Uncontrolled Diabetes

Diabetes affects 30.3 million Americans of all ages. This includes 30.2 million adults 18 years of age and older, 7.2 million of which are not aware that they have diabetes. Diabetes is a major cause of heart disease and stroke, retinopathy, kidney failure and lower-limb amputations.

More than one in three adults in the U.S. have prediabetes and 90 percent are unaware. Prediabetes is characterized by blood sugar levels that are higher than normal, though not high enough to qualify for a diagnosis of diabetes. This serious health condition increases individuals' risk for developing type 2 diabetes, heart disease and stroke.

Best Practice Plan

The following tips for identifying and managing uncontrolled diabetes reflect both documented standards of care as well as best practices from the field.

- Incorporate evidence-based diabetes protocols into the practice's electronic health record (EHR) and workflow, so that standard and consistent treatment is provided to patients with diabetes. Protocol focus areas should include:
    - **Lifestyle modifications:** Patients should be provided education on healthy eating, physical activity and weight reduction (if applicable). For more information and tools, visit the American Diabetes Association (ADA) Food & Fitness webpage.
    - **Annual medical evaluation**: At annual visits, check blood pressure, lipids, A1C, confirm receipt of a dilated eye exam and perform or confirm receipt of a thorough foot exam (a foot check at every visit is recommended). For a list of comprehensive diabetes medical evaluation components, see Standards of Medical Care in Diabetes, 2018.
    - **Medications and vaccinations:** Assess medication adherence at every visit and need for routine recommended vaccinations annually including those against flu, pneumonia and hepatitis B.
    - **Self-monitoring devices:** Work with patients so that they feel confident measuring their blood glucose regularly at home and recording values on paper or in the patient portal.
    - **Promote patient-centered collaborative care:** Provide care and develop treatment plans along with the patient. Utilize an interdisciplinary team approach, including physicians, nurse practitioners, physician assistants, nurses, dietitians, medical assistants, exercise specialists, pharmacists, dentists, podiatrists, mental health professionals and other applicable specialists.

MPRO

- o Refer patients to Diabetes Self-Management Education (DSME) at diagnosis, annually, when complicating factors arise, and when there are transitions in care. For more information on DSME times and locations, visit mihealthyprograms.org.
- Set up diabetes clinical decision support (CDS) alerts in the EHR system. Lab values that are out of range will trigger CDS alerts to prompt providers to implement the appropriate clinical protocol.
- Set up monthly recall reports to remind staff to call patients who have diabetes and have not been in to see their provider over the last 3–6 months.
- Outside of routine office visits, utilize secure messaging through the EHR patient portal to remind patients to monitor glucose levels, schedule follow-up visits and answer questions.
- Monitor quality of diabetes care measures such as NQF 0059 NQF 0056 and NQF 0055. Implement Plan Do Study Act (PDSA) cycles to test, adjust and capitalize on quality improvement interventions.

MPRO