Diabetes in PHPC Settings

Percentage of Patients with Diabetes served by PHPCs

- 2012: 8.42%
- 2013: 8.66% (Public Housing Primary Care), 8.67% (All Health Center Programs)
- 2015: 8.72% (All Health Center Programs), 9.1% (Public Housing Primary Care)
- 2016: 8.83% (Public Housing Primary Care), 9.2% (All Health Center Programs)
HbA1c>9 in PHPC Settings

Percentage of Patients with Uncontrolled Diabetes in PHPC Settings

- HbA1c>9: 32%
- HbA1c<9: 68%

HbA1c>9  HbA1c<9
Barriers to Successful Management of Diabetes

- Clinical limitations
- Clinical inertia
- Underutilization of team support
- Treatment nonadherence:
  * psychosocial
  * environmental
  * interpersonal
  * socioeconomic
  * treatment-related
Diabetes Self-management Education and Support for Adults With Type 2 Diabetes: Algorithm of Care

ADA Standards of Medical Care in Diabetes recommends all patients be assessed and referred for:

- **Nutrition**: Registered dietitian for medical nutrition therapy
- **Education**: Diabetes self-management education and support
- **Emotional Health**: Mental health professional, if needed

### Four critical times to assess, provide, and adjust diabetes self-management education and support

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<td>Annual assessment of education, nutrition, and emotional needs</td>
<td>When new complicating factors influence self-management</td>
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**When primary care provider or specialist should consider referral:**

- Newly diagnosed. All newly diagnosed individuals with type 2 diabetes should receive DSME/S
- Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals
- Needs review of knowledge, skills, and behaviors
- Long-standing diabetes with limited prior education
- Change in medication, activity, or nutritional intake
- HbA1c out of target
- Maintain positive health outcomes
- Unexplained hypoglycemia or hyperglycemia
- Planning pregnancy or pregnant
- For support to attain and sustain behavior changes
- Weight or other nutrition concerns
- New life situations and competing demands

**Change in:**

- Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen
- Physical limitations such as visual impairment, dexterity issues, movement restrictions
- Emotional factors such as anxiety and clinical depression
- Basic living needs such as access to food, financial limitations

**Change in:**

- Living situation such as inpatient or outpatient rehabilitation or now living alone
- Medical care team
- Insurance coverage that results in treatment change
- Age-related changes affecting cognition, self-care, etc.
Diabetic Kidney Disease

• Screening

At least once a year assess urinary albumin and eCGR in patients with type 1 diabetes with duration of >5 years, in all patients with type 2 diabetes, and in all patients with comorbid hypertension.
Diabetic Retinopathy

- Screening
  - Adults with type 1 diabetes should have an initial dilated and comprehensive eye examination within 5 years after the onset of diabetes
  - Patients with type 2 diabetes should have an initial dilated and comprehensive eye examination at the time of diagnosis
  - Subsequent dilated retinal examinations should be repeated at least annually
Diabetic Neuropathy

• Screening

All patients should be assessed for diabetic peripheral neuropathy starting at diagnosis of type 2 diabetes and 5 years after diagnosis of type 1 diabetes and at least annually thereafter.
Diabetes & Foot Care

• Recommendations
  o Perform a comprehensive foot evaluation at least annually to identify risks factors for ulcers and amputations
  o All patients with diabetes should have their feet inspected at every visit
  o Patients with symptoms of claudication or decreased or absent pedal pulses should be referred for ankle-brachial index and for further vascular assessment as appropriate