

Diabetes Care Guideline Checklist Clinicians

Level 1-

All Patients & Patients with
Prediabetes



The current state of the issue

Diabetes is a chronic disease that often results in elevated blood sugar which over time leads to serious health complications such as heart disease, vision loss, and limb amputation.¹ Diabetes is the 7th leading cause of death for Washingtonians.² Individuals across the age spectrum can be diagnosed, with a diagnosis among youth becoming more prevalent.³ There are different types of diabetes. These guidelines focus on Types I, II, and prediabetes. One in five Americans are unaware they have diabetes and eight in ten are unaware they have pre-diabetes, with similar rates in Washington state.⁴ Currently, Washington state performs below the NCQA 25th percentile for blood sugar testing for people with diabetes with disparities by race, ethnicity, and payor status.⁵

For all patients

- ☐ Use person-centered communication that considers individual preferences, available social supports, home environment, culture, numeracy, literacy, and other factors that impact optimization of health outcome for all patients.
- ☐ Screen individuals over 40 years of age (or 18+ with overweight or obesity) for prediabetes and diabetes based on a person's most relevant risk factors aligned with the most up to date clinical guidance (e.g., American Diabetes Association (ADA), United States Preventative Services Task Force (USPSTF)).
 - ☐ Ensure appropriate screening in high-risk populations (African American, Latino/a, Native American, Asian American and Pacific Islander) & individuals living with HIV.
- ☐ Perform a psychosocial assessment for according to most recent clinical guidance. (E.g. PHQ-9 for depression, GAD for anxiety disorder).
 - ☐ Refer to behavioral health professional when appropriate. Facilitate their inclusion in the care team when applicable.
- ☐ Screen for food insecurity and other social needs with a validated instrument. Refer to [Bree Social Needs Screening Report](#) for guidance on screening.
 - ☐ Refer appropriate patients to social workers, care managers and/or community support to seek opportunities to address food insecurity.
- ☐ In addition to tracking BMI annually, consider the use of additional measurements of body fat distribution to support identification of obesity, such as waist circumference, waist-to-hip ratio, and/or waist-to-height ratio.
- ☐ Include attention to dental care as part of routine practice.

For all patients at risk for diabetes or with prediabetes

- ☐ Educate the patient on diabetes self-management, medication management, healthy lifestyle options, and where to receive support and resources. Ensure education is culturally relevant and linguistically inclusive.
- ☐ Refer patients at high risk for diabetes to National Diabetes Prevention Program (NDPP) or Special Diabetes Program for Indians (SDPI), considering low-cost options (tele video-based or technology assisted programs)
- ☐ Refer patients to community health workers as available through a patient's health clinic, plan, a local Community Care Hub, or Community Based Organization for care management items related to diabetes and diabetes prevention such as screening and health education, outreach, enrollment, and patient navigation.

Resources

- The Bree Report on Diabetes Care is meant to supplement these resources.
- Full Bree Report on Diabetes Care: https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2024/01/Diabetes-Report_Draft-23-FINAL-0124.pdf
- American Diabetes Association: <https://diabetes.org/tools-resources>
- WA DOH Diabetes Prevention and Management <https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/patient-care-resources/diabetes-prevention-and-management>
- National Diabetes Prevention Program: <https://www.cdc.gov/diabetes/prevention/index.html>
- Special Diabetes Program for Indians <https://www.ihs.gov/sdpi/>
- YMCA Diabetes Prevention: <https://www.ymca.org/what-we-do/healthy-living/fitness/diabetes-prevention>

Read the full Bree Report on Diabetes Care online by scanning the QR code:



Connect with the Bree Collaborative at bree@qualityhealth.org

References: 1. American Diabetes Association. The Burden of Diabetes in Washington. ADV. Accessed November 2022. Available at: https://diabetes.org/sites/default/files/2021-10/ADV_2021_State_Fact_sheets_Washington.pdf 2. Institute for Health Metrics and Evaluation. United States of America - Washington. IHME. Accessed November 2022. Available at: <https://www.healthdata.org/united-states-washington> 3. Centers for Disease Control and Prevention. CDC Study Finds Youth Onset Type 2 Diabetes More Severe in Minority Youth. [Press Release]. Accessed August 24, 2021. Available at: <https://www.cdc.gov/media/releases/2021/p0824-youth-diabetes.html> 4. Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2023. Accessed 2023. Available at: <https://www.cdc.gov/diabetes/library/spotlights/diabetes-facts-stats.html> 5. WHA Community CheckUp. 2022. 2022 Community Checkup Report. Washington Health Alliance. Accessed November 2022. Available: <https://www.wacommunitycheckup.org/media/67048/2022-community-checkup-report.pdf>