

Diabetes Annual Review/Year of Care

Introduction and Background

Diabetes is associated with a range of complications that are a major cause of disability, morbidity and mortality, including vision loss, lower-limb amputation, renal and cardiovascular disease. With the prevalence of type 2 diabetes in Aotearoa New Zealand predicted to increase by 70 – 90% in the next 20 years, the burden of diabetes complications on patients and the healthcare system will also increase

A regular review of patients with diabetes is essential to prevent or delay the onset of diabetes complications and slow their progression, thus

- Every patient with type 2 diabetes should be reviewed at least annually; more frequent review may be indicated depending on the patient's risk factors
- The main components of a diabetes review are an examination of the feet, assessing cardiovascular disease (CVD) risk, requesting HbA_{1c}, lipid levels, renal and liver function tests, assessing mental health and general wellbeing, and ensuring retinal photo screening is up to date
- The cornerstone of managing CVD risk and preventing or delaying microvascular complications are lifestyle interventions, optimising glycaemic control, blood pressure and lipid levels; pharmacological treatment is often indicated depending on the patient's risk factors and individualised treatment targets

Purpose

To provide funding support that enables a yearly review for people with diabetes including screening, monitoring and managing complications for both diabetes and cardiovascular disease.

The Annual Review

The basic components of an annual diabetes review are included in the Mōhio CVD/Diabetes form. In practice, these may be reviewed at different times, and all should be performed at least once per year. More frequent review may be indicated depending on the patient indicators (Auckland PHO funds one Diabetes Annual Review per year).

Diabetes Foot Screening & Referrals

Diabetes Foot Screening and Management/Podiatry Services

https://www.aucklandpho.co.nz/files/ugd/0cdff8_c9f88b59c3234503a08661013e1aae37.pdf

- **Low Risk:** annual screening
- **Moderate or High-Risk** stratification can be referred to the Auckland PHO Community Diabetes Podiatry Service. See link for information on diabetes foot screening

Further information about the Auckland PHO Community Diabetes Podiatry Service

https://www.aucklandpho.co.nz/files/ugd/0df4f8_66b8314afb1c45ad8d4b796173437c5f.pdf

Patients with Active Diabetes Foot Disease/Complications

Refer to [Auckland Regional Health Pathways](#) for referral to Hospital Outpatient Services.

Diabetes Retinal Photo Screening

See [Eye disease in diabetes](#) for referral criteria

Note ages for retinal photo screening

- Type 1 diabetes – 5 years after diagnosis or at age 10 years whichever comes first
- Type 2 diabetes – at diagnosis

Equity

Māori and Pacific peoples have a higher incidence of type 2 diabetes and have worse health outcomes associated with the disease, compared with European people.

Many of the contributing factors are related and, in general, are likely to be due to inequities in standard of care, including access to medicines, medicines management, education and access to diabetes management services.

The Auckland PHO funded Diabetes Annual Review ensures there is a system/funding that aims to mobilise screening and management reviews and is targeted at all patients with a diagnosis of type 1 and type 2 diabetes.

Funding

- \$50.00 exclusive of GST
- Note that if there is doubt that the patient will not access Labtests consider undertaking phlebotomy on site and [claim via DFP](#)

Business Rules

The patient must be enrolled:

- type 1 or type 2 diabetes
- all ages
- all ethnicities
- At least 11-month period since last claim for a Diabetes Annual Review

Mōhio CVD Diabetes Form

All mandatory fields (yellow) must be completed for claim to be accepted

CVD/Diabetes Annual Review 2020(4021) [Information and Eligibility](#) **Main** [Claims](#) [Decision Support](#) 1

Consultation Date dd/mm/yyyy

Albumin:Creatinine Ratio (ACR) mg/mmol
[Albumin:Creatinine Ratio (ACR)] is required

TC/HDL Ratio calculated

Phlebotomy Blood taken in practice

BMI calculated

Currently Pregnant

Smoking Status *[Smoking Status] is required*

Brief advice and cessation 1371 coded on 4/10/2023

Diabetes Type

Year of Diagnosis *This field is required*

Last retinal screening dd/mm/yyyy
[Last retinal screening] is required
 None; but referral made?

HbA1c mmol/mol

BP Latest /

BP Previous /

Total Cholesterol mmol/L

Cholesterol HDL mmol/L

Cholesterol LDL mmol/L
If missing due to a high triglycocide please enter 'incalculable'

Severe Mental Illness

Albuminuria

Serum Creatinine mmol/L

eGFR ml/min/1.73m2

Weight kg

Height cm

Waist Circumference cm

Atrial Fibrillation *[Atrial Fibrillation] is required*

Pulse Rate bpm

Rhythm
 IRR (Irregular), NE (Not Examined), REG (Regular)

CVD/Diabetes Medication *[CVD/Diabetes Medication] is required*

Family History *[Family History] is required*

Prior CVD *[Prior CVD] is required*

Other Criteria/Conditions *[Other Criteria/Conditions] is required*

Insulin *[Insulin] is required*
 Start if HbA1c > 90

Date of last foot check dd/mm/yyyy
[Date of last foot check] is required

Risk of Foot/Feet *[Patient does not have an accepted foot risk]*
 Open Diabetes Foot Screening and Assessment Tool

Podiatry Referral Made

Calculate CVR

Risk not yet calculated. Please press 'Calculate CVR' above.

Risk %
 Alternative risk scores & management guidance

Require CVD Risk to start Mōhio CVD Risk Projection

Recall (CVR)

Recall (CVDDM) *This is DAR recall*

Recommended interval for repeat CVD risk assessment:

- Risk 0-9% - five years
- Risk 10-14% - two years
- Risk >= 15% - one year
- Severe mental illness - two years (or one year if risk >= 15%)
- Repeat HbA1c at 3 & 12 months postpartum for Gestational Diabetes, and 12 monthly for IGT/IFG/Prediabetes