



WYOMING PROVIDER DIABETES KIT



STANDARDS OF CARE FOR THE TREATMENT OF DIABETES

APS Healthcare follows the standards of care for the diagnosis and treatment of diabetes issued by the American Diabetes Association (ADA). The ADA's **Standards of Medical Care in Diabetes** link is online at http://care.diabetesjournals.org/cgi/content/full/28/suppl_1/s4.

A Summary of Revisions for the 2005 Clinical Practice Recommendations can be found at http://care.diabetesjournals.org/cgi/content/full/28/suppl_1/s3.

MEDICATION RECOMMENDATIONS

The ADA issued new advice to healthcare providers on lowering diabetes-heart disease risks. The ADA reports “more than 18 million Americans are currently living with diabetes” and that people with diabetes are “two-to-four times more likely than others to develop heart disease, and are more likely to die from heart attacks than people who don't have diabetes.”¹

“The updated Guidelines include new recommendations for several key areas of care, including lowering blood pressure and blood glucose levels, treating high cholesterol, use of aspirin and more aggressive physician interventions to help people who smoke find methods to help them quit.”²

“The updated Guidelines also reflect the results of several scientific studies, including the Heart Protection Study, which is the largest-ever cholesterol and diabetes study using a statin. This study found that people with diabetes could reduce their risk of having a heart attack or stroke with treatment of a statin, even if their cholesterol levels are normal. As a result, the ADA Guidelines now recommend that statins be considered for people with diabetes over the age of 40 (forty) who have a total cholesterol level that is greater than or equal to 135.”³

“The Guidelines also recommend a blood pressure goal of less than 130/80 mmHg for people with diabetes and make suggestions regarding which drug classes might be used. They call for lowering blood glucose levels, as measured by the A1C test, to less than 7 percent for most people with diabetes and less than 6 percent for individual patients as appropriate.”⁴

1-4 American Diabetes Association- as quoted in the ADA 2004 press release/updated-guidelines.

Whole article can be viewed online at: <http://www.diabetes.org/for-media/2004-press-releases/updated-guidelines.jsp>

EDUCATION AND SUPPORT: APS HEALTH COACHES

The crux of the APS Healthcare and EqualityCare **Health Management** program is telephonic support provided to clients by **APS Health Coaches**, registered nurses with specific experience in various clinical areas. The **Health Coaches** reinforce information provided by the clients' providers, helping them incorporate that information into their healthcare decisions. The goal is to create better informed clients that are more compliant with their prescribed therapy.

Because you have exposure to clients enrolled in the **Health Management** program, and are part of the healthcare team it is helpful to inform you of the guidelines the **APS Health Coaches** are using. To those clients diagnosed with diabetes, Health Coaches:

- **Encourage clients to use their medications appropriately and consistently as prescribed.**
- **Encourage clients to perform Self Monitoring of Blood Glucose (SMBG).**
 - Blood Glucose Monitors and strips are a covered benefit through EqualityCare. The client only needs a prescription from a provider, which they can fill at any pharmacy.



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- **Encourage clients to stay current on their immunizations.**
 - Pneumococcal and Influenza A immunizations are recommended by Health Coaches per ADA Guidelines as appropriate for client's age. Immunizations are a covered benefit for EqualityCare clients.
- **Encourage clients to develop a Diabetes Home Action Plan with their provider.**
 - The patients will be asking their provider for a prescribed action plan, to assist with monitoring and early identification of complications. Children may also bring a sample action plan, provided to them by their Health Coach, to their school nurse.
- **Recommend and encourage clients to have yearly physicals to include routine labs as recommended by the ADA Guidelines.**
 - A HgbA1c test at least two times per year for clients in good glycemic control.
 - A HgbA1c test quarterly for clients whose therapy has changed or who are not meeting glycemic goals.
 - A Lipid Panel at least annually and more often if needed to achieve goals.
 - A Urine micro-albumin test yearly.
 - Clients perform daily self foot exams and report any complications to physicians.
 - Comprehensive foot exams annually to identify risk factors, as well as recommending visual inspection of client's feet at each routine physician visit.
 - Statin therapy to clients with elevated total cholesterol levels and/or to those at high risk for cardiovascular disease (CVD).
- **Recommend Complete Retinal Eye Examination at least yearly**
 - EqualityCare provides Dilated Retinal Eye Examinations for all members; an appropriate ICD-9 Code (250.00-250.93) should be included with the billing sheet
- **Recommend Routine Screening of blood pressure and treatment of hypertension**
 - APS utilizes the ADA guideline of >130/80 mmHg.
- **Encourage and support clients to have a Body Mass Index of 18.5 to 24.9.**
 - Health Coaches will assist clients by providing information on diet and weight loss as well as assisting the client to understand and utilize carbohydrate counting.
- **Encourage client compliance with follow-up visits to their providers.**
 - APS provides assistance to ensure patients do not miss appointments, such as transportation resources.
- **Encourage clients to discuss with their physician an appropriate exercise plan.**
 - Exercise information is available.
- **Encourage and support clients on smoking cessation**
 - Smoking Cessation information is available.
- **Encourage clients to receive dental care every 6 months in addition to encouraging daily brushing and flossing of teeth.**
 - EqualityCare provides routine dental care for clients less than twenty-one (21) years of age.
 - EqualityCare clients twenty-one (21) years of age and older are limited to dental services for the emergency relief of pain and/or infection.
- **Encourage clients to receive an annual foot exam by physician, as well as daily self exams.**
 - EqualityCare does not cover podiatric services at this time; however foot exams are covered by EqualityCare if performed and billed as part of a physicians visit.
 - EqualityCare provides therapeutic diabetic shoes as a covered benefit. Physician Certification is required for these items; as well as documentation of medical necessity within the clients medical record.



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PATIENT INFORMATION TOOLS

The National Diabetes Health Education Program website (available at: <http://www.ndep.nih.gov/>) contains useful information for your patients.

We have attached several of these tools, as well as indicated the location of these tools below, so that you can reproduce them for patients in your office. The following tools are located in the “Feet Can Last a Lifetime”, a publication by the National Diabetes Education Program. The full publication can be found online at: http://www.ndep.nih.gov/diabetes/pubs/Feet_Kit_Eng.pdf

Tools for Diabetic Foot Exams: Page 4- 14

Annual Comprehensive Diabetes Foot Exam Form: Page 15

Medicare Coverage of Therapeutic Foot Wear for People with Diabetes: Page 18

Statement of Medicare Certifying Physician for Therapeutic Footwear: Page 19

Master Copy of High Risk Feet Stickers for patient charts: Page 47

Shoes and Socks, take them off poster for office (English): Page 48

Shoes and Socks, take them off poster for office (Spanish): Page 49

We have provided you with ten (10) copies of the “How to Prevent Diabetes Complications: Smart Foot Care” brochure. This brochure can also be printed directly from the online site at: <http://wyoming.apshealthcare.com>

The following online sites contain additional patient education tools which you may find useful in educating your patients.

Getting the Very Best Care for Your Diabetes; Toolkit No. 2:

<http://www.diabetes.org/uedocuments/02-Very-Best-Care.pdf> (from ADA Website)

All about Insulin Resistance; Toolkit No. 5: <http://www.diabetes.org/uedocuments/05-Insulin-Resistance.pdf> (from ADA Website)

All About Carbohydrate counting; Toolkit No. 10:

<http://www.diabetes.org/uedocuments/10-CarbCounting.pdf> (from ADA Website)

Treating High Blood Pressure in people with Diabetes; Toolkit No. 16:

<http://www.diabetes.org/uedocuments/16-Treating-HBP.pdf> (from ADA Website)

Treating High Cholesterol in people with Diabetes; Toolkit No. 17:

<http://www.diabetes.org/uedocuments/17-TreatingCholesterol.pdf> (from ADA Website)

All about Peripheral Vascular disease; Toolkit No. 22:

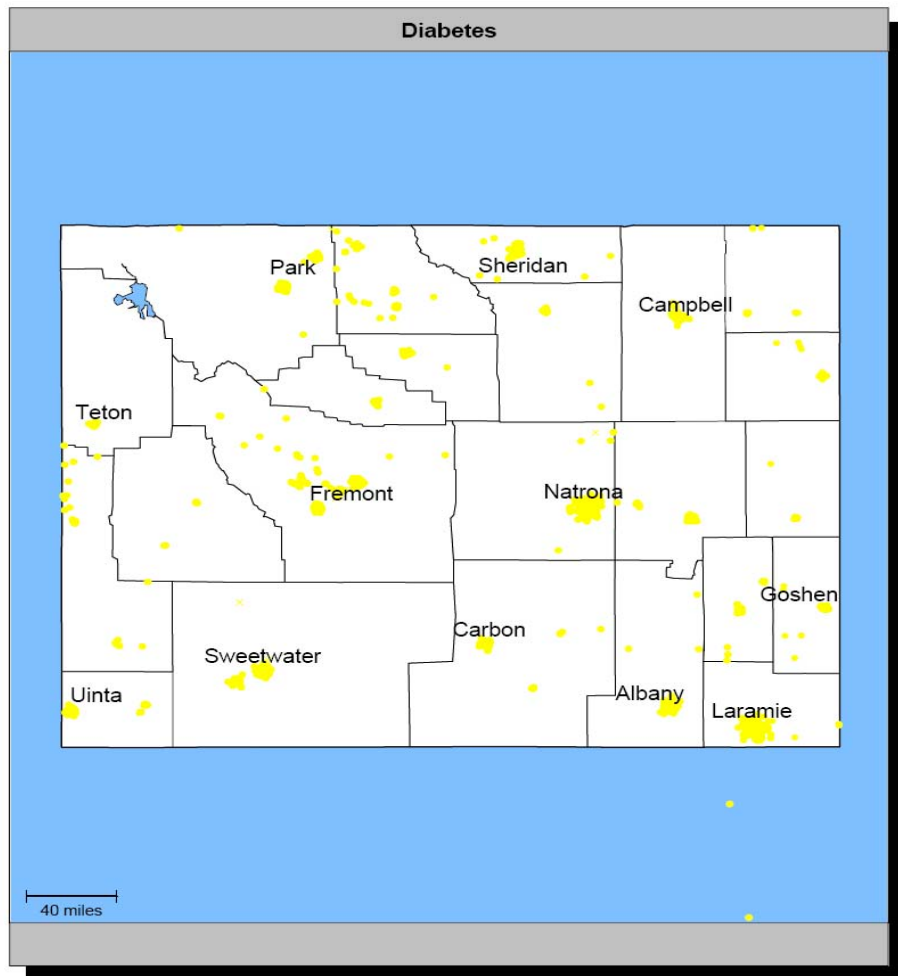
<http://www.diabetes.org/uedocuments/22-All-About-PAD.pdf> (from ADA Website)

HEALTH MANAGEMENT PROGRAM: DISEASE PREVALENCE IN WYOMING

APS reviewed claims data to interpret where EqualityCare's diabetes clients were located across the state; attached is a map depicting these areas. The analysis showed a significant number of clients located in **Laramie, Natrona, Fremont, Campbell, Sweetwater and Sheridan counties**. Identifying these areas of highest concentration enables APS and the EqualityCare program to better support the local clients and their providers (physicians and facilities), thus impacting cost and health outcomes. For example, APS provides support in a variety of ways, including:

- **Hosting provider education** on the most current standards of care and medications;
- **Providing emergency departments, school nurses and physician offices** with posters reinforcing diabetes care messages and encouraging enrollment into APS' health management program
- **Providing continuous support** to facilities that refer these clients into our health management program.

Member locations



March 2005 Data