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Diabetic Care Guide

Based on Standard of Medical Care in Diabetes, 2011 from the American Diabetes Association...

Purpose: To improve compliance with evidence based guidelines for diabetes care, based on the Standard of Medical Care in Diabetes, 2011 from the American Diabetes Association.

Screening: Per the American Diabetes Association's recommendation, patients age 45 years and older are screened for diabetes. If testing is normal, testing should be repeated at least at every 3 year intervals. Screening will be performed on all patients with the following risk factors:

- BMI > 25kg/m²
- Physical inactivity
- Family history of diabetes
- High-risk race / ethnicity (e.g. African American, Latino, Native American, Asian American, Pacific Islander)
- Women who delivered a baby weighing > 9lbs. Or diagnosed with Gestational Diabetes
- Blood pressure >140/90
- HDL < 35 and or triglyceride level > 250
- Women with polycystic ovarian syndrome
- A1C > 5.7%
- Other clinical conditions associated with insulin resistance (e.g. severe obesity)
- History of Cardiovascular Disease

Diagnosis: Per the American Diabetes Association's guidelines, diagnosis of Diabetes is made with any one of the following criteria:

- A1C >6.5%
- Fasting Plasma Glucose (FPG) > 126mg/dl. Fasting is defined as no caloric intake for at least 8 hours.
- 2 hour plasma glucose > 200mg/dl during an oral glucose tolerance test
- In a patient with classic symptoms of hyperglycemia or hyperglycemia crisis, a random plasma glucose > 200mg/dl

Treatment Goals: Per the American Diabetes Association's guidelines, recommendations are as follows:

- Pre-meal plasma glucose between 70-130mg/dl
- Post-meal plasma glucose <180mg/dl
- HgA1C < 7%
- Blood Pressure <130/80
- LDL < 100
- Annual (@least) microalbuminuria screening
- Annual Dilated Retinal Eye exam
- Annual Comprehensive Foot Exam, including inspection, assessment of foot pulses, monofilament test

Diabetic Visit:

- Obtain weight every visit
- Obtain blood pressure every visit, documenting which extremity was used
- Review medications, both prescribed and over-the-counter
- If no A1C in past 4 months (if > 7%) or 6 months (if < 7%) order lab
- If no urinalysis within the past year, perform and document urine dip
- If no urine for microalbumin in the past year, perform and document or order lab
- Patient to remove shoes and socks at each visit for a visual inspection of feet. If no comprehensive foot exam in the past year, perform as treatment goals indicate
- Per American Diabetes Association, it is recommended that patients with diabetes receive annual influenza vaccine. Pneumococcal polysaccharide vaccine is recommended as well
- Patients with Diabetes will be scheduled for an annual physical and at least 1 visit every 6 months specifically to address diabetes care. These visits will have a diabetes focus.

Quality Measurement:

- An annual quality report will be run ensuring at least 75% of diabetic patients have had an annual measurement of Hg A1C and Blood Pressure annually
- Follow-up phone calls with appointments scheduled will be made to patients deficient in the above measure