

# APPENDIX 5



Clinical Outcomes Initiative 2010  
Cardiovascular Risk Reduction: Diabetes

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# Diabetes Outcomes Report

*An analysis of diabetic patient outcomes  
from June 2009 through May 2010*



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# Diabetes Outcomes Report



*August 2010*

*An analysis of diabetic patient outcomes from June 2009 through May 2010*

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# Diabetes Outcomes Report

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## INTRODUCTION

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In April 2010, California Prison Health Care Services (CPHCS) implemented a statewide initiative to reduce risk of cardiovascular disease among CPHCS patients, with an emphasis on patients with diabetes. This patient population was selected for a number of reasons, including increased health risk, opportunities to improve clinical care and patient outcomes, and readily available electronic data.

To date, this initiative has encompassed, among other activities:

- Dissemination of decision support materials for primary care teams, institution managers, and patients,
- Professional development activities including continuing education sessions related to cardiovascular disease and diabetes, and
- Issuance of a chronic care registry that lists the diabetic patients assigned to each primary care team and identifies patients who have not received services or show abnormal laboratory results.

There are five performance objectives related to Diabetes Care, described in the Quality Management Plan 2010, attached. Each quarter, CPHCS produces a report evaluating individual institution and statewide progress towards achieving these objectives. This is the second of the quarterly performance reports. In addition, outcome measures discussed in this report will be posted on the Healthcare Services Performance Dashboard as available.

## DATA SOURCES AND METHODOLOGY

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Since the last outcomes report was released in April 2010, our data sources and methodology have expanded and improved. The Guardian pharmacy data system has been implemented at all 33 institutions, and some institutions have transitioned away from performing on-site laboratory testing. These changes have eliminated some of the need for self-reporting by institutions with on-site laboratory services, allowing for improved accuracy in reporting the prevalence of diabetes, institutional level performance measures, and patient specific clinical measures.

For the purposes of this report, a diabetic patient is defined as any inmate-patient who is prescribed one or more medications for the treatment of diabetes at any time, and/or had a Hemoglobin A1c (HbA1c) greater than or equal to 6.5 percent from June 2009 through June 2010. To identify diabetic patients, staff extracted data from the Guardian pharmacy system

and merged it with laboratory data from Quest Diagnostics and Foundation Laboratories, using inmate location information from the Distributed Data Processing System (DDPS) to assign patients to specific institutions.

As with all data analysis, this report is subject to limitations, which may include:

- Well-controlled diabetic patients who are not on medications may not be identified.
- The diabetic patient population was identified using a variety of data sources gathered during different timeframes. While DDPS inmate location information was current, Guardian pharmacy data was derived through May 2010, and the laboratory data from Quest and Foundation was aged approximately 4 to 6 weeks from the reporting date. In calculating the prevalence of diabetes mellitus among CPHCS patients, this report may not capture diabetics who are new arrivals, or whose pharmacy or laboratory data was entered into our data collection systems in the 4 to 6 weeks prior to the report being run.
- This report does not include laboratory data from outside medical facilities, such as testing that occurs during inpatient hospitalizations, data from community laboratories that were not processed through Quest or Foundation, or testing performed at the point of care within institutions.
- Eight institutions (CMC, CMF, COR, KVSP, NKSP, PVSP, SATF, and SVSP) perform on-site testing for cholesterol screenings, and one institution, COR, tests HbA1c levels on-site (Table 10). As a result, the reports may not accurately reflect the performance of those institutions in measures involving those respective tests. These omissions may result in under-reporting of both diabetes prevalence and the rate of HbA1c and/or low-density lipoprotein cholesterol (LDL-C) testing.
- Because of the staggered implementation of the Guardian system, several institutions do not have 12 months of pharmacy data. For these institutions, there may be under-reporting of diabetes prevalence, although this was partly mitigated by the use of laboratory data. This potential limitation will be diminished in subsequent reports, as we continue to build data history at these institutions.

For the first three measures in this report, pertaining to HbA1c, LDL-C, and urine microalbumin testing, two sets of indicators are provided:

- Percentage of testing completed within specified timeframes, and
- Percentage of those tested that have achieved the outcome objective (e.g., HbA1c level of less than 8%).

A residency requirement of 6 months for the HbA1c access measure, and 12 months for the LDL-C and microalbumin measures was applied. This was done so that institutions' performance would not be unfairly weighted by patients that had not resided at the institution for a long enough timeframe to implement effective diagnostic and therapeutic interventions. It should be noted that when creating diabetic patient lists (Diabetes Registry) for distribution to primary care teams, all known diabetic patients are listed, regardless of length of incarceration, because these lists are intended to support clinical management of individual patients rather than measure performance.

Diabetic patients who were already prescribed an angiotensin-converting enzyme inhibitor

(ACEI) or angiotensin II receptor blocker (ARB) medication were excluded from urine Microalbumin measures since the use of ACEI or ARB medications is the recommended treatment if there is evidence of microalbuminuria.

As of May 2010, there was not enough data collected to measure individual institution performance with respect to blood pressure and retinal exams. However, we did collect a representative sample of 320 diabetic patients for these measures statewide. These results are shown in this Outcomes Report at a statewide performance level. In future Outcomes Reports, individual institution performance for these measures will be reported when appropriate sample sizes have been collected for individual institutions.

Please note that the graphs are organized in an ascending order by the level of compliance of each institution whereas the tables are organized alphabetically by institution.

Comparisons to other organizations' performances using HEDIS measures, which relate to diabetes outcomes, will be provided once the methodology is finalized.

## MAJOR FINDINGS

- Diabetes mellitus (DM) prevalence statewide has remained stable at approximately 5 percent or 7,634 of 155,245 inmates in the 33 institutions, consistent with what was reported in the previous quarterly report.
- Most institutions had not met the 2010 Quality Management Plan Objectives for HbA1c levels, LDL-C levels, and microalbumin screening. Please see Figure 1. Institution performance on blood pressure and retinal exam measures, not shown here, will be assessed when appropriate sample sizes are available.

Figure 1 – Performance on 2010 Quality Management Plan Objectives

Outcome Category	2010 Objective	Number of Institutions that Met Objective
HbA1c < 8 percent	85% or more of diabetic patients	2 / 33 (CIW, NKSP)
LDL-C <100 mg/dL	85% or more of diabetic patients	0 / 33
Microalbumin screening within past 12 months if no ACEI or ARB	85% or more of diabetic patients	2 / 33 (SAC, SQ)

- Forty-three percent (43% [95 percent confidence interval 38%-49%]) of diabetic patients from a statewide sample met blood pressure goal.
- Forty-seven percent (47% [95 percent confidence interval 41%-52%]) of diabetic patients from a statewide sample had received an annual retinal screening per guidelines.

## RECOMMENDATIONS

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A variety of tools have been distributed to the field to assist health care staff in improving outcomes for patients with diabetes and cardiovascular risk factors. Institutions can use these tools to optimize performance in the clinical areas discussed in this report, including, but not limited to, the following activities:

- Quarterly review of diabetic patient lists (Chronic Care Registry). Each institution has access to a list of diabetic patients, divided by patient panel and assigned primary care team, which is updated quarterly. Within each diabetic patient list, patients who have not received services per guidelines or who show abnormal values are flagged. Primary care teams can use the diabetic patient lists as a tool to target necessary modifications to the care of individual patients including earlier initiation of basal and prandial insulin and more frequent dose increased if treatment goals are not met.
- Clinical Practice Improvements. Using chronic care registry for diabetic patients, clinicians will review the care of those patients giving HbA1c >9%, LDL >100mg/dL, and those not screened for microalbumin and/or retinopathy in the past 12 months. Clinicians will evaluate patients for whether or not:
  - Basal and prandial insulin should be started to improve glucose management,
  - Statin therapy should be titrated to optimize lipid management,
  - Ensure screening tests for microvascular disease are completed annually as indicated, and
  - Antihypertensive therapy is sufficient to goal blood pressure of <130/80 for diabetic patients.
- Patient self-management. In April 2010, institutions received an Implementation Package with techniques and tools for improving patient outcomes. Included within the Implementation Package was a CareGuide, a compilation of algorithms, medication information, and patient self-management materials to be used as decision support at the point of care.
- Primary Care Teams can use the CareGuide to help patients identify and achieve treatment goals, and otherwise engage patients in improving health outcomes. The Implementation Package also includes a sample Local Operating Procedure to help institutions employ glucometers as a patient self-management tool, especially more patients with adequate fasting blood glucose <130 mg/dL but elevated HbA1c level, which suggests that post prandial blood glucose levels should be checked.
- Routine practice review using Quality of Care Tools. Institutions have been provided with a Quality of Care Review Tool for care of diabetic patients. This tool assists providers and physician managers in determining whether the care provided to a particular patient followed guidelines. At present, physician managers are required to perform a quality of care review with at least ten patient charts monthly, but this tool could also be used for provider self-assessments or to guide case conferences during weekly provider meetings.

- Participation in continuing medical education. Training to improve clinical practice and enhance team-based care was provided in May 2010; additional sessions will be held at the end of September, in conjunction with a presentation on end-stage liver disease. Primary care providers are required to attend these sessions. Nursing staff and other health care staff are also invited.
- Quality Management Committee involvement. The Implementation Package disseminated in April 2010 includes a “Roles and Responsibilities” document that outlines the role of different meeting forums in supporting the Diabetes Clinical Outcomes Initiative and describes key tasks to be performed in each forum. The Implementation Package features a sample project management plan and sample agenda, meeting minutes, and action item lists. Institution executives can consider these materials in organizing local quality management efforts to improve performance on these measures.

# Findings by Category

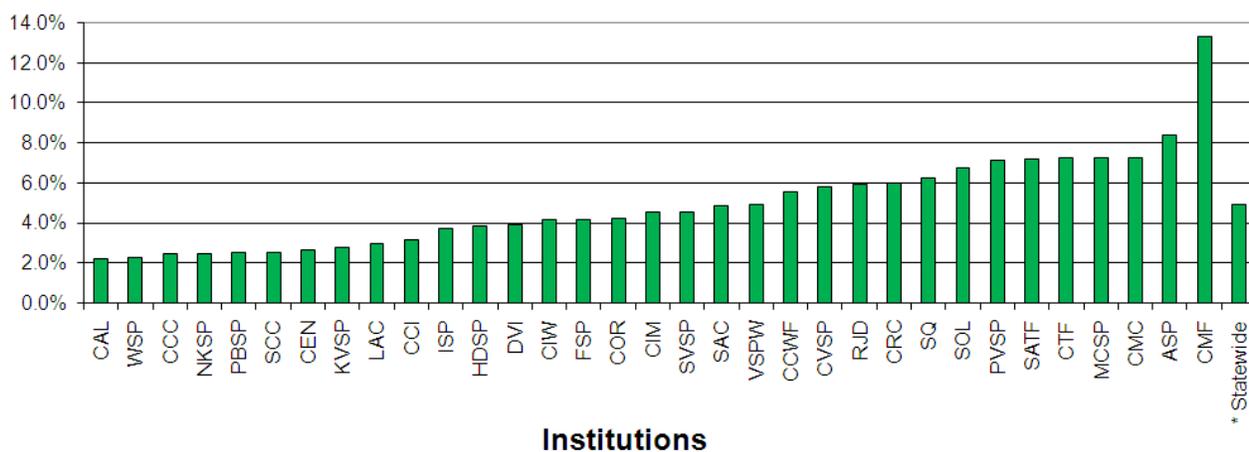


## PREVALENCE

The estimated prevalence of diabetes mellitus (DM) among patients in all California adult institutions as of May 2010 is shown in Figure 2 and Table 1 (Appendix).

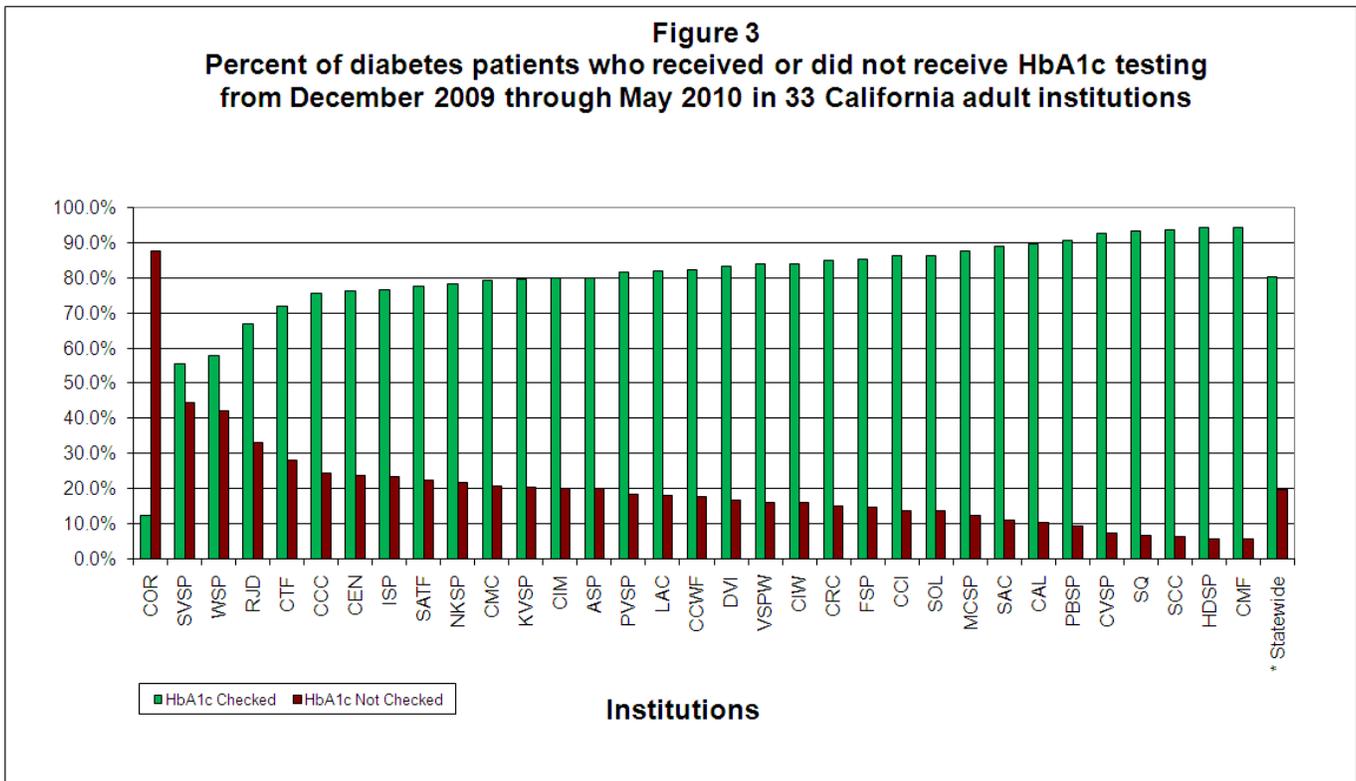
- The prevalence of DM statewide was 4.9 percent, or 7634 of 155,245 inmates, in the 33 institutions.
- There was considerable variation in diabetes prevalence among the institutions; six institutions had a prevalence of 2.5 percent or less, and seven institutions had a prevalence of 7 percent or more of the patient population.
- The highest prevalence of DM occurred at California Medical Facility (CMF), which was 13.3 percent and the lowest prevalence occurred at Calipatria State Prison (CAL) at 2.2 percent.

**Figure 2**  
**Prevalence of diabetes among inmates**  
**as of May 29, 2010 in 33 California adult institutions**



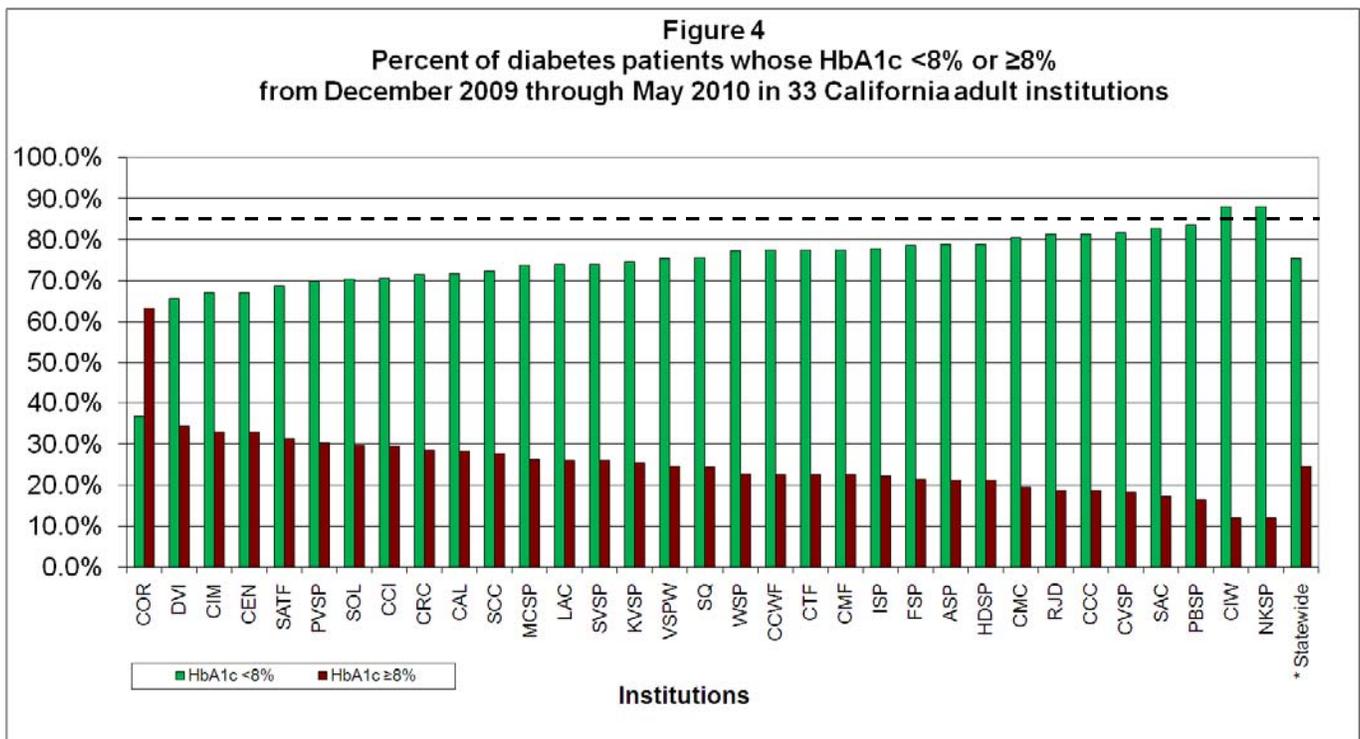
# HEMOGLOBIN A1c COMPLETED

- To be eligible for this measure, diabetic patients had to have been continuously incarcerated at a given institution for at least 6 months on May 31, 2010.
- Approximately 80 percent or 4,084 of 5,089 patients with diabetes mellitus received an HbA1c test in the six-month period from December 2009 through May 2010 (Figure 3 and Table 2). However, it should be noted that DM patients who are well controlled do not necessarily require testing every six months.
- The institution with the highest proportion of HbA1c testing was CMF at 94 percent. The institution with the lowest proportion was California State Prison, Corcoran (COR) at 12 percent, which may, in part, represent under-reporting related to on-site HbA1c testing.



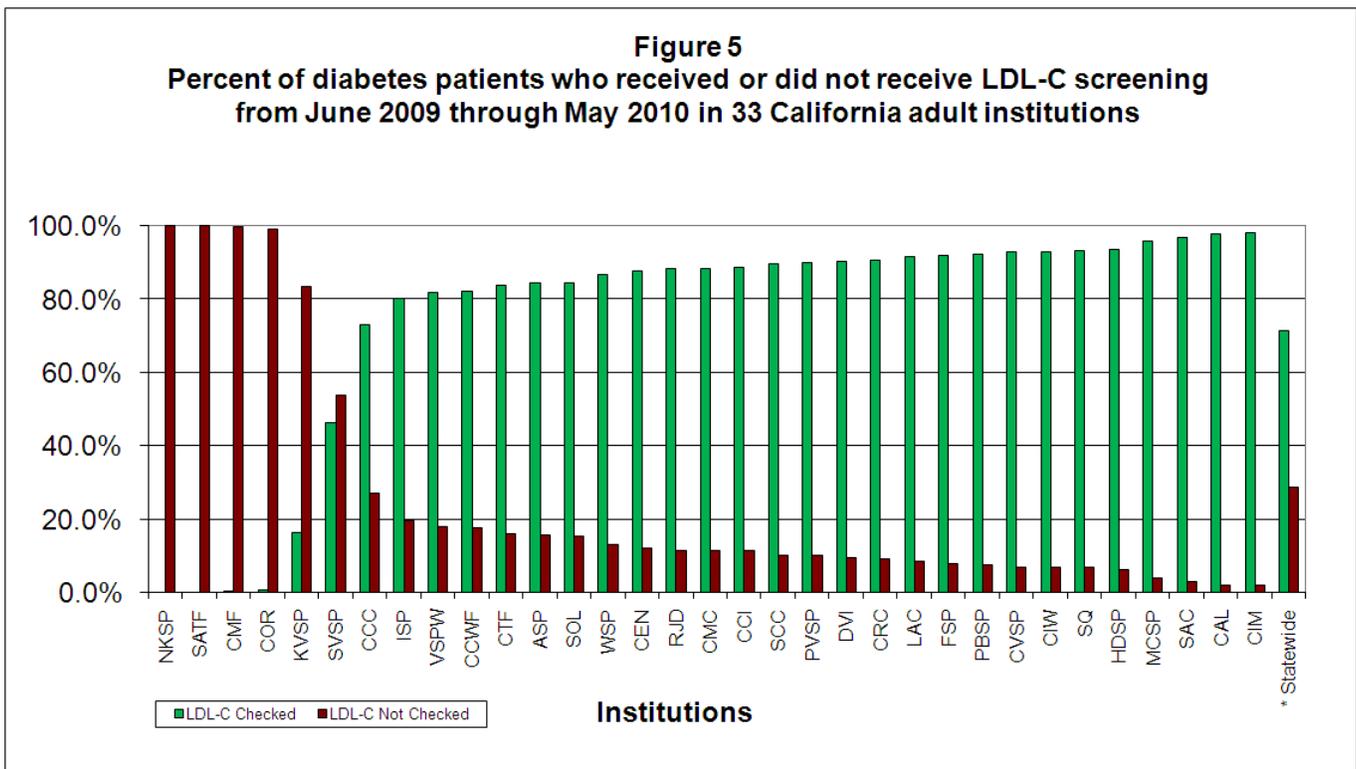
# HEMOGLOBIN A1C CONTROLLED

- To be eligible for this measure, diabetic patients had to have been continuously incarcerated at a given institution for at least 6 months and received an HbA1c test during the period from December 2009 through May 31, 2010.
- Statewide, seventy-five percent (75%) or 3,082 of 4,084 diabetic patients had an HbA1c level of less than 8 percent controlled for their most recent test (Figure 4 and Table 3).
- The institution with the largest proportion of diabetic patients with an HbA1c less than 8 percent was North Kern State Prison (NKSP) at 88 percent. The lowest proportion occurred at COR with 37 percent.
- As of May 2010, two institutions (CIW and NKSP) met the 2010 quality improvement objective of having 85 percent or more patients with an HbA1c level of less than 8 percent.



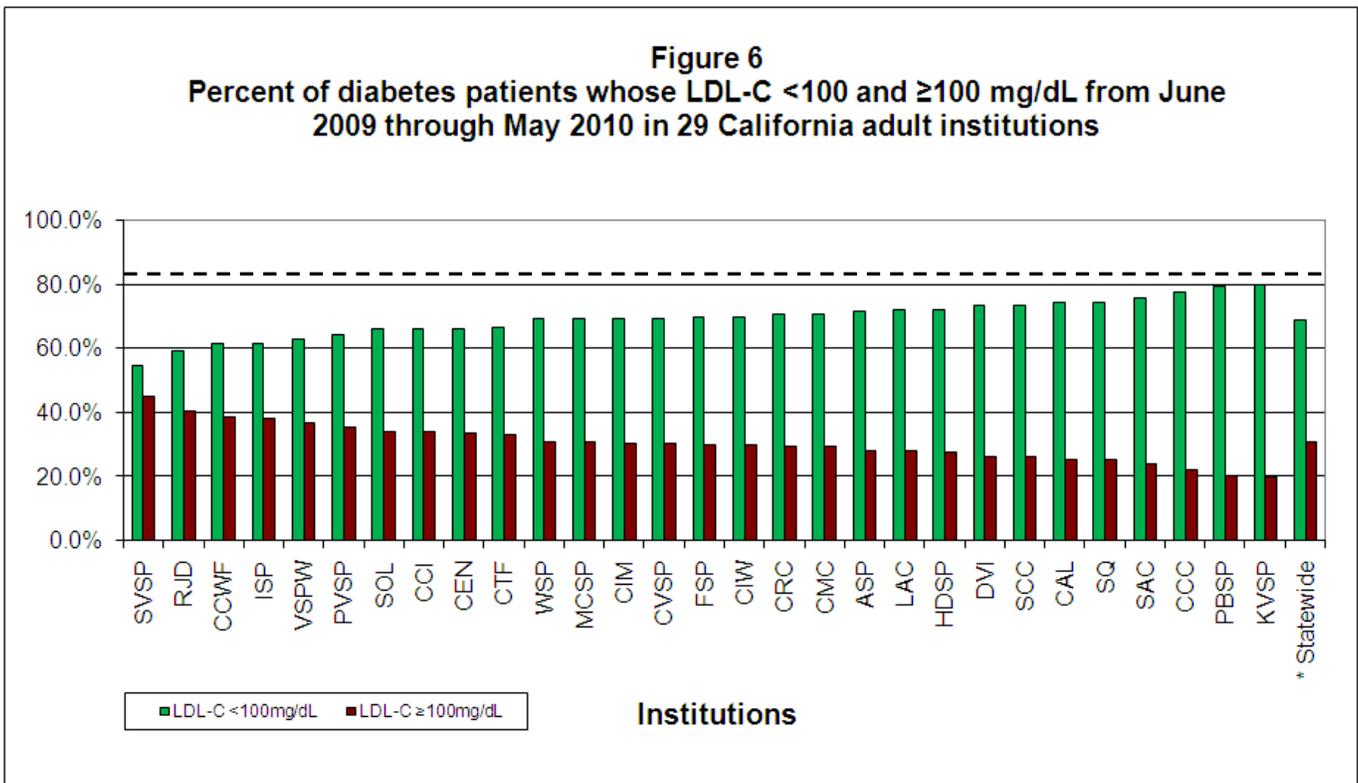
# LDL-C TESTING COMPLETED

- To be eligible for this measure, diabetic patients had to have been continuously incarcerated at a given institution for at least 12 months.
- Statewide, seventy-one percent (71%) or 2,655 of 3,721 of the diabetes mellitus population received an LDL-C test from June 2009 through May 2010 (Figure 5 and Table 4).
- The highest proportion of LDL-C testing occurred at California Institution for Men (CIM) at 98 percent. The lowest proportions occurred at CMF, COR, NKSP, and SATF at less than 1 percent.
- These figures do not reflect the on-site laboratory assessments that are performed at some institutions; therefore, some results may be falsely depressed.



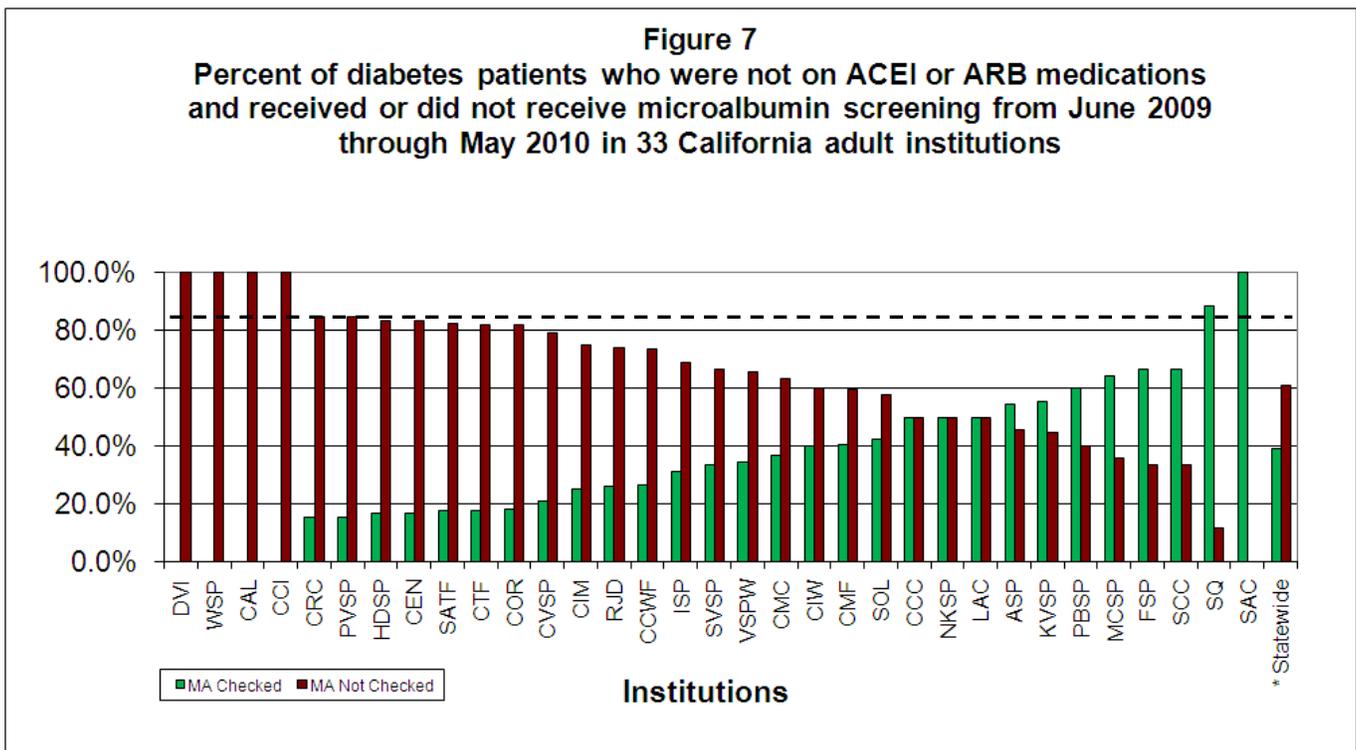
# LDL-C CONTROLLED

- To be eligible for this measure, diabetic patients had to have been continuously incarcerated at a given institution between June 2009 and May 2010 and received an LDL-C test during the same period.
- Sixty-nine percent (69%) or 1,829 of 2,653 diabetic patients had their most recent LDL-C measure less than 100 mg/dL controlled (Figure 6 and Table 5).
- The highest proportion of LDL-C less than 100 mg/dL occurred at Kern Valley State Prison (KVSP) at 80 percent. The lowest proportion occurred at Salinas Valley State Prison (SVSP) at 55 percent.
- CMF, COR, NKSP, and SATF were excluded from the LDL-C performance measure due to a sample size of less than 10% of their diabetes population meeting two requirements for measurement: having been continuously incarcerated at a given institution for at least 12 months and receiving an LDL-C test between June 2009 and May 2010, which is likely a result of on-site testing.
- There were no institutions that met the 2010 quality improvement objective of having greater than 85 percent of diabetes mellitus patients with a LDL-C less than 100 mg/dL.



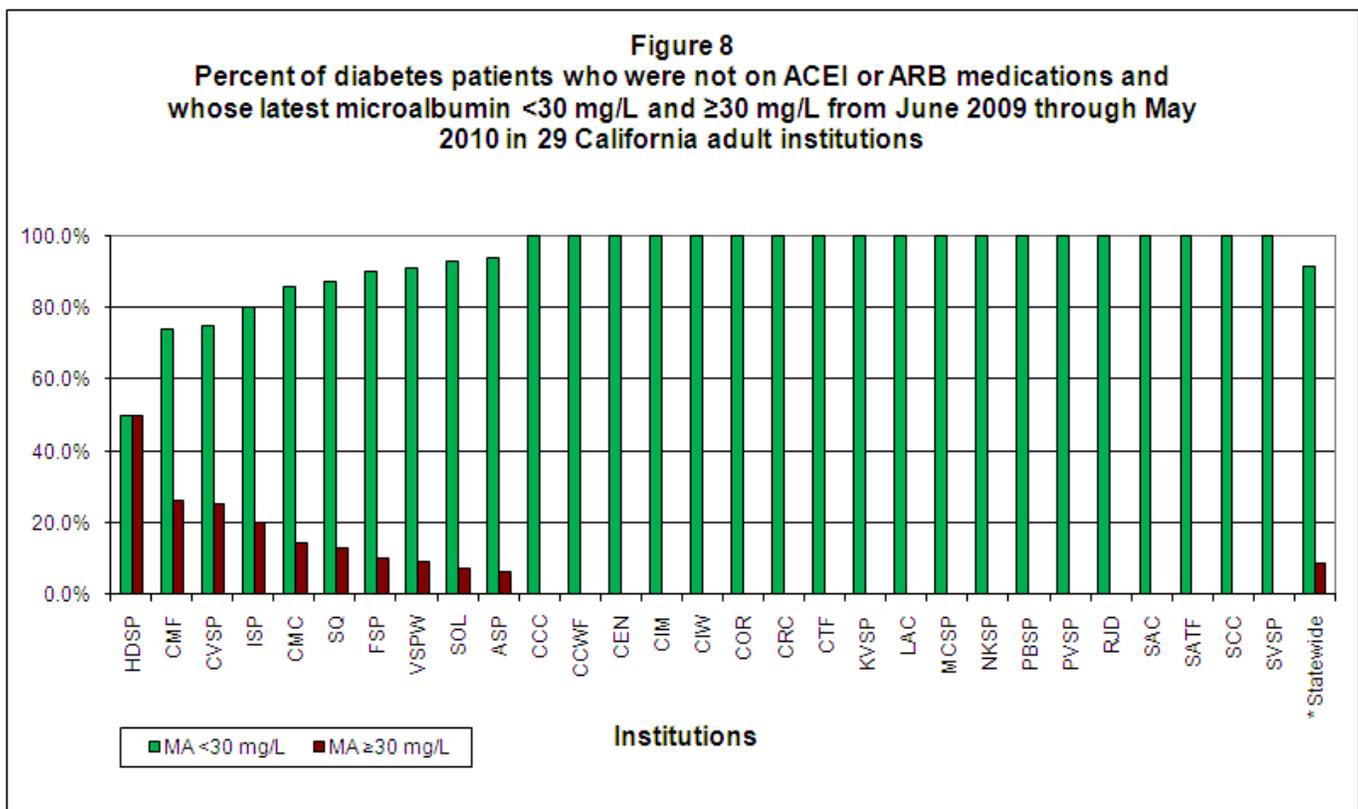
# MICROALBUMIN TESTING COMPLETED

- To be eligible for this measure, diabetic patients had to have been continuously incarcerated at a given institution from June 2009 through May 2010 and were never on ACEI or ARB medications.
- Thirty-nine percent (39%) or 227 of 580 diabetic patients received microalbumin testing from June 2009 through May 2010 (Figure 7 and Table 6).
- The institution with the highest proportion of microalbumin testing was California State Prison, Sacramento (SAC) at 100 percent. The lowest proportions occurred at CAL, CCI, DVI, and WSP at zero percent.
- Two institutions (SAC and SQ) met the 2010 quality improvement objective of having greater than 85 percent of diabetes mellitus patients, not currently on ACEI or ARB medications, screened for microalbumin in the last 12 months.
- Patients on ACEI or ARB were not considered in this analysis, as diabetic patients on these types of medications may not require annual microalbumin screening.



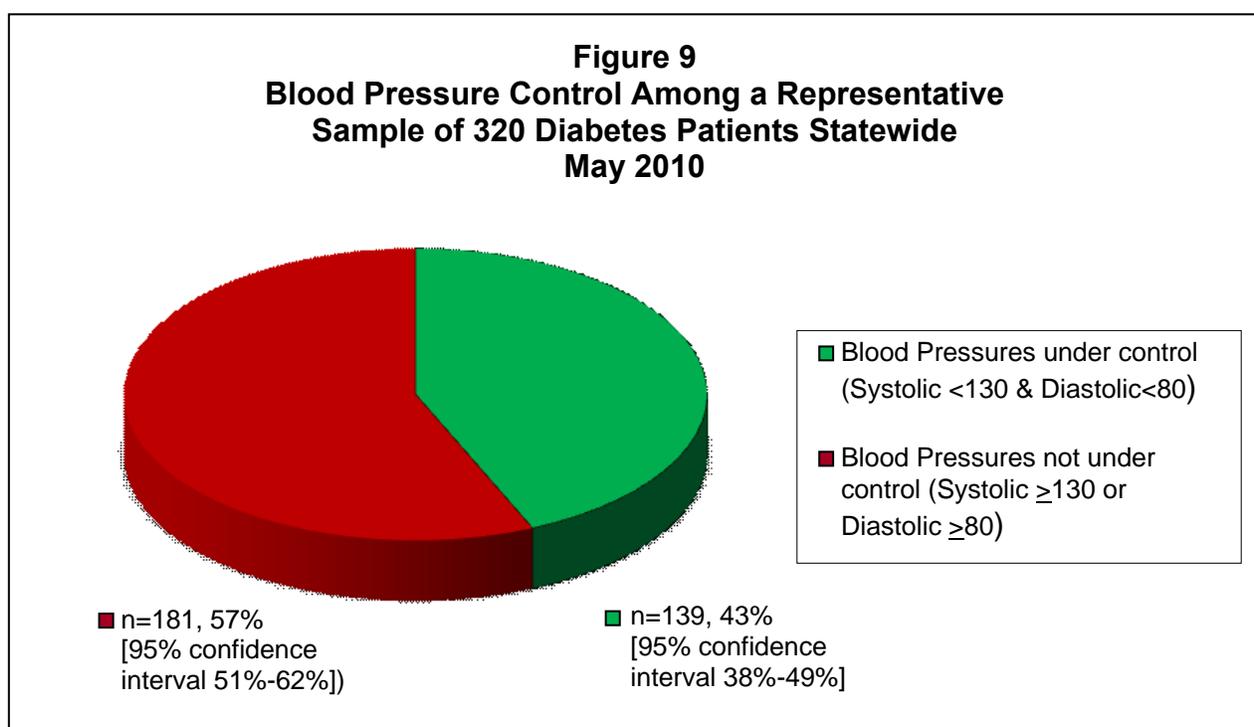
# MICROALBUMIN RESULTS

- To be eligible for this measure, diabetic patients had to have been continuously incarcerated at a given institution and received microalbumin testing from June 2009 through May 2010.
- Statewide, ninety-one percent (91%) or 207 of 227 patients with diabetes had a microalbumin result lower than 30 mg/L at their latest test indicating control (Figure 8 and Table 7).
- CAL, CCI, DVI, and WSP were excluded from the LDL-C performance measure due to a sample size of less than 10% of their diabetes population meeting two requirements for measurement: having been continuously incarcerated at a given institution and received microalbumin testing between June 2009 and May 2010.



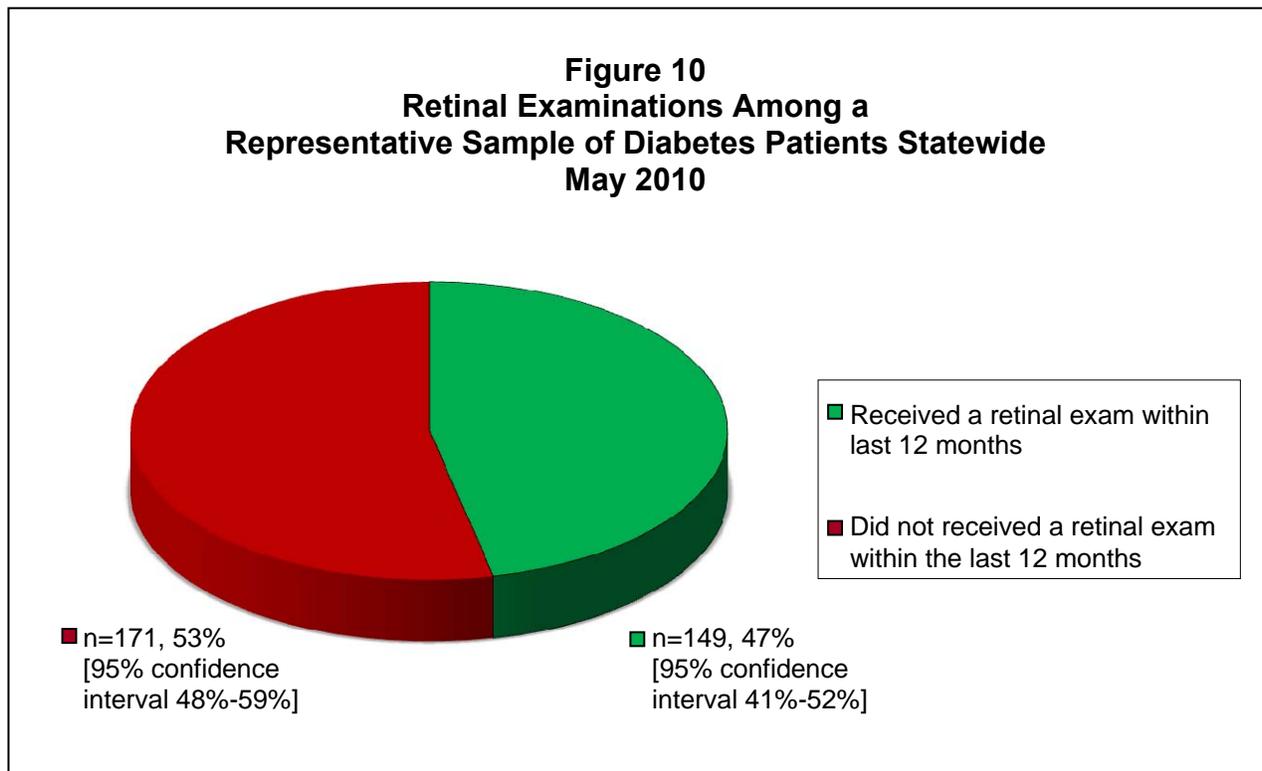
## BLOOD PRESSURE CONTROLLED

- To calculate performance on the blood pressure control measure, a representative sample of 320 patients from 33 institutions was used.
- Forty-three percent of patients (43% [95% confidence interval 38%-49%]) had their most recent systolic blood pressure below 130 and diastolic blood pressure below 80, which represents blood pressures that were considered under control. (Figure 9 and Table 8).
- Fifty-seven percent (57% [95% confidence interval 51%-62%]) had their systolic blood pressure equal to or above 130 or diastolic blood pressure equal to or above 80, which represents blood pressures that were considered not under control.



## RETINAL EXAMINATIONS COMPLETED

- To calculate performance on the annual retinal exam measure, a sample of 320 patients from 33 institutions was collected in May 2010 (Figure 10 and Table 9).
- Forty-seven percent (47% [95% confidence interval 41%-52%]) of diabetic patients received an annual retinal examination.
- Fifty-three percent (53% [95% confidence interval 48%-59%]) of diabetic patients did not receive a retinal examination within the last 12 months.



- This concludes the findings by category. Following are the appendices.

## APPENDIX

**Table 1: Number and prevalence of diabetes among inmates as of May 29, 2010 in 33 California adult institutions**

Institution	Diabetes Population (n)	Inmate Population on May 29, 2010 (n)	Diabetes Prevalence
ASP	569	6786	8.4%
CAL	95	4311	2.2%
CCC	137	5596	2.4%
CCI	187	5938	3.1%
CCWF	212	3833	5.5%
CEN	125	4676	2.7%
CIM	240	5295	4.5%
CIW	108	2593	4.2%
CMC	473	6497	7.3%
CMF	383	2873	13.3%
COR	232	5480	4.2%
CRC	264	4393	6.0%
CTF	438	6064	7.2%
CVSP	201	3483	5.8%
DVI	141	3627	3.9%
FSP	160	3819	4.2%
HDSP	172	4484	3.8%
ISP	158	4237	3.7%
KVSP	133	4804	2.8%
LAC	161	5471	2.9%
MCSP	276	3797	7.3%
NKSP	132	5333	2.5%
PBSP	84	3370	2.5%
PVSP	346	4868	7.1%
RJD	280	4710	5.9%
SAC	148	3058	4.8%
SATF	497	6893	7.2%
SCC	141	5614	2.5%
SOL	344	5082	6.8%
SQ	309	4946	6.2%
SVSP	165	3622	4.6%
VSPW	188	3821	4.9%
WSP	135	5871	2.3%
<b>* Statewide</b>	<b>7634</b>	<b>155245</b>	<b>4.9%</b>

**Table 2: Number and percent of diabetes patients who received Hemoglobin A1c testing from November 2009 through May 2010 in 33 California adult institutions**

<b>Institution</b>	<b>Diabetes Population (continuously incarcerated 11/09-05/10) (n)</b>	<b>Received Hemoglobin A1c test in last 6 months (11/09-05/10) (n)</b>	<b>A1c test in last 6 months (11/09-05/10) (%)</b>
<b>ASP</b>	403	322	79.9%
<b>CAL</b>	67	60	89.6%
<b>CCC</b>	78	59	75.6%
<b>CCI</b>	102	88	86.3%
<b>CCWF</b>	140	115	82.1%
<b>CEN</b>	92	70	76.1%
<b>CIM</b>	114	91	79.8%
<b>CIW</b>	69	58	84.1%
<b>CMC</b>	322	255	79.2%
<b>CMF</b>	320	302	94.4%
<b>COR</b>	154	19	12.3%
<b>CRC</b>	161	137	85.1%
<b>CTF</b>	302	217	71.9%
<b>CVSP</b>	136	126	92.6%
<b>DVI</b>	42	35	83.3%
<b>FSP</b>	121	103	85.1%
<b>HDSP</b>	121	114	94.2%
<b>ISP</b>	129	99	76.7%
<b>KVSP</b>	84	67	79.8%
<b>LAC</b>	89	73	82.0%
<b>MCSP</b>	235	206	87.7%
<b>NKSP</b>	32	25	78.1%
<b>PBSP</b>	74	67	90.5%
<b>PVSP</b>	274	224	81.8%
<b>RJD</b>	160	107	66.9%
<b>SAC</b>	117	104	88.9%
<b>SATF</b>	329	255	77.5%
<b>SCC</b>	93	87	93.5%
<b>SOL</b>	265	229	86.4%
<b>SQ</b>	193	180	93.3%
<b>SVSP</b>	97	54	55.7%
<b>VSPW</b>	136	114	83.8%
<b>WSP</b>	38	22	57.9%
<b>* Statewide</b>	<b>5089</b>	<b>4084</b>	<b>80.3%</b>

**Table 3: Number and percent of diabetes patients whose latest Hemoglobin A1c <8% from November 2009 through May 2010 in 33 California adult institutions**

<b>Institution</b>	<b>A1c test in last 6 months (11/09-05/10) (n)</b>	<b>Latest A1c &lt; 8% (n)</b>	<b>Latest A1c &lt; 8% (%)</b>
ASP	322	254	78.9%
CAL	60	43	71.7%
CCC	59	48	81.4%
CCI	88	62	70.5%
CCWF	115	89	77.4%
CEN	70	47	67.1%
CIM	91	61	67.0%
CIW	58	51	87.9%
CMC	255	205	80.4%
CMF	302	234	77.5%
COR	19	7	36.8%
CRC	137	98	71.5%
CTF	217	168	77.4%
CVSP	126	103	81.7%
DVI	35	23	65.7%
FSP	103	81	78.6%
HDSP	114	90	78.9%
ISP	99	77	77.8%
KVSP	67	50	74.6%
LAC	73	54	74.0%
MCSP	206	152	73.8%
NKSP	25	22	88.0%
PBSP	67	56	83.6%
PVSP	224	156	69.6%
RJD	107	87	81.3%
SAC	104	86	82.7%
SATF	255	175	68.6%
SCC	87	63	72.4%
SOL	229	161	70.3%
SQ	180	136	75.6%
SVSP	54	40	74.1%
VSPW	114	86	75.4%
WSP	22	17	77.3%
<b>* Statewide</b>	<b>4084</b>	<b>3082</b>	<b>75.5%</b>

**Table 4: Number and percent of diabetes patients who received LDL testing from June 2009 through May 2010 in 33 California adult institutions**

<b>Institution</b>	<b>Diabetes Population (continuously incarcerated 05/09-05/10) (n)</b>	<b>LDL test in last 12 months (05/09-05/10) (n)</b>	<b>LDL test in last 12 months (05/09-05/10) (%)</b>
<b>ASP</b>	307	259	84.4%
<b>CAL</b>	48	47	97.9%
<b>CCC</b>	37	27	73.0%
<b>CCI</b>	70	62	88.6%
<b>CCWF</b>	101	83	82.2%
<b>CEN</b>	74	65	87.8%
<b>CIM</b>	50	49	98.0%
<b>CIW</b>	43	40	93.0%
<b>CMC</b>	270	239	88.5%
<b>CMF</b>	279	1	0.4%
<b>COR</b>	116	1	0.9%
<b>CRC</b>	109	99	90.8%
<b>CTF</b>	187	157	84.0%
<b>CVSP</b>	99	92	92.9%
<b>DVI</b>	21	19	90.5%
<b>FSP</b>	101	93	92.1%
<b>HDSP</b>	93	87	93.5%
<b>ISP</b>	91	73	80.2%
<b>KVSP</b>	61	10	16.4%
<b>LAC</b>	47	43	91.5%
<b>MCSP</b>	214	205	95.8%
<b>NKSP</b>	17	0	0.0%
<b>PBSP</b>	53	49	92.5%
<b>PVSP</b>	198	178	89.9%
<b>RJD</b>	103	91	88.3%
<b>SAC</b>	95	92	96.8%
<b>SATF</b>	237	0	0.0%
<b>SCC</b>	68	61	89.7%
<b>SOL</b>	220	186	84.5%
<b>SQ</b>	131	122	93.1%
<b>SVSP</b>	67	31	46.3%
<b>VSPW</b>	99	81	81.8%
<b>WSP</b>	15	13	86.7%
<b>* Statewide</b>	<b>3721</b>	<b>2655</b>	<b>71.4%</b>

**Table 5: Number and percent of diabetes patients whose latest LDL <100 mg/dL from June 2009 through May 2010 in 29 California adult institutions**

<b>Institution</b>	<b>LDL test in last 12 months (05/09-05/10) (n)</b>	<b>Latest LDL &lt;100 mg/dL (n)</b>	<b>Latest LDL &lt;100 mg/dL (%)</b>
<b>ASP</b>	259	186	71.8%
<b>CAL</b>	47	35	74.5%
<b>CCC</b>	27	21	77.8%
<b>CCI</b>	62	41	66.1%
<b>CCWF</b>	83	51	61.4%
<b>CEN</b>	65	43	66.2%
<b>CIM</b>	49	34	69.4%
<b>CIW</b>	40	28	70.0%
<b>CMC</b>	239	169	70.7%
<b>CRC</b>	99	70	70.7%
<b>CTF</b>	157	105	66.9%
<b>CVSP</b>	92	64	69.6%
<b>DVI</b>	19	14	73.7%
<b>FSP</b>	93	65	69.9%
<b>HDSP</b>	87	63	72.4%
<b>ISP</b>	73	45	61.6%
<b>KVSP</b>	10	8	80.0%
<b>LAC</b>	43	31	72.1%
<b>MCSP</b>	205	142	69.3%
<b>PBSP</b>	49	39	79.6%
<b>PVSP</b>	178	115	64.6%
<b>RJD</b>	91	54	59.3%
<b>SAC</b>	92	70	76.1%
<b>SCC</b>	61	45	73.8%
<b>SOL</b>	186	123	66.1%
<b>SQ</b>	122	91	74.6%
<b>SVSP</b>	31	17	54.8%
<b>VSPW</b>	81	51	63.0%
<b>WSP</b>	13	9	69.2%
<b>* Statewide</b>	2653	1829	68.9%

**Table 6: Number and percent of diabetes patients who were not on ACEI or ARB medications and received microalbumin testing from June 2009 through May 2010 in 33 California adult institutions**

<b>Institution</b>	<b>Diabetes Population (continuously incarcerated 05/09-05/10) (n)</b>	<b>Microalbumin testing in last 12 months (05/09-05/10) (n)</b>	<b>Microalbumin testing in last 12 months (05/09-05/10) (%)</b>
<b>ASP</b>	57	31	54.4%
<b>CAL</b>	2	0	0.0%
<b>CCC</b>	2	1	50.0%
<b>CCI</b>	7	0	0.0%
<b>CCWF</b>	15	4	26.7%
<b>CEN</b>	18	3	16.7%
<b>CIM</b>	4	1	25.0%
<b>CIW</b>	5	2	40.0%
<b>CMC</b>	38	14	36.8%
<b>CMF</b>	67	27	40.3%
<b>COR</b>	11	2	18.2%
<b>CRC</b>	13	2	15.4%
<b>CTF</b>	28	5	17.9%
<b>CVSP</b>	19	4	21.1%
<b>DVI</b>	1	0	0.0%
<b>FSP</b>	15	10	66.7%
<b>HDSP</b>	12	2	16.7%
<b>ISP</b>	16	5	31.3%
<b>KVSP</b>	9	5	55.6%
<b>LAC</b>	4	2	50.0%
<b>MCSP</b>	39	25	64.1%
<b>NKSP</b>	4	2	50.0%
<b>PBSP</b>	5	3	60.0%
<b>PVSP</b>	26	4	15.4%
<b>RJD</b>	31	8	25.8%
<b>SAC</b>	2	2	100.0%
<b>SATF</b>	17	3	17.7%
<b>SCC</b>	15	10	66.7%
<b>SOL</b>	33	14	42.4%
<b>SQ</b>	26	23	88.5%
<b>SVSP</b>	6	2	33.3%
<b>VSPW</b>	32	11	34.4%
<b>WSP</b>	1	0	0.0%
<b>* Statewide</b>	<b>580</b>	<b>227</b>	<b>39.1%</b>

**Table 7: Number and percent of diabetes patients who were not on ACEI or ARB medications and whose latest microalbumin <30 mg/L from June 2009 through May 2010 in 29 California adult institutions**

<b>Institution</b>	<b>Microalbumin testing in last 12 months (05/09-05/10) (n)</b>	<b>Latest microalbumin &lt;30 mg/L (n)</b>	<b>Latest microalbumin &lt;30 mg/L (%)</b>
ASP	31	29	94%
CCC	1	1	100%
CCWF	4	4	100%
CEN	3	3	100%
CIM	1	1	100%
CIW	2	2	100%
CMC	14	12	86%
CMF	27	20	74%
COR	2	2	100%
CRC	2	2	100%
CTF	5	5	100%
CVSP	4	3	75%
FSP	10	9	90%
HDSP	2	1	50%
ISP	5	4	80%
KVSP	5	5	100%
LAC	2	2	100%
MCSP	25	25	100%
NKSP	2	2	100%
PBSP	3	3	100%
PVSP	4	4	100%
RJD	8	8	100%
SAC	2	2	100%
SATF	3	3	100%
SCC	10	10	100%
SOL	14	13	93%
SQ	23	20	87%
SVSP	2	2	100%
VSPW	11	10	91%
<b>* Statewide</b>	<b>227</b>	<b>207</b>	<b>91%</b>

**Table 8: Number and percent of 320 diabetes patients statewide whose blood pressure screening was completed in May 2010.**

	<b>Latest Blood Pressure &lt;130/80 mmHg</b>	<b>Latest Blood Pressure ≥130/80 mmHg</b>
<b>(n)</b>	139	181
<b>(%)</b>	43% [95% confidence interval 38%-49%]	57% [95% confidence interval 51%-62%]

**Table 9: Number and percent of 320 diabetes patients statewide who received a retinal exam within the last 12 months.**

	<b>Received a retinal exam in the last 12 months</b>	<b>Did not receive a retinal exam in the last 12 months</b>
<b>(n)</b>	149	171
<b>(%)</b>	47% [95% confidence interval 41%-52%]	53% [95% confidence interval 48%-59%]

**Table 10: California adult institutions that perform on-site laboratory testing, July 2010**

<b>Institution</b>	<b>HbA1c</b>	<b>LDL</b>	<b>MA</b>	<b>FOBT</b>
CIM	F	F	F	F
CMC	F	F/ On-Site	F	On-Site
CMF	Q	On-Site	Q	On-Site
COR	On-Site	On-Site	F	F
KVSP	F	On-Site	F	On-Site
NKSP	F	On-Site	F	On-Site
PVSP	F	On-Site	F	F
SATF	F	On-Site	F	F
SVSP	Q	On-Site	Q	On-Site
WSP	F	F	F	On-Site

<b>KEY</b>
On-site
F = Foundation
Q = Quest

**Table 11: California Adult Institutions that use Quest Laboratories, Foundation Laboratories, or Maxor Pharmacy, July 2010**

	Laboratory		Pharmacy
	Quest	Foundation	Maxor
<b>Northern Region</b>			
CCC	■		■
CMF	■		■
DVI	■		■
FSP	■		■
HDSP	■		■
MCSP	■		■
PBSP	■		■
SAC	■		■
SCC	■		■
SOL	■		■
SQ	■		■
<b>Central Region</b>			
CCWF		■	■
CMC		■	■
CTF		■	■
KVSP		■	■
NKSP		■	■
SVSP		■	■
VSPW		■	■
WSP		■	■
<b>Southern Region</b>			
CAL		■	■
CCI		■	■
CEN		■	■
CIM		■	■
CIW		■	■
CRC		■	■
CVSP		■	■
ISP		■	■
LAC		■	■
RJD		■	■
<b>Fourth Region</b>			
ASP		■	■
COR		■	■
PVSP		■	■
SATF		■	■