Diabetes Solutions℠ Program Overview

Communication and guidance focused on the patient, not just the disease

Physician directed, nurse mediated, patient managed

Increased patient compliance, significant outcomes

The For Your Health Care Management program for diabetes is designed to educate patients about their condition and follow their prescribed care plan. Through education, motivation and assistance, we strive to reduce emergency room visits, hospital admissions and improve quality of life.

Our physician-directed, nurse-mediated, patient-managed approach is based on our proven MULTIFIT℠ methodology developed at Stanford University. It matches levels of care with symptom severity, allowing the best clinical strategies to help patients make healthy lifestyle adjustments.

We believe true behavior modification is key to lasting results. Change begins with knowledge and understanding. Our program promotes the changes that lead to better health and provide specific interventions for each patient.

Frequency and convenience of patient interactions are hallmarks of the Diabetes Solutions℠ program. An integral part is the personal attention from registered nurses through telephone checkups and assessments. Patients can call our 24-hour support line and speak to a registered nurse for guidance on their condition.

Patients (and their caregivers) are also given access to information through a wide array of educational media. In addition to telephone support, we provide educational materials based on nationally recognized guidelines and an interactive web site: www.bcbsal.com

The For Your Health Care Management services and systems are based on research showing that patients with access to information make better decisions about their care. We provide assistance to those patients who have difficulty complying with their treatment plans. By working together, we can provide the kind of quality education and support that helps your patients feel better and have a higher quality of life, while strengthening their relationship with you.

Care Management Provided by Blue Cross and Blue Shield of Alabama

FOR YOUR HEALTH℠

Summary of Recommendations for Adults With Diabetes Mellitus

Key concepts in setting glycemic controls: Goals should be individualized; Certain populations (children, pregnant women, and elderly) require special considerations; Less intensive glycemic goals may be indicated in patients with severe or frequent hypoglycemia; More intensive glycemic goals may further reduce microvascular complications at the cost of increasing hypoglycemia; Postprandial glucose may be targeted if A1C goals are not met despite reaching preprandial glucose goals.

Minimal Standards:	Exam/Test	Type 1	Type 2
	Complete exam	To classify the patient, detect complications, develop a management plan, and provide a basis for continuing care	
	Office visits	Quarterly, but dictated by severity of condition and response to treatment	
	A1C Goal: A1C <7.0%	Quarterly, then 2x/year when stable; more stringent goals (<6.0%) may further reduce complications at the cost of increased risk of hypo - glycemia and may be considered in individual patients.	
	Weight	Each visit	
	Foot examination	Visual inspection at each visit Comprehensive exam annually	
	Blood pressure Systolic <130mm Hg Diastolic <80 mm Hg	Each visit; ACE or ARB recommended for treatment of hypertension	
	Dilated eye exam By an opthalmologist or optometrist who is knowledgeable and experienced in diagnosing the presence of diabetic retinopathy and is aware of its management.	Within 3-5 years after onset of diabetes once patient is age 10 years or older, then annually; less frequent exams (q2-3 years) may be considered when eye exam normal.	Shortly after diagnosis, then annually; less frequent exams (q2-3 years) may be considered when eye exam normal.
	Lipid profile Goals: <100 mg/dl LDL >40 mg/dl HDL in men >50 mg/dl HDL in women may be appropriate <150 mg/dl Triglycerides	Annually More often if needed to achieve goals Every 2 years if low risk (LDL <100, HDL >50, triglycerides <150) In people with diabetes over the age of 40 with a total cholesterol ≥135 mg/dl, statin therapy to achieve an LDL reduction of ~30% regardless of baseline LDL levels may be appropriate.	
	Urine microalbumin/creatinine (RANDOM testing is preferred method) 24-h collection: <30 mg/24h Timed collection: <20 mcg/min Spot collection: <30 mg/g Cr	Should begin after five years duration, then annually; ACE or ARB recommended for treatment of microalbuminuria	At diagnosis and annually; ACE or ARB recommended for treatment of microalbuminuria
	Influenza immunization	Annually after 6 months of age	
	Pneumonia immunization	Once unless given more than 5 years before age 65 or immunocompromised	
	Preconception and family planning counseling	As needed	
	Self-care education	At least once, update as needed	
	Self-monitored blood glucose Goals for plasma values* Preprandial glucose 90-130 mg/dl Peak post-prandial glucose <180 mg/dl	3 or more times daily; may need to check postprandially for glucose	As needed to maintain glycemic control; may need to check post-prandially for glucose
	Aspirin therapy 75-325 mg. enteric coated tablet	For all ≥ 40 years old or for all ≥ 30 years old for secondary prevention** or those with cardiovascular risk factors***	
	Smoking cessation	Aid patient in nicotine cessation each visit, if indicated	
	Review self-management goals	Each visit	

*Individual patient goals may vary based on the patient's ability to understand and carry out the treatment regimen, risk for hypoglycemia and other factors such as very young or old age, end-stage renal disease, advanced cardiovascular or cerebrovascular disease, or other coexisting diseases that will shorten life expectancy.
**Use for secondary prevention in diabetic men and women who have evidence of large vessel disease. This includes those with history of myocardial infarction, vascular bypass procedure, stroke or transient ischemic attack, peripheral vascular disease, claudication, and/or angina.
***High risk: Family history of coronary artery disease, cigarette smoking, hypertension, obesity, albuminuria, hyperlipidemia and/or age > 40 years.

Diabetes Care, Volume 27, Supplement 1, American Diabetes Association: Standards of Medical Care in Diabetes, January 2004.