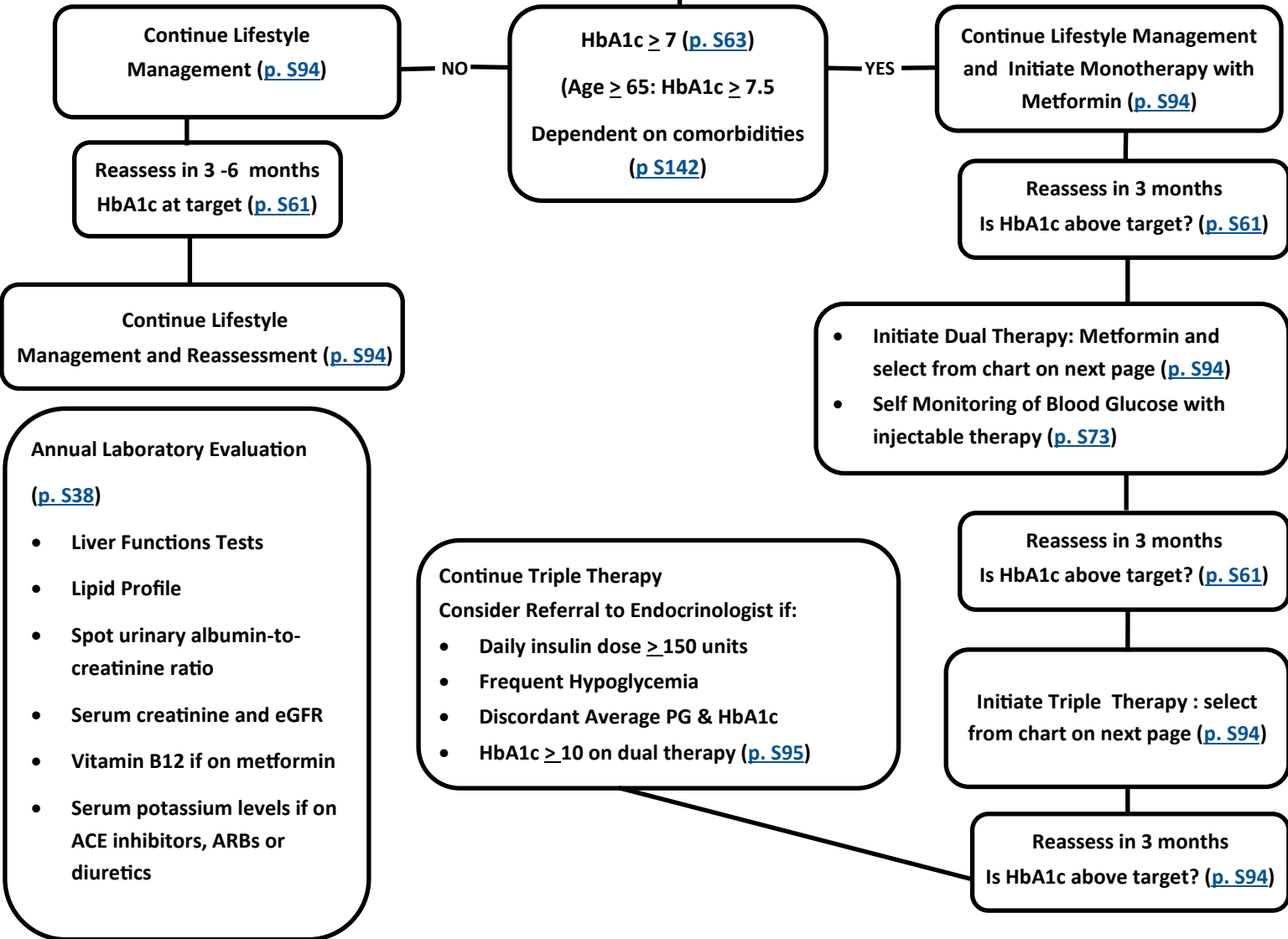


DIABETES MELLITUS II GUIDELINE (01.10.2020)

Diagnosis of Diabetes Mellitus II

- FPG \geq 126 or
- 2 h PG \geq 200 during OGTT or
- HbA1c \geq 6.5 or
- S/S of Hyperglycemia with random PG \geq 200 (p. S15)

Initiate Lifestyle Management and Referral to a Diabetic Educator or Registered Dietician (p. S48)



Annual Laboratory Evaluation (p. S38)

- Liver Functions Tests
- Lipid Profile
- Spot urinary albumin-to-creatinine ratio
- Serum creatinine and eGFR
- Vitamin B12 if on metformin
- Serum potassium levels if on ACE inhibitors, ARBs or diuretics

Continue Triple Therapy Consider Referral to Endocrinologist if:

- Daily insulin dose \geq 150 units
- Frequent Hypoglycemia
- Discordant Average PG & HbA1c
- HbA1c \geq 10 on dual therapy (p. S95)

Lifestyle Management :

- Healthy Diet—i.e., DASH or Diabetes Plate method with goal \geq 5% weight loss if overweight/obese (p. S48)
- Limit alcohol consumption (see limits below) (p. S51)
- Reduce sodium intake - optimal goal of <2300 mg/day (p. S51)
- Moderate-to-vigorous activity of 150 min/wk spread over at least 3 days/week with 2-3 sessions of resistance training (p. S51)
- Smoking cessation (p. S53)

Daily Alcohol Limits (p. S51):

- Men - 2 drinks
- Women - 1 drink

(One drink = 12oz. Beer, 5 oz. wine, 1.5 oz. of distilled spirits)

2019 Annual Quality Measures and Targets:

HbA1c Target: < 7 (dependent on age and comorbidities) (p. S63)

- HbA1c Testing: 90.90% (ARBCBS CHI 100% Target) (p. S63)*
- HbA1c > 9% : \leq 24.60% (CMS Average Target) (p. S63)
inverse measure so lower number is better
- Statin Therapy: 89.80% (CMS Average Target) (p. S109)
Use Statin Therapy based on ASCVD Risk Score/LDL
ASCVD Risk 0 - 1 with LDL \geq 100
ASCVD Risk \geq 2 or end organ damage with LDL \geq 20
- Foot Exam: 82.50% (CMS Average Target) (p. S133)
- Eye Exam: 86.90% (CMS Average Target) (p. S129)*
- Microalbumin: 85.10% (CMS Average Target) (p. S124)**

* These measures are used for CMS and CHI St. Vincent Employee Health Plan.

** Alternatives are available to meet this measure.

Cardiovascular Disease Risk Estimator (p. S109):

<http://tools.acc.org/ASCVD-Risk-Estimator/>

Additional Resources:

“UP TO DATE” link in eCW/EPIC

App: “CALCULATE” by QxMD

App: “MDCalc”

ABBREVIATIONS	
ASCVD	atherosclerotic cardiovascular disease
DASH	Dietary Approaches to Stop Hypertension
Diabetes Plate method	Use small plate and limit carbs to 1/4 of plate, 1/4 protein and 1/2 vegetables
FPG	fasting plasma glucose
HbA1c	glycated hemoglobin
PG	plasma glucose
OGTT	oral glucose tolerance test

Reference: American Diabetes Association Standards of Medical Care in Diabetes—2019 Diabetes Care 2019; 42 (Suppl.1) : S1-S194

Disclaimer: This guideline is not intended to dictate or substitute for the professional judgment of a healthcare practitioner in a particular case. (AHN) The ADA’s Standards of Care recommendations are not intended to preclude clinical judgment and must be applied in the context of excellent clinical care, with adjustments for individual preferences, comorbidities, and other patient factors. (p. S1)