

## Connections<sup>SM</sup> supports the doctor/patient relationship by:

- Providing patients with reliable, evidence-based information so that they can understand their diagnoses and treatment options.
- Promoting meaningful dialog and active patient participation in care decisions.
- Supporting self-care education and adherence to the physician care plan.
- Providing physicians with information on opportunities to improve the effectiveness of testing and treatment for their patients.

## Consider using Connections<sup>SM</sup> for eligible Independence Blue Cross patients who:

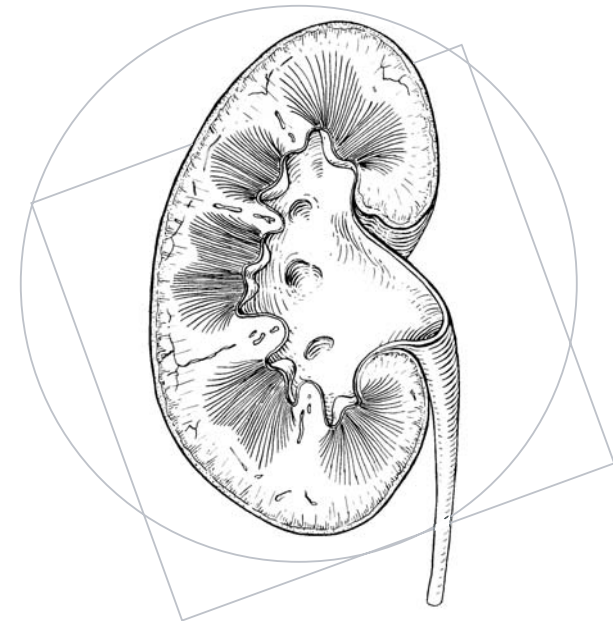
- Have been diagnosed with one or more chronic conditions (asthma, CAD, CHF, COPD, diabetes) and need education and support.
- Are at high risk for ER visits, hospital admissions, or readmissions.
- Are non-adherent with your treatment plan, medications, or testing.
- Need support when making decisions to address problems such as back pain, osteoarthritis, benign prostatic hyperplasia (BPH), or abnormal uterine bleeding or fibroids.
- May benefit from support on a case-by-case basis (e.g., end-of-life decisions).

## HOW TO REFER YOUR IBC PATIENTS

- Complete a [Connections<sup>SM</sup> Fax Referral Form](#) and fax to (800) 276-3075, or
- Give your patient a [Connections<sup>SM</sup> Referral Slip](#), encouraging them to call a Health Coach directly, or
- Complete the referral section on the individual patient report in your [Connections<sup>SM</sup> SMART<sup>TM</sup> Registry](#) and fax to (800) 276-3075, or
- Call [Connections<sup>SM</sup> Provider Support Line](#) at (866) 866-4694 with patient name, phone #, and reason for referral.

# Diabetes and Kidney Disease

## The Importance of Microalbumin Testing



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# Consider this...

## Important information:

- 20-40% of U.S. diabetics develop diabetic nephropathy, the single leading cause of end-stage renal disease (ESRD).<sup>1</sup>
- Early detection/management may delay progression to ESRD.<sup>2</sup>
- Microalbuminuria (30 mg/day or 20 µg/min) is first sign of diabetic nephropathy.<sup>3</sup>
- At least two of three urine tests measured within a 6-month period must show elevated albumin levels to diagnose microalbuminuria.<sup>4</sup>
- American Diabetes Association (ADA) recommendations for microalbuminuria screening: 1) Type 2 diabetics at diagnosis and annually thereafter; 2) Type 1 diabetics 5 years after diagnosis and annually thereafter.<sup>3</sup>
- Most authorities recommend screening the spot urine albumin-to-creatinine ratio because it is inexpensive and accurate.<sup>4</sup>
- Recommended treatment: either ACEIs or ARBs except during pregnancy.<sup>1</sup>
- ADA recommends annual monitoring of microalbuminuria in patients on ACEI or ARB; however, the impact on outcomes remains under study.<sup>3</sup>
- To reduce the risk and/or slow the progression of nephropathy, optimize glucose and blood pressure control.<sup>1</sup>
- Recommended criteria for specialist referral: glomerular filtration rate (GFR) <60ml/min/1.73m<sup>2</sup> or resistant hypertension or hyperkalemia.<sup>1</sup>

During each office visit for your patients with diabetes, please consider reviewing the following:

- **WRITTEN ACTION PLAN**  
Assist patients in writing a plan for responding to hypoglycemia, other changes in blood glucose, or other symptoms.
- **MEDICATIONS**  
Including oral hypoglycemic agents, insulin, ACE Inhibitors (or angiotension-2 receptor blockers, if ACEI not tolerated), beta blockers, aspirin (low dose).
- **BLOOD PRESSURE MANAGEMENT**  
Goal for patients with diabetes mellitus is 130/80 or lower.<sup>4</sup>
- **LIPID MANAGEMENT**  
Using diet and medications, as needed, to achieve an LDL goal of 100 or lower, depending on patient risk status.<sup>4</sup>
- **GLYCEMIC CONTROL**  
Goal of achieving near-normal glycemia (A1C levels below 7%). A1C levels should be measured twice yearly in patients who are achieving glycemic goals and quarterly in patients who are not achieving goals or in whom therapy has been changed.<sup>4</sup>
- **EYE CARE**  
Dilated retinal exams are recommended annually or more frequently if retinopathy is progressing.
- **WEIGHT MANAGEMENT**  
Goal to achieve a BMI <25.  
Weight loss improves glucose tolerance, reduces blood pressure, improves lipid levels and reduces cardiovascular risks.<sup>4</sup>
- **FOOT CARE**  
Experts suggest visual inspection of feet at each office visit and a comprehensive foot exam annually.  
Encourage patients to examine their own feet daily.<sup>4</sup>

<sup>1</sup>[http://care.diabetesjournals.org/cgi/content/full/28/suppl\\_1/s4](http://care.diabetesjournals.org/cgi/content/full/28/suppl_1/s4)

<sup>2</sup><http://www.kidney.org/kidneyDisease/>

<sup>3</sup>Diabetic Nephropathy. Diabetes Care 2002; 25(Suppl.1):S85-S89

<sup>4</sup>Standards of medical care in diabetes-2006. Diabetes Care 2006; 29(Suppl1):S4-42S