#### **Diabetes Disease Management Tool**

The complexity of Diabetes Management is changing rapidly. The integration of diabetes care with hypertension, Cardiometabolic Risk Syndrome, weight management, lipids, renal disease, nephrology, neurology, ophthalmology, podiatry and many other disciplines makes it the ideal treatment focus for electronic patient management.

Also, the care of diabetes has moved through the three stages of health care decision making: intuitive – which requires great skill, knowledge and experience; evidenced-based – which requires knowledge of current standards of care; precise medicine – where the goals and treatments are standardize such that except in unusual cases it is possible to care for patients based on algorithms, treatment protocols and guidelines.

SETMA's disease management tool standardizes care and brings to bear on each patient's care, what is known in the medical literature about optimal, excellent care of patients with diabetes.

Following SETMA's Model of Care, our care of diabetes includes:

- 1. Tracking quality metrics one patient at a time
- 2 Auditing metrics over panels and populations of patients
- 3. Analyzing the audited data to find leverage points for improvement
- 4. Public Reporting provider performance and transparently sharing with our patients that performance.
- 5. Designing quality improvement initiatives based on these four steps.

A complete description and explanation of this Model of Care can be found at: <u>Primary Care:</u> <u>The Future - Primary Care Progress (PCP)</u>

As SETMA grew, we came to believe that the future of healthcare will be founded on four domains:

- 1. Method -- The methodology of healthcare must be electronic patient management.
- 2. Content -- The content and standards of healthcare delivery must be evidenced-based medicine.
- 3. Structure -- The structure and organization of healthcare delivery must be patientcentered medical home.

Diabetes – Disease Management

4. Compensation - The payment must be capitation with rewards for quality in both process and outcomes.

In this time, SETMA has become an NCQA Tier-Three Patient Centered Medical Home and a AACH accredited ambulatory care clinic, an AAACH Medical Home and the first multispecialty group to become an affiliate of Joslin Diabetes Center. We document all patient care in the same database whether the patient is in the hospital, home heath, physical therapy, hospice, nursing home, clinic or emergency department and are supporting the development of a regional health information exchange.

#### **Quality Metrics Philosophy**

SETMA's approach to quality metrics and public reporting is driven by these assumptions:

- 1. Quality metrics are not an end in themselves. Optimal health at optimal cost is the goal of quality care. Quality metrics are simply "sign posts along the way." They give directions to health. And the metrics are like a healthcare "Global Positioning Service": it tells you where you want to be; where you are, and how to get from here to there.
- 2. The auditing of quality metrics gives providers a coordinate of where they are in the care of a patient or a population of patients.
- 3. Statistical analytics are like coordinates along the way to the destination of optimal health at optimal cost. Ultimately, the goal will be measured by the well-being of patients, but the guide posts to that destination are given by the analysis of patient and patient-population data.
- 4. There are different classes of quality metrics. No metric alone provides a granular portrait of the quality of care a patient receives, but all together, multiple sets of metrics can give an indication of whether the patient's care is going in the right direction or not. Some of the categories of quality metrics are: access, outcome, patient experience, process, structure and costs of care.
- 5. The collection of quality metrics should be incidental to the care patients are receiving and should not be the object of care. Consequently, the design of the data aggregation in the care process must be as non-intrusive as possible. Notwithstanding, the very act of collecting, aggregating and reporting data will tend to create a Hawthorne effect.
- 6. The power of quality metrics, like the benefit of the GPS, is enhanced if the healthcare provider and the patient are able to know the coordinates while care is being received.
- 7. Public reporting of quality metrics by provider name must not be a novelty in healthcare but must be the standard. Even with the acknowledgment of the Hawthorne effect, the improvement in healthcare outcomes achieved with public reporting is real.
- 8. Quality metrics are not static. New research and improved models of care will require updating and modifying metrics.

SETMA currently tracks the following:

- 34 NCQA HEDIS measures;
- 14 NCQA Diabetes Recognition Metrics;
- 35 NQF-endorsed measures;

- 27 PQRS measures;
- 9 PCPI measures related to the physician role in hypertension management;
- 43 measures of the Bridges to Excellence program for Asthma, Chronic Stable Angina, Congestive Heart Failure, COPD, Diabetes and Hypertension;
- 10 PCPI related to Diabetes;
- 6 PCPI for Stages 4 and 5 of Chronic Kidney Disease;
- 5 PCPI for Chronic Stable Angina;
- 7 PCPI for Congestive Heart Failure;
- 20 PCPI Transition of Care measures.

We are also participating in the Guidelines Advantage Program which is a collaborative between the American Heart Association, the American Diabetes Association and the American Cancer Society. And we are tracking the metrics associated with the MA STARS, the ACO quality metrics and the Meaning Use metrics.

In addition to endorsed-measurement sets, SETMA tracks these self-designed quality measures: 10 measures related to hyperlipidemia; 12 measures related to Chronic Kidney Disease Stages 1-III. Also, in the hospital setting, SETMA has designed an internal study to identify patterns in hospital readmissions, such as lengths of stay, morbidities and co-morbidities, socio-economic status, ethnicity, gender, age, follow-up calls, follow-up visits in clinic, etc.. The purpose is to control cost and increase safety by reducing preventable readmissions to the hospital.

#### **Population Management and Quality Improvement Metrics**

SETMA tracks a number of key data points for diabetes, hypertension and hyperlipidemia for its entire patient population. These measures are compared between patients who are controlled against patients who are not controlled. Secondly, the results for the controlled and uncontrolled populations are further analyzed by gender, age, ethnicity, numbers of medications, frequency of visits, frequency of test, income and other measures in an effort of to reduce disparities in patient care across all demographics.

To ensure timely adherence by providers, SETMA has designed functions within its EHR to alert providers to patient conditions which must be reported to local or state agencies for infectious disease control. SETMA reports the results of all of measures publicly, by provider name, at <u>www.setma.com</u>.

#### The Limitations of Quality Metrics

*The New York Times Magazine* of May 2, 2010, published an article entitled, "The Data-Driven Life," which asked the question, "Technology has made it feasible not only to measure our most basic habits but also to evaluate them. Does measuring what we eat or how much we sleep or how often we do the dishes change how we think about ourselves?" Further, the article asked, "What happens when technology can calculate and analyze every quotidian thing that happened to you today?" Does this remind you of Einstein's admonition, "Not everything that can be counted counts, and not everything that counts can be counted?"

**Technology must never blind us to the human. Bioethicist,** Onora O'Neill, commented about our technological obsession with measuring things. In doing so, she echoes the Einstein dictum that not everything that is counted counts. She said, *"In theory again the new culture of accountability and audit makes professionals and institutions more accountable for good performance. This is manifest in the rhetoric of improvement and rising standards, of efficiency gains and best practices, of respect for patients and pupils and employees.* But beneath this admirable rhetoric the real focus is on performance indicators chosen for ease of measurement and control rather than because they measure accurately what the quality of performance is."

#### Technology Can Deal with Disease but Cannot Produce Health

In our quest for excellence, we must not be seduced by technology with its numbers and tables. This is particularly the case in healthcare. In the future of medicine, the tension - not a conflict but a dynamic balance - must be properly maintained between humanity and technology. Technology can contribute to the solving of many of our disease problems but ultimately cannot solve the "health problems" we face. The entire focus and energy of "health home" is to rediscover the trusting bond between patient and provider. In the "health home," technology becomes a tool to be used and not an end to be pursued. The outcomes of technology alone are not as satisfying as those where trust and technology are properly balanced in healthcare delivery.

Our grandchildren's generation will experience healthcare methods and possibilities which seem like science fiction to us today. Yet, that technology risks decreasing the value of our lives, if we do not in the midst of technology retain our humanity. As we celebrate science, we must not fail to embrace the minister, the ethicist, the humanist, the theologian, indeed the ones who remind us that being the bionic man or women will not make us more human, but it seriously risks causing us to being dehumanized. And in doing so, we may just find the right balance between technology and trust and thereby find the solution to the cost of healthcare.

It is in this context that SETMA whole-heartedly embraces technology and science, while retaining the sense of person in our daily responsibilities of caring for persons. Quality metrics have made us better healthcare providers. The public reporting of our performance of those metrics has made us better clinician/scientist. But what makes us better healthcare providers is our caring for people.

#### **Team Approach to Healthcare Delivery**

The ideal setting in which to deliver and to receive healthcare is one in which all healthcare providers value the participation by all other members of the healthcare-delivery team. In fact, that is the imperative of Medical Home. Without an active team with team-consciousness and team-collegiality, Medical Home is just a name which is imposed upon the current means of caring for the needs of others. And, as we have seen in the past, the lack of a team approach at every level and in every department of medicine creates inefficiency, increased cost, potential for errors and it actually eviscerates the potential strength of the healthcare system.

Why is this? Typically, it is because healthcare providers in one discipline are trained in isolation from healthcare providers of a different discipline. Or, they are in the same buildings and often are seeing the same patients but they rarely interact. Even their medical record documentation is often done in compartmentalized paper records, which are rarely reviewed by anyone but members of their own discipline. This is where the first benefit of technology can help resolve some of this dysfunction. Electronic health records (EHR), or electronic medical records (EMR) help because everyone uses a common data base which is being built by every other member of the team regardless of discipline. While the use of EMR is not universal in academic medical centers, the growth of its use will enable the design and function of records to be more interactive between the various schools of the academic center.

And, why is that important? Principally, because more and more healthcare professionals are discovering that while their training often isolates them from other healthcare professionals, the science of their disciplines is crying for integration and communication. For instance, there was atime when physicians rarely gave much attention to the dental care of their patients, unless they had the most egregious deterioration of teeth. Today, however, in a growing number of clinical situations, such as the care of diabetes, physicians are inquiring as to whether the patient is receiving routine dental care as evidence-based medicine is indicating that the control of disease and the well-being of patients with diabetes is improved by routine dental care. Also, as the science of medicine is proving that more and more heart disease may have an infectious component, or even causation, the avoidance of gingivitis and periodontal disease have become of concern to physicians as well as dentist.

#### **Disruptive Innovation**

In addition, Medical Home places major emphasis upon issues which historically have been the concern of nurses. Physicians who use EMRs are discovering that the contribution of nursing staff can make the difference in the excellent and efficient use of this documentation and healthcare-delivery method. No longer is the nurse a "medical-office assistant" ancillary to the care of patients, but the nurse is a healthcare colleague central and essential to the patient's healthcare experience. As evidence-based medicine expands the scope of what *The Innovator's Prescription: A Disruptive Solution for Health Care* By Clayton M. Christensen labels as "empirical medicine" which ultimately leads to "precise medicine," it is possible for physicians and nurses to be a true-healthcare delivery team, as opposed to the nurses only being an aide to the physician.

It is as a result of the need for the integration of healthcare disciplines at the delivery level, that the imperative becomes obvious for the restructuring of the training of the members of this healthcare team. And, the first change must come in the relationships between the leaders of the training programs who educate and mentor future healthcare scientist, teachers, caregivers and researchers. The educational leaders must model this integration for their disparate student bodies and that modeling will require the investment of the most precious and rare resource: time.

#### The Diabetes Suite of Templates can be accessed from:

## • AAA Home

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- When the Template button is clicked you will be presented with the preference list.
- If the Diabetes master template is listed as one of your preferences, select it.
- If it is not one of your preferences, select the All radio button and then scroll down

until you find it in the list.

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NOTE: For more on how to set up your preferences, Click Here

Before detailing the Diabetes Master Template (the first template in the diabetes suite), we need to look at the **standard of excellence for Diabetes Care** which is tracked and documented by SETMA's Diabetes Suite of Templates.

• To do this, go to SETMA's **Navigation Buttons** on the right hand side of the Diabetes Master Template.

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• At the top of the Navigation Buttons, there is the title Navigation.

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- The next function is two buttons which are entitled:
  - 1. Diabetes
  - 2. General
- Make sure the box beside the word "Diabetes" is checked.

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Foot Exam		2/07/2011	Framing	nam Risk Scores		Terious		11	-	Nasonharvox
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HgbA1C	0	2/22/2012	10-Ye	ar Stroke Risk 2 9	% N	lean Plasma Gl	ucose	207.5	Insulin	Cardio Exam
Pneumova	x 0	03/02/2011	Global	Cardio Score 4.4 p	ots c	-Peofide		11	_	Foot Exam
Urinalysis		11	Waight L	lananament Linide Manan	ement F	ructosamine		11	_	Neurological Exam
Aspirin	6	Yes (* No	HPT Man	agement Immunization	s C	holesterol	212	11/15/201	2	
Statin	£	Yes ( No.			L	DL	111	11/15/201	2	Complications/Education
Vital Signs				Finger Stick	H	DL	63	11/15/201	2	Initiating Insulin
Height	72.00	Waist	40.00	Glucose	1	riglycerides	118	11/15/201	2	Insulin Pump
Weight	210.00	Hips	42.00	Pulse	1	rig/HDL Ratio	1.87			
BMI	28.48	Chest	42.00	Blood Pressure	G	Blucose		11		Lifestyle Changes
Body Fat %	22	Abdomen	44	130 / 85		Fasting		11		Diabetes Plan
Protein Req	114	Ratio	0.95	BP In Diabetics	i li	nsulin		111	1.1	Education Booklet Given O
BMR	2945	BER	3150	Vitals Over Tim	e H	IOMA-IR				
					N	la		11	_	
Current SC	Insulin De	seas of /	1	Blood Sugars	K			11	_	Diabetes Education
Time of day	Units Tv	pe Units	Туре	ma/dl	<u>h</u>	lagnesium	1	11		Telephone Record
	0.00	0.00			B	IUN		11	-	Last DF //
	0.00	0.00			1 0	reatinine			-	
	0.00	0.00		Diary		Microalbumin		11	_	
	0.00	0.00			A	doumin/Creat	1.2	111	-	
. 0.						Urinalysis	L	abs Over Tin	ne	

• This will display **twelve Navigation Buttons**.

Dia	hotos	Manag	amon		Diahetee Si	nce Patient	Robert	Test	Jr	
Type I	Type II	GDM C Pr	e-Diabete	s Other Mo	inth 5 Year	2001	Age 4	2 Sex	M	Navigation
Jost	in Treatm	ent Goals	mp Diabe	tes Concepts		Current	Frequenc	y of SMBG		Home
Diagnostic	Criteria	Screening Ci	iteria E	videnced-Base	d Recs	1	Daily			nome
Adherence		11				1.	a then the			Diab Sys Review
Dilated Eva	Evam (	06/16/2008	Smoker	E-mail C	+ 🖲 -	Most Recent	Labs C	heck for Nev	v Labs	Diabetic History
Elu Shot	- LAGIN	11/04/2011	Metaboli	c Syndrome	+ 🖲 -	HoA1C	8.0	02/22/20	12	Eve Exam
Foot Exam		02/07/2011	Framing	am Risk Scores		Previous	8.2	01/01/20	12	Lyo Livani
Monofilame	tne	02/07/2011	10.10		70 0		100			Nasopharynx
HobA1C		02/22/2012	10-Ye	ar General Risk	7 10	eAG	182	207.5	i r l	Cardio Exam
Pneumova	x	03/02/2011	Global	Cardio Score	4.4 nte	Mean Plasma G	Hucose	207.5	Insulin	Foot Exam
Urinalysis		11	Giodal		pra	<u>C-Peptide</u>	-			Neurolesiaal Evam
Aspirin	C	Yes 💿 No	Weight h	lanagement Lipi	ids Managemen	Cholesterol	212	11/15/20	12	Neurological Exam
Statin	C	$Yes \subseteq No$	ties oral	agement min	iumzauous	IDI	111	11/15/20	12	Complications/Education
Vital Signs				Finger Stick		HDL	63	11/15/20	12	Initiating Insulin
Height	72.00	Waist	40.00	Glucose		Triglycerides	118	11/15/20	12	Insulin Pump
Weight	210.00	Hips	42.00	Pulse		Trig/HDL Ratio	1.87			anount rump
BMI	28.48	Chest	42.00	Blood Pressu	<u>ure</u>	Glucose		11		Lifestyle Changes
Body Fat %	22	Abdomen	44	130	/ 85	Fasting		11		Diabetes Plan
Protein Req	114	Ratio	0.95	BP In	Diabetics	Insulin		11		
BMR	2945	BER	3150	Vitals	Over Time	HOMA-IR	-			Education Booklet Given Of
						Na		11		1.1
Current CO	Incution D.		,	Direct Curry	10-1	К	_	11		Diabetes Education
Time of day	Insuin Di	une Unite	Type	blood Sugal	IS	Magnesium	-	11		Telephone Record
Thine of day	0.00		Type	Ingra		BUN	-	11	_	
	0.00	0.00				Creatinine	-	11	_	
	0.00	0.00			Diary	U Microalbumin	-	11	_	
	0.00	0.00	1.1			Albumin/Creat	1	11	-	
-			-			Urinalysi	s	Labs Over Ti	me	

- Patient Robert Test Jr Diabetes Management Diabetes Since Age 42 Sex M Type I . Type II C GDM C Pre-Diabetes Other Month 5 Year 2001 Navigation • Diabetes C General Joslin Treatment Goals Imp Diabetes Concepts Current Frequency of SMBG Home Diagnostic Criteria Screening Criteria Evidenced-Based Recs Daily Adherence Diab Sys Review Dental Care 11 Smoker E-mail Most Recent Labs Check for New Labs ( + · -**Diabetic History** 06/16/2008 Dilated Eye Exam Metabolic Syndrome C + C -8.0 02/22/2012 HeA1C 11/04/2011 Flu Shot Eye Exam 01/01/2012 8.2 Previous 02/07/2011 Framingham Risk Scores Foot Exam 11 Nasopharynx 02/07/2011 Monofilament 7.9 % 10-Year General Risk 182 eAG Cardio Exam HgbA1C 02/22/2012 2 % 10-Year Stroke Risk 207.5 Insulin Mean Plasma Glucose 03/02/2011 Pneumovax 4.4 pts Foot Exam Global Cardio Score C-Peptide 11 11 Urinalysis 11 Fructosamine Neurological Exam Weight Management Lipids Management Aspirin Ves 🖲 No 11/15/2012 212 HPT Management Immunizations Cholesterol C Yes C No. Complications/Education Statin 111 11/15/2012 LDL Vital Signs 11/15/2012 Initiating Insulin Finger Stick HDL 63 72.00 40.00 Height Waist 11/15/2012 Glucose 118 Triglycerides Insulin Pump 210.00 42.00 Weight Hips Pulse 1.87 Trig/HDL Ratio Lifestyle Changes 28.48 42.00 BMI Chest Blood Pressure Glucose 11 Body Fat % 22 44 130 / 85 Abdomen 11 Fasting **Diabetes** Plan Protein Reg 114 Ratio 0.95 **BP In Diabetics** Insulin 11 ducation Booklet Give 2945 3150 HOMA-IR BMR BER Vitals Over Time 11 11 Na 11 **Diabetes Education** К Current SQ Insulin Dose as of 11 Blood Sugars 11 Magnesium Telephone Record Time of day Units Туре Units Туре mg/dl 11 BUN 0.00 0.00 Last DE 11 11 Creatinine 0.00 0.00 11 Diary U Microalbumin 0.00 0.00 Albumin/Creat 11 0.00 0.00 Urinalysis Labs Over Time
- The Navigation button at the bottom of this list of twelve is "Diabetes Plan"

• Click on the **Diabetes Plan Button**, this launches the **Diabetes Plan** template (We will discuss the content of this template later).

eal Requirements	Calc	E	liabetes	Plan		-		Return
Total Daily Dose	To	atal Meal Dose	Pre-lunch	1	General Measu	res		1. D. (
Basal Requirement	Pr	e-breakfast	Pre-dinne	er	Help		Cons	ortium Data Set
boratory & Procedu	res	Managemer	nt				Patie	ent Adherence
dering Provider		Change S	elf-Monitoring of	Blood Glucose	e (SMBG) to			Comments
And Address of the Address of the	11.5.5	Phone	glucose data int	o our office in	7 days	Tread Cardle	Follow	ulle Desument
E BMP	1//	Refer	to eye specialist	1	ngpA1	c freat Goals	FOILOW	op bocument
<u>C-Peptide</u>	11	Follow U	p Visit	Education	n and Eve Referr	als	C	ocument
EKG	11			Priority	Referring First	Referring Last	Referral 🔺	
Flu Shot	11/04/201	1		Stat	Norma	Duncan	Rule out 💌	
Fructosamine		Medications		4			•	
Hepatic Profile	11	Contin	ue present insul	in and metform	in/sulfonylurea/ac	arbose/pio/rosi/tr	oglitazone regir	men
HgbA1C	02/22/201	2 Contir	iue Aspirin				-	
Lipid Profile w/LDL	11/15/201	2 Start	Aspirin 325 mg					Double-Click to View/
Magnesium		, 🔿 Begin	C Increase C	Decrease C	Stop	to	mg	Brand Name
345	11	C Begin	C Increase C	Decrease C	Stop			
Micrai Strip	1. Shamen			Decrease C	Stop		1000	
Pneumovax	03/02/201	1 C Begin	C Increase	Decicude	Stop 1	1000		
Pneumovax Spot AC Ratio	03/02/201	Begin	C Increase C	Destonat	Stop 1			1
Pneumovax Spot AC Ratio	03/02/201	1 C Begin	C Increase C	Deciense	crop (			1
Inicral Strip     Pneumovax     Spot AC Ratio     TSH     Venipuncture	03/02/201	1 Begin	Increase C	/e	Import Current	Insulin Pu	mp   Cor	marinas of Human Japulia
Micrai strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment	03/02/201	1 Gegin	Increase C	/e	Import Current	Insulin Pu	mp Cor	nparison of Human Insulin
Micrai Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dx1	03/02/201	1 C Begin	Increase C	/e	Import Current	Insulin Pu	mp Cor Con	nparison of Human Insulin Iditions - Glycemic Control
Preumovax Preumovax Spot AC Ratio TSH Venipuncture sessment Dx1 Dx2	03/02/201	New SQ Inst	Increase C	ve	Import Current	Insulin Pu	mp Cor Con	nparison of Human Insulin Iditions - Glycemic Control Drugs - Glycose Levels
Titrai Strip Pneumovax Spot AC Ratio TSH Venipuncture Ssessment Dx1 Dx2 Dx3	03/02/201	New SQ Inst	lin Dose Sa		Import Current	Insulin Pu	mp Cor Con	nparison of Human Insulin Iditions - Glycemic Control Drugs - Glucose Levels Basal/Bolus Insulin
Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dx1 Dx2 Dx3 Chronic Co	03/02/201	New SQ Inst	Increase C		Import Current	Insulin Pu	mp Cor Con	nparison of Human Insulin Iditions - Glycemic Control Drugs - Glucose Levels Basal/Bolus Insulin Incretins
Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dx1 Dx2 Chronic Co	nditions.	New SQ Inst New SQ Inst You MUST	Increase C	ve	Import Current	Insulin Pu	mp Cor Con	nparison of Human Insulin Iditions - Glycemic Control Drugs - Glucose Levels Basal/Bolus Insulin Incretins Byetta

• In the list of **Navigation Buttons** at the right hand side of the **Plan Template**, the second button is entitled **Consortium Data Set**, click on that button. This will launch a pop up window titled "PCPI Diabetes Management". The Diabetes Management is a means of measuring diabetes care given by a provider. The data points are taken from the Physician Consortium for Performance Improvement (PCPI). Additional functionality has been added to make it easier to provide diabetes care right rather than not at all.

as the natient	had a Hemooloh	in A1c within the last ve	ar?	Yes	Order HobA1c
Date of La	st 02/22/2012			100	
las the patient	had a Lipid Profi	le witin the last year?		Yes	Order Lipid Profile
Date of La	st 11/15/2012				
las the patient	had a Urinalysis	within the last year?		No	Order Urinalysis
Date of La	st //	Ordered	Today		
ias the patient	had a dilated ey	e exam within the last y	ear?	No	Add Referral Below
Date of La	st 06/16/2008				
las the patient	had a flu shot w	ithin the last year?		No	Order Flu Shot
Date of La	st 11/28/2012			and the	and the second
Has the patient	had a 10-gram n	nonofilament exam with	in the last year?	No	Click to Complete
Date of La	st 02/07/2011				
is the patient or is the patie	Aspinn? Int allergic to asp	irin? 🍜 Yes	C Na	No	Add Medication Below
Today's Bl	ood Pressure	130 / 85			
Does the patier	t have at least o	ne visit schedule for the	e next six months?		Follow-Up Visit
las the Diabete	es Treatment Plan	been completed with I	he last year?	Yes	Click to Complete
Date Last		20/2012			
Refe	errals	Double-Click to Add/	Edit Active Med	dications E	ouble-Click to Add/Edit
Re	ferral	Date	Brand Nam	ne	Dose 🔺
11					400 mg/20 m (20 mg/mL)
			ALLEGRA		60 mg

Upon completing the evaluation and treatment of a patient with diabetes, the provider can launch the PCPI measure set function. The measures which are done appear in black; those which are not done appear in red. For any metrics which are not completed, the button to the right can be clicked. Depending upon the metric, the provider will be taken to the point in the EMR where that element is documented such as in the Foot examination or in the case of a lab test, the clicking of the button will order the test, send it to the lab, send it to charge posting and place the order on the chart.

In addition to the PCPI diabetes data set, SETMA also tracks:

- The HEDIS Diabetes set
- The PQRS Comprehensive Diabetes Data set
- The Joslin Diabetes Data set
- The NCQA Diabetes Data Set this differs from the HEDIS measurement set although it is also produced by NCQA.
- The Bridges to Excellence Diabetes Measurement set.
- National Quality Forum Comprehensive Diabetes Measurement Set
- AQA Diabetes Measurement Set

Those will be learned elsewhere.

#### The Physician Consortium for Performance Improvement

The Physician Consortium for Performance Improvement (PCPI) is a group of clinical and methodological experts convened by the AMA. The Consortium includes representatives from more than 60 national medical specialty and state medical societies, the Agency for Healthcare Research and Quality, and the Centers for Medicare and Medicaid Services.

The Consortium's vision is to fulfill the responsibility of physicians to patient care, public health, and safety by:

- becoming the leading source organization for evidence-based clinical performance measures and outcomes reporting tools for physicians; and
- ensuring that all components of the medical profession have a leadership role in all national forums seeking to evaluate the quality of patient care.

The Consortium's mission is to improve patient health and safety by:

- identifying and developing evidence-based clinical performance measures that enhance quality of patient care and that foster accountability;
- promoting the implementation of effective and relevant clinical performance improvement activities; and
- advancing the science of clinical performance measurement and improvement.

The Consortium works to develop evidence-based clinical performance measures and clinical outcomes reporting tools to support physicians in quality improvement efforts.

The Consortium has published a number of disease management data sets which established quality of care measures with which physicians and other healthcare providers can measure their own performance.

#### The 9 data points which are automatically captured and documented by SETMA's Diabetes Suite of Templates, and, which are collected and displayed on the Consortium Data Set pop-up on the Diabetes Plan, are the quality measures for diabetes developed by the Consortium.

These 9 data points are the basis along with several other data points of SETMA's **Daily Diabetes Care Audit**. These data points are:

- 1. Collected automatically
- 2. Provide a quick and easy review for the SETMA healthcare provider to evaluate his/her own Diabetes care.
- 3. Provide a quick and easy way of completing the Diabetes measures required if they were not completed.
- 4. Attention to these data points places in you line for additional reimbursement when CMS begins paying providers for performance in the coming years.
- 5. The Consortium material should be completed by the nursing staff and reviewed by the provider.

SETMA employs two definitions in quality metrics analysis:

- A "cluster" is seven or more quality metrics for a single condition, i.e., diabetes, hypertension, etc.
- A "galaxy" is multiple clusters for the same patient, i.e., diabetes, hypertension, lipids, CHF, etc.

SETMA believes that fulfilling a single or a few quality metrics does not change outcomes, but fulfilling "clusters" and "galaxies" of metrics which are measurable at the point-of-care can and will change outcomes. The following illustrates the principle of a "cluster" of quality metrics. A single patient, at a single visit, for a single condition, will have eight or more quality metrics fulfilled for a condition, which WILL change the outcome of that patient's treatment.



# A "Cluster" -- Multiple Metrics on a Single

The following illustrates a "galaxy" of quality metrics. A single patient, at a single visit, may have as many as 60 or more quality metrics fulfilled in his/her care which WILL change the quality of outcomes and will result in the improvement of the patient's health. And because of the improvement in care and health, the cost of that patient's care will be decreased as well.



SETMA's model of care is based on the concepts of "clusters" and "galaxies" of quality metrics. Foundational to this concept is that the fulfillment of quality metrics is incidental to excellent care rather than being the intent of that care.

#### The Elements of the Consortium Data Set for Diabetes

#### Hemoglobin A1C -

- The standard is that the patient has had a Hemoglobin A1C in the last year or has one at this visit.
- The date of the last Hgb A1C is displayed on this template.
- If this data point is out of date, a button will appear to the right of the date box.
- When you depress this button you will automatically order and charge post a Hgb A1C, making it easier to do it right than not to do it at all.

las the patient had Date of Last	1 a Hemoglobin A 02/22/2012	1c within the last year?	Yes	Order HgbA1c
las the patient had	a Lipid Profile w	vitin the last year?	Yes	Order Lipid Profile
Date of Last	11/15/2012			
las the patient had	f a Urinalysis wit	hin the last year?	No	Order Urinalysis
Date of Last	11	Ordered Today		
as the patient had	i a dilated eye ex	am within the last year?	No	Add Referral Below
Date of Last	06/16/2008			
las the natient ber	t a flu shot with	the last year?	No	Order Flu Shot
Date of Last	11/28/2012	rais and your	1.110	
Date of Last				
has the patient had	02/07/2044	ofilament exam within the	last year? No	Click to Complete
Date of Last	02/01/2011			
Is the patient a s the patient's bloc	allergic to aspirin id pressure cont	? • Yes • Yes • Yes • • • • • • • • • • • • • • • • • • •	No.	]
Today's Blood	Pressure	130 / 85		
Does the patient ha	ave at least one v	visit schedule for the next	six months?	Follow-Up Visit
Has the Diabetes T	reatment Plan be	en completed with the las	st year? Yes	Click to Complete
Date Last Com	pleted 02/28/2	2012		
Referra	als	Double-Click to Add/Edit	Active Medications	Double-Click to Add/Edit
Referr	al	Date	Brand Name	Dose 🔺
			ACTEMRA	400 mg/20 m
			ALLEGRA	(20 mg/mL) 60 mg
				40
			AQUATAB C	10 mg-30 👻

#### Fasting Lipid Profile Current -

- The standard is that there has been a Lipid Profile in the last year or one has been done today.
- If the Lipid Profile is out of date, the order button will appear to the right of the date box which when depressed will order and charge post a Lipid Profile.
- If the patient has not fasted for twelve hours, a Lipid panel should be ordered by the <u>Future</u> Labs Template.

Diabetes is an independent risk factor for cardiovascular disease, as is LDL. In addition to limb, renal function and vision preservation, the careful treatment of diabetes is necessary to mitigate the cardiovascular risk burden placed on a patient's life by their having diabetes. Part of the optimal care of patients with diabetes is the calculation of their Framingham Risk Scores and the discussion with them of their "What IF" scenarios. They can be found at

#### Framingham Cardiovascular Risk Assessment

Several of the scores include the presence or absence of diabetes and one score which is derived from the Framingham data entitled Global Cardiovascular Risk Score includes the Hemoglobin A1c value as an element of the score's calculation.

s the patient ha	d a Hemoglobin	A1c within the last year?	Yes	Order HgbA1c
Date of Last	02/22/2012			
as the patient ha	d a Lipid Profile	witin the last year?	Yes	Order Lipid Profile
Date of Last	11/15/2012			
as the patient ha	d a urinalysis W	thin the last year?	No	Order Urinalysis
Date of Last	11	Ordered Tod	ay	
as the patient ha	d a dilated eye a	exam within the last year'	No	Add Referral Below
Date of Last	06/16/2008			
as the patient ha	d a flu shot with	iin the last year?	No	Order Flu Shot
Date of Last	11/28/2012			
as the option! he	d a 10 ocan ma	nofilement avem within th	e last veer?	Click to Complete
Date of Last	02/07/2011	no manient exam within th	e idat years	Click to Complete
the patient's bloc Today's Blood	allergic to aspiri od pressure cor I Pressure	130 ( 85	No	
oes the patient h	ave at least one	visit schedule for the ne	xt six months?	Follow-Up Visit
as the Diabetes 1	reatment Plan t	been completed with the I	ast year? Yes	Click to Complete
	-1-			
Referr	als	Double-Click to Add/Edit	Brand Name	
Releft	ai	Date	ACTEMRA	400 mg/20 m
				(20 mg/mL)
			ALLEGRA	60 mg
			A OLIATAB C	10 mg 30 -

In addition, the calculation of the Cardiometabolic Risk Syndrome assessment for each patient with diabetes is important. The tutorial for that calculation is found at:

#### Metabolic Syndrome Tutorial

The Cardiometabolic Risk Syndrome has been known at one time or another by the following names:

- Syndrome X
- Metabolic Syndrome
- Insulin Resistance Syndrome

In SETMA's tutorial for the Cardiometabolic Risk Syndrome, the following chart appears which shows the progression from pre-diabetes to diabetes. It shows the elements of that progression.



In the EMR, each of the underscored elements in blue are hyperlinks and can be accessed for information on the contribution of each of the elements to the progression to diabetes. The following are the documents which are deployed when each of these buttons are clicked:

The button entitled Progression Evaluation when accessed deploys the following. When used in the EMR, the template is automatically populated with the HbA1c and the Fasting Blood Glucose to calculate the stage toward the development of diabetes.

Pro	gression to DM B	Evaluation
HbA1C 6.3 % FPG 108 mg/dL View Algorithm	Calculate >>	Stage         Stage III - Type 2 Diabetes Mellitus         Insulin Resistance         Moderate         Insulin Levels         Mildly Increased or Normal         Treatment         Insulin Sensitizer
	OK Can	cel

The following is deployed with you click on the button entitled View Algorithm and it defines the stages of progression to diabetes.

# Progression of Type II Diabetes

	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Factors	Normal Glucose Tolerance	Impaired Glucose Tolerance/ Impaired Fasting Glucose	Type 2 Diabetes Mellitus	Type 2 Diabetes Mellitus	Type 2 Diabetes Mellitus
HgbA1C	< 5.5 %	5.5 - 6.1 %	6.2 - 7.5 %	7.6 - 10.0 %	> 10.0 %
Fasting Glucose	< 110 mg/dL	110 - 125 mg/dL	126 - 160 mg/dL	161 - 240 mg/dL	> 240 mg/dL
Insulin Resistance	Moderate	Moderate	Moderate	Moderate to Severe	Severe
Insulin Levels	Highly Increased	Moderately Increased	Slightly Increased to Normal	Mildly to Moderately Decreased	Highly Decreased
Treatment	Diet + Exercise	Diet + Exercise	Insulin Sensitizer	Insulin Sensitizers + Insulin Secretagogue	Insulin Sensitizers + Insulin
		ОК	Cancel		

The next PCIP measure is for urinalysis.

#### Urinalysis Current -

- The standard is that a urinalysis with microscopic examination and protein analysis is done at least once a year.
- If the date box indicates that the urinalysis is "out of date," a button will appear.
- When depressed a urinalysis will be ordered and charged posted and sent to the lab.

Dete of	nt had a Hemoglo	bin A1c within the last year	? Yes	Order HgbA1c
Date of	nt had a linid Dro	file within the last year?	Ves	Order Linid Profile
Date of	ast 11/15/201	2	103	order cipia rionic
as the patie	nt had a Urinalysi	s within the last year?	No	Order Urinalysis
Date of	Last //	Ordered Too	lay	
as the patie	ill had a dilated e	ye exam within the last yea	R No	Add Referral Below
Date of	ast 06/16/200	8		
as the patie	nt had a flu shot	within the last year?	No	Order Flu Shot
Date of	ast 11/28/201	2		
is the patie	nt had a 10-gram	monofilament exam within t	he last year? No	Click to Complete
Date of	Last 02/07/201	1		
the patient is the patient the patient Today's	on Aspinn? tient allergic to as s blood pressure Blood Pressure	spirin? • Yes controlled (<130/80 mmHg) 130 / 85	C Na 7 No	Add Medication Below
bes the pat is the Diab Date Lat	ent have at least etes Treatment Pl st Completed 02	one visit schedule for the m an been completed with the 2/28/2012	ext six months?	Follow-Up Visit
R	eferrals	Double-Click to Add/Ed	t Active Medications	Double-Click to Add/Edit
F	teferral	Date	Brand Name	Dose 🔺
			ACTEMRA	400 mg/20 m
-				(20 mg/mL)
			ALLEGRA	60 mg

Preservation of renal function is so important in patients with diabetes, SETMA has created a disease management tool for renal disease from the National Kidney Foundation's published standards of kidney care. The following link will take you to the tutorial for that tool.

#### Renal Tutorial

The following is the Evaluation of Chronic Renal Failure from that management tool. When completed, this will give the provider the stage of renal disease.

Eva	Iuation of Chronic Rena Review of Systems Decreased GFR	l Failure	Return
Modifiable Risk Factors         Anemia         Cardiovascular disease         Decreased nitric oxide         Depression/poor mental health         Diabetes         Drug toxicity         Dyslipidemia         Elevated angiotensin II         Elevated/persistent proteinuria         Hyperaldosteronism         Hypertension         Increased endothelin         Infection/Inflammation	Lack of awareness Lower urinary tract obstruction Menopause Nutrition (high protein/high phosphate diet) Oxidative stress Poor glycemic control in diabetes Poor physical functioning Smoking Systemic infections Thrombogenic factors Uremic toxins Urinary stones Urinary tract infections Vocational disability	Non-modifiable Risk Factors Age Autoimmune diseases Ethnicity (African-American, American Indian, Hispanic, Asian, Pacific Islander) Exposure (chemical/environmental) Family history of kidney disease Low birth weight Low income/education Neoplasm Recovery from acute kidney failure Reduction in kidney mass Renal transplant	Information Kidney Structure Kidney Function Testing Categories of Testing Chronic Kidney Disease HBP and CKD Nephrotoxic Drugs
Total 0 Mc 0 No	Classification of Risk Fac           odifiable         0         Class I         0           n-modifiable         0         Class II         0	Stage of Kidney Disease       Class III       Class IV	

Uncontrolled diabetes is the most common cause of renal failure in the United States. Routine urinalysis is the first step in anticipating renal impairment.

### Eye Exam Current -

- The standard is that a dilated eye examination by an ophthalmologist is done annually on all patients with diabetes.
- If the date box indicates that there has not been a dilated eye examination in the past year, the referral template can be access at the bottom of the screen to complete a referral to an ophthalmologist.

	d a Hemoglobin	A1c within the last year?	Yes	Order HgbA1c
Date of Last	02/22/2012			
las the patient ha	id a Lipid Profile	witin the last year?	Yes	Order Lipid Profile
Date of Last	11/15/2012			
las the patient ha	id a Urinaliysis w	/ithin the last year?	No	Order Urinalysis
Date of Last	11	Ordered Today	V.	And a second second second
as the patient ha	id a dilated eye	exam within the last year?	No	Add Referral Below
Date of Last	06/16/2008		10 44	
las the patient ha	id a flu shot wit	hin the last year?	No	Order Flu Shot
Date of Last	11/28/2012			
ias the patient ha	id a 10-gram mo	nofilament exam within the	last year? No	Click to Complete
Date of Last	02/07/2011			
s the patient on A Is the patient	spinn? allergic to aspir	in? • Yes •	No	Add Medication Below
r me patienti S Dio	od higsanig co	nu vieu (s tation (ninitg)?	NO	
Today's Bloo	d Pressure	130 / 85		
loes the patient f	nave at least on	e visit schedule for the next	t six months?	Follow-Up Visit
	Treatment Plan	been completed with the las	st year? Yes	Click to Complete
as the Diabetes		3/2012		
as the Diabetes Date Last Co	mpleted 02/28	and the second s		
las the Diabetes Date Last Co 	mpleted 02/2	Double-Click to Add/Edit	Active Medications	Double-Click to Add/Edit
as the Diabetes Date Last Co Refer	rals	Double-Click to Add/Edit	Active Medications Brand Name	Double-Click to Add/Edit
as the Diabetes Date Last Co Refer	npleted 02/2i rais rai	Double-Click to Add/Edit	Active Medications Brand Name ACTEMRA	Double-Click to Add/Edit Dose 400 mg/20 m
as the Diabetes Date Last Co Refer	npleted 02/2i rals	Double-Click to Add/Edit	Active Medications Brand Name ACTEMRA ALLEGRA	Double-Click to Add/Edit Dose 400 mg/20 m (20 mg/mL) 60 mg

#### Flu Shot Current -

- The standard is that a flu shot has been given each year to patients with diabetes.
- If the flu shot has not been given in the past year, there will be a button which allows you to indicate that a flu shot is being ordered for today.
- If you depress this button, it is necessary also to complete the Immunization Template for a flu shot and to tell your nurse to give the flu shot.

as the patient had	d a Hemoglobin	A1c within the last year?	Yes	Order HgbA1c
Date of Last	02/22/2012			
Has the patient had	d a Lipid Profile	witin the last year?	Yes	Order Lipid Profile
Date of Last	11/15/2012			
Has the patient had	d a urinalysis v	/ithin the last year?	No	Order Urinalysis
Date of Last	11	Ordered Toda	y.	
Has the patient has	1 a dilated eve	exam within the last year?	No	Add Referral Below
Date of Last	06/16/2008		1	
Has the natient hav	t a flu shot wit	in the last year?	No	Order Elu Shot
Date of Last	11/28/2012	line and then the	110	
NAME OF COMMENT				Clinit to Complete
Date of Last	02/07/2011		e idal years NO	Click to complete
is the patient on As	spinn? allergic to aspir	in? 💽 Vac C	No	Add Medication Below
is the natient's bloc	nd pressure co	ntrolled (<130/80 mmHo)?	No	
	-			
loday's Blood	Pressure	130 / 85		
	-			
	2.0. X			Follow Up Viet
Does the patient h	ave at least on	e visit schedule for the nex	ct six months?	Follow-op visit
Has the Diabetes 1	reatment Plan	been completed with the la	ist year? Yes	Click to Complete
Date Last Con	npleted 02/2	3/2012		
Referra	als	Double-Click to Add/Edit	Active Medications	Double-Click to Add/Edit
Referr	al	Date	Brand Name	Dose 🔺
_			ACTEMRA	400 mg/20 m
			ALLEGRA	(20 mg/mL) 60 mg
			- TERE OF CA	oo nig
			AQUATAB C	10 mg-30 👻

#### Foot Exam Current -

- The standard of care is that a thorough foot examination be completed at least once a year and at every visit for patients with diabetes.
- This foot examination must include:
  - A visual inspection of the foot and especially the skin between the toes.
  - An examination of the pulses in the foot.
  - A 10-gram monofilament examination of the sensory capacity of the foot.
  - An examination of the nails.
- If a foot examination has not been done, a button will appear which when depressed will take you right back to the Foot Exam on the Diabetes Suite of Templates allowing you to quickly and easily complete that required examination.

las the natient had a	a Hemoolohin A	A1c within the last yes	ar?	Yes	Order HobA1c
Date of Last	02/22/2012	the training are just yet		103	order rigberte
Has the patient had a	a Lipid Profile	witin the last year?		Yes	Order Lipid Profile
Date of Last	11/15/2012			the state	
Has the patient had a	a Urinalysis w	thin the last year?		No	Order Urinalysis
Date of Last	11	Ordered To	oday		
Has the patient had a	a dilated eye e	xam within the last ye	ar?	No	Add Referral Below
Date of Last	06/16/2008			the second	
Has the patient had a	a flu shot with	in the last year?		No	Order Flu Shot
Date of Last	11/28/2012			And a state of the	
Has the patient had a	a 10-oram mor	iofilament exam within	the last year?	No	Click to Complete
Date of Last	02/07/2011				Contract of the owned with the
a longe the state of the state of the	-			-	The state of the s
s the patient's blood Today's Blood P	pressure con Pressure	trolled (<130/80 mmHg 130 / 85	))? <sup>.</sup>	No	
is the patient's blood Today's Blood F Does the patient hav Has the Diabetes Tre Date Last Comp	Pressure con Pressure	visit schedule for the een completed with th	next six months?	No Yes	Follow-Up Visit
is the patient's blood Today's Blood P Does the patient hav Has the Diabetes Tre Date Last Comp	Pressure Con Pressure	visit schedule for the een completed with th [2012]	next six months? le last year?	No Yes	Follow-Up Visit Click to Complete
is the patient's blood Today's Blood F Does the patient hav Has the Diabetes Tre Date Last Comp Referral:	Pressure con Pressure re at least one eatment Plan b leted 02/28	trolled (<130/80 mmHg 130 / 85 130 / 85 visit schedule for the een completed with th 2012 Double-Click to Add/E	next six months? e last year?	No Yes	Follow-Up Visit Click to Complete Double-Click to Add/Edit
is the patient's blood Today's Blood P Does the patient hav Has the Diabetes Tre Date Last Comp Referral: Referral	Pressure Con Pressure re at least one eatment Plan b leted 02/28	visit schedule for the een completed with th 2012 Double-Click to Add/E Date	next six months? e last year? dit Active Med	Yes lications (	Follow-Up Visit Click to Complete Double-Click to Add/Edit Dose 400 mg/20 r (20 mg/20 r)
is the patient's blood Today's Blood P Does the patient hav Has the Diabetes Tre Date Last Comp Referral: Referral	Pressure Con Pressure re at least one eatment Plan b leted 02/28	trolled (<130/80 mmHg 130 / 85 130 / 85 visit schedule for the een completed with th 2012 Double-Click to Add/E Date	inext six months? ine last year? idit Active Med Brand Nam ACTEMRA ALLEGRA	No Yes lications (	Follow-Up Visit Click to Complete
is the patient's blood Today's Blood P Does the patient hav Has the Diabetes Tre Date Last Comp Referral: Referral	Pressure Con Pressure we at least one eatment Plan b leted 02/28	visit schedule for the een completed with th 2012 Double-Click to Add/E	inext six months? ie last year? idit Active Med Brand Nam ACTEMRA ALLEGRA AQUATAB	Ves lications ( e	Follow-Up Visit Click to Complete

#### Semmes-Weinstein 5.07 (10 g) Monofilament Examination Last Performed 02/07/2011 Procedures 1. Have the patient look away or close his or her eyes. 2. Hold the filament perpendicular to the skin. 3. Avoiding any ulcers, calluses, or sores, touch the monofilament to the skin until it bends. 4. Hold in place for approximately 1.5 seconds, and then gently remove it. 5. Randomly test the sites listed below. 6. Elicit a response form the patient at each site. Lack of sensation at any site may indicated diabetic neuropathy. The monofilament may be cleaned with 1:10 sodium hypochlorite solution if contaminated with blood or body fluids High Risk Areas (P=sensation present, A=sensation absent, D=sensation diminished) Right Left Right Left CPODCA Heel CPCDCA CPCDCA CPCDCA CPCDCA CPCDCA Toe Pulps 1 2 3 4 5 OPODOA Foot OPODOA OPODOA Metatarsal Heads 1 2 3 4 5 OPODOA ОК Cancel

#### **Monitor Blood Pressure** –

- The standard is that the patient's blood pressures should be measured at every visit.
- The box beside the name "blood pressure," does not contain the date as the standard is "every visit," but it documents today's blood pressure.
- If the blood pressure is higher than the standard for blood pressure care for a patient with diabetes, the blood pressure value will be in red.
- The blood pressure standard for patients with diabetes less than 130/80 mmHg.
- Many diabetologists argue that blood pressure control is more important than blood sugar control for avoiding the complications of diabetes.

as the han	ent had a Hemoclek	in A1c within the last year?	Vee	Order HobA1c
Date of	Last 02/22/2012		103	order hyperte
las the pati	ent had a Lipid Prof	ile witin the last year?	Yes	Order Lipid Profile
Date of	Last 11/15/2012	2		
las the pati	ent had a Urinalysis	within the last year?	No	Order Urinalysis
Date of	Last //	Ordered Today		
as the pati	ent had a dilated ey	e exam within the last year?	No	Add Referral Below
Date of	Last 06/16/2008	3		
as the pati	ent had a flu shot v	vithin the last year?	No	Order Flu Shot
Date of	Last 11/28/2012	2		
ian the only	and had a 18 prom	monofilement even within the la	et usar?	Click to Complete
Date of	Last 02/07/2011	nonomanient exam within the is	ar years no	Click to complete
Dure of			[ He ]	
s une peoen	t on Aspinn?		no	Add Medication Below
s the patien	t's blood pressure (	controlled (<130/80 mmHg)?	No	
Today's	Blood Pressure	130 / 85		
	tient have at least r	one visit schedule for the port o	ix months?	Follow-Up Visit
nes the ne	non nuto al least t	ine their serieune for the next s		
loes the pa				
oes the pa	also Tanahara ( Di	a base in milded with the last	Vee	Click to Complete
loes the pa las the Diat	petes Treatment Pla	n been completed with the last	year? Yes	Click to Complete
oes the pa las the Diat Date La	petes Treatment Pla	n been completed with the last /28/2012	year? Yes	Click to Complete
las the Diat Date La	betes Treatment Pla ist Completed 02 leferrals	n been completed with the last 128/2012 Double-Click to Add/Edit	year? Yes Active Medications	Click to Complete
las the Diat Date La R	oetes Treatment Pla est Completed 02 leferrals Referral	n been completed with the last /28/2012 Double-Click to Add/Edit Date	year? Yes Active Medications D Brand Name	Click to Complete
las the Diat Date La R	betes Treatment Pla ist Completed 02 leferrals Referral	n been completed with the last /28/2012 Double-Click to Add/Edit Date	Active Medications D Brand Name ACTEMRA	Click to Complete
loes the pa as the Diat Date La R	betes Treatment Pla Ist Completed 02 Deferrals Referral	n been completed with the last /28/2012 Double-Click to Add/Edit Date	year? Yes Active Medications Brand Name ACTEMRA ALLEGRA	Click to Complete
las the Diat Date La	betes Treatment Pla ist Completed 02 Referrals Referral	n been completed with the last /28/2012 Double-Click to Add/Edit Date	Year? Yes Active Medications D Brand Name ACTEMRA ALLEGRA AQUATAB C	Click to Complete

#### Ensure the patient has at least two office visits per year -

- The standard of this measure is indicated in its name.
- Enter the timeframe for a follow-up within the next six months to fulfill this measure.
- The patient's follow-up instructions are documented here.

PCPI Diabete	s Management	p.
fas the patient had a Hemoglobin A1c within the last year?	Yes	Order HgbA1c
Date of Last 02/22/2012		
as the patient had a Lipid Profile witin the last year?	Yes	Order Lipid Profile
Date of Last 11/15/2012		
as the patient had a urinalysis within the last year?	No	Order Urinalysis
Date of Last / / Ordered Today	1	
as the patient had a dilated eye exam within the last year? Date of Last 06/16/2008	No	Add Referral Below
as the patient had a flu shot within the last year?	No	Order Flu Shot
Date of Last 11/28/2012		
as the patient had a 10-gram monofilament exam within the	last year? No	Click to Complete
Date of Last 02/07/2011		
the patient's blood pressure controlled (<130/80 mmHg)? Today's Blood Pressure	No	
oes the patient have at least one visit schedule for the next	six months?	Follow-Up Visit
Date Last Completed 02/28/2012		
Referrals Double-Click to Add/Edit	Active Medications	Double-Click to Add/Edit
Referral Date	Brand Name	Dose 🔺
	ACTEMRA	400 mg/20 m (20 mg/mL)
<u>.</u>		10 mg-30 -
ок	Cancel	

# Diabetes - Disease Management

#### Is the patient on Aspirin? -

- The standard is that every patient who has diabetes should be on aspirin, unless there is a contraindication.
- Aspirin is so important because of the increased inflammatory and prothrombotic state of all patients with diabetes that it is asked about on:
  - 1. The Diabetes Master Template (see below),
  - 2. The Diabetes Plan Template
  - 3. The Diabetes Management template as an element of the Consortium data set.
- There are check boxes for saying that the patient is or is not on Aspirin.
- These check boxes are interactive with the check boxes on the Master template and the Plan template.
- If the patient has a contraindication for aspirin, it should be documented on this template.
- The acceptable contraindications are concurrent treatment with the following medications or one of the listed complications:
  - o Aggrenox
  - o Allergic
  - o Bleeding
  - o Coumadin
  - o Patient Refuses
  - o Plavix

as the natient ha	d a Hemoolobic	A1c within the last year?	Vee	Order HohA1c
Date of Last	02/22/2012		163	
as the patient ha	d a Lipid Profile	witin the last year?	Yes	Order Lipid Profile
Date of Last	11/15/2012			
las the patient ha	d a Urinalvsis v	- vithin the last year?	No	Order Urinalysis
Date of Last	11	Ordered Today	1	
as the natient ha	d a dilated eve	exam within the last year?	No	Add Referral Below
Date of Last	06/16/2008	]		
lee the nationt ha	d a flu shot wit	tin the last wear	lin	Order Elu Shet
Date of Last	11/28/2012	Internet and Learly	NO	
Date of Last	1 - 10			
ias the patient ha	d a 10-gram mi	phoniament exam within the i	last year? No	Click to Complete
the patient on Av Is the patient today's Blood	epirm? allergic to aspi	nin? • Yes •	No	Add Medication Below
Today's Blood	o2/07/2011 spirm? allergic to aspir I Pressure	nin? • Yes •	No	Add Medication Below
Today's Blood	12/0/22/011 spirin ? I Pressure	rin? Yes C	No IIO	Add Medication Below
Today's Blood	I Pressure	nn? Ves C	No Ho sóx months?	Add Medication Below
Today's Blood	I Pressure	nn? Yes C	No IIO six months? t year?Yes	Add Medication Below Follow-Up Visit Click to Complete
Does the patient of Asi Today's Blood Does the patient h tas the Diabetes T Date Last Cor	I Pressure ave at least on rreatment Plan npleted 02/2	rin? Yes C	No IIO	Add Medication Below Follow-Up Visit Click to Complete
Care for ASI is the patient on Ad Is the patient Today's Blood Does the patient h fas the Diabetes T Date Last Cor Referr	I Pressure ave at least on Freatment Plan npleted 02/2	in? Yes C	No Ho six months? t year? Yes Active Medications	Add Medication Below Follow-Up Visit Click to Complete Double-Click to Add/Edit
Today's Blood Today's Blood Does the patient h las the Diabetes T Date Last Cor Referr Referr	I Pressure ave at least on I reatment Plan Inpleted 02/2 als al	nin? Yes C 130 / 85 e visit schedule for the next been completed with the las 8/2012 Double-Click to Add/Edit Date	No IIO No V V V V V V V V V V V V V V V V V V	Add Medication Below Follow-Up Visit Click to Complete Double-Click to Add/Edit Dose
Does the patient of Asi Does the patient h tas the Diabetes T Date Last Cor Referr	I Pressure ave at least on reatment Plan npleted 02/2 als al	nn? Yes C	No	Add Medication Below Follow-Up Visit Click to Complete S Double-Click to Add/Edit Dose 400 mg/20 m (20 ms/c0 m)
Does the patient of Asis Today's Blood Does the patient h Has the Diabetes T Date Last Cor Referr	I Pressure ave at least on reatment Plan npleted 02/2 als al	in? Yes C	No	Add Medication Below
Care for ASI Is the patient on Ad Is the patient Today's Blood Does the patient h das the Diabetes T Date Last Cor Referr	I Pressure ave at least on freatment Plan npleted 02/2 als	in? Yes C	No	Add Medication Below

Once these elements have been checked and it only takes a few seconds, the documentation of excellence in diabetic care based on the consortium data set has been completed. In two years, when Medicare starts paying providers for performance, the completion of the Consortium Data Set will qualify you for increased reimbursement from Medicare.

#### **Diabetes Patient Adherence**

SETMA also tracks the **adherence of patients with Diabetes**. There are 7 data points which are tracked. These data points are displayed on a pop-up which is launched by a button entitled **Patient Adherence** which is found on the **Diabetes Plan** beneath the Consortium Data Set button.

These compliance data points must be manually documented on each visit. The compliance materials should be completed by the nursing staff. This is also part of SETMA's diabetes care audit. The data points are:

- Adherent with medication?
- Adherent with Follow-up?
- Adherent with Diet?
- Adherent with Education?
- Adherent with Exercise?
- Patient sees an endocrinologist? Outside physician?
  - o Yes/No
  - o If yes, list the physician below (a pop-up gives the names of endocrinologists)

Aeal Requirements	Calc Diabetes P	lan		Return
Total Daily Dose	Diabetes Comply			separtium Date Set
Basal Requirement I aboratory & Proced Indering Provider	Diabetes Patient /	Adherence		Patient Adherence
□ BMP	Adherent with Medications?	C Yes C No	Soals Fol	llow Up Document
C-Peptide Creatinine	Adherent with Follow-Up?	C Yes C No		Document
EKG	Adherent with Diet?	C Yes C No	ng Last Referral	-
Flu Shot Fructosamine	Adherent with Education?	C Yes C No	Rule Out	
Hepatic Profile HgbA1C	Adherent with Exercise?	C Yes C No	o/rosi/troglitazone r	regimen
Lipid Profile w/LD				Double-Click to View/Add
Magnesium Micral Strip Pneumovax	Patient sees an endocrinologist / outside	e physician for diabetic care? Io	to mg	Brand Name
Spot AC Ratio	If so, list the physician below.		1	
Venipuncture			sulin Pump	Comparison of Human Insulin
by1	ок	Cancel		Conditions - Glycemic Control
2				Drugs - Glucose Levels
0x3				Basal/Bolus Insulin
Chronic Cr	additions	and the second descent second		Incretins
- chronic ct	You MUST click "Save" above	after entering new insulin informat	tion	Byetta
	EM Coding Sliding Scale	Insulin Over Time		Actions: Byetta

Now click Ok, and it takes you back to the Diabetes Plan template.

#### Back to the Diabetes Master Template

On the Diabetes Master Template It will be noted that like all SETMA templates, which are built on NextGen's platform, they appear with the following at the top of each template:

- Title Bar
- Menu Tool Bar
- Top Tool Bar

NOTE: For more information on NextGen Toolbars, Click Here.

Beneath the Top Tool Bar there are **three lines of functions** before getting to the main Diabetes management tool; they are:

- 1. A line in which the patient's type of diabetes is documented.
  - a. On this line there are check boxes for Type 1, Type 2, GDM (Gestational Diabetes Mellitus), "pre-Diabetes and a button for "Other."
  - b. When depressed the "Other" launches a pop-up which 28 forms, types or presentations of diabetes.
  - c. One of the first four, or one of the last 24 types of diabetes should be documented as the type of diabetes this patient has.

Dia	hotos	Manag	omon		Diabetes S	ince Patient	Robert	Test	Jr	
Type I 🛈	Type II	GDM C P	e-Diaheta	s Other M	onth 5 Vear	2001 A	ge 42	2 Sex	M	Navigation
Insti	Treatme	opin Th	imp Diabe	tes Concepte	- rou					Oiabetes C General
Diagnostic	Criteria S	Screening C	riteria E	videnced-Base	ed Recs	Current	-requency Daily	OT SMBG		Home
Adherence	-					1	Duty			Diab Sys Review
Dental Care		11	Smoker	E-mail (	+ 🗭 -	Most Recent I	abs Ch	eck for Nev	/ Labs	Diabetic History
Dilated Eye	Exam 0	0/10/2006	Metaboli	c Syndrome	+ 🖲 -	HoA1C	8.0	02/22/20	12	
Flu Shot	-	1/04/2011	Framinal	am Diek Seneer		Previous	8.2	01/01/20	12	Eye Exam
Foot Exam	0	2/07/2011	Tanwiyi	MIII NEK SCOres				11		Nasopharynx
Monofilame	int U	2/07/2011	10-Ye	ar General Risk	7.9 %	<u>eAG</u>	182			Cardio Exam
HgbA1C	0.	2/22/2012	10-Ye	ar Stroke Risk	2 %	Mean Plasma G	ucose	207.5	Insulin	
Pneumovax	¢	3/02/2011	Global	Cardio Score	4.4 pts	C-Peptide	-	11		Foot Exam
Urinalysis	1	Van G Ha	Weight N	fanagement Lip	ids Managemen	t Fructosamine		11		Neurological Exam
Aspirin	6	Ves C No	HPT Man	agement Imr	nunizations	Cholesterol	212	11/15/20	12	Complications/Education
Statin	92-3) 	Tes Y INU				LDL	111	11/15/20	12	
Vital Signs	72.00	VERSION	40.00	Finger Stick		HDL	63	11/15/20	12	Initiating Insulin
meight .	210.00	Walst	42.00	Glucose		Triglycerides	118	11/15/20	12	Insulin Pump
vveignt	28.48	Hips	42.00	Pulse Placed Drass	1	Trig/HDL Ratio	1.87		_	Lifestyle Changes
BMI	20.40	Chest	42.00	Biood Press	ule .	Glucose	-	11	- 8	
Body Fat %	11.1	Abdomen	44	100	1 00	Fasting			- 25	Diabetes Plan
Protein Req	2045	Ratio	0.95	BPI	1 Diabetics	Insulin	-	- 1//	-	Education Booklet Given (
BWK	2343	BER	13130	Vitals	s Over Time	HUMA-IR		1.77	_	11
						Na	-	- 11	-3	Dishetes Education
Current SQ	Insulin Do	se as of /	1	Blood Suga	rs	Magazzium	-	11	-	Diaberes Education
ime of day I	Units Ty	pe Units	Туре	mg/dl		BUN	-	111	-	Telephone Record
0	0.00	0.00				Creatinine		11	-	Last DE / /
(	0.00	0.00			Diary	U Microalbumin	-	11	- 10	
(	0.00	0.00				Albumin/Creat		11		
	0.00	0.00				Urinaherin	11	abe Over Ti	ma	

- Patient Robert Test Jr Diabetes Since Diabetes Management 42 M Age Sex Navigation Type I • Type II C GDM C Pre-Diabetes Other Month 5 Year 2001 🖲 Diabetes 🕤 General Joslin Treatment Goals Imp Diabetes Concepts Current Frequency of SMBG Home Diagnostic Criteria Screening Criteria Evidenced-Based Recs Daily Diab Sys Review 11 Dental Care Most Recent Labs Check for New Labs Smoker E-mail + 🖲 -**Diabetic History** 06/16/2008 Dilated Eye Exam 8.0 02/22/2012 Metabolic Syndrome 0+0-HoA1C 11/04/2011 Flu Shot Eye Exam 01/01/2012 Previous 8.2 02/07/2011 Framingham Risk Scores Foot Exam 11 Nasopharynx 02/07/2011 Monofilament 7.9 % 10-Year General Risk 182 <u>eAG</u> Cardio Exam HgbA1C 02/22/2012 2 207.5 Insulin 10-Year Stroke Risk % Mean Plasma Glucose 03/02/2011 Foot Exam Pneumovax Global Cardio Score 4.4 pts 11 C-Peptide 11 Urinalysis 11 Fructosamine Neurological Exam Weight Management Lipids Management Ves 🖲 No Aspirin 11/15/2012 HPT Management Immunizations Cholesterol 212 Yes C No Complications/Education Statin 111 11/15/2012 I DI Vital Signs 63 11/15/2012 Initiating Insulin **Finger Stick** HDL 40.00 72.00 Height Waist 11/15/2012 Glucose 118 Triglycerides Insulin Pump 210.00 42.00 Weight Hips Pulse Trig/HDL Ratio 1.87 42.00 Lifestyle Changes 28.48 Blood Pressure BMI Chest 11 Glucose Body Fat % 22 44 130 / 85 Abdomen 11 Fasting **Diabetes Plan** Protein Reg 114 Ratio 0.95 **BP In Diabetics** 11 Insulin Education Booklet Given On 2945 3150 BMR BER Vitals Over Time HOMA-IR 11 11 Na 11 **Diabetes Education** к Current SQ Insulin Dose as of // Blood Sugars 11 Magnesium Telephone Record Time of day Units Units Туре Туре mg/dl 11 BUN 0.00 0.00 Last DE 11 Creatinine 11 0.00 0.00 11 Diary U Microalbumin 0.00 0.00 Albumin/Creat 11 0.00 0.00 Urinalysis Labs Over Time
- 2. A line with five hyperlinks for the following pop-ups:

a. Joslin Treatment Goals

Since 2004, SETMA has had a growing relationship with the Joslin Diabetes Center affiliated with Harvard Medical School. In 2010, SETMA became a formal affiliate of Joslin.

Diabete	s Management	Diabetes Since	Patient Robert	Test J	r
C Type I C Type	II C GDM C Pre-Diabetes	Other Month 5 Year 20 s Concepts enced-Based Recs	01 Age Current Freque	42 Sex	M Navigation
Adherence					Diab Sys Review
Dental Care	Smoker E	-mail C + 🛈 + 🚺	Nost Recent Labs	Check for New	Labs Diabetic History
Flu She Diabetes	s Joslingoals				Eye Exam
Foot Ex		Survey and the second			Nasopharynx
Monofi HobA1	J	oslin Treatment G	oals		Cardio Exam
Pneum					Foot Exam
Urinaly	HgbA1c	Less than 7.0 %			Neurological Exam
Statin	Blood Pressure	Less than 130/80 mmHg			Complications/Education
Vital Sig	Chalasteral (I DI )	Loss than 100 motel			Initiating Insulin
Height	Cholesterol (LDL)	Less than 70 mg/dL if car	diovascular disease	present	Insulin Pump
BMI	Microalbumin	Less than 20 mcg/mg of o	creatinine		Lifestyle Changes
Body Fa					Diabetes Plan
Protein R BMR		OK Cancel			Education Booklet Given O
	Descent ()	Direct Courses		] 37	Diabetes Education
Time of day Units	Type Units Type	mo/di	lagnesium		Telephone Record
0.00	0.00		FUN	- 11	Last DE //
0.00	0.00	Diary	Hieroalbumin	11	
0.00	0.00		humin/Creat	11	
0.00	0.00		Uringhoig	Labe Quar Tim	10

b. **Diagnostic Criteria** – this launches a pop-up which is entitled **Diabetes Diagnostic Criteria**.

Tunol	Tune	COM C Dro	Distriction Other   Heath 5 Year 2001 Age 42 Sex M Navio	ation
loel	lin Treatme	ent Goals	nn Diabetes Diagcrit	Genera
Diagnostic	Criteria	Screening Crit	ten	ne
Adherence		11	Diabetes Diagnostic Criteria	Review
Dental Car Dilated Exe	E Exam	R/16/2008	Sm	History
Elu Shot	Flu Shot 11/04/2011		Le 1. Any patient with two fasting plasma glucose levels of 126 mg/dL (7.0 mmoVL)	xam
Foot Exam 02/07/2011 Ers Monofilament 02/07/2011		2/07/2011	Final or greater is considered to have diabetes mellitus.	
		2/07/2011	2. Diabetes mellitus is also diagnosed with positive findings from any two of the following:	arynx
HgbA1C	HgbA1C 02/22/2012		Currenteres of disketes such as solvers, solvering, usavalaised unsight loss	Exam
Pneumovax 03/02/2011 (		3/02/2011	Plus casual plasma olucose concentration >=200 mo/dL (11.1 mmo/L)	xam
Urinalysis	Urinalysis //		We (casual is defined as any time of day without regard to time since last meal)	al Exam
Statin C Yes C No		Yes C No	HE FPG >=126 mg/dL (7.0 mmol/L)	s/Education
Vital Signs			2hrPPG >=200 mg/dL (11.1 mmovL) after a /5-g glucose load	Insulin
Height	72.00	Waist	40. 3. Impaired glucose homeostasis or impaired carbohydrate metabolism is defined as:	D
Weight	210.00	Hips	42. Impaired fasting glucose: FPG from 110 to 126 mg/dL (6.1 to 7.0 mmoVL)	Pump
BMI	28.48	Chest	42. Impaired glucose tolerance: 2hrPPG from 140 to 200 mg/dL (7.75 to <11.1 mmoVL)	Changes
Body Fat %	22	Abdomen	44 Patients with either IFG or IGT are pre-diabetic	s Plan
Protein Req	114	Ratio	4. Normal glucose levels are defined as:	klet Given C
BMR	2945	BER	315 FPG <110 mg/dL (6.1 mmol/L)	
2hrPPG <140 mg/dL (7.75 mmol/L)				ducation
Current SQ Insulin Dose as of //				Decord
Time of day	Units Ty	pe Units	OK Cancel	Record
	0.00	0.00		1
	0.00	0.00		
	0.00	0.00	Albumin/Creat / / /	

- c. Screening Criteria this launches a pop-up entitled, How Is Diabetes Diagnosed?
  - 1. This data is also found in the **Preventing Diabetes** function on AAA Home.
  - 2. It is on the pop-up which is launched from Screening Recommendations.
  - 3. Expanded information on **Impaired Fasting Glucose and Impaired Glucose Tolerance** is found on the Preventing Diabetes template on the pop-up launched from **IFG and IGT**.


d. **Imp. Diabetes Concepts** – this identifies three key principles (but not **THE** key principles) for the successful management of diabetes.

Diahe	tes Mai	nade	ment		Diabetes Si	nce Patien	t Rober	t	Test.	Jr		
C Type L (* Tyr		OPre	Disheter	Other   Mo	oth 5 Vear	2001	Age	42	Sex	M	Na	vigation
iyper iyp			-Diabertes	Carlos I Inc							Oiabe	tes C General
Disconstic ( tite	eaunent Got		np Diabetes	Concepts	Recs	Curre	nt Frequ	ency of	SMBG			Home
Adherence	and survey	10.9-61-0	Citic Citic	011000-0030	11003	1	Di	ally	-		Diah	Sue Deview
Dental Care	11		Frankes F	mail		Most Rece	nt Labs	Check	for Nev	v Labs	Diab	Sys Review
Dilated Eye Exa	m 06/16/20	08	Metabolic St	vodroma C		HoA1C	8	0	02/22/20	12	Diab	etic History
Flu Shot	11/04/20	11	metabolic S	vilutonic -		Intervice	-	-	-++0+130	10	E	e Exam
Foot Exam	Diabetes Imp										×	pharynx
Monofilament				-							-	o Exam
HgbA1C Poeumouray				Im	portant	Concep	ts					Evam
Urinalysis												Exain
Aspirin	🔳 Туре	2 diabe	tes is a prog	ressive disea	se - almost all	patients will ut	imately n	leed insu	ulin if not	aggressi	vely	gical Exam
Statin	treat	ed to pre	eserve beta	cell function a	nd to treat insu	lin resistance.						ins/Education
Vital Signs	Mon.	otherany	r is usually in	adequate a	majority of prin	ary care phys	icians co	notinue t	o manao	e diabeter	s with	la Insulin
Height 7	mon	otherapy	despite the	data documer	ting the failure	of that approa	ch.	200 Carlor Carlo	omanag	ie diabetet		- Dump
Weight 2												n Pump
BMI 2	To a	chieve a	n optimal Hol	bA1C it is nec	essary to contr	ol pre- and pos	st-prandi	al glucos	se levels			e Changes
Body Fat % 2								-95-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				tes Plan
Protein Reg 1				r		Cancal	Ĩ.					oklet Given Or
BMR 2				<u></u>		Cancer	_					
								_	-			Education
Current SQ Inst	ulin Dose as	of 11	1	Blood Sugar	s	Maonesium	1	T	11	-	-	Lacoution
Time of day Units	Туре	Units	Туре	mg/dl		BUN	-	-î	11	-	Telep	none Record
0.00		0.00				Creatinine			11		Last DE	11
0.00		0.00			Diary	U Microalbur	nin		11			
0.00		0.00				Albumin/Cre	at	1	11	1		
0.00		0.00				Urinaly	sis	Labs	Over Ti	me		

- e. **Evidenced-Based Rec** this launches a pop-up on which 8 evidence-based recommendations are made for successful diabetes management. Those recommendations are:
  - 1. A glycosylated hemoglobin is recommended during an initial assessment and during follow-up assessments.
  - 2. A fasting lipid profile is recommended during an initial assessment and during follow-up assessments.
  - 3. A urinalysis, including microalbuminuria and creatinine clearance, is recommended as part of an initial assessment and annually thereafter.
  - 4. A dilated eye examination is recommended during an initial assessment and at least annually thereafter.
  - 5. A foot examination visual inspection, sensory examination and pulse examination is recommended during an initial assessment and during follow-up assessments.
  - 6. Influenza immunization is recommended for anyone 6 months of age and older, who because of age or underlying condition is at increased risk for influenza related complications, which includes patients with diabetes.
  - 7. A blood pressure determination is recommended during an initial assessment and during follow-up assessments.
  - 8. Follow-up assessments should be scheduled regularly.

Diabe Type I • Typ Joslin Tr	tes Management Diabetes Since De II C GDM C Pre-Diabetes Other Month 5 Year 2001 reatment Goals Imp Diabetes Concernie	Patient Robert Te Age 42 Se Current Frequency of SMB	st Jr x M G	Navigation Diabetes C General Home
Diagnostic Crite	eria Screening Criteria Evidenced-Based Recs	Daily		Diah Suo Baviour
Dental Car Dilated Ev Diak	betes Crecs	and the second division of	-	History
Flu Shot Foot Exar Monofilan HgbA1C Pneumovy Urinalysis Aspirin Statin Vital Signs Height	Evidenced-Based Clinical I A glycosylated hemoglobin (HgbA1C) is recommended durin assessments. A fasting lipid profile is recommended during an initial assess A urinalysis, including microabluminuria and creatinine cleara initial assessment and annually thereafter. A dilated eye examination is recommended during an initial as	Recommendatic g an initial assessment and du ement and during follow-up as ince, is recommended as part ssessment and at least annua	nns ring follow-up sessments. of an lly thereafter.	xam arynx Exam cal Exam s/Education insulin
Weight BMI Body Fat % Protein Rec	<ul> <li>A foot examination — visual inspection, sensory examination during an initial assessment and during follow-up assessme</li> <li>Influenza immunization is recommended for any person 6 mm or underlying medical condition, is at increased risk for influe patients with diabetes mellitus.</li> </ul>	n, and pulse examination — is nts. inths of age or older who, bec inza-related complications, wi	ecommended cause of age nich includes	Pump Changes rs Plan Viet Given Dr
Current SI	A blood pressure determination is recommended during an ir assessments.     Follow-up assessments should be scheduled regularly.     OK Ca	itial assessment and follow-u	¢	Education Record

Beneath these two lines, the Diabetes Master Template is organized into three columns; the first column has two columns within itself:

Column 1:

Part A

**Compliance** – Ten elements are documented which are key to the proper treatment of diabetes. The date of last performance is listed at the side of each element. The nine elements are:

- **Dental** It has been found that an annual dental examination promotes improved diabetes management.
- **Dilated Eye Exam** An annual dilated eye examination is one of the standards ofcare for diabetes.
- Flu Shot All patients with diabetes should receive a flu shot annually.
- FootExamination Including Monofilament Exam A foot exam including a 10 gram monofilament sensory examination should be part of EVERY visit.
- **HgbA1C** Should be performed at each visit and at least three times a year.
- **Pneumovax** All patients with diabetes should receive a pneumovax.
- Urinalysis Annual UA is the standard of care for diabetes.
- Aspirin All patients with diabetes who are not allergic to aspirin, on coumadin or havehad a bleeding episode should be on aspirin.
- Statin All patients with diabetes and the metabolic syndrome should be on a statin and all patients with diabetes probably should be on a statin.

A quick review of these 10 elements of compliance will indicate what care is deficient in this patient and will therefore guide the provider in instructing the patient.

Dia	bete	s Manag	ement		Diabetes S	ince Patient	Robert	Test Jr	
Type I 🖲	Type I	GDM C Pi	e-Diabete	s Other Mor	hth 5 Year	2001 4	ge 4	- Joex Im	Navigation
Josl	lin Treat	ment Goals	Imp Diabe	tes Concepts		Current F	requenc	y of SMBG	• Diabetes • General
Diagnostic	Criteria	Screening C	iteria <u>E</u>	videnced-Based	d Recs		Daily		Home
Adherence		77	1			10.00		t	Diab Sys Review
Dental Car	e Furm	06/16/2008	Smoker	E-mail C	+ 🖲 -	Most Recent I	abs <u>Cl</u>	heck for New Labs	Diabetic History
Elu Shot	= EXalli	11/04/2011	Metabolic	Syndrome C	+ 🖲 -	HeA1C	8.0	02/22/2012	Eus Evam
Fill Shut		02/07/2011	Framinoh	am Risk Scores		Previous	8.2	01/01/2012	Lye Exam
Honofilam		02/07/2011						11	Nasopharynx
HobA1C	ent	02/22/2012	10-Yea	ir General Risk	7.9 %	eAG	182	Toola a	Cardio Exam
Pneumova	x	03/02/2011	Global	Cardio Score	4.4 nts	Mean Plasma Gl	ucose	207.5 Insulin	Foot Exam
Urinalysis		11			pic l	<u>C-Peptide</u>	-		Neurological Exam
Aspirin		🔍 Ves 💿 No	HPT Man	anagement Lipic	unizations	Cholesterol	212	11/15/2012	Hourological Exam
Statin		C Yes C No		againeria anni	unit diotro	IDI	111	11/15/2012	Complications/Education
Vital Signs		Acres and		Finger Stick		HDL	63	11/15/2012	Initiating Insulin
Height	72.00	Waist	40.00	Glucose		Trialycerides	118	11/15/2012	lasulia Dumo
Weight	210.00	Hips	42.00	Pulse		Trig/HDL Ratio	1.87	and the second second	
BMI	28.48	Chest	42.00	Blood Pressu	re	Glucose		11	Lifestyle Changes
Body Fat %	22	Abdomen	44	130	/ 85	Fasting		11	Diabetes Plan
Protein Req	114	Ratio	0.95	BP In	Diabetics	Insulin		11	Education Dealitat Circa O
BMR	2945	BER	3150	Vitals	Over Time	HOMA-IR			Education Booklet Given O
				Carlo de la		Na		11	111
C	Incolor	0	,	Direct Current		К		11	Diabetes Education
Time of day	(Insuin (Inite	Tune Unite	Type	blood Sugars	S	Magnesium	1.1.1.1	11	Telephone Record
	0.00	0.00	Type	- Ingrai		BUN		11	
	0.00	0.00				Creatinine		11	
	0.00	0.00			Diary	• U Microalbumin	-	11	
1.1.1.1	0.00	0.00				Albumin/Creat	1	11	
I. II.			-			Urinalysis	L	abs Over Time	

Diabetes - Disease Management

Vital Signs – In two columns 12 aspects of the patient's vital signs, body habitus and metabolism are documented, including:

- Height
- Weight
- BMI
- Body Fat %
- Protein Requirement
- BMR
- Waist
- Hips
- Chest
- Abdomen
- Ratio
- BER

Dia	hetes	Manag	aman	ŧ	Diahetee S	Patient	Robert	Test J	r	
	Type II		e-Diahete	other M	onth 5 Vear	2001 4	Age 4	2 Sex	M	Navigation
Igpor	Transfer	Coole	Diabon							· Diabetes C General
Diagnostic	Criteria	Screening Cr	iteria E	videnced-Bas	ed Recs	Current	Frequenc	y of SMBG		Home
Adherence						1	Daily			Diab Sys Review
Dental Car	e	11	Smoker	E-mail		Most Recent	Labs C	heck for New	Labs	Disk stin Wistows
Dilated Eye	e Exam	06/16/2008	Metaboli	c Syndrome	+ .	HoA1C	8.0	02/22/201	12	Diabetic history
Flu Shot	_	11/04/2011				Previous	8.2	01/01/201	12	Eye Exam
Foot Exam		02/07/2011	Framing	ham Risk Scores	8		1	11		Nasopharynx
Monofilame	ent	02/07/2011	10-Ye	ar General Risk	7.9 %	eAG	182			Cardio Exam
HgbA1C	-	02/22/2012	10-Ye	ar Stroke Risk	2 %	Mean Plasma G	lucose	207.5	Insulin	
Pneumova	x	03/02/2011	Global	Cardio Score	4.4 pts	C-Peptide		11		Foot Exam
Urinalysis		11	Weight I	lanagement Li	nids Managemen	Fructosamine		11		Neurological Exam
Aspirin	-	Ves · No	HPT Mar	agement Im	munizations	Cholesterol	212	11/15/201	2	Complications/Education
Statin		Yes No				LDL	111	11/15/201	2	Complications/Education
Vital Signs	70.00			Finger Stick	· · · · · · · · · · · · · · · · · · ·	HDL	63	11/15/201	2	Initiating Insulin
Height	72.00	Waist	40.00	Glucose		Triglycerides	118	11/15/201	2	Insulin Pump
Weight	210.00	Hips	42.00	Pulse		Trig/HDL Ratio	1.87			Literatula Channes
BMI	28.48	Chest	42.00	Blood Press	sure	Glucose		11	_	Litestyle Changes
Body Fat %	22	Abdomen	44	130	/ 85	Fasting	-	- 11	-	Diabetes Plan
Protein Req	114	Ratio	0.95	BP	In Diabetics	Insulin	-	_ //		Education Booklet Given O
BMR	2945	BER	3150	Vital	s Over Time	HOMA-IR	-	1.1.1	-	11
	_	_	_	_		Na	-	- 11	-31	Distance Frankis
Current SQ	Insulin D	ose as of /	1	Blood Suga	ars	K	-	- 11		Diabetes Education
Time of day	Units T	ype Units	Туре	mg/dl		Magnesium	-	- 11	-	Telephone Record
	0.00	0.00				BUN	-	- 11	- 11	Last DE //
	0.00	0.00			Diany	Ulfiereelburg	-	- 11	- 11	Constant Land
	0.00	0.00			Dialy	Albumin/Creat	-	- 11	-11	
1.1.1.1.1.1	0.00	0.00				Abumin/creat	1.	Labor Dura T		
						Urinalysis	5	Labs Over Tin	ne	

#### Finally, there is the information on the current SQ Insulin Dose:

- There is a box where the most recent update of the insulin dose is documented
- There are four boxes where the insulin type, units, and time of day are documented. Beside row of boxes is another box with the heading Blood Sugars mg/dl where the blood sugar trigger for any sliding scale dose can be documented.
- Insulin changes and updates are not made on this template but on the Plan Template. (see below)

Dia	hotes	Manag	aman		Diahetee S	ince Patient F	Robert	Test	Ir		
	Type II		e-Diabete	S Other M	onth 5 Vear	2001 A	ge 4	2 Sex	M	Nav	igation
land	Trant	Contra II	Diabote		onur rour					· Diabet	es 🤆 General
Diagnostic	Criteria	Screening Cr	iteria E	videnced-Bas	ed Recs	Current F	requenc	y of SMBG		1	Home
Adherence							Daily			Diab 9	Svs Review
Dental Can	e	11	Constant	E mail		Most Recent I	abs Cl	neck for Nev	Labs		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Dilated Eye	Exam	06/16/2008	<u>Smoker</u>	Sundrama		HoATE	8.0	02/22/20	12	Diabe	etic History
Flu Shot		11/04/2011	hieraboli	s synarome		Previous	8.2	01/01/20	12	Ey	re Exam
Foot Exam		02/07/2011	Framing	iam Risk Scores	<u>s</u>			11		Nas	opharvox
Monofilame	ent	02/07/2011	10-Ye	ar General Risk	7.9 %	eAG	182	-			
HgbA1C		02/22/2012	10-Ye	ar Stroke Risk	2 %	Mean Plasma Gl	ucose	207.5	Insulin	Car	dio Exam
Pneumova	x	03/02/2011	Global	Cardio Score	4.4 pts	C-Pentide		11		Fo	ot Exam
Urinalysis		11	Weight	lanagement Li	oids Managemen	Fructosamine		11		Neuro	logical Exam
Aspirin	6	Yes • No	HPT Mar	agement Im	munizations	Cholesterol	212	11/15/20	12	Denselies	
Statin	din .	Yes No				LDL	111	11/15/20	12	Complica	tions/Education
Vital Signs			in the second	Finger Stick		HDL	63	11/15/20	12	Initia	ting Insulin
Height	72.00	Waist	40.00	Glucose		Triglycerides	118	11/15/20	12	ins	ulin Pump
Weight	210.00	Hips	42.00	Pulse		Trig/HDL Ratio	1.87				ann i ang
BMI	28.48	Chest	42.00	Blood Press	ure	Glucose		11		Lifesty	le Changes
Body Fat %	22	Abdomen	44	130	/ 85	Fasting		11		Diab	etes Plan
Protein Req	114	Ratio	0.95	BP	n Diabetics	Insulin		11		Education	Booklat Civan O
BMR	2945	BER	3150	Vital	s Over Time	HOMA-IR		-	-		/
	1999 - 19					Na		11			
Current SO	Inculin D	ose as of	1	E and Sug	are	К		11	_	Diabet	es Education
Time of day	Units T	ivne linits	Type	ma/dl	113	Magnesium	-	11		Teleph	one Record
and of day	0.00	0.00	1990	- Ingran		BUN		11	_	Last DE	11
	0.00	0.00				Creatinine		11	_	Lasi DE	
	0.00	0.00			Diary	• U Microalbumin	-	11	_		
	0.00	0.00	1.			Albumin/Creat	1	111	_		
						Urinalysis	L	abs Over Ti	me		

Blood Sugar Diary

Next to the Insulin Dose is a button entitled **Diary** 

Dia	hotos	Manad	ement		Diahei	tes Since	Patient	Robert	Test	Jr		
	Type II		e-Diahete	s Other Mor	th 5	Vear 200	1 A	ge 4	2 Sex	M	Nav	igation
lool	in Treater	opti Coolo	Imp Diabo			roun			12/25		Diabet	es 🤇 General
Diagnostic	Criteria	Screening Ci	iteria Ev	videnced-Based	1 Recs		Current	Frequence	cy of SMBG			Home
Adherence	-	T					-	Daily			Diab S	Sys Review
Dental Car	e	11	Smoker	E-mail C	+ .	M	ost Recent I	Labs C	heck for Nev	v Labs	Dish	tia Uistoa
Dilated Eye	e Exam	06/16/2008	Metabolic	Syndrome	+ 🖲 -	Но	A1C	8.0	02/22/20	12	Diabi	suc mistory
Flu Shot		11/04/2011				Pr	evious	8.2	01/01/20	12	Ey	re Exam
Foot Exam		02/07/2011	Framingh	am Risk Scores				-	11		Nas	opharvnx
Monofilame	ent	02/07/2011	10-Yea	r General Risk	7.9 9	6 e4	G	182	-			
HgbA1C	1	02/22/2012	10-Yea	r Stroke Risk	2 9	6 M	ean Plasma G	lucose	207.5	Insulin	Ca	dio Exam
Pneumova	x	03/02/2011	Global	Cardio Score	4.4 p	ts c	Pentide	-	11	_	Fo	ot Exam
Urinalysis		11	Weight M	ananament Linio	le Manao	ement Fr	uctosamine		11		Neuro	looical Exam
Aspirin	6	Ves · No	HPT Man	agement Imm	unizations	s Cl	olesterol	212	11/15/20	12	0 r	
Statin	£	Yes C No				LE	)L	111	11/15/20	12	Complica	tions/Education
Vital Signs				Finger Stick		H	)L	63	11/15/20	12	Initia	ting Insulin
Height	72.00	Waist	40.00	Glucose	1	Tr	iglycerides	118	11/15/20	12	ins	
Weight	210.00	Hips	42.00	Pulse	1	Tr	ig/HDL Ratio	1.87				ann i annp
BMI	28.48	Chest	42.00	Blood Pressu	re	GI	ucose		11		Lifesty	le Changes
Body Fat %	22	Abdomen	44	130	/ 85		Fasting		11	- 10	Diab	etes Plan
Protein Req	114	Ratio	0.95	BP In	Diabetics	Ins	sulin		11		Education	Paaklat Civer O
BMR	2945	BER	3150	Vitals	Over Time	e <u>H</u>	DMA-IR		-	-		/
						Na	1		11		1 '	
Current 50	Incutin D		,	Blood Sugar		к			11	_	Diabet	es Education
Time of day	Units T	une Units	Type	blobu Sugar: ma/dl	5	M	aqnesium	-	11	_	Teleph	one Record
	0.00	0.00	1960		-	BL	JN		11	_	Last DE	11
	0.00	0.00	-		-	Cr	eatinine	_	11	_	Last DE	11
	0.00	0.00			Diary	<u>U</u>	Microalbumin	-	- 11	_		
	0.00	0.00			-	A	bumin/Creat	-	111	-		
		11					Urinalysis	2.1.1	Labs Over Ti	me		

- This is a function where the patient's home diary can be manually put into the computer.
- When the button entitled Diary is clicked, a new screen is displayed.



- At the top of the screen you should ask the patient to answer the questions about medications, hypoglycemia and hospitalization and document their response.
- At the bottom of the screen, you can enter up to 14 days of blood sugar history for the patient. All of the values are not required for each date you chose, but you should enter as much data as the patient has available.
- At the far right of each date, you can also indicate the presence or absence of ketones if the patient is monitoring them.

By clicking on "return," you will be taken back to the Diabetes Master Template.

## Column I

#### Part B

At the beginning of Part B of the first column are 9 hyperlinks which take you to other tools needed for optimal diabetes care; they are:

- Smoker There are check boxes for documenting whether the patient is a smoker or note. If the patient history has been filled out for "Current Habits," this will automatically populate. By clicking on the word "Smoker," you are taken to the Smoking Cessation template, which should have already been completed through the LESS Initiative. There is also a button entitled "E-mail." This creates an electronic tickler file for reminding you to call the patient in one month about their success in stopping smoking.
- Metabolic Syndrome There are check boxes for documenting whether the patient has the metabolic syndrome or not. By clicking on the words "Metabolic Syndrome," you will be taken to the Metabolic Syndrome Suite of Templates' Assessment Template. This will be automatically populated with the vital signs and laboratory work and an automatic conclusion will be drawn as to whether the patient has the Metabolic Syndrome. At that point, the "yes" or "no" boxes next to Metabolic Syndrome on the Diabetes Master Template will be updated appropriately.
- Framingham CVD 10-Year Risk There is a box for the Framingham CVD Risk assessment to be documented. When you click on the hyperlink, you are taken to the Framingham function and given directions for its completion.
- Framingham Stroke 10-Yr Risk same as for the CVD Risk.
- Global Cadio Risk This is a recently developed risk assessment for stratification of cardiovascular risk. It is built on the Framingham data but with the non-modifiable risk factors eliminated.

*NOTE*: The Framingham CVD 10-Year Risk, Framingham Stroke 10-Yr Risk, and Global Cadio Risk draw their results from a SINGLE Framingham Assessment

- Weight Management this takes you to the weight management suite of templates. Weight management is a key aspect of excellent diabetic care.
- **Hypertension Management** this takes you to the hypertension management suite of templates. Blood pressure control is as important and maybe more important than glucose control in diabetes.
- Lipids Management this takes you to Lipid suite of templates. Reduction of cardiovascular risk in diabetes is dependent upon rigorous cholesterol control.
- **Immunizations** all patients with diabetes must have routine immunizations for fluand pneumonia.

Dia	hoto	Manag	omon	• Dial	natae Sinca	Patient	Robert	Test	Jr		
	Type II		e-Diahete	S Other   Month 5	Vear 2001	1 4	ge 4	2 Sex	M	Nav	igation
los	lin Treate	nent Goals	mn Diahe	tes Concents		1				Diabete	es C General
Diagnostic	Criteria	Screening Cr	iteria E	videnced-Based Recs		Current	Daily	y of SMBG			lome
Adherence			-			1	Dully			Diab S	ys Review
Dental Car	e _	11	Smoker	E-mail C + @	Mos	t Recent	Labs Cl	neck for Nev	v Labs	Diabe	tic History
Dilated Eye	Exam	06/16/2008	Metaboli	c Syndrome C + .	- HqA	<u>1C</u>	8.0	02/22/20	12		the mistory
Flu Shot	-	11/04/2011		The Course	Prev	ous	8.2	01/01/20	12	Ey	e Exam
Foot Exam		02/07/2011	rraming	tam Risk Scores				11		Nas	opharynx
Monofilam	ent	02/07/2011	10-Ye	ar General Risk 7.9	% EAG		182			Car	dio Exam
HgbA1C	-	02/22/2012	10-Ye	ar Stroke Risk 2	% Mea	Plasma G	lucose	207.5	Insulin	Car	
Pneumova	x	03/02/2011	Global	Cardio Score 4.4	pts C-Pe	ptide	-	11	_	Fo	ot Exam
Urinalysis	Ļ		Weight I	lanagement   inids Man	Anement Fruc	osamine		11		Neurol	ogical Exam
Aspirin	-	Ves (• No	HPT Man	agement Immunizatio	ns Choi	esterol	212	11/15/20	12	Compliant	inne 15 du antinu
Statin	4	Yes No			LDL		111	11/15/20	12	Complicat	ions/Education
Vital Signs		-		Finger Stick	HDL		63	11/15/20	12	Initiat	ing Insulin
Height	72.00	Waist	40.00	Glucose	Trigh	cerides	118	11/15/20	12	Insu	ulin Pump
Weight	210.00	Hips	42.00	Pulse	Triq/	IDL Ratio	1.87	-			
BMI	28.48	Chest	42.00	Blood Pressure	Gluc	ose		11		Lifesty	le Changes
Body Fat %	22	Abdomen	44	130 / 85	Fi	isting		11		Diab	etes Plan
Protein Req	114	Ratio	0.95	BP In Diabeti	cs Insul	n		11	1.1	Education F	Booklet Given O
BMR	2945	BER	3150	Vitals Over T	ime HOM	<u>A-IR</u>		1			
					Na		-	11	_		
Current SC	Insulin I	Dose as of	1	Blood Sugars	K			11	_	Diabete	es Education
Time of day	Units	Type Units	Type	mo/dl	Mag	esium	-	- 11	_	Teleph	one Record
	0.00	0.00			BUN			111	-	Last DE	11
	0.00	0.00		Dia	Crea	tinine				LUCIDE	
	0.00	0.00		Dia		roaloumin	-	11	_		
	0.00	0.00			Albu	min/Creat	1		-		
-						Urinalysis		abs Over Ti	me		

Beneath these hyperlinks are 5 additional functions related to Diabetes Care; they are:

- Finger Stick Blood Glucose this is manually entered by the nurse.
- **Pulse** this is auto filled from the nursing template.
- **Blood Pressure** this is auto filled from the nursing template.
- **BP in Diabetes** this is a treatment protocol for hypertension in the patient with diabetes.
- Vitals over Time this enables you to review the patient's vital signs over time.

Dia	hotes	Manag	omon		Diahetes Si	Patient	Robert	Te	st Jr		
C Type I G	Type II	GDM C Pr	e-Diabete	s Other Mont	h 5 Year	2001 A	ge	42 Se	x M	Nav	rigation
Jos! Diagnostic	in Treatm Criteria	ent Goals Screening Cr	I <u>mp Diabe</u> iteria E	tes Concepts videnced-Based	Recs	Current	Freque	ncy of SMB(	3	Diabot	Home
Adherence							Dai	<u>y</u>		Diab 9	Svs Review
Dental Car	e	11	Conclusion	E-mail C .		Most Recent	Labs	Check for N	lew Labs		5,6 (1011011
Dilated Eye	Exam	06/16/2008	<u>Smoker</u>	Sundromo C +	-	Hadde	80	02/22	2012	Diab	etic History
Flu Shot		11/04/2011	Metaboli	<u>s syndrome</u> + +		Previous	8.2	01/01	/2012	Ey	ve Exam
Foot Exam		02/07/2011	Framing	iam Risk Scores		Treneds	-			Nas	onharvox
Monofilame	ent 1	02/07/2011	10-Ye	ar General Risk	7.9 %	eAG	182	- 1			
HgbA1C	(	02/22/2012	10-Ye	ar Stroke Risk	2 %	Mean Plasma G	lucose	207.5	Insulin	Ca	rdio Exam
Pneumova	x I	03/02/2011	Global	Cardio Score	4.4 pts	C-Peptide		11		Fo	oot Exam
Urinalysis	-	11	Weight h	(anagement ) inids	Management	Fructosamine		11		Neuro	logical Exam
Aspirin	2	Ves · No	HPT Mar	agement Immur	nizations	Cholesterol	212	11/15/	2012	Complica	tions/Education
Statin	Street.	Yes No		-		LDL	111	11/15/	2012	Complica	lions/coucation
Vital Signs	70.00		40.00	Finger Stick		HDL	63	11/15/	2012	Initia	ting Insulin
Height	72.00	Waist	40.00	Glucose		Triglycerides	118	11/15/	2012	Ins	ulin Pump
Weight	210.00	Hips	42.00	Pulse		Trig/HDL Ratio	1.87				
BMI	28.48	Chest	42.00	Blood Pressure		Glucose		11		Lifesty	le Changes
Body Fat %	22	Abdomen	44	130	/ 85	Fasting		11		Diab	etes Plan
Protein Req	114	Ratio	0.95	BP In D	iabetics	Insulin		111		Education	Booklet Given O
BMR	2945	BER	3150	Vitals 0	ver Time	HOMA-IR	_	-			/
				4100.1.40		Na	_	11		-	
Current 50	Unaudin D		1	Blood Sugara	-	K	_	11		Diabet	es Education
Time of day	(Inits To	ose as of 7	Type	ma/dl		Magnesium	-	11		Teleph	ione Record
Thind of day	0.00	0.00	1,900			BUN		11	_	Last DE	11
	0.00	0.00			1	Creatinine	-	11		Last DC	
	0.00	0.00	-		Diary	• U Microalbumin	-				
	0.00	0.00				Albumin/Creat	1	111	_		
						Urinalysis		Labs Over	Time		

## Column 2

This displays the **Most Recent Labs** and the date the test was done. The button entitled "**Check for New Labs**" when depressed will search for any newer labs than the ones displayed.

The lab tests which are displayed are:

- HgA1C –
- Estimated Average Glucose (eAG The eAG has been found to correlate with the HgA1c better than the Mean Plasma Glucose. Therefore when the patient is self monitoring and with their diabetes plan of care showing them the correlation, they can better predict what their HbA1c is.
- Mean Plasma Glucose this is a calculation based on the HgA1C

*Note:* Launched from the Help Button entitled "**Insulin**" which is next to the mean Plasma Glucose is a document entitled "Summary of Treat-to-Target Trial: Randomized Addition of Glargine (Lantus) or Human NHP Insulin to Oral Therapy of Type 2 Diabetic Patients"

- **C-Peptide** by clicking on the name, a document will launch which tells how the C-peptide is used clinically.
- Fructosamine this test gives an estimate of the plasma blood glucose for the past 30 days.
- Cholesterol
- LDL
- HDL
- Triglycerides
- Trig/HDL Ratio this ratio reflects the presence of insulin resistance if the ratio is above 2.
- Glucose
- Glucose Fasting
- Insulin this should always be a fasting level.
- **HOMA-IR** the Homeostasis Model Assessment of Insulin Resistance is a calculation based on the Fasting Insulin and Fasting Plasma Glucose. If the HOMA-IR is above 2, the patient is insulin resistant.
- Sodium
- Potassium
- Magnesium
- BUN
- Creatinine
- U Micoalbumin
- Albumin/Creatinine Ratio
- Urinalysis Button this displays all of the elements of the urinalysis
- Labs Over Time Button this shows the diabetes labs over time.

Dia	hotos	Manag	aman	t Diahete	s Since Patient	Robert	Test.	Ir		
C Type I (	Type II		e Diahete	S Other   Month 5 V	ear 2001 4	Age 4	42 Sex	M	Na	vigation
ijper -	in Treatme	Coole	Diabott						· Diabet	es 🤆 Genera
Diagnostic	Criteria	Screening Ci	iteria F	videnced Based Recs	Current	Frequence	cy of SMBG			Home
Adhoroneo	Contorna	der connig of	norm L	Hueneed-bused hees	_	Daily	-		Disk	Cue Deview
Dental Car	e	11	-	Faul o o	Most Recent	Labe (	heck for New	lahs	Diab	Sys Review
Dilated Eye	e Exam	6/16/2008	Smoker	E-mail ( + (• -	We AND	80	02/22/20	12	Diab	etic History
Flu Shot	a de casa de la casa de	11/04/2011	Metaboli	cisyndrome + + + -	HOATC Drawing	8.2	01/01/20	12	E	ye Exam
Foot Exam	1	02/07/2011	Framing	nam Risk Scores	Plevious	0.4	1/1	12	Nor	
Monofilam	ent (	02/07/2011	10-Ve	ar General Risk 7.9 %	-	182	- 1.17		INA:	sopharynx
HgbA1C	0	2/22/2012	10-Ye	ar Stroke Risk 2 %	Noon Planma C	lucana	207.5	Ineulin	Ca	rdio Exam
Pneumova	ix (	03/02/2011	Global	Cardio Score 4.4 pts	C Deutide	lucose	11	ursoni i	F	oot Exam
Urinalysis		11			Eructosamina	-	11	-	Neur	logical Exam
Aspirin	0	Ves 🖲 No	HPT Mar	anagement Lipids Manager	Cholesterol	212	11/15/20	12	Houre	nogical Exam
Statin	C	Yes C No.	10.1.004	internetional internetional	1 DI	111	11/15/20	12	Complica	tions/Education
Vital Signs				Finger Stick	HDL	63	11/15/20	12	Initia	ting Insulin
Height	72.00	Waist	40.00	Glucose	Triglycerides	118	11/15/20	12	ins	ulia Pumo
Weight	210.00	Hips	42.00	Pulse	Trig/HDL Ratio	1.87		Concella Con		anni ang
BMI	28.48	Chest	42.00	Blood Pressure	Glucose		11		Lifest	yle Changes
Body Fat %	22	Abdomen	44	130 / 85	Fasting	_	11		Diat	etes Plan
Protein Req	114	Ratio	0.95	BP In Diabetics	Insulin		11		Education	Booklet Given (
BMR	2945	BER	3150	Vitals Over Time	HOMA-IR	-	-			/
					Na	-	11	_		
Current SC	) Insulin De	seas of /	1	Blood Sugars	К	-	- 11	_	Diabet	es Education
Time of day	Units T	voe Units	Type	ma/dl	Magnesium	-	- 11		Telepi	none Record
	0.00	0.00			BUN	-	- 11	_	Last DF	11
	0.00	0.00		Diane	Creatinine	-	- 11		Luor DE	
	0.00	0.00		Diary	Albumin (Creat			-		
1.1.1.1.1	0.00	0.00			Albumin/Creat	1		-		
					Urinalysis	s	Labs Over 11	ne		

## Column 3

Dia	hetes	Manag	emen		Diabetes S	ince Patient	Robert	Test	Jr	
	Type II		e-Diabete	s Other M	onth 5 Year	2001 A	ge 4	42 Sex	M	Navigation
Jost	lin Treatm	ent Goals	mp Diabe	tes Concents						📀 Diabetes 🔿 General
Diagnostic	Criteria	Screening Cr	iteria E	videnced-Base	d Recs	Current	Daily	CY OT SMBG		Home
Adherence	-						Dully			Diab Sys Review
Dental Car	e	11	Smoker	E-mail C	+ .	Most Recent I	abs C	heck for Nev	v Labs	Disk skie Westerne
Dilated Eye	Exam	06/16/2008	Metaboli	Syndrome	+ 🖲 -	HoA1C	8.0	02/22/20	12	Diabetic history
Flu Shot	-	11/04/2011				Previous	8.2	01/01/20	12	Eye Exam
Foot Exam		02/07/2011	Framing	am Risk Scores				11		Nasopharynx
Monofilame	ent	02/07/2011	10-Ye	ar General Risk	7.9 %	eAG	182	-		
HgbA1C		02/22/2012	10-Ye	ar Stroke Risk	2 %	Mean Plasma G	UCOSE	207.5	Insulin	Cardio Exam
Pneumova	x	03/02/2011	Global	Cardio Score	4.4 pts	C-Pentide	_	111	-	Foot Exam
Urinalysis		11	Mainhth	lananament Lin	ide Hananemen	Fructosamine	-	11	_	Neurological Exam
Aspirin	6	Ves 🖲 No	HPT Man	agement Imm	nunizations	Cholesterol	212	11/15/20	12	A
Statin	£	Yes C No				LDL	111	11/15/20	12	Complications/Education
Vital Signs				Finger Stick		HDL	63	11/15/20	12	Initiating Insulin
Height	72.00	Waist	40.00	Glucose		Triglycerides	118	11/15/20	12	logulio Dumo
Weight	210.00	Hips	42.00	Pulse		Trig/HDL Ratio	1.87	and section in the	Carlos and	
BMI	28.48	Chest	42.00	Blood Pressu	ure	Glucose		11		Lifestyle Changes
Body Fat %	22	Abdomen	44	130	/ 85	Fasting		11		Diabetes Plan
Protein Req	114	Ratio	0.95	BP In	Diabetics	Insulin		11		
BMR	2945	BER	3150	Vitals	Over Time	HOMA-IR				Education Booklet Given Of
						Na		11		111
C	Including D		,			К		11		Diabetes Education
Time of day	linsuin u	lose as of /	Tues	Blood Suga	rs	Magnesium		11		Telephone Record
Time of day	0.00	ype units	Type	mydi		BUN		11		
	0.00	0.00				Creatinine		11	_	Last DE //
	0.00	0.00			Diary	U Microalbumin		11	_	
	0.00	0.00				Albumin/Creat		11	_	
-		0.00	-			Urinalysis	C 1	Labs Over Ti	me	

This column is entitled Navigation and presents SETMA's Navigation Bar for the Diabetes Suite of Templates. The first function is the choice between the **Diabetes templates** the **General Templates**.

If the check box beside the **General** is clicked, the following General Templates from the Master GP Suite of Templates will be displayed:

- **Chief/Chronic** this is the chief complaint and Chronic conditions from the Master GP Suite of Templates.
- HPI this is the History of Present Illness from the Master GP Suite of Templates.
- **History** this is the History Template from the Master GP Suite of Templates.
- System Review this is the Systems Review from the Master GP Suite of Templates
- **Physical Examination** this is the Physical Examination from the Master GP Suite of Templates

Diabetes I	Manad	ement		Diabetes S	nce Patient	Robert	Test Jr	
C Type I • Type II C	GDM C Pr	e-Diabete:	s Other Mo	nth 5 Year	2001 A	ge 42	Sex M	Navigation
Joslin Treatmen	t Goals	Imp Diabet	es Concents		Comment			🔘 Diabetes 💿 General
Diagnostic Criteria So	reening Cr	iteria Ev	idenced-Base	d Recs	Current	Daily	OI SMBG	
Adherence						Daily		Chief/Chronic
Dental Care	11	Smoker	E-mail C		Most Recent	Labs Ch	eck for New Lab	s
Dilated Eye Exam 06/	16/2008	Metabolic	Syndrome C	֥:	HoA1C	8.0	02/22/2012	НРІ
Flu Shot 11/	04/2011	monubolic	<u>oynaromo</u>		Previous	8.2	01/01/2012	Histories
Foot Exam 02	/07/2011	Framingh	am Risk Scores			(	11	System Review
Monofilament 02	/07/2011	10-Yea	r General Risk	13.2 %	eAG	182		
HgbA1C 02/	22/2012	10-Yea	r Stroke Risk	4 %	Mean Plasma G	ucose	207.5 Insul	in Physical Exam
Pneumovax 03	/02/2011	Global	Cardio Score	4.4 pts	C-Peptide	-	11	
Urinalysis	11	Weight M	anagement Lipi	ds Managemen	Fructosamine		11	
Aspirin O Y	es 🖲 No	HPT Mana	agement Imm	unizations	Cholesterol	212	11/15/2012	
Statin O Y	'es 🔘 No				LDL	111	11/15/2012	
Vital Signs			Finger Stick		HDL	63	11/15/2012	
Height 72.00	Waist	40.00	Glucose		Triglycerides	118	11/15/2012	Insulin Pump
Weight 210.00	Hips	42.00	Pulse		Trig/HDL Ratio	1.87		
BMI 28.48	Chest	42.00	Blood Pressu	ire	Glucose		11	
Body Fat % 22	Abdomen	44	130	/ 85	Fasting		11	
Protein Reg 114	Ratio	0.95	BP In	Diabetics	Insulin		11	Education Reaklet Circon On
BMR 2945	BER	3150	Vitals	Over Time	HOMA-IR			
					Na	-	11	
Current 60 Inculin Doo	o oo of 🗸	,	Right Sugar	-	ĸ		11	Diabetes Education
Time of day Units Type	e as or /	Type	Diood Sugai	5	Magnesium		11	Telephone Record
0.00	0.00	1900			BUN		11	
0.00	0.00			1	Creatinine	<u> </u>	11	
0.00	0.00			Diary	<sup>1</sup> U Microalbumin	<u> </u>	11	
0.00	0.00				Albumin/Creat	<u> </u>	11	
					Urinalysis	Li	abs Over Time	

If the check box beside Diabetes is checked, the Diabetes Suite of Templates will be displayed. There are 15 functions here; they are:

Dia	hete	s Mana	demer	nt		Diab	etes S	ince	Patient	Robert	_	Test	Jr	
Type I @	Type II	GDM	Pre-Diabet	tes Other	Month	5	Year	2001	A	ge	42	Sex	M	Navigation
Josl	in Treat	ment Goals	Imp Diat	etes Conce	epts	1			Current	Ereeute		NIRO		🖲 Diabetes 🕤 General
Diagnostic	Criteria	Screening	Criteria	Evidenced-	Based R	lecs			Current	Dai	hcy una	SINDG		Home
Adherence			-1-						-	Dui	19	-		Diab Sys Review
Dental Can	e .	11	Smoke	E-mail	0+	œ.		Most	Recent	Labs	Check	for Nev	w Labs	Disk skie (Cedara)
Dilated Eye	Exam	06/16/2008	Metabo	lic Syndrome	C+			HoA1	2	8.0	0	2/22/20	012	Diabetic history
Flu Shot		11/04/2011						Previo	us	8.2	0	1/01/20	012	Eye Exam
Foot Exam		02/07/2011	Framin	gham Risk Sc	ores					-	10	11	_	Nasopharvnx
Monofilame	ent	02/07/2011	10-Y	ear General F	Risk 7	7.9	%	eAG		182	2			
HgbA1C		02/22/2012	10-Y	ear Stroke Ri	sk	2	%	Mean	Plasma G	lucose	2	07.5	Insulin	Cardio Exam
Pneumova	x	03/02/2011	Glob	al Cardio Sco	re 4	1.4	pts	C-Pen	tide	-		11		Foot Exam
Urinalysis		11	Weight	Managament	Linide	Mana	aamaa	+ Fructo	samine	-		11	_	Neurological Exam
Aspirin	1	🗇 Yes 🔍 N	HPT Ma	inacement	Immuni	izatio	ns	Choles	sterol	212	1	1/15/20	112	
Statin	3	C Yes C N	0,					LDL		111	1	1/15/20	112	Complications/Education
Vital Signs		-		- Finger S	Stick	-		HDL		63	1	1/15/20	112	Initiating Insulin
Height	72.00	Waist	40.00	Glucose				Triglyd	erides	118	1	1/15/20	112	Insulia Pump
Weight	210.00	Hips	42.00	Pulse				Trig/H	DL Ratio	1.87			and the second second	msamirump
BMI	28.48	Chest	42.00	Blood Pr	ressure		-	Glucos	se			11		Lifestyle Changes
Body Fat %	22	Abdom	en 44	13	0 /	85		Fas	sting			11		Diabetes Plan
Protein Req	114	Ratio	0.95		BP In Dia	abetic	s	Insulin				11	1.1	Education Booklat Civen On
BMR	2945	BER	3150	1	vitals Ov	er Tir	ne	HOMA	-IR		_		_	
								Na		_		11		1
Current CO	Incutio	Dono on of	11	- Rload 9	Sugara			к				11		Diabetes Education
Time of day	Units	Type IIr	its Type	ma/	dl			Magne	esium	-		11		Telephone Record
	0.00	0.0	00		-			BUN				11	_	Last DE 11
	0.00	0.	00		-		1	Creati	nine	-	_	11	_	
1	0.00	0.	00		-	Diar	у	- U Micr	oalbumin	-			-	
1	0.00	0.	00					Album	in/Creat			11		
								1000	Urinalysis	100	Labs	Over T	ime	

- Home this navigates you back to the AAA Home template
- **Diabetes Systems Review** this is a ROS which is targeted for diabetes. All of the fields in this ROS interact with the ROS on the Master GP Suite of Templates' Review of Systems.

			Diabetes Rev	view	of S	ystems				
Constitutional Headaches Fatigue Frequent Infections Impaired Wound Healing Pruritis Weakness Weight Ioss Weight Jain	Neg	Pos	Eyes Blurred vision Holes in vision Skin Brittle nails Bruises Decubitus Lesions Rashes	Neg	Pos	Endocrine Polydipsia Polyuria Polyphagia Hyperkalemia Hypokalemia Hypercalcemia Hypocalcemia	Neg	Pos	α α	per day per day
Neuro Paralysis Numbness			Scars Skin Ulcerations Gastrointestinal Constipation Diarrhea			Hypernatremia Hyponatremia Peripheral Vascular Coldness of extremities Hair loss on extremities				
Psychological Anxiety Emotional Lability Genitourinary Sexual Dysfunction			Vomiting Nausea <b>Cardiovascular</b> Chest Pain Difficulty Breathing			Cyanosis Intermittent claudication Peripheral edema Stasis ulcers Varicose veins				
			ОК	C	Cancel					

• **Diabetes History** – this documents the patient-with-diabetes':

Diabetes	History
Family History Family history of type II diabetes? Ores ONO Family history of endocrine disorders? Ores ONO List hyperthyroidism Additional Family History	Risk Factors for Astherosclerosis       Return         Smoking       Obesity         Hypertension       Dyslipidemia         Medications       Medications Affecting Glucose
Ketoacidosis       Frequency       in last 5 years       Severity       Cause	Hyperkalemia Frequency in last 5 years Severity Cause

- 1. Family History of Type 2 Diabetes
- 2. Family History of Other Endocrine Disorders
- 3. Additional Family History

Diabetes I	History	
Family History Family history of type II diabetes? Yes No Family history of endocrine disorders? Yes No List hyperthyroidism Additional Family History	Risk Factors for Astherosclerosis         Smoking       Obesity         Hypertension       Dyslipidemia         Medications       Medications Affecting Glucose	Return
Ketoacidosis       Frequency     in last 5 years       Severity	Hyperkalemia Frequency in last 5 years Severity Cause	

	Additiona	al Famil	y History		
Family Member	Current Age Problem		Problem		
				T Deceased?	Age
				C Deceased?	Age
				C Deceased?	Age
				C Deceased?	Age
1				□ Deceased? □	Age
	Family	×		T Deceased?	Age
	Death as			T Deceased?	Age
	Daughter			C Deceased?	Age
	Father			□ Deceased? □	Age
	Grandparents Half brother			□ Deceased? □	Age
	Half sister			F Deceased?	Age
and an and the second	Maternal Aunt				
Family History of Type II D	Maternal Cousin	No	Family History	of Hypertension?	C Yes C
Eamily History of Other En List of Endocrine Disor Comments	Maternal Grandmother Maternal Uncle Mother Parents Paternal Aunt Paternal cousin Paternal Grandfather	No	Family History	of Hyperlipidemia?	C Yes C
	Paternal Grandmother Paternal Uncle Siblings Sister Son Stepfather Stepmather	-	Cancel		

- 4. Ketoacidosis
- 5. Risk Factors for Atherosclerosis
  - a. Smoking
  - b. Obesity
  - c. Hypertension
  - d. Dyslipidemia
  - e. Hyperkalemia

Diabetes - Disease Management

6. Medications Affecting Glucose

Diabetes	History
Family History Family history of type II diabetes? Yes No Family history of endocrine disorders? Yes No List hyperthyroidism Additional Family History	Risk Factors for Astherosclerosis       Return         Smoking       Obesity         Hypertension       Dyslipidemia         Medications       Medications Affecting Glucose
Ketoacidosis       Frequency     in last 5 years       Severity	Hyperkalemia       Frequency     in last 5 years       Severity

- a. Drugs with Well Established Affects on Blood Glucose
  - 1. Drugs that increase blood sugar
  - 2. Drugs that decrease blood sugar
- b. Drugs with Less Well Established Affects on Blood Glucose
  - 1. Drugs that increase blood sugar
  - 2. Drugs that decrease blood sugar

Drugs with Well-	Established Effects o	n Blood Glucose Levels
orugs That Increase Blood Glucose L	evels	Drugs That Decrease Blood Glucose Levels
Amphetamines Beta agonists Beta-blockers Cyclosporine (Neoral, Sandimmune) Diazoxide (Hyperstat IV, Proglycem) Diuretics Ethanol (chronic use) Glucogon Glucocorticoids Drugs with LESS W	Growth hormone Niacin Pentamidine (long-term use) (Nebupent, Pentam 300) Quinolones Salicylates (high-dose use) Sympathomimetic agents Tequin	Insulin Oral antihyperglycemic agents Ethanol (acute use) Pentamidine (initial use)
)rugs That Increase Blood Glucose L	evels	Drugs That Decrease Blood Glucose Levels
Caffeine		Angiotensin-converting enzyme inhibitors Anabolic steroids

• Eye Exam – this is the eye examination template from the Master GP Suite of templates. It distinguishes between the dilated eye examination and the non-dilated eye exam done in the routine office visit.

Last Dilated Eye I	Exam	06/16/2008		Last Eye Exam 06/16/2008
Che	ck if D	one Today	Eye Exam	
General	R	Normal		Visual Acuity
	L	Normal	1	With glasses
External	R	Normal		20 / 05
	L	Normal		20 / 00
Fundi	R	Normal		20 / OL
	L	Normal		Without Glasses
Pupil	R	Normal		20 /
	L	Normal		20 /
Cornea	R	Normal		20 /
	L	Normal		
Lid	R	Normal		
	L	Normal		
Ocular muscles	R	Normal		
	L	Normal		
Comments		Corneal A	rcus < 50 years of age	
			OK Cancel	

• Nasopharynx – this is the nasopharynx exam from the Master GP Suite of templates.

Nasopharynx Exam					
Nose and Sinuses	. 1	lormal			
External nose					
Nares	R			<u> </u>	
	L			<u> </u>	
Mucosa				(	
Septum					
Sinuses	R				
	L				
Mouth				,	,
Teeth - Gums					
Tongue					
Buccal muco	sa				
Throat					,
Palate & Uvul	а				
Tonsils					
Pharynx					
				,	,
Jaw					
Comments			,	,	
	_				
			ОК	Cancel	

• Cardio Exam – this is the cardiovascular examination from the Master GPSuite of Templates.

	Cardiovascul	ar Exam	Location
Auscultation	Normal		
Murmurs	Absent		
Palpation	Normal		
Bruit	Absent		
JVP	Normal 🔲 JVP distended	cms	
Pulses	Normal Location	Intensity R L	
	Carotids		
	Brachial		
	Radial		
	Ponliteal		
	Dorsalis Pedis		
	Posterior Tibial		
Parish and Education			
Peripheral Edema	i no i res i Pitting B	lateral 0 1+ 0 2+ 0 3+	Clear
	ĸ	LE 0 1+ 0 2+ 0 3+	Clear
	L		Clear
Carotid Intima Med	a Thickening Right	Left	
Thickening (n	m)		
Blockage Pre	ent 🗌 No 🗌	Yes No Yes	
Percent Block	ed		
Comments			
1			
	ОК	Cancel	

• **Foot** – this has three pop-ups which are important:

Normal		Foot Exam	Extremity Exam
	Pight	Left	Monofilament Exam
Femoral	Kight		Risk Assessment
Popliteal			Thick nails
Posterior Tibial			Ingrown nails
Dorsalis Pedis			Nails too long
Peroneal Artery			Absence of hair
Doppler Exam			Abnormal shape in left foot
Posterior Tibial			Abnormal shape in right foot
Dorsalis Pedis			Skin between toes checked
Peroneal Artery			
Direction			Skin condition of feet
Posterior Tibial			
Dorsalis Pedis			
Peroneal Artery			
One De Sil			2t-
Сар кетіі		Delayed	Comments
Digital Hair	Present	Absent	
Dep Rudor	Present	Absent	
Clici	k here if you are un (e	nable to complete the fo g. Patient has bilateral ampu OK	ot exam due to medical reasons. tation, etc.) ancel

# 1. Extremity Examination

	Extremity Exam
	Location Intensity R L
Pulses	dorsalis pedis posterior tibial femoral popliteal
Skin losions	Location Lesions Color Shape Distribution Size(cm)
None	
	C Xanthomata T Tendinous Xanthomata
Neuro	Location Touch Vibratory Deep tendon reflexes
Normal	
Comments	
	Cancel

2. **Monofilament neuro-exam of the foot** – also gives instructions on how to do monofilament examination.

Semn	nes-V	Veinste	in 5.0	)7 (10 g	g) Mono	filamer	nt Exar	ninatior	1
			Las	t Performed	02/07/2011				
Procedures									
<ol> <li>Have the patient loo</li> <li>Hold the filament pe</li> <li>Avoiding any ulcers</li> <li>Hold in place for ap</li> <li>Randomly test the s</li> <li>Elicit a response for</li> </ol>	ok away o rpendicula , calluses proximate sites listed rm the pat	r close his or l ar to the skin. a, or sores, tou ly 1.5 seconds below. ient at each si	her eyes. Ich the mo s, and the te. Lack o	nofilament to t n gently remov of sensation a	the skin until it ve it. t any site may	bends. indicated dial	petic neurop	athy.	
The monofilament may	be cleane	ed with 1:10 so	odium hyp	ochlorite solut	ion if contamin	ated with blo	od or body f	luids.	
High Risk Areas (P=se	ensation p	resent, A=sen	sation abs	ent, D=sensa	tion diminished	I)			
	R	ight	Let	it		Right		Left	
Toe Pulps	1 ( 2 ( 3 ( 4 ( 5 (			P C D C A P C D C A P C D C A P C D C A P C D C A	. Hee	el O P O	DCA	© P ⊙ D	•
Metatarsal Heads	1 ( 2 ( 3 ( 5 (			P C D C A P C D C A P C D C A P C D C A P C D C A	Foo	ot OPO	DOA	○ P ○ D	© A
			0	K	Cancel				

3. Foot Risk Assessment-

Foot Risk Assessment									
1.	C Intact protective sensation	C Loss of protective sensation							
2.	Pedal pulses present	C Absent pedal pulses							
3.	O No severe deformity	C Severe foot deformity							
4.	O No prior foot ulcer	C History of foot ulcer							
5.	O No amputation	C Prior amputation							
LOW Risk	Calculate As	sessement 3H Risk							
Visual foot exam every routine dia	betes visit Co	nduct comprehensive lower extremity exam every 3-6 months							
Annual complete lower extremity s	ensory exam De	monstrate preventative self-care of the feet							
Assess & recommend appropriate	footwear Re	Refer to specialists and diabetes educator as indicated							
Provide patient education for preve	entive self-care As	Assess/prescribe appropriate footwear							
	Ce	rtify Medicare patients for therapeutic shoe benefits							
	ок	Cancel							

a. This requires documenting the pulses, sensory status, deformity, ulcer, and amputations.

- b. When those entries are made by check boxes, activate the "calculation" button which will execute a plan of care for foot care, particularly important for the diabetic.
- c. This will print on the chart note.
- Neurological Exam this is the neurological examination from the Master GP Suite of Templates that includes 2 additional pop ups.

Mental Status Cognitive Abilities Emotional Stability	Normal	Neurological Exa	am Motor Exam
Cranial Nerves			
Coordination	🔲 Normal		
Fine Motor Skills	🔲 Normal		
Sensory Response	🖂 Normal	, 	
Balance & Gait	🔲 Normal	,	
Romberg		+ Romberg	- Romberg
Superficial and Dee	p Tendon R	eflex Right	Left
Reflexes	Normal		
Deep Reflexes	🗌 Normal	,	
Touch	Normal	,	
Vibiratory	Normal	, 	
Comments	Bicep Tricep Patella Ankle Babinski S Kernig's S	C Absent C +1 C C Absent C +1 C C Absent C +1 C C Absent C +1 C C Absent C +1 C ign + ign + + + + + + + + + + + - - - - - - - - - - - - -	+2 (C) +3 (C) +4 +2 (C) +3 (C) +4 +2 (C) +3 (C) +4 +2 (C) +3 (C) +4 - -
		OK Cancel	

1. Motor Exam - this template allows the documentation of a patient's level of strength

Motor Exam												
Upper Extremities	most			Str	ength			least	Tone			
Left	0 5/5	O 4+/5	O 4/5	O 4-/5	O 3/5	0 2/5	O 1/5	0/5				
Right	0 5/5	0 4+/5	0 4/5	0 4-/5	0 3/5	0 2/5	0 1/5	0/5				
Lower Extremities									Tone			
Left	0 5/5	O 4+/5	O 4/5	O 4-/5	O 3/5	0 2/5	O 1/5	0/5				
Right	O 5/5	O 4+/5	O 4/5	O 4-/5	O 3/5	0 2/5	O 1/5	0/5				
				ок	Car	ncel						

2. Cranial Nerves - this function helps document the status of a patient's cranial nerves



- Complications/Education
  - **1.** The top portion of this template allows for the documentation of five complications of diabetes:
    - a. **Nephropathy** each of the complications categories allows for the documentation of the degree and nature of the complication via pick lists.
    - b. Neuropathy
    - c. Retinopathy
    - d. Cardiovascular
    - e. Peripheral Vascular

Diabetic	Complications and Edu	cation
Status	Comments	Information Return
Nephropathy		<u>tephropathy</u>
Neuropathy		leuropathy & Foot Care
Retinopathy		Retinopathy
Cardiovascular		Cardiovascular Complications
Peripheral Vascular		
Diabetic Treatment Standards	Patient Information	
Diabetic Standards of Care Auto-Pri	nt All Diabetes At A Glance	Risk of Developing Type I Auto-Print All
Sick Day Instructions	General Diabetes Questions	Blood Sugar and Exercise
Glycemic Index	Questions To Ask	Neuropathy Reversed?
Foot Care Instructions	Pre-Diabetes	Cardiovascular Complications
	Diabetes Connections	Insulin Absorption
	Insulin Resistance	Basal/Bolus Insulin
	Medication and Meals	"Diabetic Diet"

# 2. The bottom portion of this template provides educational documentation for the patient:

#### a. Diabetic Standards of Care

- 1. A glycosylated hemoglobin (HbA1C) is recommended during an initial assessment and during follow-up assessments.
- 2. A Fasting Lipid Profile is recommended during an initial assessment and during follow-up assessments.
- 3. A urinalysis, including microalbuminuria and creatinine clearance, is recommended as part of an initial assessment and annually thereafter.
- 4. A dilated eye examination is recommended during an initial assessment and at least annually thereafter.
- 5. A foot examination --- visual inspection, sensory examination, and pulse examination -- is recommended during an initial assessment and during follow-up assessments.
- 6. Influenza immunization is recommended for any person 6 months of age or older who, because of age or underlying medical condition, is at increase risk for influenza-related complications, which includes patients with diabetes mellitus.
- 7. A blood pressure determination is recommended during an initial assessment and follow-up assessments.
- 8. Follow-up assessments should be scheduled regularly.
  - Sick Day Instructions
  - Glycemic Index
  - Foot Care Instructions
  - Auto-Print All This will print all 4 of the above documents.

# Diabetic Complications and Education



#### **b.** Patient Information

- Diabetes At A Glance
- General Diabetes Questions
- Questions To Ask
- Pre-Diabetes
- Diabetes Connections
- Insulin Resistance
- Medications and Meals
- Glucose Goals
- Risk of Developing Type I
- Blood Sugar and Exercise
- Neuropathy Reversed?
- Cardiovascular Complications
- Insulin Absorption
- Basal/Bolus Insulin
- "Diabetic Diet"
- Foot Care Guidelines
- Auto-Print All This will print all 16 of the above documents.

	Diabe	tic Compl	ications and	d Edu	cation			
	Status		Comments			Informa	tion	Return
Nephropathy						Nephropathy		
Neuropathy						Neuropathy & Fo	oot Care	
Retinopathy						Retinopathy		
Cardiovascular						Cardiovascular (	Complications	5
Peripheral Vascular								
				_				_
Diabetic Trea	atment Standa	rds	Patient Information	ı				
Diabetic Standards	of Care Auto	p-Print All	Diabetes At A Glan	<u>ce</u>	Risk of Develo	ping Type I	Auto-Print A	All
Sick Day Instruction	<u>15</u>		General Diabetes C	luestions	Blood Sugar a	nd Exercise		
Glycemic Index			Questions To Ask		Neuropathy Re	eversed?		
Foot Care Instructio	ns		Pre-Diabetes		Cardiovascula	r Complications		
			Diabetes Connectio	ns	Insulin Absorp	tion		
			Insulin Resistance		Basal/Bolus In	<u>sulin</u>		
			Medication and Mea	als	"Diabetic Diet"			
			Glucose Goals		Foot Care Guid	delines		

• **Insulin Pump**– this is a screen which allows you to document details instructions for a patient's insulin pump if they use one. Completing this template satisfies two goals. First, it ensures that patient knows how their insulin pump should be configured. Second, it allows the patients pharmacists to provide the correct amount of insulin.

I	nsulin Pump Instru Last Reviewed/Updated	r t	Return
Type of Pump	Type of Insulin	Active Insulin Time hours	Print
Upper Limit Goal mg/dL Lower Limit Goal mg/dL	Maximum Basal Rate Maximum Bolus Volume	units/hour units	
Profile 1	Active?	Carbohydrate Ratios	
Start Time Stop Time	Rate	Start Time Ratio	
	units/hour	1 g/U	
2	units/hour	2 g/U	
3	units/hour	3 g/U	
4	units/hour	4 g/U	
5	units/hour		
6	units/hour	Insulin Sensitivity	
7	units/hour	1 ma/dL per L	
		2 mg/dL per L	
Profile 2	Active?	3 mg/dL per L	
Start lime Stop lime	Rate	4 mo/dL per L	
	units/hour		
	units/nour		
	units/hour		
	units/nour		
· · · · ·	j units/nour		
Profile 3	Active?		
1 Start Time Stop Time	Kate units/hour		
2	units/hour		
	unite/hour		
	units/hour		

- **Initiating Insulin** this is a tutorial on how to start insulin on a patient. It includes the following functions:
  - 1. Concepts about insulin
  - 2. Insulin in Type 2 Diabetes
  - 3. Phase 1, II and Basal/Bolus
  - 4. Indications for Insulin Therapy
  - 5. Management Algorithm
  - 6. Insulin, Augment and Replace
  - 7. Immediate Insulin Therapy
  - 8. Insulin Contraindications
  - 9. Tips for Initiating Therapy
  - 10. **Dosing Insulin** this calculates the beginning insulin doses for you.
  - 11. S.A.F.E. Insulin
  - 12. Starting Glargine (Lantus) this calculates the beginning Lanus dosage for you.
  - 13. Insulin, Onset, Peak, Duration



• Lifestyle Changes – there are two columns on this template

#### Column 1 -

- 1. Diet type a space for the patient's diet to be displayed.
- 2. **Principles of Dietary Management for Diabetes** Six Dietary principles which will help improve glycemic control
- 3. **Poor Dental Hygiene** documentation for encouraging the patient with diabetes to maintain their dental health.
- 4. Across the Bottom there are hyperlinks to:
  - a. Exercise
  - b. Weight Management

c. Smoking Cessation with an e-mail button for sending an electronic tickler file for smoking cessation.



#### Column 2 -

#### 5. Patient Information

- a. Health Risk and Obesity
- b. Consequences of Couch Potato
- c. Benefits of Physical Activity
- d. "Diabetic Diet"
- e. Print All of the above Button

#### 6. Glycemic Information for Patient

- a. Importance of Glycemic Index
- b. Applying the Glycemic Index
- c. Glycemic Load
- d. Processing Food and Glycemic Index
- e. Button to print all four articles

Diabetes Lifestyle Cha	nges
Diet Type       1800 Cal ADA       Print         Principles of Dietary Management for Diabetes            Caloric restriction to achieve weight loss            Carbohydrate-limited diet            Uniform distribution of calories throughout the day            No caloric intake after 6-7 PM (will result in lower first morning blood sugar levels)            Very high fat meals may result in delayed hyperglycemia            Limit alcohol consumption (no more than 2 drinks per day)         Poor dental hygiene is associated with complications in diabetic patients            Encourage patient to clean teeth with flossing daily            Encourage annual dental examination and teeth cleaning         Exercise       Weight Management            Email	Information Health Risks and Obesity Consequences of Couch Potato Benefits of Physical Activity "Diabetic Diet" Print All Glycemic Information Importance of Glycemic Index Applying the Glycemic Index Glycemic Load Processing and Glycemic Level

- Diabetes Plan this is discussed below
- Education Bulletin Given on this is the last date that SETMA's Diabetes EducationBooklet was given.
- **Diabetes Education Button** this launches the Diabetes Education Template.
- Last Diabetes Education this indicates when the patient last attended Diabetes Education classes.

#### **Diabetes Plan Template**

Because of its importance, this is discussed as a separate section.

#### At the top of the template are:

- Title Bar
- Menu Bar
- Top Tool Bar
- Title of the Template

For more information on the NextGen Toolbar, Click Here.

#### To the far right of the Diabetes Plan Template are:

- Navigation Button to take you back to Diabetes Master Template
- Consortium Data Set discussed earlier
- **Patient compliance** discussed earlier
- Comments a place to add additional comments if needed
- Follow-up Document a button to launch the production of a follow-up note which should be given to the patient at every visit. The follow-up note gives the patient key information about how to take care of themselves, about their most recent lab results and about their medications.
- **Document** this button will generate the Diabetes Chart Note

#### ACE Roadmap to Achieve Glycemic Goals, Treatment Recommendations Based on Latest

## HGA1c

When the diabetes plan template is deployed and if the HbA1c is not to goal, a pop-up will automatically appear which is entitled *ACE Roadmap to Achieve Glycemic Goals, Treatment Recommendations Based on Latest HGA1c.* 

The following screen shot of the Diabetes Plan shows the button to launch this function outlined in red.

leal Requirements	Calc	D	labetes l	Plan	1000	1.1		Return
Total Daily Dose		Total Meal Dose	Pre-lunch		General Measu	res	-	and the Data Cal
Basal Requirement		Pre-breakfast	Pre-dinne	r	Help		Cons	ortium Data Set
aboratory & Procedu	ires	Managemen	t				Patie	nt Adherence
rdering Provider	-	Change Se	elf-Monitoring of	Blood Glucose	(SMBG) to			Comments
Contraction of the local distance of the loc	II e e	Phone	glucose data inte	o our office in	7 day	C Treat Casla	Follow	Un Document
E BMP	1//	Refer	to eye specialist		HgbA1	C freat Goals	Follow	op bocument
C-Peptide	[11	Follow Up	o Visit	Education	and Eye Referr	als	0	ocument
FKG	11			Priority	Referring First	Referring Last	Referral 🔺	
Flu Shot	11/04/2	011		Stat	Norma	Duncan	Rule out 💌	
Fructosamine		Medications		•			+	
T III III D. D.	11			and the second se	State Printer of the service international		and the second second	
Hepatic Profile	and the second	Contin	ue present insulir	n and metform	in/sulfonvlurea/ac	arbose/nin/rosi/tri	oolitazone reoli	пел
Hepatic Profile	02/22/2	012 Contin	ue present insulir ue Aspirin	n and metform	in/sulfonylurea/ac	arbose/pio/rosi/tr	oginazone regir	nen
Hepatic Profile HgbA1C Lipid Profile w/LDI	02/22/2 11/15/2	012 Continu 012 Continu 012 Start A	ue present insulir ue Aspirin Ispirin 325 mg	n and metform	in/sulfonylurea/ac	arbose/pio/rosi/tr	ogiitazone regir	Double-Click to View/A
Hepatic Profile HgbA1C Lipid Profile w/LDI Magnesium	02/22/2 11/15/2	012 Continu 012 Continu 012 Start A	ue present insulir ue Aspirin spirin 325 mg C Increase C	n and metform Decrease C	stop	arbose/pio/rosi/tr	mg	Double-Click to View/A
Hepatic Profile HgbA1C Lipid Profile w/LDI Magnesium Micral Strip	02/22/2	012 Continu 012 Continu 012 Start A C Begin C Begin	ue present insulir ue Aspirin spirin 325 mg C Increase C Increase C	n and metform Decrease C Decrease C	stop	arbose/pio/ros/tr	mg	Double-Click to View/A
Hepatic Profile HgbA1C Lipid Profile w/LDI Magnesium Micral Strip Pneumovax	02/22/2 11/15/2 / / 03/02/2	012 Continu 012 Continu 012 Start A C Begin 011 C Begin	ue present insulir ue Aspirin spirin 325 mg C Increase C Increase C Increase	n and metform Decrease C Decrease C Decrease C	Stop Stop Stop	arbose/pio/rosi/tri		Double-Click to View/A
Hepatic Profile HepbA1C Lipid Profile w/LDI Magnesium Micral Strip Pneumovax Spot AC Ratio	02/22/2 11/15/2 / / 03/02/2	012 Contini 012 Contini 012 Start A C Begin 011 C Begin	ue present insulir ue Aspirin spirin 325 mg C Increase C Increase C Increase	n and metform Decrease C Decrease C Decrease C	Stop Stop Stop Stop	to	mg	Double-Click to View/A
Hepatic Profile Hepatic Profile w/LDU Lipid Profile w/LDU Magnesium Micral Strip Pneumovax Spot AC Ratio TSH	02/22/2 11/15/2 / / 03/02/2	012 Contin 012 Contin 012 Start A C Begin 011 C Begin	ue present insulir ue Aspirin spirin 325 mg C Increase C C Increase C C Increase C	n and metform Decrease C Decrease C Decrease C	Stop	to	mg mg	Double-Click to View/A
Hepatic Profile Hepatic Profile w/LDI Lipid Profile w/LDI Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture	02/22/2 11/15/2 / / 03/02/2 / /	012 Contini 012 Contini 012 Start A 011 Begin 011 Begin	ue present insulir ue Aspirin .spirin 325 mg C Increase C Increase C Increase C	n and metform Decrease C Decrease C Decrease C	In/Sulfonylurea/ac	to		Double-Click to View/A
Hepatic Profile Hepatic Profile w/LDI Lipid Profile w/LDI Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment	02/22/2 11/15/2 / / 03/02/2	012 Contin 012 Contin 012 Start A C Begin 011 Begin 011 Begin New SQ Insu	ue present insulir ue Aspirin .spirin 325 mg C Increase C Increase C Increase C Increase C	n and metform Decrease C Decrease C Decrease C	In/Sulfonylurea/ac Stop Stop Stop	to to Insulin Pu	mp Con	Double-Click to View/A Brand Name
Hepatic Profile Hepatic Profile w/LDI Lipid Profile w/LDI Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dx1	02/22/2 11/15/2 / / 03/02/2 / /	012 Contin 012 Contin 012 Start A C Begin 011 Begin 011 Begin New SQ Insu	ue present insulir ue Aspirin .spirin 325 mg C Increase C Increase C Increase C Increase C	n and metform Decrease C Decrease C Decrease C e	In/sulfonylurea/ac Stop Stop Stop Import Current	to to Insulin Pu	mp Con	Double-Click to View/A Brand Name parison of Human Insulin ditions - Glycemic Control
Hepatic Profile Hepatic Profile w/LDI Lipid Profile w/LDI Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dx1 Dx2	02/22/2 11/15/2 / / 03/02/2 / /	012 Contin 012 Contin 012 Start A C Begin 011 Begin 011 Begin New SQ Insu	ue present insulir ue Aspirin uspirin 325 mg C Increase C C Increase C Increase C Increase C	n and metform Decrease C Decrease C Decrease C Decrease C	In/sulfonylurea/ac	to to Insulin Pu	mp Con	Double-Click to View/A Brand Name parison of Human Insulin ditions - Glycemic Control brugs - Glycose Levels
Hepatic Profile Hepatic Profile w/LDI Lipid Profile w/LDI Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dx1 Dx2 Dx3	02/22/2	012 Contin 012 Contin 012 Start A C Begin 011 Begin 011 Begin New SQ Insu	ue present insulir ue Aspirin .spirin 325 mg C Increase C Increase C Increase C Increase C	n and metform Decrease C Decrease C Decrease C Decrease C Decrease C	Import Current	to to Insulin Pu	mp Con	Double-Click to View/A Brand Name parison of Human Insulin ditions - Glycemic Control brugs - Glucose Levels Basal/Bolus Insulin
Hepatic Profile Hepatic Profile w/LDI Lipid Profile w/LDI Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dx1 Dx2 Dx3 Chronic C	02/22/2 11/15/2 11/15/2 03/02/2 11/	012 Contin 012 Contin 5 Start A C Begin 011 Begin New SQ Insu	ue present insulir ue Aspirin spirin 325 mg C Increase C Increase C Increase C	e	Import Current	to to Insulin Pu	mp Con	Double-Click to View/A Brand Name parison of Human Insulin ditions - Glycemic Control brugs - Glucose Levels Basal/Bolus Insulin Incretins
Hepatic Profile Hepatic Profile w/LDI Lipid Profile w/LDI Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dx1 Dx2 Dx3 Chronic C	02/22/2 11/15/2 11/15/2 03/02/2 11/	012 Contin 012 Contin 012 Start A C Begin 011 Begin New SQ Insu You NUSTIC	ue present insulir ue Aspirin spirin 325 mg C Increase C Increase C Incre	n and metform Decrease C Decrease C Decrease C	Import Current	to to Insulin Pu	mp Con	Double-Click to View/A Brand Name parison of Human Insulin ditions - Glycemic Control brugs - Glucose Levels Basal/Bolus Insulin Incretins Byetta

The pop-up can be launched automatically if the HbA1c is not to goal or it can be launched by clicking the button entitled, **HbA1c Treat Goal**. The ACE is the American College of Endocrinology.

# ACE Road Map to Achieve Glycemic Goals Treatment Recommendations Based on Lastest HgbA1C

Pa	tient's Latest HgbA1C 8.0 % 02/22/2012
HgbA1C Range	7.1 - 8.0 %
ACE Glycemic Goals	HgbA1C     < 6.5%
Intervention ** = Special Situations (Click the links for additional info)	Metformin       Sulfonvlurea       NPH         TZDs       Rapid-Acting Insulin Analogs       Other Approved Combinations         Alpha-Glucosidase Inhibitors       Pre-Mixed Insulin Analogs       Other Approved Combinations         Meditinides       Glargine
Continuous Titration of Rx (2 to 3 months)	Monitor/Adjust Rx to maximal effective dose to meet ACE glycemic goals.
If HgbA1C <= 6.5% Not Achieved	Intensify or combine Rx, including incretin mimetic (available as exenatide) with sulfonylurea and/or metformin.
	OK Cancel

The navigation buttons on the Disables Plan are outlined in red.

leal Requirements	Calc	Dia	betes I	Plan	1000	100		Return	
Total Daily Dose	Total	Meal Dose	Pre-lunch		General Measure	ures		anarthum Data Sat	
Basal Requirement	Pre-b	reakfast	Pre-dinne	r	Help			insortium Data Set	
aboratory & Procedu	ires	Management			the state		- F	atient Adherence	
rdering Provider		Change Self-	Monitoring of I	Blood Glucose	(SMBG) to	_		Comments	
	1177	Phone glu	cose data into	o our office in	7 days	1C Treat Goals	Eol	low Up Document	
I BMP	1111		ye specialist		- Igon	To Treat douis			
Creatinine	[11	Follow Up V	isit	Education	n and Eye Refer	rals		Document	
EKG	11			Priority	Referring First	t Referring Las	t Referral		
Flu Shot	11/04/2011	Medications		Stat	Norma	Duncan	Rule out	-	
Hepatic Profile	11	Continue	present insuli	n and metform	in/sulfonylurea/a	carbose/pio/rosi/	troglitazone r	egimen	
HgbA1C	02/22/2012	Continue /	Aspirin					Double-Click to Vi	ew/Add
Magnasium	1013/2012	_ Start Asp	rin 325 mg	-			- works	Double-Chick to Vi	
Micral Strip	[]]	C Regin	Increase	Decrease C	Stop	to	mg	Brand Name	
Pneumovax	03/02/2011	C Regin C	Increase C	Decrease C	Stop				
Spot AC Ratio	1		moropou	Decircular	citop (				
TSH	11								
Venipuncture ssessment		New SQ Insulin	Dose Sav	e	Import Current	Insulin P	ump	Comparison of Human Ins	sulin
Dx1					_			Conditions - Glycemic Cor	ntrol
Dx2					_	-		Drugs - Glucose Level	is I
Dx3			_		_	-		Basal/Bolus Insulin	
Chronic Co	onditions	VOUNDET ONO	L'ICaual ahou	ie atterenteri	na new incutio int	formation		Incretins	
		nu nuer une	, care auco	a anas cincin	ng men matann mi	onnanon.		Byetta	
	EM Coding	Sliding Sc	ale		Insulin ()ver 1	lime			

From Top to Bottom, the Diabetes Plan Template is organized into three sections.

#### **Top Section:**

#### • This is titled Meal Requirements (Insulin)

When the New Subq Insulin Dose is completed at the bottom of the screen and the "save" button" is depressed, the following information about the patient's insulin is automatically generated. This prints on the follow-up note which you will give to the patient.

- 1. Total Daily Dose
- 2. Basal Requirements
  - a. Total Meal Dose
  - b. Pre-breakfast
  - c. Pre-lunch
  - d. Pre-dinner

Total Daily Dose	Total Me	eal Dose Pre	Junch	General Meas	ures		Keturn
Basal Requirement	Pre-bre	akfast Pre-	-dinner	Help		Cons	sortium Data Set
			S MUNUSSI	-		Pati	ent Adherence
rdering Provider		Change Self-Monitori	ing of Blood Gluco	se (SMBG) to			Comments
E BMP	1//	Phone glucose da	ata into our office	in 7 days HgbA	1C Treat Goals	Follow	w Up Document
C-Peptide		Follow Up Visit	Educat	on and Eve Refe	rrals	= 0	Document
Creatinine	11		Priority	Referring Firs	t Referring Last	Referral A	
Flu Shot	11/04/2011		Stat	Norma	Duncan	Rule out 💌	
Fructosamine		Medications				+	
Hepatic Profile	11	Continue present	t insulin and metfo	rmin/sulfonylurea/a	carbose/pio/rosi/tr	oglitazone regi	men
I HgbA1C	11/15/2012	Continue Aspirin	-				Double-Click to View/Ad
Magnesium		C Begin C Increas	ng se C. Decrease (	Stop	to	ma	Brand Name
Micral Strip	11	C Begin C Increas	se C Decrease	Stop		- 119	
Pneumovax	03/02/2011	C Begin C Increas	se 🔿 Decrease 🤇	Stop			
Spot AC Ratio	11 1						
Veninuncture	1.1.						
ssessment		New SQ Insulin Dose	Save	Import Current	Insulin Pu	imp Co	mparison of Human Insulin
Dx1						Cor	nditions - Glycemic Control
Dx2					-		Drugs - Glucose Levels
Dx3							Basal/Bolus Insulin
Chronic Co	nditions	You MUST click "Save	* shove after ente	ring new insulin in	formation	-	Incretins
	EM Coding	Sliding Scale	Contra Succession	Insulin Over	Time		Byetta
	cin oouniq						

- General Measures -- This launches a pop-up with the ability to order:
  - 1. Home glucose monitoring
  - 2. Exercise
  - 3. Reduce Weight
  - 4. Follow ADA Diet

Meal Requirements	Calc	Diabetes Plan	_		1.0	Return	
Total Daily Dose Basal Requirement	Total Meal Dose	Pre-lunch Pre-dinner	General Meas	sures	Con	sortium Data Set	
Laboratory & Procedu	res Manageme	ent			Pat	ient Adherence	
Ordering Provider	Change	Self-Monitoring of Blood Gli	ucose (SMBG) to	Sector Sector		Comments	
F BMP	Tx Diabetes Gm		b/	A1C Treat Goals	Follo	w Up Document	
C-Peptide	Conservatible	and the Dis	that a life	errals		Document	
EKG Flu Shot Fructosamine Hepatic Profile HepbA1C Lipid Profile w/LDL Magnesium Micral Strip Pneumovax Spot AC Ratio T TCH	Patient was	s advised of the followin me glucose monitoring robic exercise Juce weight low ADA diet	g:	acarbose/pio/rosi/t	Referrar A Rule out V proglitazone reg	imen Double-Click to Viev Brand Name	v/Add Meds
Venipuncture Assessment Dx1 Dx2 Dx3 Chronic Co	New SQ In:	SUIIN Dose Save	Import Current	Insulin Pi	ump Co Co	mparison of Human Insul nditions - Glycemic Contr Drugs - Glucose Levels Basal/Bolus Insulin Incretins	ol
	EM Coding Slidin	ng Scale	Insulin Over	Time		Byetta	
_					1	Actions: Byetta	

Any of these that are checked will print on the chart follow-up note which you will give to the patient.

• **Help** – this launches a pop-up entitled "Strategies for Achieving Glycemic Control in Type 2 Diabetes"

Aeal Requirements	Calc	D	iabetes P	lan				Return	
Total Daily Dose	Tof	al Meal Dose	Pre-lunch		a				
Basal Requirement	Pre	e-breakfast	Pre-dinner		Help		Con	sortium Data Set	
aboratory & Procedu	res	Managemen	t				Pat	tient Adherence	
rdering Provider		Change Se	elf-Monitoring of Bl	lood Glucose	(SMBG) to	_		Comments	
Company and a second	11	Phone	glucose data into	our office in	7 days	AC Transfer Carela	Ealla	u lla Decument	
E BMP	1//	Refer	o eye specialist	-	HgbA	1C Treat Goals	Folio	w op bocument	
C-Peptide	(11	Follow Up	Visit	Education	and Eve Refer	rrals	in the second	Document	
	11			Priority	Referring Firs	t Referring Last	Referral +		
Elu Shot	11/04/2011			Stat	Norma	Duncan	Rule out 👻		
Fructosamine		Medications				1 a second	+	*	
Hepatic Profile	11	Contin	ie present însulin	and metformi	in/eulfonvlures/s	carbosa/nin/rosi/tr	nolitazone rec	viman	
HgbA1C	02/22/201:	2 Contin	ie Asnirin	and metionin	insultonyiurcara	carbosc/pio/rositi	ogitazone reg	limen	
Lipid Profile w/LDL	11/15/2012	2 Start A	spirin 325 ma					Double-Click to View	/Add M
the second se		C Pasin	Increase C D	ecrease C	Stop	to	ma	Brand Name	-
Magnesium		Degin			P.C. M. MILLING	10113	and the second s		-
Magnesium Micral Strip	[11	C Begin	C Increase C D	ecrease C	Stop				
Magnesium Micral Strip Pneumovax	03/02/2011	C Begin	C Increase C D C Increase C D	ecrease	Stop		_		-
Magnesium Micral Strip Pneumovax Spot AC Ratio	/ / 03/02/2011	C Begin C Begin	C Increase C D C Increase C D	ecrease C	Stop Stop				
Magnesium Micral Strip Pneumovax Spot AC Ratio TSH	/ / 03/02/201 <sup>,</sup>   / /	C Begin C Begin	C Increase C D C Increase C D	ecrease C	Stop Stop				
Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture	// 03/02/201 <sup>/</sup>	C Begin C Begin Begin	C Increase C D C Increase C D Iin Dose Save	ecrease C ecrease C	Stop	Insulin Pu			
Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment	// 03/02/201 <sup>,</sup>	New SQ Insu	C Increase C D C Increase C D Iin Dose Save	ecrease C	Stop Stop	Insulin Pu		omparison of Human Insulin	
Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dx1	// 03/02/201 <sup>,</sup>	New SQ Insu	C Increase C D C Increase C D In Dose Save	ecrease C	Stop Stop	Insulin Pu	imp Cc	omparison of Human Insulin anditions - Glycemic Control	
Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dx1 Dx2	// 03/02/201*	New SQ Insu	C Increase C D C Increase C D In Dose Save	ecrease C	Stop	Insulin Pu	imp Cc	omparison of Human Insulin Inditions - Glycemic Control Drugs - Glucose Levels	
Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dxt Dx2 Dx3	// 03/02/201 <sup>,</sup> //	New SQ Insu	C Increase C D Increase C D		Stop	Insulin Pu		omparison of Human Insulin onditions - Glycemic Control Drugs - Glucose Levels Basal/Bolus Insulin	
Magnesium Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dx1 Dx2 Dx3 Chronic Co	/ / / 03/02/201*	New SQ Insu	C Increase C D Increase C D	ecrease C	Import Current	Insulin Pu		omparison of Human Insulin onditions - Glycemic Control Drugs - Glucose Levels Basal/Bolus Insulin Incretins	
Magnesum Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dx1 Dx2 Dx3 Chronic Co	/ / / 03/02/201 / /	New SQ Insu	C Increase C D Increase C D In Dose Save	ecrease C	Import Current	Insulin Pu		omparison of Human Insulin Inditions - Glycemic Control Drugs - Glucose Levels Basal/Bolus Insulin Incretins Byetta	

# The Middle Section contains:

• Laboratory and Procedures – it is possible to charge post these studies from the Diabetes

Plan Template. The process is simple:

- 1. Add the diagnosis to the Assessment box below
- 2. Check the boxes by the tests you wish to order
- 3. Click the "Submit Labs" box in the bottom section of this template.

#### The tests and procedures which can be ordered from the Diabetes Plan template are:

- 4. BMP
- 5. C-Peptide
- 6. EKG
- 7. Flu Shot
- 8. Fructosamine
- 9. Hepatic Profile
- 10. Magnesium
- 11. Microalbumin
- 12. Pneumovax
- 13. Spot AC Ratio
- 14. TSH
- 15. Venipuncture

*Note:* The date on which the above were last done is noted in the date box to the right of each test or procedure.

Total Daily Daga	Totalla	al Dasa		General Measur			Return
Basal Requirement	Pre-brei	akfast Pre-dinne	r	Help	63	Cons	sortium Data Set
boratory & Procedu	ires	lanagement				Pati	ent Adherence
dering Provider		Change Self-Monitoring of	Blood Glucose	(SMBG) to			Comments
E BUD	11/1	Phone glucose data int	o our office in	7 days HqbA10	C Treat Goals	Follow	w Up Document
<u>C-Peptide</u>		Follow Up Visit	Education	and Eus Deferm	-1-	1	Document
Creatinine			Priority	Referring First	Referring Last	Referral A	
Flu Shot	11/04/2011		Stat	Norma	Duncan	Rule out 🔹	
Hepatic Profile HgbA1C Lipid Profile w/LDL	02/22/2012	Continue present insuli Continue Aspirin Start Aspirin 325 mg	n and metform	in/sulfonylurea/aca	arbose/pio/rosi/tr	oglitazone reg	men Double-Click to View/
NAME AND ADDRESS OF TAXABLE PARTY.	the second			01-02	6	augusta.	
Magnesium Micral Strip Pneumovax	03/02/2011	C Begin C Increase C Begin C Increase C Begin C Increase C	Decrease C Decrease C Decrease C	Stop Stop		mg	Brand Name
Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture	/// 03/02/2011	C Begin C Increase C C Begin C Increase C C Begin C Increase C	Decrease O Decrease O Decrease O	Stop Stop			Brand Name
Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture	// 03/02/2011	C Begin C Increase C Begin C Increase C Begin C Increase C Begin C Increase C	Decrease C Decrease C Decrease C	Stop Stop Import Current	Insulin Pu	mp Co	mparison of Human Insulin
Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture Sessment Dx1	// 03/02/2011	C Begin C Increase C Begin C Increase C Begin C Increase C Begin C Increase C	Decrease C Decrease C Decrease C	Stop Stop	Insulin Pu	mp Co	mparison of Human Insulin nditions - Glycemic Control
Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture Sessment Dx1 Dx2	// 03/02/2011	C Begin C Increase C Begin C Increase C Begin C Increase C Begin C Increase C	Decrease C Decrease C Decrease C	Stop	Insulin Pu	mp Co	mparison of Human Insulin nditions - Glycemic Control Drugs - Glucose Levels
Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture Dx1 Dx2 Dx3	// 03/02/2011	C Begin C Increase C Begin C Increase C Begin C Increase C I ew SQ Insulin Dose Sav	Decrease C Decrease C Decrease C Pecrease C	Import Current	Insulin Pu	mp Co	mparison of Human Insulin nditions - Glycemic Control Drugs - Glucose Levels Basal/Bolus Insulin
Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture Sessment Dx1 Dx2 Dx3 Chronic Co	/ / / 03/02/2011 / /	Begin C Increase C Begin C Increase C Begin C Increase C I ew SQ Insulin Dose Sav	Decrease C Decrease C Decrease C re	Import Current		mp Co	mparison of Human Insulin nditions - Glycemic Control Drugs - Glucose Levels Basal/Bolus Insulin Incretins
Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture Sessment Dx1 Dx2 Dx3 Chronic Co	/ / 03/02/2011 / /	C Begin C Increase C Begin C Increase C Begin C Increase C I ew SQ Insulin Dose Say	Decrease C Decrease C Decrease C Pecrease C Pecrease C	Import Current	Insulin Pu	mp Co	mparison of Human Insulin nditions - Glycemic Control Drugs - Glucose Levels Basal/Bolus Insulin Incretins Byetta

#### • Management Strategies

- 1. Change Self-monitoring of Glucose to (SMBG) there is a box with a pick list which allows the following choices: QD, QID, QOD, BID.
- 2. Phone Glucose data into our office in 7 days there is a check box to activate this so that it prints on the follow-up note.

- 3. **Refer to Eye Specialist** when the box next to this function is checked, it allows you to select an Ophthalmologist. In the next line is the referral template can be accessed by double clicking in the space to complete the eye referral.
- 4. Follow-up visit patients with diabetes ought to be seen at a minimum of three times a year.

leal Requirements	Calc	Diab	etes Plan	<u> </u>		-	F	Return
Total Daily Dose	Total	Meal Dose	Pre-lunch	Gen	eral Measu Help	res	(	Consortium Data Set
aboratory & Procedu	ires	Management						Patient Adherence
rdering Provider		Change Self-Mon	itoring of Blood (	Glucose (SMB	3) to			Comments
EMP	[]//	Phone glucos	e data into our o soecialist	ffice in 7 days	HgbA1	C Treat Goals	Fo	blow Up Document
C-Peptide		Follow Up Visit	Ed.	ication and l	ve Referr	als		Document
EKG	11		Pr	iority Ref	erring First	Referring Last	Re erral	
Flu Shot	11/04/2011		St	at Nor	na	Duncan	Ru : out	•
Magnesium Micral Strip Pneumovax Spot AC Ratio	/// 03/02/2011	_ Start Aspirin : C Begin C Inc C Begin C Inc C Begin C Inc	125 mg rease O Decrea rease O Decrea rease O Decrea	ise C Stop ise C Stop ise C Stop		to	mg	Brand Name
Venipuncture ssessment		New SQ Insulin Do	se Save	Import	Current	Insulin Pu	mp	Comparison of Human Insulin
Dx1					_			Conditions - Glycemic Control
Dx2						-		Drugs - Glucose Levels
Dx3								Basal/Bolus Insulin
	20.00							In a section of
Chronic C	onditions	You MUST click 15	ave" shove after	entering new	insulia info	mation		Incretins
Chronic C	enditions EM Coding	You MUST click 'S Sliding Scale	ave" above after	entering new Ins	insulin info ulin Over Tir	mation me		Byetta

- Medications check boxes are present which allows you to document instructions to:
  - a. Continue present insulin and metformin etc.
  - b. Continue Aspirin
  - c. Start Aspirin 325 mg
  - d. Begin, Increase Decrease

mean requirements	Calc	Diab	eles r	lan		1		Return	
Total Daily Dose	Total IV	leal Dose	Pre-lunch		General Measur	es	Cor	sortium Data Set	
Basal Requirement	Pre-br	eakfast	Pre-dinner		Help			Sortion Data Set	
Laboratory & Procedu	res	Management					Pa	tient Adherence	
ordering Provider	_	Change Self-Mor	nitoring of Bi	ood Glucose	(SMBG) to	-	-	Comments	
E BMP	[]//	Refer to eve	specialist	our office in 7	days HgbA10	C Treat Goals	Follo	w Up Document	
Creatinine		Follow Up Visit	1	Education	and Eye Referra	als		Document	
EKG	11			Priority	Referring First	Referring Last	Referral 🔺		
Flu Shot	11/04/2011		_	Stat	Norma	Duncan	Rule out 🔻		
Hepatic Profile	02/22/2012	Continue pre	sent insulin a birin	and metformin	n/sulfonylurea/aca	arbose/pio/rosi/tr	oglitazone rej	pimen Double Click to Vi	our/Add Mode
Hepatic Profile HgbA1C Lipid Profile w/LDL Magnesium Micral Strip Pneumovax Spot AC Ratio TSH	02/22/2012 11/15/2012 / / 03/02/2011	Continue pre Continue Ass Start Aspirin Begin C Inc Begin C Inc Begin C Inc	sent insulin a birin 325 mg crease (C D) crease (C D) crease (C D)	and metformin ecrease C S ecrease C S ecrease C S	n/sulfonylurea/aca Stop Stop	to	mg	jimen Double-Click to Vi Brand Name	ew/Add Meds
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Hepatic Profile HgbA1C Lipid Profile w/LDL Magnesium Nicral Strip Pneumovax Spot AC Ratio TSH Venipuncture Assessment Dx1 Dx2 Dx3 Chronic Co	02/22/2012 11/15/2012 / / 03/02/2011 / /	Continue pre Continue Asp Start Asprin Begin C Inc Begin C Inc Begin C Inc New SQ Insulin Do	sent insulin a pirin 325 mg prease O Di prease O Di prease O Di prease Save	and metformin ecrease C S ecrease C S	n/sulfonylurea/aca Stop Stop mport Current	to to hisulin Pu	mgC	Double-Click to Vi Brand Name omparison of Human Ins onditions - Glycemic Cor Drugs - Glucose Level Basal/Bolus Insulin Incretins	ew/Add Meds
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NOTE: For more information on using the Medication Module, <u>Click Here</u>

#### The bottom section of the template contains:

- Assessment, including
  - 1. Three boxes for diagnoses; the top box only has Diabetes ICD-9 codes attached.
  - 2. Chronic Conditions a button which launches the patient's chronic condition
  - 3. Submit Labs a button which submits the lab requests to the lab and the charges to charge posting.
  - 4. EM Coding

iear requirements	Calc	Diabetes Plan		1.1			Return
Total Daily Dose	Total Meal Dose	Pre-lunch	Gene	ral Measur	es	Conn	ortium Data Sat
Basal Requirement	Pre-breakfast	Pre-dinner		Help		Cons	ortium Data Set
aboratory & Procedure	es Managen	nent		-		Patie	ent Adherence
rdering Provider	Chang	e Self-Monitoring of Blood G	lucose (SMBG	) to			Comments
E BMP		one glucose data into our of	tice in / days	HgbA10	C Treat Goals	Follov	v Up Document
C-Peptide	Follow	w Up Visit Edu	cation and Ev	e Referra	als		Document
E EKG	11	Pri	ority Refer	ring First	Referring Last	Referral 🔺	
Flu Shot	11/04/2011 Medicatio	ons Sti	at Norm	a	Duncan	Rule out 💌	
Hepatic Profile	02/22/2012 Co	ntinue present insulin and m Intinue Aspirin	etformin/sulfon	ylurea/aca	arbose/pio/rosi/tr	oglitazone regi	men Double-Click to View
Lipid Profile W/LDL	Sta Sta	art Aspinn 525 mg					
Magnesium Micral Strip Pneumovax Soot AC Patio	// C Be 03/02/2011 C Be	egin C Increase C Decrea egin C Increase C Decrea egin C Increase C Decrea	se C Stop se C Stop se C Stop	-	to	mg	Brand Name
Magnesium Micral Strip Pneumovax Spot AC Ratio	/// State // C Be 03/02/2011 C Be //	an Aspinin 325 mg igin € Increase € Decrea igin € Increase € Decrea igin € Increase € Decrea	se C Stop se C Stop se C Stop		to	mg	Brand Name
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Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Veninuncture ssessment Dx1 Dx2 Dx3	/ /	In Aspinin 325 mg Igin C Increase C Decrea Igin C Increase C Decrea Igin C Increase C Decrea Insulin Dose Save	se Stop se Stop se Stop mport C	urrent	to	mp Cor	Brand Name
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Magnesium Micral Strip Pneumovax Spot AC Ratio TSH Venipuncture ssessment Dx1 Dx2 Dx3	/ /	In Aspinin 325 mg Igin C Increase C Decrea Igin C Increase C Decrea Insulin Dose Save ST click "Save" above after Igin S cala	se Stop se Stop Import C	urrent	Insulin Pu	mp Con	mparison of Human Insulin Iditions - Glycemic Contro Orugs - Glucose Levels Basal/Bolus Insulin Incretins Byetta

- New SQ Insulin Dose
  - 1. **Import Current** this moves the insulin dosing which is displayed on the Master Diabetes Template to the Plan Template
  - 2. Save once any changes are made, this button saves the new insulin dosing and places it in the basal and meal categories at the top of the Diabetes Plan Template.
  - 3. Sliding Scale this allows a sliding scale to be selected based on the patient's insulin sensitivity.
  - 4. Insulin over time this allows you to view the insulin dosing over time.

leal Requirements	Calc		Diabetes	Plan	12 2020	14		Return	
Total Daily Dose		Total Meal Dose	Pre-lunch	h	General Measur	es	Con	nortium Data Sat	
Basal Requirement		Pre-breakfast	Pre-dinne	er	Help		CON	sortion Data Set	
aboratory & Procedu	ires	Managem	ient		The second		Pat	ient Adherence	
rdering Provider	-	Change	Self-Monitoring of	f Blood Glucose	(SMBG) to			Comments	
Terrar and the second se	1.1.1.	Pho	ine glucose data int	to our office in	7 days	Treat Coale	Follo	w Up Document	
BMP	1//	Ref	er to eye specialist	t)	пдрат	c freat Goals	1010	w op bocument	
<u>C-Peptide</u>	[1]	Follow	Up Visit	Education	and Eye Referra	als	the second se	Document	
FKG	11		_	Priority	Referring First	Referring Last	Referral 🔺		
Flu Shot	11/04/2	2011	1	Stat	Norma	Duncan	Rule out 💌		
Fructosamine		Medicatio	ins	4			+		
The second second	11			And a second			and the second second second	all and a second se	
Hepatic Profile	1	Con	ntinue present insuli	lin and metform	in/sulfonylurea/aca	arbose/pio/rosi/tr	oglitazone reg	imen	
Hepatic Profile	02/22/2	2012 Con	ntinue present insul ntinue Aspirin	lin and metform	in/sulfonylurea/ac	arbose/pio/rosi/tr	oglitazone reg	Double Click to Vice	w/A de
Hepatic Profile	02/22/2	2012 Con 2012 Sta	ntinue present insul ntinue Aspirin rt Aspirin 325 mg	lin and metform	in/sulfonylurea/ac	arbose/pio/rosi/tr	oglitazone reg	imen Double-Click to Vie	w/Add
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### • Printable Provider Education Materials on:

- 1. Comparison of human insulins
- 2. Conditions Glycemic Control
- 3. Drugs Glucose Levels
- 4. Basal/Bolus Insulins
- 5. Incretins
- 6. Byetta
- 7. Actions Byetta

leal Requirements	Calc	D	iabetes	Plan		1		Return	
Total Daily Dose	1	otal Meal Dose	Pre-lunch		General Measur	res	Cana	artium Data Cat	
Basal Requirement	F	Pre-breakfast	Pre-dinne	er	Help		Cons	ortium Data Set	
aboratory & Procedu	res	Managemen	t				Patie	ent Adherence	
rdering Provider		Change Se	elf-Monitoring of	Blood Glucose	(SMBG) to			Comments	
and the second se	II e e	Phone	glucose data inte	o our office in 1	7 days	C Treat Coale	Follow	Up Document	
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Creatining	[1]	Follow Up	o Visit	Education	and Eye Referr	als	0	ocument	
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Flu Shot	11/04/20	11 Medications		Stat	Norma	Duncan	Rule out 👻		
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The last action is to create the Diabetes Follow-up Note, which is the Diabetes Treatment Plan and Plan of Care, and to give it to the patient and then to create the Diabetes Chart Note.

Meal Requirements	Calc	Diabete	s Plan		-	1	Return	
Total Daily Dose	Total I	leal Dose Pre-lu	unch	General Measu	ires		Parts Cal	
Basal Requirement	Pre-bi	reakfast Pre-d	linner	Help			onsortium Data Set	
Laboratory & Procedu	ires	Management				_	Patient Adherence	
Ordering Provider		Change Self-Monitoring	g of Blood Glucos	e (SMBG) to			Comments	
		Phone glucose dat	a into our office i	n 7 days				
E BMP	[]//	Refer to eye speci	alist	HgbA1	C Treat Goals	Fo	llow Up Document	
C-Peptide	(11	Follow Up Visit	Educatio	on and Eve Refer	rals		Document	
Creatinine	11		Priority	Referring First	Referring Last	Referral		
Flu Shot	11/04/2011		Stat	Norma	Duncan	Rule out	*	
Fructosamine		Medications	•	1.000000	1. a recesso			
Hepatic Profile	[11	Continue present in	sulin and metfor	min/sulfonvlurea/ac	arhose/nin/rosi/t	roolitazone	renimen	
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	1							
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Ded							Conditions - Glycemic Cont	rol
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DAZ						-	Basal/Bolus Insulin	
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Chronic C	onations	You MUST click "Save"	above after enter	ing new insulin info	ormation	-	Ryotta	
	EM Coding	Sliding Scale		Insulin Over T	ime		Actions: Byetta	
				and the second sec		_	Actions, Dyella	



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## Diabetes Follow-Up Note Treatment Plan and Plan of Care

### **Treatment Goals**

HgbA1c Blood Pressure Cholesterol (LDL) Less than 7.0 % Less than 130/80 mmHg Less than 100 mg/dL Less than 70 mg/dL (if you have cardiovascular disease) Less than 30 mcg/mg of creatinine

Microalbumin

Patient Date of Birth	Robert Test Jr
Age	42 years
Ethnicity Sex	М
Encounter Date	11/28/12

#### The Secret to Diabetes: Learning

Remember, Dr. Joslin, one of the founders of modern care of diabetes said, "He who knows the most about diabetes will live the longest." If you have not been to diabetes self-management education classes in the past two years, ask your provider to give you a referral.

If you control your blood pressure, blood sugar and cholesterol, along with your weight and if you exercise regularly, you can live successfully with diabetes. If you do not, you will be subject to problems with your eyes, kidneys, heart, arteries, nervous system and with your feet and legs.

leal Requirements	Calc	Diabetes F	lan				Return
Total Daily Dose	Total I	Meal Dose Pre-lunch		General Measur	es	Co	anortium Data Sat
Basal Requirement	Pre-br	reakfast Pre-dinner		Help			ISOTIUM Data Set
aboratory & Procedu	ires	Management				Pa	tient Adherence
rdering Provider		Change Self-Monitoring of B	lood Glucose	(SMBG) to			Comments
		Phone glucose data into	our office in 7	7 days		E.11.	IL D
E BMP	11	Refer to eye specialist	1.	HgbA10	C Treat Goals		
C-Peptide	[1]	Follow Up Visit	Education	and Eye Referra	als		Document
FKG	11		Priority	Referring First	Referring Last	Reterral *	
Flu Shot	11/04/2011	Medications	Stat	Norma	Duncan	Rule out	
Hepatic Profile HgbA1C Lipid Profile w/LDL	02/22/2012	Continue present insulin Continue Aspirin Start Aspirin 325 mg	and metformin	n/sulfonylurea/aca	arbose/pio/rosi/tr	oglitazone re	gimen Double-Click to View/A
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# **Diabetes Chart Note**

Patient	RobertTest Jr
Date of Birth	03/25/1970
Age	42 years
Ethnicity	Caucasian
Sex	M

## Compliance

0011012000
05/30/2007
05/19/2009
05/30/2007

## Vital Signs

Height	72.00 inches
Weight	210.00 pounds
Body Mass Index (BMI)	28.48 kg/m^2
BodyFat	22 %
Protein Requirement	114 grams/day
Basal Metabolic Rate (BMR)	2945 cal/day
Basal Energy Requirement (BER)	3150 cal/day
Waist	40.00 inches
Hips	42.00 inches
Chest	42.00 inches
Abdomen	44 inches
Blood Pressure	130 / 85 mmHg

### **Analytics and Diabetes**

From the work documented in the Diabetes Disease Management Tool, the following analytics can be done.



Through this longitudinal display, in 2009, we discovered that our patients who were well controlled all year were often losing their control of diabetes in October, November and December. We then did further audits to see if they were being seen less often and being tested less often and they were. In 2010, in September, we sent letters to all 7,000+ patients with diabetes alerting to this fact. We indicated we wanted them to enjoy holiday celebrations but to maintain their exercise and dietary discretion. We had them sign a contract to be seen twice in those three months and to be tested twice. In 2011, our audit showed that this phenomenon had disappeared.



Chronic Diabetes - Measures Comparison (Most Recent 12 Months)



The above compares the standard deviation of our controlled patients with diabetes (gold) and that of the uncontrolled. We established our goal to be .7 for our diabetes populations. We discovered that our controlled patients were seen 1.2 times more often. This is statistically significant and we saw an opportunity to improve the control of all of our patients by making sure that all patients with diabetes had 4-5 visits a year.



No leverage points for improvement were found in the data above. (the controlled are gold and are patients with diabetes treated to goal and the selected are the uncontrolled patients in purple)

Diabetes - Disease Management



From the above, we found that our HMO capitated patients who have a zero office co-pay are treated more effectively than Fee-for-Service Medicare allowing the inference that the cost of care for the FFS Medicare patients is a barrier to the effectiveness of care in that when that barrier is removed in a similar population that the care improves. We were able to see that for diabetes we had eliminated ethnic disparities of care.



From the above profile, we were able to see that our older patients have better control of diabetes than our younger patients. Concerned that this might reflect co-morbidities rather than excellence of care, we tested the patients for malnutrition (pre-albumin), weight loss and appetite and found that they were not malnourished but were responding well to increased attention.