

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 clinical 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, and/or Type of Diabetes and/or other co-morbidities (for example high risk patients may need to be seen more frequently e.g. every three months, or where measurements are not at target. However, Auckland PHO funds for **one** Diabetes Annual Review per year).

Diabetes Foot & Eye Screening & Referrals

Diabetes Foot Screening and Management/Podiatry Services

See diabetes foot screening and risk stratification

https://www.aucklandpho.co.nz/files/ugd/0cdf8_c9f88b59c3234503a08661013e1aee37.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/Odf4f8_66b8314afb1c45ad8d4b796173437c5f.pdf

Patients with Active Diabetes Foot Disease/Complications

Refer to [Auckland Regional Health Pathways](#)

Diabetes Retinal Photo Screening

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

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 (and particularly Māori and Pacific peoples) 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

Quality System Indicator Targets

- 90% of enrolled patients with diabetes have received a [Diabetes Annual Review, and](#)
- [HbA1c Glycaemic control](#) – 80% of enrolled patients (aged 15 – 74 years) latest HbA1c is less than or equal to 64mmol/mol recorded in the last 15 months
- [Blood pressure control](#) – 80% of enrolled patients (aged 15 – 74 years) latest systolic blood pressure is <140 mmHg
- CVD Management
 - [CVD Secondary Prevention](#): **70% of enrolled eligible patients (25 – 74 years) with known CVD who are on triple therapy (statin+ BP lowering agent+ antiplatelet/anticoagulant). Exclusion: history of haemorrhagic stroke)**
 - [CVD Primary Prevention](#): **70% of enrolled patients (25 – 74 years) whose most recently recorded CVD risk score is ≥15% are on dual therapy (statin + BP lowering agent.)**

Exclusions: History of prior CVD and other conditions identified as “clinically high”.

These Quality System Indicator Targets were agreed to by the Northern Region Clinical Governance Forum.

https://www.aucklandpho.co.nz/files/ugd/0df4f8_af611d8d63fb41129d52ccb60c2f4ebe.pdf

Note that reporting ages and associated age funding across some indicators are different.

Contact

For troubleshooting, please contact support@mohio.co.nz, or Auckland PHO Clinical and Quality Manager, Siobhan Matich siobhan@aucklandpho.co.nz

See next page for information about the Mōhio CVD + Diabetes Form

For further information about the **CVD and Diabetes Mōhio Form** [click here](#).

For further information on Auckland PHO’s CVD Risk and Management Funding programme [click here](#).

Mōhio CVD + Diabetes Form

The Mōhio CVD and Diabetes Forms were integrated into one form in December 2023. The updated form integrates the 2018 Consensus Statement and combines a diabetes review (from the age of diagnosis) with a CVD risk assessment (from 18 years of age).

All yellow and pink highlighted fields are mandatory, and most will auto populate if the information is available in the PMS.

The Form will write back recalls and other screening or measurement information not currently in the PMS.

The screenshot displays the 'CVD/Diabetes Annual Review 2020(4021)' form interface. It features a navigation bar with 'Main' selected, and tabs for 'Information and Eligibility', 'Claims', and 'Decision Support'. The form is organized into several columns of input fields:

- Left Column:** Consultation Date (10/04/2024), Phlebotomy (Blood taken in practice), Currently Pregnant (Not Pregnant), Smoking Status (dropdown), Diabetes Type (Type 2), Year of Diagnosis (yyyy/yyyy), Last retinal screening (dd/mm/yyyy), HbA1c (mmol/mol), BP Latest (0/0), BP Previous (0/0), Total Cholesterol (mmol/L), Cholesterol HDL (mmol/L), Cholesterol LDL.
- Middle Column:** Albumin:Creatinine Ratio (ACR) (mg/mmol), Albuminuria (dropdown), Serum Creatinine (mmol/L), eGFR (ml/min/1.73m2), Weight (kg), Height (cm), Waist Circumference (cm), Atrial Fibrillation (dropdown), Pulse Rate (bpm), Rhythm (dropdown), CVD/Diabetes Medication (dropdown).
- Right Column:** TC/HDL Ratio (0), BMI (Unknov), Calculate CVR button, Risk % (dropdown), Recall (CVR) (No recall), Recall (CVDDM) (No recall), Recommended interval for repeat CVD risk assessment (list of risk levels and intervals).

Yellow and pink highlights indicate mandatory fields. A red error message states: '[Albumin:Creatinine Ratio (ACR)] is required'. Another red message says: '[Smoking Status] is required'. A blue message reads: 'Brief advice and cessation 1371 coded on 4/10/2023'. A yellow message says: 'Require CVD Risk to start Mōhio CVD Risk Projection'. A red message says: '[Atrial Fibrillation] is required'. A red message says: '[CVD/Diabetes Medication] is required'. A pink message says: 'Risk not yet calculated. Please press \'Calculate CVR\' above.' A blue message says: 'Alternative risk scores & management guidance'. A red message says: 'This is DAR recall'.