

Glucose Monitoring MCAC

	Krist	Black	Bradham	Piper	Puklin	Weiner	Fendrick	Queenan	Rucker	Hayward	Molich	Reiber	Voting Member Average	Overall Average
1 Please rate the following complications according to their burden (prevalence x severity) in Medicare patients with type 2 diabetes. Rank each item in the prevalence and severity columns 1-8 and use each ranking only once. Maximal score: 8x8=64. Minimal score: 1x1=1. 1 least important; 8 most important. [See Q1 worksheet]														
2 How important are the following in assessing the effectiveness of continuous monitoring in patients with type 1 diabetes?														
	<i>5 Very Important</i>		<i>4 Somewhat Important</i>		<i>3 Unsure</i>		<i>2 Somewhat Unimportant</i>		<i>1 Very Unimportant</i>					
Changes in HbA1c	4	5	4	4	5	5	5	5	5	4	4	4	4.57	4.50
Concomitant hypoglycemia rates	5	5	5	5	5	5	5	5	5	4	5	5	5.00	4.92
Hypoglycemia-related falls	4	5	5	5	4	3	5	5	2	5	4	5	4.43	4.33
Post-operative morbidity	3	3	3	2	2	2	4	5	4	3	4	5	2.71	3.33
Wound-healing	3	3	4	2	2	2	4	4	4	3	2	4	2.86	3.08
Weight	3	4	4	2	3	1	4	4	1	1	2	3	3.00	2.67
Quality of Life	4	5	5	4	4	4	4	5	5	4	4	4	4.29	4.33
3 A. There have been several large trials of glycemic control in relatively young patients (DCCT) and patients up to age 65 (UKPDS). How confident are you that glycemic control prevents or delays the onset of chronic complications, especially cardiovascular events and death, in patients who develop type 2 diabetes at age 65 or older and that the duration of complication delay, if any, is clinically, and not just statistically, significant.														
	<i>5 Very Confident</i>		<i>4 Somewhat confident</i>		<i>3 Unsure</i>		<i>2 Somewhat Unconfident</i>		<i>1 Very Unconfident</i>					
	4	4	3	2	1	4	3	5	5	1	4	4	3.00	3.33
B. How important (statistically and clinically) is glycemic control relative to other therapeutic modalities (e.g., lipid control, blood pressure control) in the prevention and delay of														
	<i>5 Very Confident</i>		<i>4 Somewhat confident</i>		<i>3 Unsure</i>		<i>2 Somewhat Unconfident</i>		<i>1 Very Unconfident</i>					
	3	4	3	2	5	2	2	5	4	1	4	2	3.00	3.08
4 A. How confident are you that glycemic control reverses or reduces progression of pre-existing chronic complications in a clinically meaningful way in patients who had type 2 diabetes prior to age 65?														
	<i>5 Very Confident</i>		<i>4 Somewhat confident</i>		<i>3 Unsure</i>		<i>2 Somewhat Unconfident</i>		<i>1 Very Unconfident</i>					
	4	4	4	3	5	4	4	4	5	5	5	4	4.00	4.25
B. How important (statistically and clinically) is glycemic control relative to other therapeutic modalities (e.g., lipid control, blood pressure control) in the reversal and delayed progression of pre-existing chronic complications, especially cardiovascular events and death, in patients with type 2 diabetes prior to age 65?														
	<i>5 Very Important</i>		<i>4 Somewhat Important</i>		<i>3 Unsure</i>		<i>2 Somewhat Unimportant</i>		<i>1 Very Unimportant</i>					
	3	4	3	2	5	2	2	4	5	2	4	4	3.00	3.33
5 Can the information on hypoglycemia in type 1 patients be generalized to Medicare-aged type 2 patients? More specifically, how confident are you that hypoglycemic risk (frequency and severity) for a given level of glycemic control is similar for patients with type 1 diabetes and type 2 diabetes?														
	<i>5 Very Confident</i>		<i>4 Somewhat confident</i>		<i>3 Unsure</i>		<i>2 Somewhat Unconfident</i>		<i>1 Very Unconfident</i>					
<i>Insulin using</i>	3	3	4	3	1	4	3	5	5	1	1	2	3.00	2.92
<i>Non-Insulin using</i>	1	3	2	2	1	2	2	4	2	1	1	2	1.86	1.92
6 How confident are you that glucose monitoring improves, by a clinically meaningful degree, glycemic control (HbA1c) and decreases the risk for hypoglycemia at a given level of HbA1c?														
Type 1														
Blood glucose >4x/day	4	4	4	4	5	5	4	5	5	4	5		4.29	4.45
Continuous monitoring (interstitial fluid)	3	2	4	1	5	4	4	5	5	1	4		3.29	3.45

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Continuous monitoring + subcut. infusion pump	3	2	4	1	5	4	5	5	5	1	5		3.43	3.64
Type 2 On diet Therapy														
Blood glucose >1x/day	3	2	1	1	1	2	2	4	5	3	1	1	1.71	2.17
Blood glucose >2x/day	2	2	1	1	1	2	2	4	5	1	1	1	1.57	1.92
Blood glucose >4x/day	1	1	2	1	1	1	2	4	3	1	1	1	1.29	1.58
Continuous monitoring (interstitial fluid)	1	1	2	1	1	1	2	5	3	1	1	1	1.29	1.67
Continuous monitoring + subcut. infusion pump			1		1				1	1	1	1	1.00	1.00
Type 2 On oral agents														
Blood glucose >1x/day	3	4	3	2	3	4	2	4	5	3	4	3	3.00	3.33
Blood glucose >2x/day	2	2	3	2	3	3	3	4	5	1	3	4	2.57	2.92
Blood glucose >4x/day	1	2	3	2	3	3	3	5	3	1	1		2.43	2.45
Continuous monitoring (interstitial fluid)	1	1	3	1	3	2	3	5	3	1	1	1	2.00	2.08
Continuous monitoring + subcut. infusion pump			3		3				1	1	1	1	3.00	1.67
Type 2 Using Insulin														
Blood glucose >1x/day	4	3	3	2	1	5	3	4	5	4	5	3	3.00	3.50
Blood glucose >2x/day	3	4	4	4	1	5	4	4	5	3	5	4	3.57	3.83
Blood glucose >4x/day	3	2	4	4	5	5	4	5	5	1	4		3.86	3.82
Continuous monitoring (interstitial fluid)	2	2	4	1	5	3	4	5	5	1	3	3	3.00	3.17
Continuous monitoring + subcut. infusion pump	1	1	4	1	5	3	4	5	1	1	4	3	2.71	2.75
7 Does increased glucose monitoring in Type 2 patients improve clinical outcomes? More specifically, how confident are you that:														
A. An increased frequency of out-patient glucose monitoring translates to decreases in chronic complications (specifically cardiovascular morbidity and mortality) in Medicare age patients (>65 years) with type 2 diabetes?														
	3	3	3	2	2	2	2	4	4	1	4	2	2.43	2.67
B. The optimal frequency for glucose monitoring (number of strips per week, number of strips per day, or continuous) in Medicare age patients (≥65 years) with type 2 diabetes is known?														
	1	1	3	1	1	1	3	3	3	1	3	1	1.57	1.83
	<i>5 Very Confident 4 Somewhat confident 3 Unsure 2 Somewhat Unconfident 1 Very Unconfident</i>													

**Glucose Monitoring MCAC
Question 1**

Question 1:
Please rate the following complications according to their burden (prevalence x severity) in Medicare patients with type 2 diabetes. Rank each item in the prevalence and severity columns 1-8 and use each ranking only once. Maximal score: 8x8=64.
Minimal score: 1x1=1. 1 least important; 8 most important.

	Krist				Black				Bradham				Piper				Puklin				Weiner				Fendrick				Queenan				Rucker				Hayward				Molich				Reiber				Average			
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D				
a. All cause mortality	8	8	64	1	4	8	32	2	7	8	56	1	2	8	16	3	1	1	1	8	2	8	16	4	4	8	32	2	8	8	64	1	8	8	64	1	4	8	32	1	5	8	40	2	7	8	56	1	5.0	7.4		7
b. Fatal and non-fatal cardiovascular disease including CHF secondary to ischemic disease & non-hemorrhagic stroke	6	7	42	2	6	7	42	1	8	7	56	1	8	7	56	1	7	8	56	1	8	7	56	1	5	7	35	1	5	6	30	2	7	7	49	2	6	5	30	2	6	7	42	1	8	7	56	1	6.7	6.8		8
c. Retinopathy resulting in legal blindness	2	5	10	5	1	4	4	8	6	2	12	3	3	5	15	4	2	2	4	7	1	5	5	8	1	6	6	8	1	4	4	7	6	6	36	3	3	6	18	3	1	5	5	8	1	4	4	8	2.3	4.5		1
d. Other retinopathy	7	3	21	3	5	2	10	6	5	1	5	8	7	2	14	6	6	7	42	3	6	3	18	2	7	2	14	4	7	2	14	5	3	3	9	6	7	1	7	7	7	1	7	7	4	3	12	4	5.9	2.5		4
e. Nephropathy resulting in dialysis or transplantation	1	6	6	7	2	6	12	5	1	6	6	7	1	4	4	8	8	6	48	2	3	6	18	2	2	5	10	6	3	7	21	3	5	5	25	4	1	7	7	7	2	6	12	4	2	6	12	4	2.6	5.8		5
f. Other nephropathy including micro/macroalbuminemia	3	1	3	8	7	3	21	3	2	5	10	6	5	3	15	4	3	3	9	6	5	2	10	6	8	1	8	7	6	3	18	4	2	2	4	7	5	3	15	5	4	2	8	6	5	2	10	6	4.6	2.5		2
g. Amputation	4	4	16	4	3	5	15	4	3	4	12	3	4	6	24	2	4	4	16	5	4	4	16	4	3	4	12	5	2	5	10	6	4	4	16	5	2	4	8	6	3	4	12	4	3	5	15	3	3.3	4.4		6
h. Abnormal neuropathy testing	5	2	10	5	8	1	8	7	4	3	12	3	6	1	6	7	5	5	25	4	7	1	7	7	6	3	18	3	4	1	4	7	1	1	1	8	8	2	16	4	8	3	24	3	6	1	6	7	5.7	2.0		3

A = Relative prevalence
 B = Clinical Severity
 C = Composite
 D = Relative Rank (Overall result is average of relative ranks)