UC San Diego SCHOOL OF MEDICINE

Department of BioMedical Informatics

Jade Licerio August 23, 2019



Diabetic Care and Prevention

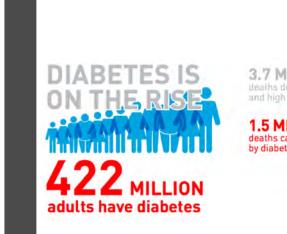


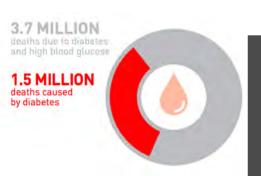
- 25 years living in San Diego
- CSUSM Alumni 2016
- Graduate Student 2019
- Global Health Emphasis I.P.V.
- Over 3 years work experience at Pharmaceutical Companies
- Love to Cook, Travel, and go to the beach





Outline





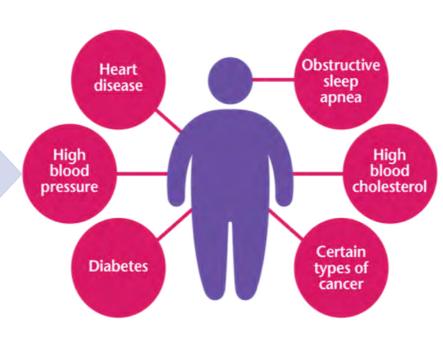
- Causes
- *Prevention
- Diagnosis
- Types of Diabetes
- Management
- Society and Culture
- *"Never" Outcomes



Causes

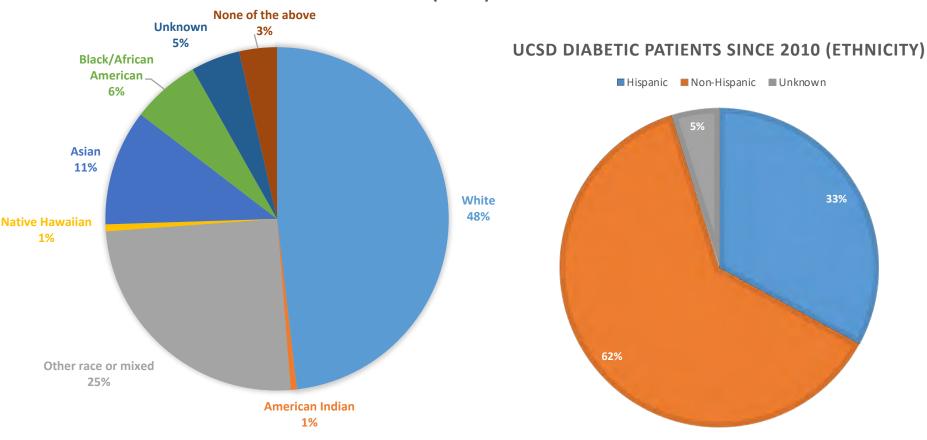
Risk Factors

- Obesity
- Family History
- Inactivity
- Diet



Total Patients Diagnosed with Diabetes 2010-2019

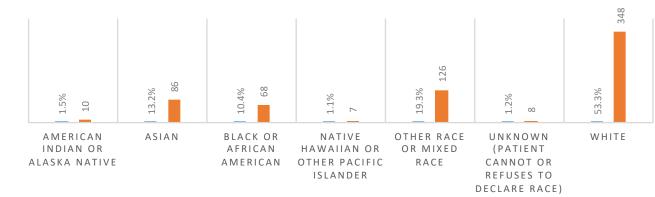
ALL UCSD DIABETIC PATIENTS SINCE 2010 (RACE)



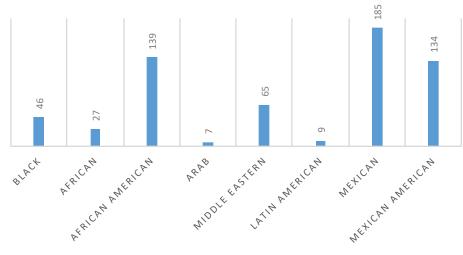


Race Detail and Level 2 Ethnic Groups Diagnosed with Diabetes

DIABETES POPULATION: % BY RACE



UCSD HIGH RISK ETHNICITY VOLUME







30: Reduce complications

20: Early detection of treatment & prevention

10: Avoid development of disease & remove risk

factors

Physical Activity is an important component of type II diabetes prevention initiatives (Boyer, 2017).

Screening for HLA to identify those with high risk genes may best allow for provision of primary prevention efforts (Beauchamp, 2015).

Primary prevention via dietary intake (Beauchamp, 2015).

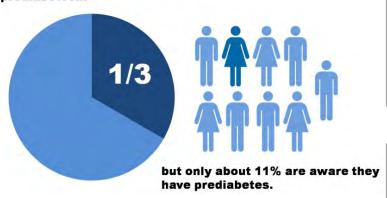


Diagnosis

Pre-Diabetes

- · Hypertension identification and control
- Hyperlipidemia

An estimated one-third of US adults aged 20 years or older have prediabetes...



All Diabetes

- · Hypertension identification and control
- Hyperlipidemia
- Eye exams
- Monofilament foot exam

Complicated Diabetes with Poor Control, Comorbidity or complications

- $HbA_1c > 9$
- High blood sugar -high blood pressure
- Cardiovascular events stroke, heart attack
- Retinopathy
- Chronic Kidney disease
- Foot callous & amputation



Types of Diabetes

Main types of diabetes



TYPE 1 DIABETES

Body does not produce enough insulin



TYPE 2 DIABETES

Body produces insulin but can't use it well



GESTATIONAL DIABETES

A temporary condition in pregnancy

Among adults aged 20-79 worldwide 8.8% were estimated to have diabetes in 2015, and the prevalence of diabetes is estimated to increase to 1 in 10 adults by 2040 (Sun, 2017).

Type I Diabetes

• Evidence continues to accumulate that type I diabetes is a heterogeneous disorder with respect to its immunogenetics and pathology. (Ziegler, 2016).

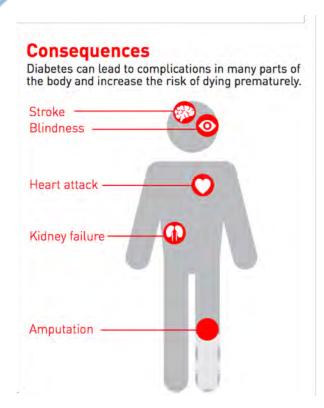




❖ Diabetes has contributed to substantial increases in total economic costs in the US from 174 billion in 2007 to 245 billion in 2012 and shows no signs of slowing down (Sun, 2017).

s research was supported by grant T15LM011271

Type II Diabetes



Gestational Diabetes Mellitus (GDM)

Children who are exposed to high blood glucose in the womb are at higher risk of developing type 2 diabetes later in life

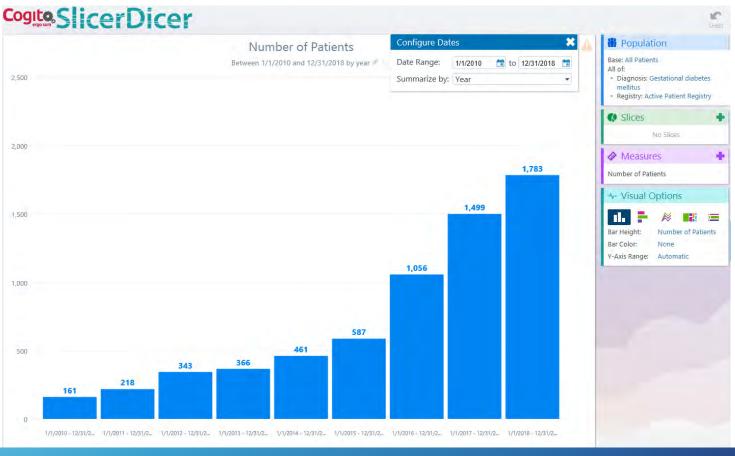
❖ The Hyperglycemia and Adverse Pregnancy Outcome Study reported that an average of 17.8% of pregnancies are affected by GDM and its frequency as high as 25.5% in some countries. (Silva-Zolezzi, 2017).





Gestational Diabetes [SNOWMED]: 1700 Patients in Past 8 Years









668 Hispanic Women Diagnosed with Gestational Diabetes



Management: Then vs. Now

❖ Studies had demonstrated that physiological intervention can increase diabetes treatment adherence, improve glycemic control and improve psychosocial functioning. (Rosenbloom, 2003).





*Telemedicine allow diabetes care to go directly into the patient home, minimizing disruption for diabetes clinic visits and improving touch points with the care team (Prahalad, 2018).

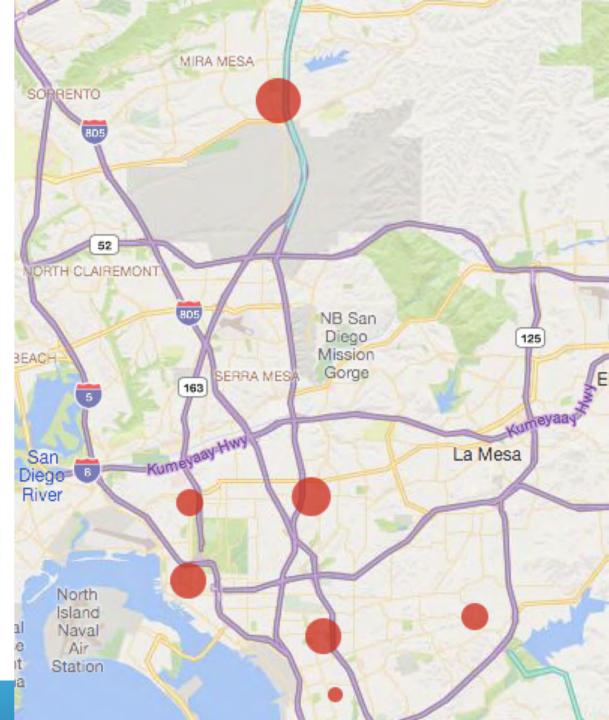
Society and Culture

Geospatial regions have been associated with increased smoking, physical inactivity and poorer control of blood pressure which can contribute to development of diabetes and its complications (Spanakis, 2013).



UCSD Top 9 Zip Codes by Volume with Diabetes

Zip Code	Diabetic Patients (Alive or Deceased) Sine 2010	
All Others	70,537	
91911	1,441	
91950	1,355	
92101	1,986	
92103	1,730	
92105	2,039	
92113	1,915	
92114	1,688	
92126	2,148	
92231	1,520	
92243	1,579	

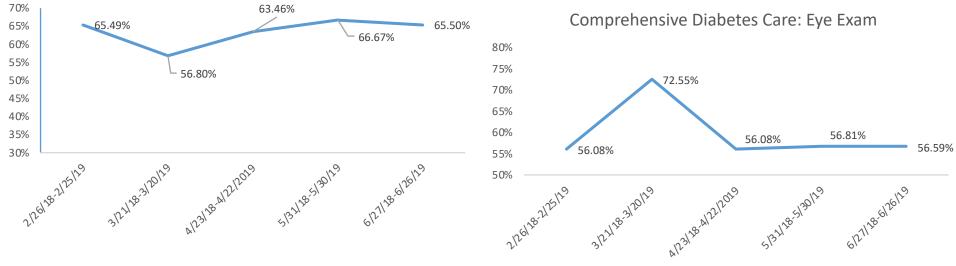


Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)

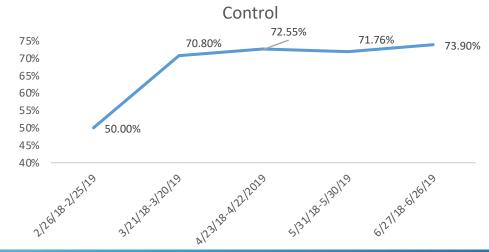


Quality Improvement Program

Comprehensive Diabetes Care: A1C Control



Comprehensive Diabetes Care: Blood Pressure

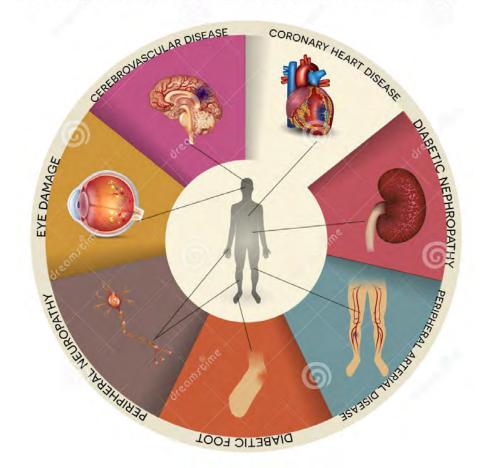




Building a Culture for Intolerance of the "Never" Outcomes

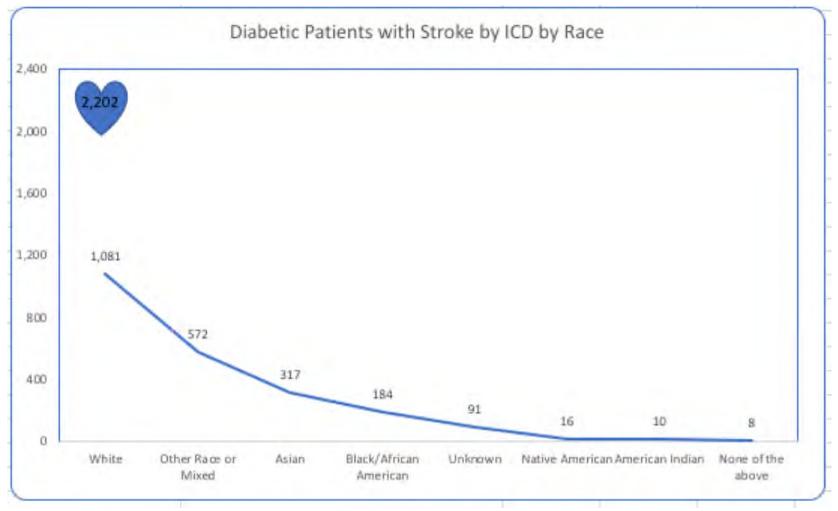
- Stroke
- *Blindness
- Dialysis
- Amputation
- **❖**Death

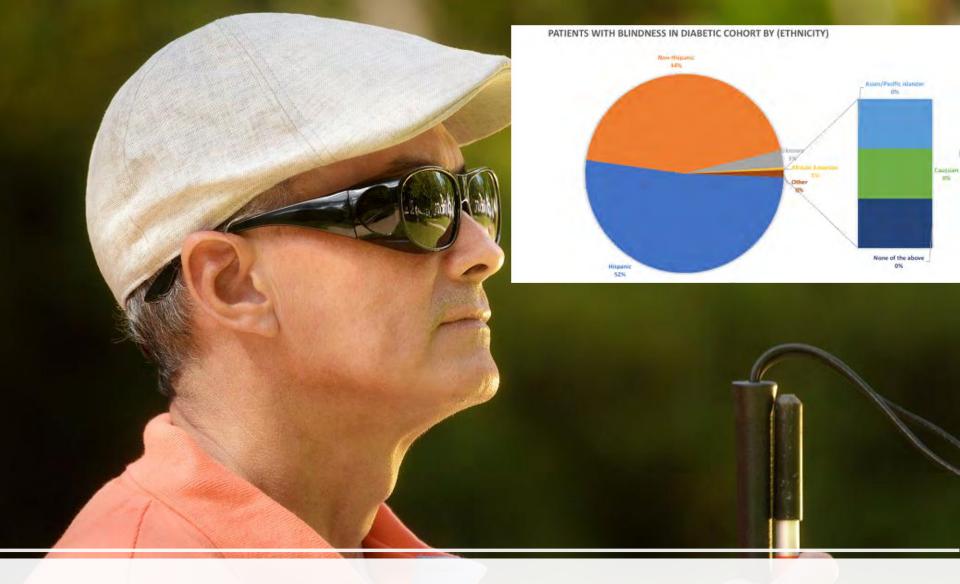
Uncontrolled Diabetic Mellitus





Never Outcomes – 2200 Stroke Patients at UCSD





Never Outcomes - 250 Diabetics with Blindness



Sight Loss and QALY: 16 Patients: 7 Non-Hispanic and 9 Hispanic

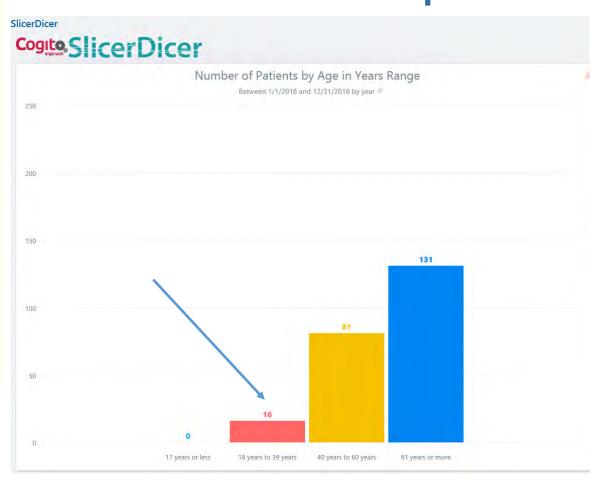
Table 4

Quality-of-Life Losses

Quality-of-Life Measure	0-17 Years of Age	18-39 Years of Age	Total Younger than 40 Years
QALY losses			
Visual impairment	79 799	110 534	190 333
Blindness	1663	23 177	24 840
Total QALYs lost	81 462	133 711	215 173
Monetary value of quality-of-life losses			
\$50 000 per QALY*	\$4073	\$6686	\$10 759

QALY = quality-adjusted life year.

Units of measure for the first 3 rows are QALYs.



^{*}Monetary costs are in millions.



UCSD General Risk for Diabetes: More than 1200 Patients WITH High Risk

UCSD DIABETIC PATIENTS 7/1/18 - 6/30/19

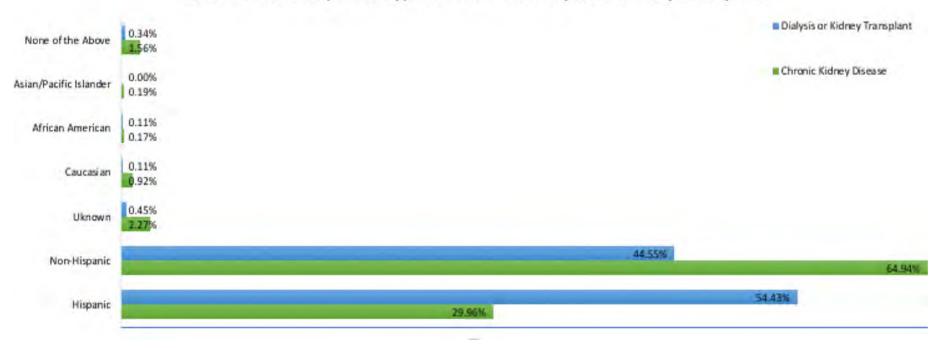
Score >20





Never Outcomes – 880 Diabetics on Dialysis or Kidney Transplant

Diabetic Patients (Ethnicity) with CKD and Dialysis or Kidney Transplant



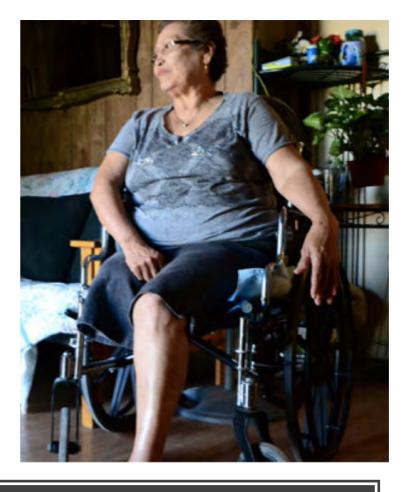


TOTAL PATIENTS WITH AMPUTATIONS (RACE)

- 149
- 76
- 24 Anni Black/African American
 - 0 •
 - 8 å
- 3 American Indian

TOTAL PATIENTS WITH AMPUTATIONS (ETHNICITY)

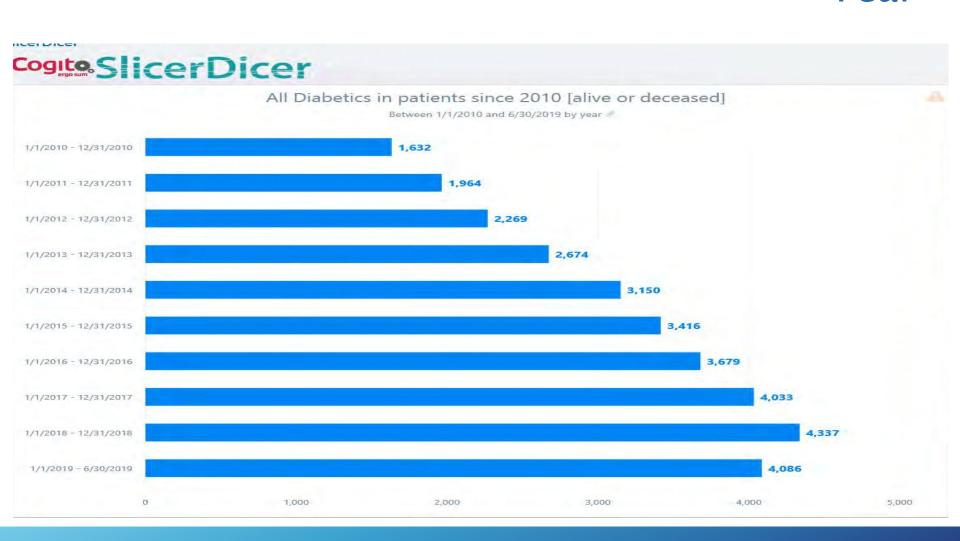
- 129 Non-Hispanic
- 124
 - 2 (Caucasian
 - 2 Inknown



Never Outcomes – 266 Diabetics with Amputations



Never Outcomes – Nearly 300 Patients are Known to Die with Diabetes each Year

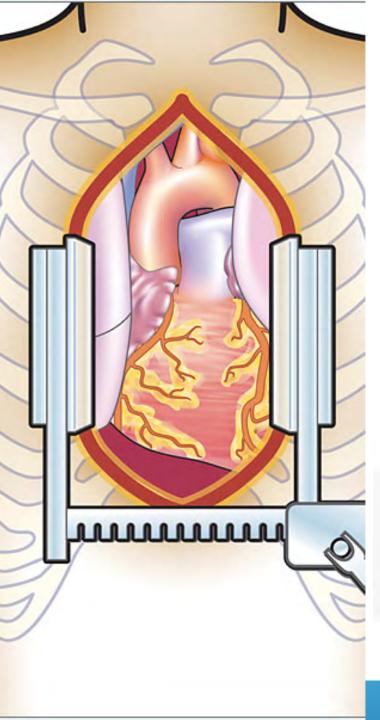




Cost and Utilization



 Substantial increases in total economic costs in the US from 174 billion in 2007 to 245 billion in 2012 and shows no signs of slowing down (Sun, 2017).



Cost for CABG Procedures

- **❖** The average costs for patients 65–74 years of age, 75–84, and 85 plus were, \$10,778, \$16,389, and \$25,691, respectively (12).
- ❖Our diabetic patients contributed to an estimated lifetime cost of ½ a billion for UCSDH alone.

ALIVE DIABETICS WITH CABG AS OF 2018

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2,500 $\frac{\partients}{\partients}$

2,500 $\frac{\partients}{\partients}$

340,000 $\frac{\partients}{\partients}$
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Acknowledgements

Dr. Amy Sitapati



