 2 weeks, have you had little interest or pleasure in doing things?	Y N
	Over the last 2 weeks, have you been feeling down, depressed or hopeless?	Y N
	Over the last 2 weeks, have you been feeling nervous, anxious or on edge?	Y N
Tobacco	Do you smoke tobacco on a daily basis?	Y N

## Appendix E: Comprehensive Diabetic Foot Exam



## References

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