

# Assessment of appropriate guideline-directed A1C goals in elderly diabetic patients who are managed by primary care providers

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## BACKGROUND

- Recent statistics show approximately one quarter of adults over the age of 65 have diabetes. Patients in this population have higher rates of premature death, functional disability, cognitive decline, and comorbidities.
- Recent third-party payer data report 46.5% of elderly members have an A1C of  $\leq 7\%$  and 7% of members are below 6%, which indicates we may be overtreating to avoid upper limits of performance metrics and unfavorable CMS ratings.
- In 2015, a cross-sectional analysis was published which reviewed the data on 1288 older adults ( $\geq 65$  years) with diabetes from the National Health and Nutrition Examination Survey (NHANES) from 2001 through 2010 and found most patients (61.5%) had tight glycemic control (A1C  $< 7\%$ ), with 50.7% of patients being considered relatively healthy. Therefore, authors concluded a considerable proportion of elderly patients were potentially overtreated.
- Hemoglobin A1C goals for elderly patients must be determined in a patient-centered fashion and after the assessment of medical, psychological, functional and social characteristics of each patient.
- Blount Memorial Physician's Group houses a variety of specialists including endocrinologists and primary care providers. This review will focus on the diabetes care provided by primary care providers.

## DISCLOSURES/CORRESPONDENCE

The authors of this presentation have the following information regarding possible financial or personal relationships with commercial entities that have a direct or indirect interest in the subject matter of this presentation to disclose:

- |                       |                     |
|-----------------------|---------------------|
| • Erika McDonald      | Nothing to disclose |
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## OBJECTIVES

### Primary objective:

- Determine the percentage of elderly patients without guideline directed A1C goal therapy

### Secondary objective:

- Determine rates of hypoglycemia resulting in emergency department (ED) visits and hospitalizations
- Perform a financial analysis of the costs of anti-diabetic medications and ED visits and hospitalizations

## METHODS

### Design:

- IRB-approved, retrospective chart review

### Time Period:

- January 1, 2019 - July 31, 2020

### Inclusion criteria:

- Age 65 and older with an A1C  $\leq 7\%$
- Filled at least 1 anti-diabetic medication
- Managed by primary care physicians
- Received an annual wellness exam in 2019 or 2020

### Exclusion criteria:

- Managed by endocrinology
- Diseases or conditions that falsify A1C (history of recent blood transfusion, erythropoietin therapy)
- Receiving end of life care, in skilled nursing facilities or rehabilitation programs
- Prediabetes diagnosis

## CONCLUSIONS

Research in progress

## RESULTS

Anticipated data to be reported

### Baseline Characteristics

Characteristics	Functional	Nonfunctional
Tight A1C Goal Therapy		
Relaxed A1C Goal Therapy		

### Primary and Secondary Outcome

Primary Outcome		
Guideline Directed Therapy (%)		
Secondary Outcomes		
	Inappropriate tight glycemic control	Appropriately relaxed glycemic control
Rates of hypoglycemia resulting in ED visits or hospitalizations		
Average medication cost/patient		
Average ED/hospitalization cost/patient		

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