

Diabetes Guidelines: In Your Office

Christine Castille, FNP-C, BC-ADM, CDCES



A Few Nuts and Bolts

- Diabetes visits
 - Why?
 - Triple E your MVP
 - Leverage your clinic team
 - Creative and frequent touch points
 - Follow up protocol

- Next: Population Health – Value Payments

Diabetes Focused Visits: Why?

- Value Payments
- Focus on ABCs
 - A1C: correlation to BG/A1C
 - BP: control
 - Cholesterol: statin
 - Renal function
 - Eye exam
 - Foot exam
 - Renal function
 - Smoking
 - ...
- Above includes:
 - Medication adjustment
 - Achieving and maintaining adherence
 - Lab values
 - Hyper/Hypoglycemia* - visit
 - Referrals
 - ...
- **A lot to cover!**

Educate / Empower / Engage: Your MVP

- Refer to diabetes self-care management training
 - Certified Diabetes Care and Education Specialist (CDCES) formerly Certified Diabetes Educator (CDE)
 - [American Diabetes Association \(ADA\)](#)
 - [Association of Diabetes Care and Education Specialists \(ADCES\)](#)
- Insurance companies, pharmaceutical companies, vendors
- Self-insured companies
 - Employee health departments
 - Employee health nurse

Educate / Empower / Engage: Your Team

- Build and maintain a connection with staff
 - Daily huddles: 5-10 min
 - All staff
 - Champion: 1 on 1
 - Weekly
 - Expectations for each role
 - Educate within team and referral base
 - Diabetes educators, nurses, dietitians, pharmacist, podiatrist
 - Cardiologist, physical therapist, optometrist, and ophthalmologist
- Each member to the top of their license/role
 - Encourages retention of top level staff

Diabetes Focused Visits: Considerations

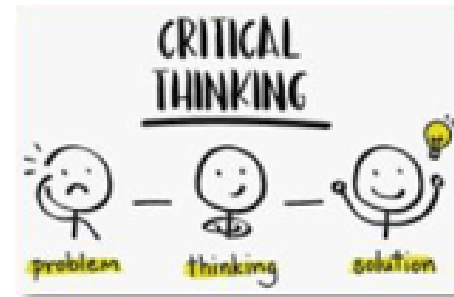
DM Visits: Motivation/Cheerleader

- New onset DM: Small wins
 - Medication, meter, BG readings
 - Self-efficacy
 - Goal: improve self-efficacy
- Lifestyle—Medicine—Core Foundation
 - Pre- and 2-hour post prandial with patient adjustment
 - Walking post largest meal
 - Consider limitations: creativity
 - Have patience with your patient 😊
- Consider Telephonic, Patient Portal Use, and Telemedicine



Diabetes Visit: Leverage Your Team Members

- Depression screening: EMR, paper, etc.
 - Staff – Provider
- Diabetes vital signs: BP, pulse, temperature, BMI
 - Home BG records (got to ask)
- Blood glucose readings: patient hand or as provider desires
 - Download BG readings, copy BG readings from log, provide log
 - Review trends with patient
 - Critical thinking
 - Increase self-efficacy



Diabetes Visit: Leverage Your Team Members

- Medication adherence
 - “How often do you forget or miss a dose?”
- Foot exam
 - Request patient remove shoes
 - 3-5 minutes
- Pre-visit planning

DM Visits: Touchpoints & Follow Up Protocol

- Frequent and creative touchpoints are necessary for optimal disease management
- Pre-visit planning
- Strategic DM follow up protocol
 - EMR: DM follow up ____ week/month
 - Appointments made at end of each visit
 - But...
 - Decrease N/S: improve scores
 - Keep connection: decrease leakage
 - Lifestyle—Core Foundation—Medicine
 - Hypoglycemia
 - Hyperglycemia
 - A1C: 9% or higher 4-6 week follow up
 - Medication expectations
 - Schedule per expectation of dose adjustment



Questions?



Next: Population Health

Patient List: Initial Target Group

- EMR: robust reports
 - EPIC, CERNER
 - Check with your IT department first
- Novo Nordisk

Allscripts	eClinicalWorks	E-MDs
Amazing Charts	GE Centricity	Next Gen (and more!)

- Check with your IT department or contact person first
- Billing company
 - Coding, demographics
 - Check with your IT department or contact person first