

# Diabetes Care Guideline Checklist Clinicians

## Level 1-Patients with Diabetes



## 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.<sup>1</sup> Diabetes is the 7th leading cause of death for Washingtonians.<sup>2</sup> Individuals across the age spectrum can be diagnosed, with a diagnosis among youth becoming more prevalent.<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup>

## Team Based Care & Empanelment

- ☐ The [diabetes care team](#) should follow health system clinical pathways and/or protocols for treatment and management of diabetes that follow the most updated clinical guidelines (e.g. ADA Standards of Care, USPSTF guidelines)
- ☐ Develop a plan for glycemic monitoring and pharmacologic management, for patients with diabetes.
- ☐ Diabetes devices should be considered, such as blood glucose monitors (BGMs), continuous glucose monitors (CGMs), insulin pumps, or automated insulin delivery (AID) systems, as therapy tools to assist with the management of diabetes. Review Health Technology Clinical Committee criteria for diabetes devices, such as CGMs and BGMs, as available to guide decision-making.
- ☐ Complete a comprehensive psychosocial assessment using validated tools (e.g., PAID or Diabetes Distress Scale (DDS)) at diagnosis or initial visit, at least annually, or during a change in disease, treatment, or life circumstances (see Table 2 in ADA Position Statement, or more updated clinical guidance for further options) for patients with diabetes.
- ☐ For patients with overweight or obesity not reaching weight loss goals, reevaluate therapies and intensify treatment with additional approaches (e.g., metabolic surgery, additional pharmacologic agents and structured lifestyle management programs)

## Patient Education

- ☐ 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.
- ☐ Ensure the patient understands what hypoglycemia and hyperglycemia feel like and what to do if that occurs, including developing an emergency preparedness plan in conjunction with their support system.
- ☐ Use patient education strategies (e.g., teach back) and validated tools (e.g., PAID) to facilitate and confirm patient and support system understanding of diabetes education.
- ☐ Promote self-management of diabetes by the patient and their support system.

## Referrals

- ☐ Refer people with diabetes to Diabetes Self-Management Education and Support (DSMES) at diagnosis, annually and/or when not meeting treatment targets, when transitions in life and care occur, and when complicating factors develop. Follow DSMES Consensus Report recommendations or more updated guidance as available (Example algorithm for DSMES referral)
- ☐ 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 such as screening and health education, outreach, enrollment, and patient navigation.
- ☐ At diagnosis of diabetes and as appropriate thereafter, refer to appropriate specialists (eye care professional, family planning, registered dietician nutritionist for medical nutrition therapy, dentist, podiatrist, mental health professional, audiology)

## Dental Considerations

- ☐ For all people with newly diagnosed diabetes, ask about a prior diagnosis of periodontal disease. Ask all patients about signs and symptoms of periodontal disease (bleeding gums during brushing or eating, loose teeth, spacing or spreading of the teeth, oral malodor and/or abscesses in the gums or gingival suppuration.)
- ☐ Inform patients of increased risk of serious oral and systemic complications when periodontal disease is untreated, and that successful periodontal therapy may have a positive impact on their health.
- ☐ Identify when the patient was last seen by a dentist, and recommend regular dental visits as determined by the dentist for all patients with diabetes, including children and adolescents.

## 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](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](mailto: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](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 at: <https://www.wacommunitycheckup.org/media/67048/2022-community-checkup-report.pdf>