

## What is Diabetes?

Diabetes is a chronic health condition that affects how the body turns food into energy. Normally, your body breaks down most of the food into glucose (a type of sugar), which enters the bloodstream. In response, the pancreas releases insulin (a hormone that helps glucose enter your cells to be used for energy).

With diabetes, this process doesn't work properly. Either the body doesn't make enough insulin, doesn't make any at all, or doesn't use insulin effectively. As a result, too much glucose stays in the bloodstream, which over time can lead to serious health problems like heart disease, kidney damage, vision loss, and nerve issues.

## Types of Diabetes:

- Type 1: An autoimmune condition where the body attacks insulin-producing cells. People with this type need to take insulin daily.
- Type 2: The most common form, where the body doesn't use insulin well. It often develops over time and is linked to lifestyle and genetics.
- Gestational: Occurs during pregnancy and usually goes away after birth, but it increases the risk of developing type 2 diabetes later.
- Prediabetes: Blood sugar levels are higher than normal but not high enough to be diagnosed as type 2 diabetes.

## Why is it important for people with diabetes to have screenings?

Screenings help catch complications early, often before symptoms even show up. Diabetes can quietly affect many parts of the body, and regular checkups support early detection.

- Prevent serious complications: Diabetes increases the risk of heart disease, kidney failure, vision loss, and nerve damage. Screenings such as A1C tests, kidney function tests, and eye exams can detect early signs of the disease so treatment can begin before the condition worsens.
- Track blood sugar control: The A1C test shows average blood glucose over the past 2–3 months. Maintaining a healthy range helps reduce long-term risks.
- Adjust treatment plans: If a screening shows something abnormal, such as rising blood pressure or cholesterol, the member's care team can adjust medications or suggest lifestyle changes to maintain their health.
- Spot silent issues: Some complications, like kidney damage or peripheral artery disease, can develop without obvious symptoms. Screenings help uncover these hidden problems

## Why is it important for people with diabetes to screen their kidney health?

- Diabetes is the leading cause of kidney disease: High blood sugar levels can damage the tiny blood vessels in the kidneys, impairing their ability to filter waste. About 1 in 3 adults with diabetes may develop chronic kidney disease (CKD).
- Kidney damage often has no early symptoms: Without testing, damage can progress silently until it's severe.
- Early Detection = Better Outcomes
  - Routine tests like urine albumin and blood creatinine can catch problems early.

- Early treatment can slow or prevent progression to kidney failure.
- Protecting Overall Health
  - Kidney disease increases the risk of heart disease, high blood pressure, and other complications.
  - Managing diabetes well through diet, exercise, and medication helps protect kidney function.

### Why is it important for patients with diabetes to have diabetic eye exams?

- Early detection of silent threats: Conditions like diabetic retinopathy and macular edema often show no symptoms until vision is already compromised. Regular exams catch these issues before they become irreversible.
- Protecting Your Vision = Protecting Your Independence
  - Diabetic eye diseases are a leading cause of blindness in working-age adults.
  - Vision loss affects everything, from driving and reading to working and enjoying life.
- Prevention is key: Annual diabetic eye exams can reduce the risk of blindness by up to 95% with early treatment. Even if your blood sugar is well-controlled, you're still at risk for cataracts and glaucoma.

Below are examples of regular screenings recommended for diabetic patients:

Screening Test	Description	Ranges	Frequency
<a href="#">Hemoglobin (A1c)</a>	Measures the average blood glucose level over the past 2-3 months	<ul style="list-style-type: none"> <li>● <u>Normal</u>: &lt;5.7%</li> <li>● <u>Prediabetes</u>: 5.7% - 6.4%</li> <li>● <u>Diabetes</u>: &gt;6.5%</li> </ul>	Twice annually
<a href="#">Blood Glucose</a>	Regular screening for abnormal blood glucose levels.	Fasting: <ul style="list-style-type: none"> <li>● <u>Normal range</u>: 70–99 mg/dL</li> <li>● <u>Prediabetes</u>: 100–125 mg/dL</li> <li>● <u>Diabetes</u>: &gt;126 mg/dL</li> </ul> Random: <ul style="list-style-type: none"> <li>● <u>Normal range</u>: &lt;200 mg/dL</li> </ul>	Type 1: at least 4-10 times daily Type 2 (with insulin): 3-4 times daily Type 2 (w/o insulin): 1-3 times daily
<a href="#">Albumin/ Creatinine Ratio (uACR)</a>	Checks kidney function	<ul style="list-style-type: none"> <li>● <u>Normal</u>: &lt;30mg/g</li> <li>● <u>Abnormal</u>: &gt;30mg/g</li> </ul>	Annually
<a href="#">Estimated Glomerular Filtration Rate (eGFR)</a>	Checks kidney function	<ul style="list-style-type: none"> <li>● <u>Normal</u>: &gt;90 mL/min/1.73m<sup>2</sup></li> <li>● <u>Mild decrease</u>: 60–89 mL/min/1.73m<sup>2</sup></li> <li>● <u>Moderate decrease</u>: 30–59 mL/min/1.73m<sup>2</sup></li> <li>● <u>Severe decrease</u>: 15–29 mL/min/1.73m<sup>2</sup></li> <li>● <u>Kidney failure</u>: &lt;15 mL/min/1.73m<sup>2</sup></li> </ul>	Annually

Dilated/Retinal Eye Exam	Detects diabetic retinopathy	<ul style="list-style-type: none"> <li>• <u>Nonproliferative</u>: Retinal blood vessels damaged by high blood sugar may eventually close off.</li> <li>• <u>Proliferative</u>: Retina forms new, abnormal blood vessels. New blood vessels can bleed into middle of the eye. Abnormal blood vessels can also form scar tissue that may pull on the retina, causing it to detach.</li> </ul>	Annually
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### How do Diabetic measures support Medicare ratings?

- High prevalence: Diabetes affects a large portion of Medicare enrollees. These measures are a reflection of how well a plan supports its diabetic members.
- Preventable complications: Proper management reduces hospitalizations (FMC, PCR, TRC), blindness (EED), kidney failure (KED), and cardiovascular events.
- Quality signals: These measures show how well a plan supports preventive care and chronic disease management.

### How to support members prepare for their visit?

Before the visit:

- Try to have labs such as A1C, cholesterol, or kidney function completed 1 week prior to the appointment.
- Bring a log of your recent blood sugar readings.
- Have a comprehensive list of all medications.
- Prepare a list of any questions regarding side effects, symptoms or lifestyle challenges.

During the visit:

- Discuss A1C, blood pressure, and cholesterol (ABC's) as these are key indicators in diabetes health.
- Ask for a monofilament (foot exam)
- Talk about goals to better health – exercise, weight loss, better eating.
- Take notes to help remember what was said.

After the visit:

- Do not leave without scheduling follow-ups.
- Review after visit summary