Diabetes Playbook

Managing the Care of Those With Diabetes

Quality Improvement Organizations
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CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

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Diabetes Playbook

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INTRODUCTION

Our Goal

To work with partners to provide a one source document to clinical staff for managing the care of those with diabetes. Through our initiative with the Centers for Medicare & Medicaid Services (CMS), we aim to:

- Engage patients to participate in their diabetes self-care, improve health outcomes, reduce complications and prevention of chronic disease.
- Focus on patient-centered care to reduce HbA1c to a goal of <9% for those with diabetes.
- Create awareness of social drivers of health (SDOH) to reduce health inequity for those with diabetes.

About Us

The Superior Health Quality Alliance (Superior Health) is a coalition of eight health care organizations established in 2018. Superior Health covers six states in the Midwest region: Minnesota, Wisconsin, Michigan, Illinois, North Dakota and South Dakota. The alliance aims to align with the national CMS Quality Strategy and improve the quality of health and health care for various stakeholders, including consumers, patients, clinicians, organizations and communities.

Approaches

Improving diabetes is one of our key strategies. We have developed several initiatives that aim to prevent, manage and treat this chronic condition. Our aim in diabetes self-management is to utilize the evidence-based practices provided in the Diabetes Self-Management Education and Support (DSMES). We invite you to review our initiatives and join us in our efforts to make a difference.

Target Audience

The intended audience for this playbook is health care providers, including clinic managers, quality directors, nurse practitioners (NPs) and physician assistants (PAs), medical doctors (MDs), nurses, coders, social workers, care coordinators, case managers, community health workers/promoters/navigators.

Disclaimer

The information provided in this resource guide is intended for general reference purposes only. While we make every effort to ensure the accuracy and reliability of the materials and links included, please be aware of the following:

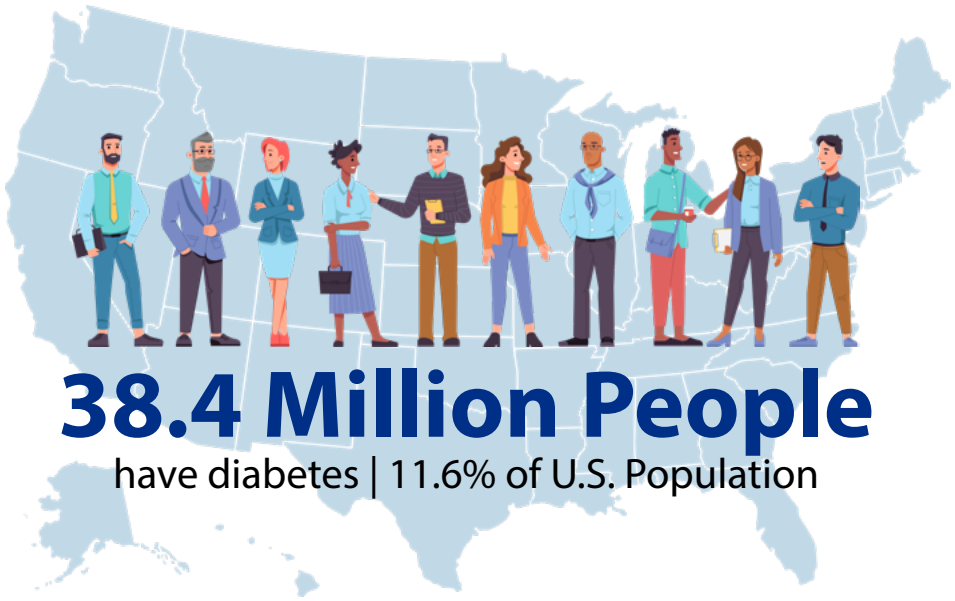
- **Annual Review:** We conduct an annual review of the materials and links to verify their relevance and reliability. However, due to the advances in health care and technology, changes may occur between reviews.
- **Subject to Change:** Information, websites and resources are subject to updates, modifications or discontinuation without notice. We recommend verifying any critical information independently.
- **User Responsibility:** Users are responsible for independently assessing the suitability and accuracy of the materials provided and links based on their specific needs and circumstances. The information provided here pertains specifically to individuals with diabetes who are not pregnant. For guidance on diabetes during pregnancy, please refer to specialized resources related to diabetes and pregnancy.
- Last reviewed on 9/15/2024.

SECTION 1
DIABETES FOUNDATIONS

DIABETES PREVALENCE

Diabetes

Diabetes is a nationwide epidemic. Diabetes impacts people across various social, economic and ethnic backgrounds yet many people are not aware of their condition. According to the Centers for Disease Control and Prevention (CDC), in the United States, over 38 million people of all ages have diabetes or 1 in 10 Americans.



38.4 Million People

have diabetes | 11.6% of U.S. Population

29.2% of Adults

65 years or older have diabetes. Diabetes increases with age.

29.7 Million People

have been diagnosed, including 29.4 million adults.

8.7 Million People

are undiagnosed, including 22.8% of adults.

Prediabetes

Prediabetes refers to a condition where blood glucose (sugar) levels are higher than normal but not yet elevated enough to be classified as type 2 diabetes. Prediabetes usually occurs when a person's body cannot effectively use the insulin it makes or when the pancreas does not produce enough insulin to keep the body's blood glucose levels in the normal range. People with prediabetes have a higher risk of developing type 2 diabetes.

96 Million People

18 years or older have prediabetes (38% of the adult U.S. population).

27.2 Million People

65 years or older (48.8%) have prediabetes.

Source: U.S. Centers for Disease Control and Prevention

INTRODUCTION TO DIABETES

Introduction/Purpose

Diabetes mellitus (DM) is a chronic health condition that affects how the body processes glucose (sugar) from food. People with diabetes face unique challenges in maintaining healthy blood glucose levels. Careful monitoring of food intake and, in most cases, medication management are essential. As health care providers, your role in supporting individuals with diabetes is pivotal.

Understanding Type 1 and Type 2 Diabetes

- **Type 1 Diabetes:** The immune system mistakenly destroys the insulin-producing cells (Beta Cells) in the pancreas. As a result, individuals with type 1 diabetes do not produce insulin to maintain glycemic control, and the person requires lifelong insulin therapy to regulate blood glucose levels.
- **Type 2 Diabetes:** Type 2 diabetes is more prevalent and often develops later in life. When the body becomes resistant to insulin, blood glucose is not regulated. Lifestyle factors, genetics and obesity play a significant role in type 2 diabetes management and prevalence. Management involves dietary modifications, exercise, weight loss and may include medications.

Pathophysiology of Diabetes

- **Type 1 Diabetes:** Type 1 diabetes is where the body does not produce insulin because the immune system mistakes cells in the pancreas for invaders. The immune system attacks the insulin-making cells, destroying the natural ability to produce insulin.
- **Type 2 Diabetes:** In type 2 diabetes, the body initially produces insulin. The body does not use the insulin properly, which is called insulin resistance and happens when the cells in your muscles, liver and fat stop responding to insulin. In the early stages of insulin resistance, the pancreas works hard trying to make more insulin. This is called hyperinsulinemia. Eventually, the pancreas will make less insulin.

Source: Cleveland Clinic

Understanding HbA1c Control in Diabetes

Hemoglobin A1c (HbA1c) is a critical marker for assessing long-term blood glucose control in individuals with diabetes. HbA1c is a form of hemoglobin that binds to glucose in the bloodstream. As red blood cells circulate, they accumulate glucose. HbA1c reflects average blood sugar levels over the past two to three months. Maintaining optimal HbA1c levels is essential to prevent complications associated with diabetes. Achieving optimal HbA1c levels requires a multi-pronged approach, including lifestyle modifications, medication adherence and regular monitoring. Collaboration with healthcare professionals is vital to tailor treatment plans and empower individuals to self-manage their diabetes. The HbA1c test measures the percentage of glucose-bound hemoglobin relative to total hemoglobin. The higher the HbA1c level, the poorer the blood sugar control.

Long Term Effects of Diabetes

Diabetes can have significant long-term effects on various body systems. Diabetes affects the body's ability to produce insulin and makes the blood glucose higher than normal range. After many years, too much glucose in the blood can cause significant health issues. Some potential complications include the following:

- **Circulatory System**
  - **Blood pressure:** High blood pressure is twice as likely to affect individuals with diabetes compared to those without diabetes. If left untreated, it can lead to heart disease and stroke.
  - **Cholesterol:** Diabetes tends to lower "good" cholesterol levels and raise triglycerides and "bad" cholesterol levels, which increases the risk for heart disease and stroke.
  - Low blood glucose (hypoglycemia) is also connected to heart disease. Continuous low blood sugar has been associated with an increased risk of cardiovascular events and subclinical myocardial injury.
  - Diabetes increases the risk for dementia. Type 2 diabetes is associated with dementia due to the increased risk for heart disease and elevated blood pressure. Both are associated with strokes that, in turn, can lead to dementia. In addition, insulin resistance in diabetes may contribute to the formation of amyloid plaques in the brain which is a key indicator of Alzheimer's disease.

- **Digestive System**
  - Individuals with diabetes may experience potential problems with digesting food. In addition, they may suffer from constipation and/or have loose, watery bowel movements. This is due to the impact of high blood sugar on the digestive system.
- **Endocrine System**
  - The endocrine system is a complex system of glands and organs that use hormones to control and regulate bodily functions. Mood disorders such as depression can directly impact hormone production. People with diabetes are two to three times more likely to develop depression as compared to the general population. Mood disorders can have a direct impact on hormone regulation however, depression often goes untreated in individuals with diabetes. It's important to consider the impact that diabetes can have on mental health.
    Source: U.S. Centers for Disease Control and Prevention
- **Integumentary System**
  - For individuals with diabetes, the integumentary system plays a crucial role. High blood sugar can lead to many skin related complications. These include diabetes blisters, digital sclerosis and dry skin. Skin breakdown and infection are of concern due to decreased neuropathic sensation. Individuals with diabetes are at high risk for non-healing sores (ulcers). A careful skin exam is important to identify skin breakdown and infection.
- **Immune System**
  - For individuals with diabetes, however, high blood sugar can weaken the immune system, making it less effective. Additionally, inflammation triggered by elevated blood sugar can further compromise immunity. As a result, people with diabetes are more susceptible to respiratory tract infections, influenza, pneumonia, urinary tract infections and skin infections.
- **Musculoskeletal System**
  - Diabetes mellitus is associated with an increased risk of bone diseases, including osteoporosis due to consistent hyperglycemia or high blood sugar. Hyperglycemia contributes to bone fragility and puts diabetic individuals at an increased risk for fractures.
- **Sensory- Nervous System**
  - Diabetic neuropathy is a complication of diabetes that results in damage to the nervous system.
  - **Peripheral Neuropathy:** This is the most common type of diabetic neuropathy. It affects the feet and legs first, followed by the hands and arms. Symptoms include numbness, tingling, burning sensations, sharp pains, muscle weakness and extreme sensitivity to touch. Serious foot problems, such as ulcers and infections, can also occur.

- **Autonomic Neuropathy:** The autonomic nervous system controls various functions like blood pressure, heart rate, sweating, digestion and sexual response. Diabetes can affect nerves in these areas, leading to symptoms such as hypoglycemia unawareness, drops in blood pressure, bladder or bowel problems, slow stomach emptying (gastroparesis) and changes in vision adjustment. This can also affect a man's ability to have an erection.
- **Proximal Neuropathy:** This type of neuropathy often affects nerves in the thighs, hips, buttocks or legs. Symptoms are usually on one side of the body and may include pain, weakness and sensory disturbance.
- Individuals with diabetes can also have an increased risk for eye conditions such as glaucoma, cataracts and diabetic macular edema (DME). In addition, diabetic retinopathy can occur when high blood sugar levels damage blood vessels in the retina.
- **Source:** Mayo Clinic (2022, April 29)

- **Urinary System**
  - Diabetic nephropathy, also known as diabetic kidney disease, is a serious complication of both type 1 and type 2 diabetes. Over time, uncontrolled diabetes can damage blood vessels in the kidneys, affecting their ability to filter waste from the blood. This damage can lead to kidney dysfunction and high blood pressure. About one in four people with diabetes develop kidney disease, and early treatment is crucial to prevent complications.
  - Chronic kidney disease (CKD) is common in individuals with diabetes. Approximately 1 in 3 adults with diabetes has CKD, regardless of whether they have type 1 or type 2 diabetes. Both diabetes types can cause kidney disease. Both hypertension and high blood sugar can lead to kidney damage. As a result, the individual with diabetes may need to have dialysis or a kidney transplant.
- **Reproductive System**
  - Type 2 diabetes can impact both male and female fertility.
    - Women with type 2 diabetes have about a 25% lower chance of pregnancy compared to those without diabetes. Many women with type 2 diabetes also experience obesity and polycystic ovarian syndrome (PCOS), both of which contribute to female reproductive dysfunction. PCOS, affecting 6–10% of women of reproductive age, involves hormone imbalances, high insulin levels and androgens. It can lead to irregular ovulation, missed periods and reduced fertility. Additionally, endometrial cancer risk increases in women with diabetes, potentially necessitating fertility-preserving treatments.
    - In men, diabetes can interfere with erection, ejaculation and sperm production, leading to male infertility. Erectile dysfunction (ED) is more common in men with diabetes, often due to nerve and blood vessel damage.

Sources:

- Medline Plus (2022, August 12) Long-term Complications of Diabetes
- Mayo Clinic Diseases and Conditions

Provider Resources

- Standards of Care in Diabetes- Diabetes Care Journal
- Effectiveness of Diabetes Education and Awareness- Research article

Patient Education

- What is Type 1 Diabetes? - Handout
- What is Type 2 Diabetes? - Handout
- Type 2 Diabetes Complications and How to Prevent Them- Article
- Lower Your Risk of Diabetes Complications | ADA - Website

DIABETES AND METABOLIC SYNDROME

Introduction

Metabolic syndrome isn't a single disease but rather a cluster of conditions that have been linked to both Type 2 diabetes and heart disease. Understanding the link between diabetes and metabolic syndrome is crucial for providing effective care. These conditions include:

High Blood Pressure

High Blood Sugar

High Cholesterol

Excess Abdominal Fat

Metabolic syndrome is more prevalent among individuals who are overweight or obese. However, even if an individual is not classified as obese, they remain at a higher risk for metabolic syndrome if they have a parent or close relative with type 2 diabetes. Another significant contributor to metabolic syndrome is insulin resistance which is a condition where cells become less responsive to insulin, leading to elevated blood sugar levels. This accumulation of excess sugar in the bloodstream increases the risk of metabolic syndrome, prediabetes and type 2 diabetes. If an individual has metabolic syndrome, they are five times more likely to develop type 2 diabetes than an individual without it.

Criteria for Metabolic Syndrome

Metabolic syndrome is diagnosed when you have three or more of these conditions:

- Central or abdominal obesity (measured by waist circumference).
  - Men – greater than 40 inches.
  - Women – greater than 35 inches.
- High triglycerides – 150 milligrams per deciliter (mg/dL) or more, or being treated with medication for high triglycerides.
- Low HDL cholesterol, or being treated for low HDL cholesterol with medication.
  - Men – Less than 40 mg/dL.
  - Women – Less than 50 mg/dL.
- High blood pressure – 130/85 millimeters of mercury (mm Hg) or more, or being treated with medication for high blood pressure.
- High fasting glucose (blood sugar) – 100 mg/dL or more, or being treated with medication for high blood glucose.

Early recognition and proactive management of metabolic syndrome are crucial for preventing complications and improving overall health outcomes for patients.

Provider Resources

- Symptoms and Diagnosis of Metabolic Syndrome - Website
- Metabolic Syndrome in Patients with Diabetes Mellitus - Journal Article
- Metabolic Syndrome - Journal Article
- The Metabolic Syndrome - Website

Patient Education

- Metabolic Syndrome - Handout
- What is Metabolic Syndrome? - Handout

SECTION 2
DIABETES CARE

DIABETIC CARE RECOMMENDATIONS AND CLINICAL GUIDELINES

Introduction

Diabetes care recommendations emphasize evidence-based approaches, individualized patient management and comprehensive guidelines for diagnosing and treating diabetes, focusing on person-centered care.

Clinical guidelines

Clinical guidelines for diagnosing diabetes are essential tools that help healthcare professionals make informed decisions about the prevention, diagnosis and treatment of diabetes mellitus. These guidelines are developed by expert committees and organizations based on the most current evidence and research.

Diagnosis of diabetes in non-pregnant individuals

- Diagnose Diabetes based on HbA1c or plasma glucose criteria. Plasma glucose criteria includes two main types:
  - Fasting plasma glucose (FPG) value- this test measures blood sugar after an overnight fast.
  - 2-hour Plasma Glucose (2-h PG)- this test measures blood sugar two hours after consuming a 75-gram glucose drink, known as an oral glucose tolerance test (OGTT). High levels after this period can also indicate diabetes.
- Criteria for the diagnosis of diabetes in nonpregnant individulas is an:
  - HbA1c >6.5% OR
  - FPG >126 mg/dL. Fasting is defined as no caloric intake for at least 8 hours.
    - Marked discordance between HbA1c and blood glucose values should raise the possibility of an issue with either test.
- Criteria defining prediabetes in nonpregnant individuals:
  - HbA1c 5.7–6.4% (39–47 mmol/mol) OR
  - FPG 100 mg/dL (5.6 mmol/L) to 125 mg/dL (6.9 mmol/L) (IFG) OR
  - 2-h PG during 75-g OGTT 140 mg/dL (7.8 mmol/L) to 199 mg/dL (11.0 mmol/L) (IGT).

Confirming the Diagnosis

Unless there is a clear clinical diagnosis (e.g., an individual with classic symptoms of hyperglycemia or a hyperglycemic crisis and a random plasma glucose >200 mg/dL), the diagnosis requires two abnormal screening tests.

Source: American Diabetes Association

Target HbA1c Levels

Hemoglobin A1c (HbA1c) is a critical marker used to assess long-term blood glucose control in individuals with diabetes. It reflects the average blood sugar levels over the past 2 to 3 months. The American Diabetes Association (ADA) recommends specific target HbA1c levels based on individualized factors such as age, overall health and comorbidities.

- **For Most Adults with Diabetes**
  - **Recommended Target:** Less than 7% (American Diabetes Association).
  - **Individualized Goals:** Some patients may benefit from stricter or more lenient targets based on age, health status and risk of hypoglycemia.
- **Special Populations**
  - **Elderly Individuals:** A target of 7.5% may be more appropriate.
  - **Children and Adolescents:** Strive for HbA1c levels closer to 7%.

Strategies for HbA1c Control

Strategies for Hemoglobin A1c (HbA1c) control play a crucial role in managing diabetes effectively. These approaches aim to maintain optimal blood glucose levels and prevent complications. Here are some key strategies:

- **Lifestyle Modifications**
  - Healthy Diet: Focus on whole grains, lean proteins, fruits, vegetables, and healthy fats. Limit refined sugars and processed foods.
- **Regular Exercise**
  - Engage in aerobic and strength-training exercises to improve insulin sensitivity.
- **Weight Management**
  - Achieve and maintain a healthy weight.
- **Medications**
  - Oral Antidiabetic Drugs: Metformin, sulfonylureas, DPP-4 inhibitors, SGLT-2 inhibitors, etc.
  - Insulin Therapy: Basal, bolus or premixed insulin regimens.
- **Self-Monitoring**
  - Regularly check blood glucose levels using a glucometer.
  - Adjust treatment based on readings and patterns.
- **Healthcare Team Collaboration**
  - Regular follow-ups with healthcare providers.
  - Individualized treatment plans based on patient needs.
  - Diabetes self-management.

Challenges and Considerations

Managing HbA1c levels presents several challenges and considerations in diabetes care. Individualized approaches are necessary. Here are some key considerations.

- **Hypoglycemia Risk**: Striving for tight control may increase the risk of hypoglycemia. Balance glycemic control with safety.
- **Patient Education:** Empower patients to understand HbA1c, its significance and self-management techniques.
- **Comorbidities:** Address other health conditions (hypertension, dyslipidemia) that impact diabetes management.

Provider Resources

- Diabetes Management: Directory of Provider Resources (cms.gov)
- Steps to Implement Diabetes Self-Management Education Support into Your Practice - Handout
- Recommendations for Type 2 Diabetes Screening - Handout
- Standards of Care in Diabetes- 2023 - Journal

Patient Education

- What you Need to Know About Managing Your Hemoglobin A1C - Handout
- Diabetes Management: How Lifestyle and Daily Routines Affect Blood Sugar - Article
- Diabetes Self-Management Training (DMST) - Website

DIABETES AND MEDICATIONS

Introduction

Diabetes and its management are paramount related to managing blood glucose levels and preventing comorbidities, particularly chronic kidney disease (CKD). Diabetes is a chronic condition characterized by high blood sugar levels due to either insufficient insulin production or ineffective use of insulin by the body. Type 2 diabetes, the most common form, often develops in adulthood and is associated with lifestyle factors such as obesity, physical inactivity and a high glycemic diet.

Medications play a vital role in managing diabetes. Here are some key points:

1. Collaborative Drug Therapy Management (CDTM)

- Pharmacists work closely with primary care providers to identify, prevent and resolve medication-related events or optimal glucose control for the individual with diabetes. Collaboratively, the pharmacist will recommend and prevent negative medication interactions and assist the care team to prescribe the most effective and safe medication for the individual. As a key partner, the pharmacist may also recommend medication dosage adjustments, alternative drug therapy and an overview of current medications the individual receives with potential additional medication(s) for diabetes.

2. Common Medication Classes

- **Biguanides** (e.g., Metformin): Lowers glucose production by the liver.
- **Sulfonylureas** (e.g., Glimepiride, Glipizide): Assists Beta cells to stimulate insulin release with the outcome of lowering blood glucose levels.
- **Meglitinides** (e.g., Nateglinide): Stimulate insulin release.
- **DPP-4 inhibitors** (e.g., Sitagliptin): Slows inactivation of GLP-1, which lowers blood glucose levels.
- **SGLT-2 inhibitors** (e.g., Canagliflozin): Blocks glucose reabsorption by the kidneys, leading to glucose excretion in the urine.

3. Risk Factors for Medication Problems

- Individuals with diabetes often take multiple medications, and have various medical conditions, with multiple health care providers. Continuity and patient-centered care is key to ensure the entire healthcare team is involved with managing an individual with diabetes.
- Non-adherence to prescribed medications can lead to serious complications and comorbidities.
- Data shows that 50% of people with diabetes reach their blood glucose goals.

4. Patient Education

- Pharmacists can provide tools to help individuals track their medicines and resources for safe and affordable access.
- Referring individuals to DSMES services for resources, education and support to ensure the individual understands how to manage their diabetes day to day is essential.
- Healthcare providers play a crucial role in ensuring individuals with diabetes receive appropriate medications, education, support and referrals to appropriate specialists and resources, adhere to treatment plans, achieve glucose control and medication compliance.

Provider Resources

- Diabetes Management: Directory of Provider Resources (cms.gov)
- Diabetes Medicines
- Diabetes and Medication

Patient Education

- Diabetes and Medication Handout
- Get a Handle on Diabetes Medications

DIABETES AND ENGAGING YOUR CARE TEAM/TRANSITIONS OF CARE

Introduction/Purpose

Understanding the importance of engaging the care team and ensuring smooth transitions of care is essential in diabetes management. Effective communication and collaboration among healthcare professionals play a pivotal role in optimizing outcomes. Here are some key points to consider:

Team Collaboration

Diabetes care involves a multidisciplinary team, including physicians, nurses, dietitians, pharmacists, social workers, individuals with diabetes and their families. Regular team meetings, shared care plans and clear roles help streamline care and track shared measurable goals.

Patient-Centered Approach

Engage individuals with diabetes in their care by actively involving them in decision-making. Understand their preferences, cultural background and social drivers of health. Empower them with knowledge about self-management so they can make informed healthcare decisions in partnership with their care team.

Transition Planning

During transitions of care (e.g., hospital to home, primary care to specialist), ensure seamless communication. Provide a comprehensive discharge plan, educate on medications, self-monitoring and follow-up appointments.

Health Information Exchange

Utilize electronic health records (EHRs) to share relevant patient information securely. Ensure accurate medication reconciliation and address any discrepancies.

Education and Support

Educate individuals on diabetes self-management, lifestyle modifications and risk reduction. Offer resources such as support groups, educational materials and community programs.

Effective care team engagement and smooth transitions enhance overall satisfaction, reduce readmissions and improve diabetes outcomes.

Provider Resources

- Transitions of Care: Supporting Patients and Physician Partners - Article
- Introduction: Standards of Medical Care in Diabetes - Journal
- Diabetes Self-Management Education and Support in Type 2 Diabetes - Journal
- Overcoming Barriers to Referral and Treatment - Article
- Diabetes Self-Management Education and Support (DSMES) - Toolkit
- What is Team-Based Care? - Article
- Team-based approach helps patients better control type 2 diabetes | American Medical Association (ama-assn.org) - Article

Patient Education

- Who's On Your Diabetes Healthcare Team? - Handout
- Your Health Care Team| ADA (diabetes.org) - Article
- Diabetes and your health care team - Article

DIABETES AND MOTIVATIONAL INTERVIEWING

Introduction/Purpose

Understanding Motivational Interviewing (MI) and its application in diabetes management is crucial for providing patient-centered care. Motivational Interviewing (MI) is an evidence-based counseling technique that fosters collaborative conversations with individual with diabetes to enhance their motivation for behavior change. It has gained prominence in the diabetes behavioral field and is widely used in various healthcare settings. MI draws from multiple theoretical models, including client-centered therapy, self-perception theory, decisional balance theory and the transtheoretical model. Key components of MI include empathy, reflective listening and a patient-centered approach.

How is MI Used in Diabetes Management?

MI is applied to a wide range of target behaviors, including:

- Blood glucose control.
- Lifestyle modifications (diet, exercise, medication adherence).
- Self-management behaviors.
- Quality of life improvement.
- Healthcare utilization reduction.

Practitioners trained in MI elicit change talk (verbalization in support of change) and reduce resistance talk during patient interactions. The focus is on shaping and reinforcing change talk to predict subsequent behavior change.

Does MI Work?

Research suggests that MI positively influences patient outcomes. It enhances patient engagement, improves adherence to treatment plans and promotes sustained behavior change. In summary, integrating MI into diabetes care allows clinicians to collaboratively address patient values, obstacles and solutions, ultimately leading to better outcomes.

Provider Resources

- Motivational Interviewing for Vaccine Readiness Webinar
- How to Say it: "Explore-Offer-Explore" Motivational Interview Strategy. Two-minute video
- Encouraging Patients to Change Unhealthy Behaviors with Motivational Interviewing. - Article

DIABETES: LIFESTYLE AND NUTRITION

Introduction

When we think of treatment for diabetes, most people envision pills and insulin injections aimed at improving glycemic control. However, nutrition and lifestyle behavior modifications have a very important role in managing Diabetes.

Food as Medicine

While paying attention to calories, fat and carbohydrates remains crucial for individuals with diabetes, the concept of "food as medicine" goes further. Affordable, nutritious food can significantly impact future health and ongoing diabetes treatment outcomes. Unfortunately, approximately 49 million people in the United States lack access to affordable, nutritious food. This lack of access is a major concern, given the significant impact of food on both diabetes prevention and management.

The impact of nutrition on diabetes is profound, influencing both prevention and management. Nutrition impacts the following:

- **Blood Glucose Control**
  - All foods affect blood glucose levels, but some have a more significant impact than others.
  - Carbohydrates, especially simple carbs, can cause rapid spikes in blood sugar. Understanding how different foods affect glucose levels is crucial for managing diabetes.
  - Meal planning plays a vital role. Balancing carbs, proteins and fats helps maintain stable blood glucose levels.
- **Health Outcomes**
  - Food insecurity—lack of reliable access to nutritious food—can exacerbate diabetes.
  - Experiencing food and nutrition insecurity while having diabetes can lead to:
    - **Higher HbA1c levels:** Poor glycemic control.
    - **Diabetes-related complications:** Increased risk.
    - **Hospitalizations:** Due to uncontrolled blood sugar.
    - **Poor mental health:** Nutritional deficiencies impact overall well-being.

By providing tailored guidance, healthcare workers can empower individuals with diabetes to lead healthier lives. Below is a list of approaches that can be used:

- **Medical Nutrition Therapy (MNT)** is a cornerstone in diabetes management. It involves personalized dietary recommendations to optimize glycemic control and reduce the risk of complications.
- **Carbohydrate Counting:** Healthcare workers educate on carbohydrate counting. Monitoring carbohydrate intake helps regulate blood sugar levels. Individuals with diabetes learn to match insulin doses with the amount of carbohydrates consumed.
- **Glycemic Index (GI):** Understanding the GI of foods is essential. Low-GI foods cause gradual blood sugar increases, while high-GI foods lead to rapid spikes. Healthcare workers guide individuals with diabetes toward low-GI choices.
- **Balanced Meals:** Encouraging balanced meals with a mix of carbohydrates, proteins and healthy fats is vital. Whole grains, lean proteins, fruits, vegetables and healthy fats contribute to stable blood sugar levels.
- **Portion Control:** Healthcare workers emphasize portion control to prevent overeating. Smaller, frequent meals help maintain steady glucose levels throughout the day.
- **Individualization:** Nutritional needs vary, so healthcare workers tailor recommendations based on factors like age, activity level, weight and comorbidities.

More about Medical Nutrition Therapy (MNT)

Medical Nutrition Therapy (MNT) plays a crucial role in managing various health conditions, particularly diabetes. It involves personalized dietary interventions to optimize health outcomes. For individuals with diabetes, MNT focuses on blood glucose control, weight management and cardiovascular risk reduction. By tailoring dietary recommendations to each individual's unique needs, MNT aims to improve glycemic control, prevent complications and enhance overall well-being.

Individuals with diabetes typically take oral and/or injectable antidiabetic agents, but recently more focus has been placed on the effective application of MNT for diabetes. Optimizing adherence to MNT, preventing DM through MNT, finding optimal MNT for individuals and applying MNT for DM comorbidities are effective ways to support individuals with diabetes.

MNT is a nutrition-based treatment for many health conditions. A Registered Dietitian (RDN) builds a plan tailored to the patient's individual needs. MNT may last years to help manage chronic conditions and diabetes.

Developing strategies to overcome anticipated barriers

The RDN will make a nutritional diagnosis, nutritional intervention, nutritional monitoring and evaluation.

Provider Resources

- Diabetes Management: Directory of Provider Resources (cms.gov)
- Quick Guide: Referring Your Patients to a Registered Dietitian Nutritionist for Medical Nutrition Therapy (MNT) - Handout
- Food Shopping & Diabetes: Healthcare Professionals - Handout

Patient Education

- Healthy Eating Through the Seasons - Handout
- Diabetes Self-Management Education (pcrm.org)- Website
- About Diabetes Self-Management Education and Support | Diabetes | CDC - Website with video
- Diabetes and Mental Health | Diabetes | CDC

DIABETES AND PHYSICAL ACTIVITY

Introduction

Physical activity is a powerful tool for diabetes management. There are many advantages of physical activity in managing diabetes. Regular exercise improves insulin sensitivity, lowers blood sugar and enhances overall feelings of well-being.

The following outline the benefits of physical activity:

- **Improved Blood Sugar Control:** Physical activity makes your body more sensitive to insulin, the hormone responsible for allowing cells to use blood sugar for energy.
- **Weight Management:** Staying active helps control body weight, which is essential for diabetes management. Even without significant weight loss, physical activity contributes to overall health and well-being.
- **Cardiovascular Health:** Regular physical activity strengthens the heart, improves blood circulation and maintains healthy blood vessels.
- **Stress Reduction:** Stress can impact diabetes management by increasing blood glucose levels. Exercise triggers the release of endorphins, which are natural mood boosters. Exercise helps alleviate stress, anxiety and promotes mental well-being. In addition, incorporating calming activities such as deep breathing or meditation into your routine may help manage stress and improve overall well-being.
- **Enhanced Insulin Sensitivity:** Allows for glucose to be pushed into the cell, therefore the glucose is used for energy to assist in glycemic control.
- **Muscle and Bone Strength:** Regular exercise strengthens muscles and bones, promoting overall physical fitness particularly in those individuals over 65 years of age.
- **Flexibility and Joint Health:** Being active keeps joints flexible and maintains range of motion.

Approaches for Physical Activity

Exercise regimes that are optimal and evidence-based take a practical approach to initiating, maintaining and increasing exercise in individuals with diabetes. Recommendations include the following:
The individual with diabetes should accumulate at least 150 minutes of moderate-to-vigorous aerobic exercise per week, spread over at least three days per week, with no more than two consecutive days without exercise.

- Resistance exercise is recommended at least twice per week, and ideally three times per week, in addition to aerobic exercise.
- Initial instruction and periodic supervision by an exercise specialist are recommended.
- Aerobic exercise 75 minutes per week is associated with reduced mortality and other health benefits, but to a lesser extent than the 150 minutes normally recommended.
- Prescribe for individuals with diabetes with very low baseline fitness, arthritis and/or obesity limiting physical activity.

- Start with very small amounts of activity (e.g. 5 minutes per day), increase gradually.
    - Consider water-based exercise if weight-bearing or arthritis limits physical activity.

Prescribed strategies can enhance initiation and maintenance of exercise by:

- Setting specific, realistic, measurable goals.
- Self-monitoring (exercise logs, objective monitoring).
    - Motivational interviewing/motivational communications.

Precautions for Exercise

When it comes to exercise for individuals with diabetes, taking precautions is essential to ensure safety and optimize health outcomes. Here are some key considerations:

Blood Sugar Monitoring

Healthcare workers should guide individuals on monitoring blood sugar before, during and after exercise. Adjustments to insulin doses or carbohydrate intake may be necessary.

Hydration

Staying hydrated is crucial during physical activity.

Foot Care

Healthcare workers should educate individuals about proper foot care to prevent complications.

Individualized Plans

Exercise recommendations vary based on the individual's type of diabetes, existing complications and overall health.

Provider Resources

- Diabetes Management: Directory of Provider Resources (cms.gov)
- Barriers to Self-Care among Diabetic Patients and Ways to Recognize and Address - Journal

Patient Education

- Healthy Coping and Diabetes - Handout
- Types of Physical Activity (diabetes.org) - Handout
- Get Active! | Exercise & Diabetes | ADA
- About Diabetes Self-Management Education and Support | Diabetes | CDC - Website with video

DIABETES AND VACCINES

Introduction

Vaccines play a crucial role in protecting individuals with diabetes from severe infections and complications. By getting vaccinated, individuals with diabetes can significantly reduce their risk of severe outcomes from diseases like influenza, pneumonia and COVID-19.

Recommended Vaccines

- *COVID-19
- *Flu (Influenza)
- Tdap or Td
- Pneumococcal Vaccine

*Flu and COVID-19 vaccine can be given at the same time.

Additional vaccines may be needed based on age or risk factors.

Recommendations may include:

- Chickenpox vaccine (varicella) – recommended for all adults born in 1980 or later.
- Hepatitis B vaccine – recommended for all adults up through 59 years of age, and for some adults 60 years of age and older with known risk factors.
- HPV vaccine (human papillomavirus) – recommended for all adults up through 26 years of age, and for some adults aged 27 through 45 years.
- MMR vaccine (measles, mumps, and rubella) – recommended for all adults born in 1957 or later.
- Shingles vaccine (zoster) – recommended for all adults 50 years of age and older.

Source: Recommended Vaccines for Adults | CDC

Provider Resources

- Recommended Vaccines for Adults | CDC

Patient Resources

- Take a short quiz and get a list of vaccines.
- Recommended Vaccines for Adults | CDC
- What people with heart disease should know about vaccines today | American Heart Association

DIABETES AND REFERRALS

Introduction/Purpose

The prevention and management of diabetes rely mostly on the self-management of the individual with diabetes. Ensuring the individual with diabetes is scheduled for follow-up appointments, labs, and referrals are essential for compliance and positive outcomes. The following screening and referrals are recommended.

	Screening	Referral	Frequency
Eyes	Comprehensive Dilated eye exam	Ophthalmologist or optometrist	Annually
Feet	Every Primary Provider Exam should include a foot assessment	Podiatrist	Annually or more frequently if: • Unable to trim toenails • High risk category for Peripheral neuropathy, Peripheral arterial disease (PAD), foot deformities, foot ulcerations
Neuropathy	Your Primary Provider Physical Exam should include small and large fiber function and protective sensation tests	Neurology	• Type 1 diabetes- 5 years after diagnosis • Type 2 diabetes- Immediately after diagnosis and then annually
Oral Care		Dentist	Annually
Chronic Kidney Disease	Annual screening is recommended for individuals with diabetes to detect and monitor chronic kidney disease	Nephrology	Individuals with diabetes and an estimated glomerular filtration rate (eGFR) below 30 mL/min/1.73 m^2
Diabetes Self-Management Education and Support (DSMES)			When the individual is diagnosed with diabetes

Diabetic Retinopathy

- **Screening and Background**
  - Diabetic retinopathy is a highly specific neurovascular complication of both type 1 and type 2 diabetes, with prevalence strongly related to both the duration of diabetes and the level of glycemic control
  - Diabetic retinopathy is the most frequent cause of new cases of blindness among adults aged 20–74 years of age. Glaucoma, cataracts, and other eye disorders occur earlier and more frequently in individuals with diabetes.
- **Screening Recommendations**
  - Adults with type 1 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist within 5 years after the onset of diabetes.
  - Individuals with type 2 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist at the time of the diabetes diagnosis.
  - If there is no evidence of retinopathy from one or more annual eye exams and glycemic indicators are within the goal range, then screening every 1–2 years may be considered.
  - If any level of diabetic retinopathy is present, subsequent dilated retinal examinations should be repeated at least annually. If retinopathy is progressing or sight threatening, then examinations will be required more frequently.
  - Programs that use retinal photography with remote reading or the use of U.S. Food and Drug Administration–approved artificial intelligence algorithms to improve access to diabetic retinopathy screening. These programs need to provide pathways for timely referral for a comprehensive eye examination when indicated.
- **Implementation Strategies**
  - Implement strategies to help individuals with diabetes reach glycemic goals to reduce the risk or slow the progression of diabetic retinopathy.
  - Implement strategies to help individuals with diabetes reach blood pressure and lipid goals to reduce the risk or slow the progression of diabetic retinopathy.
  - Promptly refer individuals with any level of diabetic macular edema, moderate or worse nonproliferative diabetic retinopathy (a precursor of proliferative diabetic retinopathy [PDR]) or any PDR to an ophthalmologist who is knowledgeable and experienced in the management of diabetic retinopathy
  - An individual with diabetes should be referred for a dilated eye exam every year due to the risk of glaucoma.

Provider Resources

- 2023 Comprehensive Type 2 Diabetes Management Algorithm Guideline Summary (guidelinecentral.com)
- Promoting Eye Health - website

Patient Education

- Diabetes and Your Eyes - Handout

Foot Care

- **Screening and Background**
  Foot ulcerations and amputations are common complications associated with individuals with diabetes. Severe consequences can occur when several factors are present, including: Peripheral neuropathy, peripheral arterial disease (PAD), and foot deformities. These factors are a major cause of morbidity and mortality in individuals with diabetes. Early assessment and recognition related to feet, pre-ulcerative lesions, and prompt treatment of ulcerations and other lower extremity complications can delay or prevent adverse outcomes.
  Resource: Volume 47 Issue Supplement_1 | Diabetes Care | American Diabetes Association (diabetesjournals.org)
- **Screening Recommendations**
  - Primary Provider Exam should include:
    - Pulse examination of the dorsalis pedis and posterior tibial arteries.
    - Assess foot deformities such as bunions, hammertoes, and prominent metatarsals.
    - Assess for any skin breakdown.
    - Also see neuropathy exam section.

- **Referral Recommendations**
  - Annual exam with a podiatrist to check for circulation and sensation.
  - Refer an individual with diabetes to a podiatrist or a foot care specialist to trim toenails if they are unable to trim them.
  - Refer an individual with diabetes for one pair of diabetic shoes and three pairs of inserts yearly.
    - Therapeutic footwear with custom-made orthotic devices have been shown to reduce peak plantar pressures. Certain features of the orthoses, such as rocker soles and metatarsal accommodations, can reduce peak plantar pressures more significantly than insoles alone.
    - Footwear behaviors at home should also be discussed (e.g., no walking barefoot, avoiding open-toed shoes).

Provider Resources

- Promoting Foot Health | Diabetes | CDC
- A practical guide for examining and treating the diabetic foot (ccjm.org)

Patient Education

- Foot Care for People with Diabetes - handout
- Foot Care For A Lifetime (diabetes.org) - Handout
- Diabetes and Infection - Handout

Neuropathy

- **Screening and Background**
  - Diabetic neuropathies are a heterogeneous group of disorders with a wide range of clinical manifestations. The early recognition and appropriate management of neuropathy in individuals with diabetes is important.
  - Diabetic neuropathy is a diagnosis of exclusion. Nondiabetic neuropathies may be present in individuals with diabetes and may be treatable.
  - Up to 50% of diabetic peripheral neuropathy may be asymptomatic. If not recognized and if preventive foot care is not implemented, individuals with diabetes are at risk for injuries as well as diabetic foot ulcers (DFUs) and amputations.
  - Recognition and treatment of neuropathy may improve symptoms, reduce complications, and improve quality of life
- **Screening Recommendations**

The following clinical tests may be used to assess neuropathy using small and large fiber function and protective sensation:

- **Small-fiber function**
  - Pinprick sensation- Evaluates the ability to perceive sharp or painful stimuli.
  - Temperature sensation- Assesses sensitivity to hot and cold temperatures.
- **Large-fiber function**
  - Lower-extremity reflexes- Tests reflexes in the lower limbs.
  - Vibration perception- Measures the ability to sense vibration using a tuning fork.
  - 10-g monofilament- Determines protective sensation by assessing pressure perception with a thin filament.

- **Referral Recommendation:**
  - Individuals with diabetes should be assessed for diabetic peripheral neuropathy starting at diagnosis of type 2 diabetes and 5 years after the diagnosis of type 1 diabetes and at least annually thereafter.

Patient Education

Diabetes and Neuropathy - Handout

Chronic Kidney Disease

- **Screening and Background**
  Chronic Kidney disease is common in individuals with diabetes. It often develops slowly and with few symptoms.
  - **Annual screening** is recommended for individuals with diabetes to detect and monitor chronic kidney disease
    - **Blood Test:** Measure kidney function using the estimated glomerular filtration rate (eGFR).
    - **Urine Test:** Assess kidney damage using the urine albumin-creatinine ratio (uACR).
- **Referral Recommendations**
  - Health care professionals should consider referral to a **nephrologist** if the individual with diabetes has the following:
    - Continuously rising, urine albumin-creatinine ratio (UACR) levels and/or continuously declining eGFR.
    - If the etiology of kidney disease is not known.
    - For difficult management issues.
    - Individuals with diabetes and an estimated glomerular filtration rate (eGFR) below 30 mL/min/1.73 m^2 (advanced kidney disease).

Consultation with a nephrologist when stage 4 CKD develops (eGFR <30) has been found to reduce cost, improve quality of care, and delay dialysis.

Patient Education

- Preserving Kidney Function - handout
- Keeping Kidneys Healthy - handout

Oral Care

- **Screening and Background**
  Gum disease is more common in individuals with diabetes. Regular dental exams are crucial for prevention and treatment. Gum disease can also affect insulin sensitivity and increase the risk of heart and kidney disease

in individuals with diabetes. Periodontitis (advanced gum disease) can break down connective tissue and lead to tooth loss. Individuals with diabetes with periodontitis have higher mortality rates over 10 years from all causes and cardiovascular disease than those without periodontitis. Gum disease affects:

46% of Adults
aged 45 to 64

59% of Adults
aged 65 or older

for every **1% increase in hemoglobin A1C**
the odds of periodontitis increase by 18%

- **Recommendations for Oral Care**
  - Regularly brush and floss teeth twice a day.
  - Regular brushing and flossing are critical for diabetes self-management.
  - Eating foods that are high in added sugars can harm oral health.
  - Stop Tobacco Use: Smoking weakens the immune system's ability to fight or heal oral infections.
- **Referral Recommendations**
  - If the individual with diabetes does not have a primary dentist. Refer to a dentist to ensure oral care related to diabetes maintenance is maintained.
  - An individual with diabetes should be referred for an annual dental visit (more often if recommended).

Provider Resource

- Promoting Oral Health | Diabetes | CDC - Website
- Diabetes and Oral Health - Website

Patient Education

- Diabetes and Infection - handout
- Oral health and Diabetes - Website

Diabetic Self-Management Education and Support (DSMES)

- **Background**
  DSMES is highly effective in improving health and diabetes management skills, but less than 7% of eligible patients participate within the first year of diagnosis.

- **Patient Support Referral**
  - DSMES referral can:
    - Improve hemoglobin A1C.
    - Prevent or delay diabetes complications.
    - Increase the likelihood of individuals with diabetes getting preventive health care.
    - Reduce acute care and hospitalizations.
    - Improve healthy coping, confidence in self-care behaviors, and quality of life.
- **When to refer patients**
  - When the individual is diagnosed with diabetes.
  - During health care appointments.
  - New health complications arise.
  - Diabetes management becomes more difficult for the individual.
- **Insurance Considerations**
  Insurance coverage of DSMES varies, but many plans cover it. Medicare covers up to 10 hours of diabetes education for individuals diagnosed in the past year. After the first year, coverage may change. Note that Medicare refers to DSMES as diabetes self-management training (DSMT).

Disclaimer: The information provided here pertains specifically to individuals with diabetes who are not pregnant. For guidance on diabetes during pregnancy, please refer to specialized resources related to diabetes and pregnancy

Provider Resources

- Diabetes Management: Directory Of Provider Resources (cms.gov)
- Diabetes Co-Conditions Screening Checklist - Handout
- Diabetes Self-Management and Support: A Toolkit for Providers and Educators - Toolkit
- Referring Patients to DSMES | Diabetes | CDC- Website
- About the Diabetes Self-Management Education and Support (DSMES) Toolkit | Diabetes Self-Management Education and Support (DSMES) Toolkit | CDC - toolkit
- Referral Process | Diabetes Self-Management Education and Support (DSMES) Toolkit | CDC - Toolkit

Patient Education

- About Diabetes Self-Management Education and Support | Diabetes | CDC -Website
- Your Diabetes Care Schedule | Diabetes | CDC - website
- Diabetic Self Management Patient Education Materials- Handouts

SECTION 3
THE BIG PICTURE

DIABETES: HEALTH EQUITY AND SOCIAL DRIVERS OF HEALTH (SDOH)

Introduction/Purpose

Diabetes disproportionately affects racial and ethnic minority populations and low-income adults in the U.S. Social drivers of health (SDOH) have become crucial targets for achieving health equity. These determinants include factors like socioeconomic status, race, and ethnicity, which influence health outcomes.

Understanding the correlation between social drivers of health (SDOH), health equity, and diabetes is crucial for providing effective care.

Social Drivers of Health (SDOH) refers to the conditions in which people live, learn, work, and play. These factors significantly influence health risks and outcomes. They encompass the following areas:

- **Socioeconomic Status:** Education, income, and occupation play pivotal roles. Lower socioeconomic status is associated with higher diabetes risk.
- **Neighborhood and Physical Environment:** Housing quality, built environment, and exposure to toxins impact health. For instance, living in areas with limited access to fresh produce affects dietary choices.
- **Food Environment:** Food insecurity and accessibility to nutritious food directly affect diabetes management.
    - **Food insecurity,** defined as the inability to meet dietary needs consistently, affects not only those of low socioeconomic status but also approximately 50% of employed individuals. People experiencing food insecurity often consume nutrient-poor diets, contributing to obesity, heart disease, hypertension, diabetes, and other chronic diseases. Recognizing food as medicine alongside standard treatment modalities is crucial for preventing and managing diabetes. By addressing food insecurity and promoting access to nutritious meals, we can positively impact the health outcomes of individuals living with diabetes.
- **Transportation:** Transportation barriers lead to missed appointments, inability to pick up prescriptions and supplies, and can contribute to lack of access to nutritious food or meals resulting in individuals not seeking medical care, delays in care, and poor health outcomes. Understanding an individual's transportation barrier can lead to reduced emergency department visits, timely evaluation and treatment, and results in improved patient outcomes. Providers should discuss with the individual public transportation, medical transportation, possible reimbursement for travel through the Medicaid program, and utilization of telehealth visits.
- **Climate:** Extreme weather events may increase morbidity and mortality in individuals living with diabetes. There is a possibility of disruption of medications and food due to extreme weather. Individuals living with diabetes are more prone to dehydration, hospitalization, and cardiovascular events during extreme heat. Providers should identify high risk individuals and discuss possible emergency preparedness plans in the event of severe weather.
- **Healthcare Access and Quality:** Disparities in access, affordability, and quality of healthcare services contribute to differential outcomes.
- **Social Context:** Social cohesion, support networks, and community engagement influence health behaviors and outcomes.

Health equity aims to eliminate disparities and achieve fairness in health outcomes. It recognizes that not everyone starts from the same baseline and seeks to address systemic injustices.
Achieving health equity involves:

- **Reducing Disparities:** Identifying and addressing gaps in health outcomes based on race, ethnicity, income, and other factors.
- **Culturally Competent Care:** Understanding diverse backgrounds and tailoring care accordingly.
- **Advocacy:** Advocating for policies that promote equitable access to resources and services.
- **Community Engagement:** Involving communities in decision-making processes.

Impact on Diabetes

There is a disproportionate burden on racial and ethnic minority populations and low-income individuals. These populations have a higher incidence of diabetes and face challenges related to SDOH, leading to increased risk, complications and mortality.

Addressing SDOH can improve diabetes outcomes. Interventions include:

- **Community Health Workers (CHWs):** CHWs bridge gaps by providing culturally sensitive education, support, and advocacy. They help individuals attain better self-management and reduce HbA1c levels.
- **Implicit Bias Awareness:** Healthcare providers must recognize and address biases that affect patient care.
- **Access to Therapeutics and Technology:** Ensuring equitable access to diabetes medications and devices.
- **Affordable Medications:** Lowering costs to enhance adherence.
- **Policy Changes:** Advocating for policies that promote health equity and address SDOH within your community and healthcare systems.

Recommendations

- Assess food insecurity, housing insecurity/homelessness, financial barriers, and social capital/social community support to inform treatment decisions, with referral to appropriate local community resources.
- Provide individuals with additional self-management support from lay health coaches, navigators or community health workers when available.
- Consider the involvement of community health workers to support the management of diabetes and cardiovascular risk factors, especially in underserved communities and health care systems.

In summary, health care workers play a pivotal role in advocating for health equity, understanding SDOH, and tailoring diabetes care to individual needs. By addressing these factors, we can collectively improve diabetes outcomes and promote a healthier society.

Provider Resources

- Social Drivers of Health (SDOH) Z Code Documentation Guide - Updated Oct. 2023 - handout
- Advancing Health Equity in Diabetes: Tools to Help Remove Barriers to Health
- Social Determinants of Health Literature Summaries
- Traveling Towards Disease: Transportation Barriers to Access Health – Journal Article
- Inclusive Care for LGBTQ People with Diabetes - Handout
- Diabetes Prevention Programs: Equity Tailored Resources

Patient Resources

- findhelp.org by findhelp - Search and Connect to Social Care
- Call 211 for Essential Community Services | United Way 211
- Support and Resources for Seniors and Disabled Adults
  - Michigan
    - Aging Services, Michigan Department of Health and Human Services
    - Mission Point Healthcare Services
  - Minnesota
    - MN Senior Linkage Line, State of Minnesota
    - Minnesota Senior Services - Resources for Seniors and Their Families, Minnesota Seniors Online
    - Trellis | Optimizing well-being as you age (trellisconnects.org)
  - Wisconsin
    - Aging and Disability Resource Centers (ADRCs), Wisconsin Department of Health Services

DOCUMENTATION AND CODING GUIDELINES (FOR BILLING)

Clinical documentation is essential. Quality measures, especially when linked to provider payment and performance feedback, can bridge the gap between medical documentation and coded data. This leads to better patient outcomes, informed decision-making, and improved healthcare delivery.

Provider Education

The following ICD-10 and CPT coding guides will assist to help capture risk factors related to Diabetes and correlating chronic conditions.

- Chronic Kidney Disease
- Diabetes
- Hypertension
- Tobacco Use: Screening and Cessation Intervention
- Medicare Current Procedural Technology (CPT) codes for DSMT services
- DSMES Pharmacy Billing Playbook (cdc.gov)

Patient Education

- Managing Diabetes Coverage and Resources
- Get the Most out of Your After Visit Summary
- Medicare Coverage of Diabetes Supplies, Services, & Prevention Programs

Conclusion

In conclusion, our mutual hope is that this playbook acts as a guide for clinical staff to effectively manage diabetes care. By engaging patients in their self-care, we strive to improve health outcomes, reduce complications and prevent chronic disease. Through our committed awareness, we hope to create a more equitable and effective health care system for all individuals living with diabetes.

Please direct questions or feedback to info@superiorhealthqa.org.

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