

Risk Stratification in Patients With Type 2 Diabetes (T2D) and Cardiovascular (CV) Disease

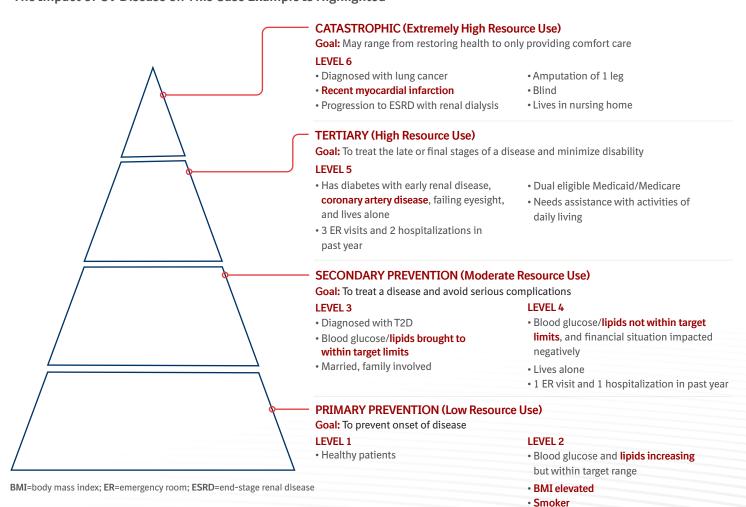
- The population health goal of risk stratification is to compile a prioritized list of patients ordered by the level of risk and the reason for the risk¹
- Risk stratification is an important element of population health management, particularly in patients with T2D and CV disease

Common CV disease risk factors in patients with type 2 diabetes are²:

- ✓ Albuminuria
- Dyslipidemia
- √ Overweight/obese
- Hypertension
- Family history of premature coronary disease
- ✓ Chronic kidney disease

Risk Stratification Categories and Levels Using T2D Case Example³

The Impact of CV Disease on This Case Example Is Highlighted



Risk Stratification in Action: Joslin Diabetes Center⁴

Joslin Diabetes Center's Registry and Risk Stratification System

- Collects data on key measures of care and provides decision support to primary care providers
- Identifies high-risk patients, recommends patient-specific interventions, and reports a clinic's process and quality metrics for benchmarking and regional comparisons
- Evaluates 5 risk categories:









Retinopathy (eye disease)



Nephropathy (kidney disease)

- · Assigns a risk level for every patient-low, moderate, high, or very high
- Allows for targeted intervention to improve care of subpopulations at high risk

Practice Risk Stratification Summary Example

Jackson-April, 2007

Category	Low	Medium	High	Very High
Glycemic Control	16%	35%	12%	37%
Cardiovascular	4%	31%	45%	19%
Foot Disease	25%	53%	22%	0%
Retinopathy	6%	1%	89%	3%
Nephropathy	18%	74%	5%	3%

Registry and Risk Stratification System Impact

Used for 3 years at an inner city practice in the Boston area

Outcomes included:

- Significant improvement in mean A1C level (*P*<0.001)
- Significant reduction in systolic blood pressure (*P*<0.001)
- Significant reduction in diastolic blood pressure (P<0.001)
- Significant increase in documented foot exams (*P*<0.001)
- Significant improvements in practice outcomes:
- Percentage of patients with blood pressure
 130/80 mm Hg (P<0.01)
- Percentage of patients with low-density lipoprotein cholesterol <100 mg/dL (P<0.05)

References: 1. Comprehensive Primary Care Initiative. Year 2015 implementation and milestone reporting summary guide. December 2014. https://innovation.cms.gov/files/x/cpci-implementation-guidepy2015.pdf. Accessed November 9, 2020. 2. American Diabetes Association. Standards of Medical Care in Diabetes—2020. Diabetes Care. 2020;43(suppl 1):S1-S212. 3. American Academy of Family Physicians (AAFP). Risk-stratified care management and coordination. http://www.pcpci.org/sites/default/files/resources/Risk-Stratified/20Care%20Management%20and%20Coordination.pdf. Accessed November 11, 2020. 4. Russell KG, Rosenzweig J. Improving outcomes for patients with diabetes using Joslin Diabetes Center's registry and risk stratification system. J Healthc Inf Manag. 2007;21:26-33.



