Kaiser Permanente Southern California (KPSC)
Diabetes Complete Care
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KPSC Diabetes Population – > 338k (II)

Complete Care

Complete Care Functions & Systems

Every patient. Every place. Every visit. Every time. Every One.

- Need Retinal Scrn: 30%
- Need Foot Exam: 27%
- Missing A1c: 12%
- Med Non-Adherence: 7%
- Missing Statin: 24%
KPSC Diabetes Management - Person Focused

- Weight Management
- Retinal Eye & Foot Exams
- A1c Testing & Control Rates
- Medication Titration & Adherence
- Depression & Smoking
- BP & ASCVD control
- Equitable Care

Health Education
Complete Care
Toolbox for Diabetes Management

Proactive Office Encounter (POE) – Primary and Specialty Panel Management

Telephone Appointment Visit Scheduled (TAV)

10 Touches/yr

DM Champion local/regionally

DM Coding clean up

DM After Visit Statement (AVS)

Home Monitoring BS – EPIC

Emmi & Health Ed DM Referrals

Online Personal Action Plan – kp.org

Physician Performing Reporting

Physician Group Academic Detailing

Outpatient Pharmacy Clinical Service – DM labs and adherence

MTM DM Management

New Member Onboarding

Additional meds on formulary

Med Reconciliation & Adherence Reports – physician

Primary Non Adherence Outreach Letter/Call/Email
Medication Opportunities Related to Diabetes

TREAT-TO-TARGET (TTT) TYPE 2 DIABETES A1C CONTROL ALGORITHM

IS A1C ABOVE TARGET?

YES

NO

NO CHANGE A1C IN 6 WKS.

METFORMIN TTT

SMBG AT TARGET?

NO

ADD GLIPIZIDE TTT

SMBG AT TARGET?

NO

ADD NPH TTT

NO

D/C 3RD AGENT IF A1C UNCONTROLLED IN 6 MOS.

SMBG AT TARGET?

NO

NO

CONSIDER ADDING AM NPH AND AM/PM REGULAR INSULIN OR REFER TO SPECIALIST

YES

NO CHANGE A1C IN 6 WKS.

NO

TURN PAGE FOR A1C & SMBG TARGET TABLES & Rx DOISING TABLE

3RD AGENT ALTERNATIVES OPTIONS

PIOGLIPIAZONE (Available - Formulary)

ACARBOSE (Available - Formulary)

LINAGLIPTIN (Available – Formulary)

EMPIRIGLIFLOZIN (Available – Formulary)

EXENATIDE ER (Available – Formulary)

NPH PENS (Available - Formulary)
QUALITY
THE RACE FOR QUALITY HAS NO FINISH LINE.