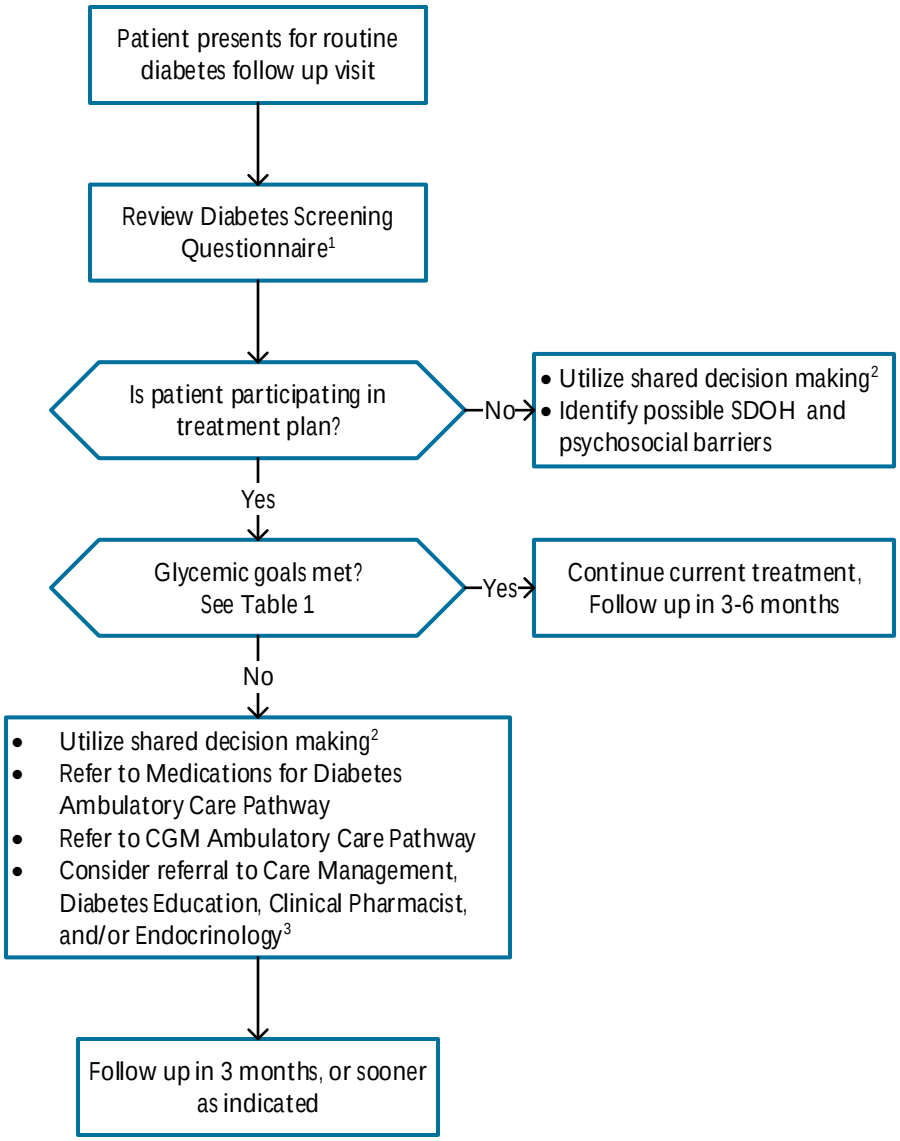
UW Medicine | VALLEY MEDICAL CENTER
Ambulatory Care Pathway: Chronic Diabetes Management



1. Diabetes Screening Questionnaire

- Automatically assigned via MyChart for Diabetic Follow Up visits (can be manually assigned as needed)
- Document results in the note using .HPIDIABETESVMG

2. Shared Decision Making

Utilize Critical Conversations Framework from American Diabetes Association (ADA)

3. Referral Criteria

Referral to Care Management-Clinic Network: Patients not at goal, at high risk with multiple comorbidities, or identified SDOH barriers. Referrals will be prioritized based on patients VMG Risk Stratification Score.

Referral to Diabetes Education-Lifestyle Medicine: Patients who need additional education related to

- Lifestyle behaviors (exercise, nutrition)
- Diabetes devices (blood glucose meters, injectables, insulin pens, CGM)
- Medication reconciliation
- Problem-solving and stress management skills

Referral to Clinical Pharmacist:

- Support in initiation, optimization, management, and education of diabetes therapies
- Challenges in medication tolerability, or significant drug interactions and/or allergies
- Diabetes device management and therapy adjustments such as pumps, CGMs and smart insulin pens

Referral to Endocrinology:

- If not at goal after trial of 3 medication classes (oral and/or injectable) despite adherence to treatment plan
- Hypoglycemia despite medication adjustments
- Interest in insulin pump therapy
- Subtype of diagnosis is unclear

Labs	
Lab	Frequency
Hemoglobin A1c	Every 3-6 months: Patients with stable glycemia who meet glycemic goals
	Every 3 months: Patients who have changed therapy or are not meeting goals
Basic Metabolic Panel (BMP)	Every 6 months
Comprehensive Metabolic Panel (CMP)	Annually
Complete Blood Count (CBC)	Annually
Lipid Profile	Annually
Microalbumin/Creatinine Urine Ratio	Annually

Exams/Screenings	
Exam/Screening	Frequency
Eye Exam	Annually (More frequently for patients with progressing retinopathy or sight threatening)
Foot Exam	Annually
Dental Exam	Every 6 months
Depression Screening (PHQ2)	Annually

Immunizations	
Immunization	Frequency
Influenza	Annually
Pneumococcal	Once
Hepatitis B	Once (Series)

Last Updated: Aug 2022
Next Expected Review: Aug 2025
For questions about this pathway, email: AmbulatoryCarePathways@valleymed.org