TODAY’S WEBINAR

- **Together 2 Goal® Updates**
  - Webinar Reminders
  - Webinar Schedule: 2016 & Beyond
  - Data Reporting Deadline: September 1
  - Goal Post August Newsletter Highlights
  - Campaign Plank Implementation Survey Results

- **Adopt Treatment Algorithm (Intermountain Healthcare)**
  - Mark Greenwood, MD
  - Sharon Hamilton, RN, MS, APRN-BC
  - Dane Stewart, MBA

- **Q&A**
  - Use Q&A or chat feature

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WEBINAR REMINDERS

• Webinar will be recorded today and available the week of August 29th
  – Together2Goal.org Website (Improve Patient Outcomes → Webinars)
  – Email distribution

• Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen
WEBINAR SCHEDULE: 2016 & BEYOND

• **Speaker changes**
  - September 15, 2016: Use a Patient Registry & Publish Transparent Internal Reports
    • Lehigh Valley Health Network
  - December 15, 2016: Contact Patients Not at Goal & with Therapy Change within 30 Days
    • Geisinger Health

• **2017 Topics**
  - Beginning planning for 2017 monthly webinars
  - Email topic and/or speaker recommendations to together2goal@amga.org
  - Self-nominations accepted
DATA REPORTING DEADLINE: SEPTEMBER 1

Groups can report data through the web portal or Excel template. For data assistance, contact DataHelpForT2G@amga.org.
GOAL POST AUGUST NEWSLETTER HIGHLIGHTS

Campaign Spotlight:

Resource of the Month

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SURVEY OVERVIEW

• Timeframe: 18 days (May 10-27)
• Participants: 91 AMGA members enrolled in Together 2 Goal®
PLANK PLANNING

Number of Groups

Number of Planks Planned for Implementation

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Publish Transparent Internal Reports
Embed Point-of-Care Tools
Use a Patient Registry
Contact Patients ... Within 30 Days
Assess & Address Risk of CVD
Measure HbA1c Every 3-6 Months
Adopt Treatment Algorithm
Conduct Practice-Based Screening
Refer to DSME & Support Programs
Integrate Emotional/Behavioral Support
Build an Accountable Diabetes Team

No Plans | Planning (Sites or System) | Currently at Select Sites | Currently at System Level
--- | --- | --- | ---

Together2Goal.
Top planks implemented at site or system:

- Refer to DSME & Support Programs: 60%
- Measure HbA1c Every 3-6 Months: 71%
- Use a Patient Registry: 65%
- Publish Transparent Internal Reports: 67%

Legend:
- No Plans
- Planning (Sites or System)
- Currently at Select Sites
- Currently at System Level

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Top planks planned for site or system implementation:

- Integrate Emotional/Behavioral Support: 35% planning (sites or system), 50% currently at system level
- Adopt Treatment Algorithm: 50% planning (sites or system)
- Assess & Address Risk of CVD: 35% planning (sites or system)
- Contact Patients ... Within 30 Days: 40% planning (sites or system)

Legend:
- No Plans
- Planning (Sites or System)
- Currently at Select Sites
- Currently at System Level

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Top planks not implemented and not planned:

- Integrate Emotional/Behavioral Support: 31% planning (sites or system)
- Conduct Practice-Based Screening: 31% planning (sites or system)
- Assess & Address Risk of CVD: 25% planning (sites or system)
- Contact Patients ... Within 30 Days: 31% planning (sites or system)
TODAY’S SPEAKERS

• Mark Greenwood, MD
  – Primary Care Clinical Program Medical Director, Intermountain Healthcare

• Sharon Hamilton, RN, MS, APRN-BC
  – Primary Care Clinical Program Operations Director, Intermountain Healthcare

• Dane Stewart, MBA
  – Data Analyst, Intermountain Healthcare
Together 2 Goal®
“Adopt Treatment Algorithm”

Sharon Hamilton, RN, MS, APRN-BC
Primary Care Clinical Program Operations Director

Mark Greenwood MD
Primary Care Clinical Program Medical Director

Dane Stewart, MBA
Primary Care Clinical Program Sr. Outcomes Analyst

Intermountain Healthcare
Healing for life®
Helping people live the healthiest lives possible

**Not-for-Profit System**
Based in Salt Lake City, Utah

**PREVENTION & WELLNESS**
- 88,000 Healthy Plates sold in hospital cafes
- 12,000 Utah students participating in LiVe Well assemblies
- 58 Schools in Step Express program
- 57,000 Healthy Living participants

**HOSPITALS & CLINICS**
- 22 Hospitals
  - (Including children & orthopedics)
- 2,700 Beds
- 185 Intermountain Clinics

**LIFE FLIGHT AIR AMBULANCE**
- 87,000 Patients transported since 1978
- 7 Helicopters
- 3 Fixed-wing airplanes
- 12 Million miles flown since 1978

**PATIENT ENCOUNTERS**
- 488,000 Emergency room visits
- 133,000 Hospital admissions
- 39,000 Inpatient surgeries
- 110,000 Outpatient surgeries
- 31,000 Births

**selecthealth.**
**INSURANCE**
- 750,000 Members

**OUR TEAM**
- 5,000 Affiliated physicians
- 1,400 Medical Group doctors & advanced practice clinicians
- 35,000 Employees
- 3,000 Volunteers
- 470 Volunteer Trustees

Utah has among the lowest healthcare costs in the nation.
Clinical Excellence

1500
Clinical research open studies

80
Current informatics projects designed to improve care

30
Total patents (issued & pending) related to patient care

10 CLINICAL PROGRAMS
(Best practice protocol)

- Cardiovascular
- Behavioral Health
- Oncology
- Pediatrics
- Neurosciences
- Women & Newborns
- Musculoskeletal
- Primary Care
- Surgical Services
- Intensive Medicine

Intermountain Healthcare
Primary Care Clinical Program

Hospitals

Medical Group

SelectHealth

Primary Care Clinical Program

Population Health

Affiliated Practices
Clinical Program Organizational Structure

**Clinical Program Leadership**
*Medical and Operations Director*
*Support Staff Development*

**Guidance Councils**
*Medical Directors – Regional Nurse Consultants*
*SelectHealth, other support staff*
*Implementation and Development*

**Development Teams**
*Specific Disease Process Development*

**Physician Advisory Councils**
*Implementation and Development*
Development Teams

Comprised of specialty and primary care clinicians, clinical program leadership, other clinical specialists (PT, PharmD etc.), analytics support

- Review evidence base and existing guidelines, recommend treatment
- Evaluate and recommend clinical flow
- Develop evaluation process to determine compliance with recommendations
Treatment Algorithms
How we develop a treatment algorithm?

Components include:
- Prevention
- Diagnosis
- Treatment
- Medications
Antihyperglycemic Therapy in Type 2 Diabetes

### Healthy eating, weight control, increased physical activity, and diabetes education

<table>
<thead>
<tr>
<th>Therapy Type</th>
<th>Metformin</th>
<th>Sulfonylurea</th>
<th>Thiazolidinedione</th>
<th>DPP-4 inhibitor</th>
<th>SGLT2 inhibitor</th>
<th>GLP-1 receptor agonist</th>
<th>Insulin (basal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mono-therapy</td>
<td>High</td>
<td>High</td>
<td>Low</td>
<td>High</td>
<td>Moderate</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>Moderate Risk</td>
<td>Low</td>
<td>Intermediate</td>
<td>Low</td>
<td>Low</td>
<td>Highest</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>Gain</td>
<td>Gain</td>
<td>Low</td>
<td>Neutral</td>
<td>Loss</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>Hypoglycemia</td>
<td>Rare</td>
<td>Low</td>
<td>Rare</td>
<td>Loss</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>Edema, HF, fx</td>
<td>High</td>
<td>High</td>
<td>GL, dehydration</td>
<td>High</td>
<td>Hypoglycemia</td>
</tr>
</tbody>
</table>

If A1C target not achieved after ~3 months of monotherapy, proceed to 2-drug combination (order not meant to denote any specific preference—choice dependent on a variety of patient and disease-specific factors):

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<th>Therapy Type</th>
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<tbody>
<tr>
<td>Dual therapy</td>
<td>Metformin</td>
<td>High</td>
<td>High</td>
<td>Intermediate</td>
<td>Intermediate</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Metformin</td>
<td>Moderate R</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Highest</td>
</tr>
<tr>
<td></td>
<td>Metformin</td>
<td>Gain</td>
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<td>High</td>
<td>Neutral</td>
<td>Loss</td>
<td>High</td>
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<tr>
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<td>Low</td>
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<td>High</td>
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If A1C target not achieved after ~3 months of dual therapy, proceed to 3-drug combination (order not meant to denote any specific preference—choice dependent on a variety of patient and disease-specific factors):

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<th>SGLT2 inhibitor</th>
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<th>Insulin (basal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triple therapy</td>
<td>Metformin</td>
<td>High</td>
<td>High</td>
<td>Intermediate</td>
<td>Intermediate</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Metformin</td>
<td>Moderate R</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Highest</td>
</tr>
<tr>
<td></td>
<td>Metformin</td>
<td>Gain</td>
<td>Edema, HF, fx</td>
<td>High</td>
<td>Neutral</td>
<td>Loss</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Metformin</td>
<td>Low</td>
<td>High</td>
<td>High</td>
<td>Neutral</td>
<td>Loss</td>
<td>Hypoglycemia</td>
</tr>
</tbody>
</table>

If A1C target not achieved after ~3 months of triple therapy and patient 1) on oral combination, move to injectables; 2) on GLP-1-RA, add basal insulin, or 3) on optimally titrated basal insulin, add GLP-1-RA or mealtime insulin. In refractory patients consider adding TZD or SGLT2-i:

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<th>Metformin</th>
<th>Sulfonylurea</th>
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<th>SGLT2 inhibitor</th>
<th>GLP-1 receptor agonist</th>
<th>Insulin (basal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combination injectable therapy</td>
<td>Metformin</td>
<td>High</td>
<td>High</td>
<td>Intermediate</td>
<td>Intermediate</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Basal</td>
<td>Mealtime Insulin</td>
<td>TZD</td>
<td>GLP-1-RA</td>
<td>GLP-1-RA</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>
Lifestyle and Weight Management CPM
Why lifestyle management? It works.

Counseling for physical activity (PA):
- After brief counseling, 1 in 12 patients increase PA to nationally recommended levels\(^1\)
- Of those patients, PA prevents death for 1 in 6\(^2\)
- For 1 in 77 patients, PA counseling prevents death

Mediterranean diet after heart attack:\(^3\)
- Prevents repeat heart attack (1 in 18 patients)
- Prevents death (1 in 30 patients)
- No harms

3. Number Needed to Treat Group, www.theNNT.com
Why lifestyle management? It works.

Is it as effective as medication?

- Compare with statins for patients with high cholesterol:

  Statins prevent heart attack (1 of 60 patients), prevent stroke (1 of 268 patients), but prevent no deaths

  1 in 10 patients develop myositis
  1 in 67 patients develop diabetes

1. Number Needed to Treat Group, www.theNNT.com
Antihyperglycemic Therapy in Type 2 Diabetes

### Monotherapy

<table>
<thead>
<tr>
<th>Efficacy</th>
<th>Hypo Risk</th>
<th>Weight</th>
<th>Side Effects</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
</tbody>
</table>

If A1C target not achieved after ~3 months of monotherapy, proceed to 2-drug combination:

#### Dual Therapy

<table>
<thead>
<tr>
<th>Metformin</th>
<th>Metformin</th>
<th>Metformin</th>
<th>Metformin</th>
<th>Metformin</th>
<th>Metformin</th>
<th>Metformin</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

- Efficacy
  - High
  - Moderate risk
  - Low risk
- Hypo Risk
  - Gain
  - Low risk
- Weight
  - Gain
  - Edema, HF, fxs
- Side Effects
  - Hypoglycemia
  - Low
- Costs
  - Low

If A1C target not achieved after ~3 months of dual therapy, proceed to 3-drug combination:

#### Triple Therapy

<table>
<thead>
<tr>
<th>Metformin</th>
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<th>Metformin</th>
<th>Metformin</th>
<th>Metformin</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

- Efficacy
  - High
  - Moderate risk
  - Low risk
- Hypo Risk
  - Gain
  - Neutral
  - Rare
- Weight
  - Gain
  - Edema, HF, fxs
- Side Effects
  - Hypoglycemia
  - Low
- Costs
  - Low

If A1C target not achieved after ~3 months of triple therapy and patient (1) on oral combination, move to injectables; (2) on GLP-1 RA, add basal insulin; or (3) on optimally titrated basal insulin, add GLP-1 RA or mealtime insulin. In refractory patients, consider adding TZD or SGLT2i.
NIH begins recruitment for long-term study of diabetes drug efficacy

The National Institutes of Health is looking for volunteers to take part in a study to compare the long-term benefits and risks of four widely used diabetes drugs in combination with metformin, the most common first-line medication for treating type 2 diabetes. Beginning recruitment in June, the project is called the Glycemia Reduction Approaches in Diabetes: A Comparative Effectiveness (GRADE) Study.

If metformin is not enough to help manage type 2 diabetes, a person’s doctor may add one of several other drugs to lower glucose (blood sugar). But while short-term studies have shown the efficacy of different drugs when used with metformin, there have been no long-term studies of which combination works best and has fewer side effects.
Evidence based treatment guidelines

NIH begins recruitment for long-term study of diabetes drug efficacy

The National Institutes of Health (NIH) is recruiting for a long-term study of diabetes drug efficacy. The study, called the Global Registry of Adverse Drug Events (GRADE) Study, will follow participants for up to 8 years.

If metformin is not enough to help manage type 2 diabetes, a person’s doctor may add one of several other drugs to lower glucose (blood sugar). But while short-term studies have shown the efficacy of different drugs when used with metformin, there have been no long-term studies of which combination works best and has fewer side effects.

“Type 2 diabetes progresses slowly, over a long period of time,” said Barbara Linder, M.D., Ph.D., the GRADE project officer at the NIH’s National Institute of Diabetes and Digestive and Kidney Diseases.
• Metformin  1.0-2.0  $12.00
• Sulfonylurea  1.0-2.0  $12.00
• TZD  0.5-1.4  $55.71
• GLP-1  0.5-1.0  $3,402
• DPP4  0.8-1.5  $2,977
• SGLT2  0.5-0.7  $3,522

*Data courtesy Select Health
Cost for Other A1c Reduction Meds

- Metformin 1.0-2.0 $12.00
- Sulfonylurea 1.0-2.0 $12.00
- TZD 0.5-1.4 $55.71
- GLP-1 0.5-1.0 $3,402
- DPP4 0.8-1.5 $2,977
- SGLT2 0.5-0.7 $3,522

*Data courtesy Select Health
Rx order volumes by drug class

<table>
<thead>
<tr>
<th>Drug class</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biguanides</td>
<td>23490</td>
<td>42.7%</td>
</tr>
<tr>
<td>Insulins</td>
<td>17733</td>
<td>32.2%</td>
</tr>
<tr>
<td>Sulfonylureas</td>
<td>7809</td>
<td>14.2%</td>
</tr>
<tr>
<td>Tzd</td>
<td>824</td>
<td>1.5%</td>
</tr>
<tr>
<td>Meglitinides</td>
<td>47</td>
<td>0.1%</td>
</tr>
<tr>
<td>DPP-4</td>
<td>3448</td>
<td>6.3%</td>
</tr>
<tr>
<td>GLP-1</td>
<td>1333</td>
<td>2.4%</td>
</tr>
<tr>
<td>SGLT2</td>
<td>328</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
## Therapy line sequence by drug class

<table>
<thead>
<tr>
<th>Sequence #</th>
<th>Drug class</th>
<th>Mean</th>
<th>Med</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Biguanides</td>
<td>1.3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Insulins</td>
<td>2.0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sulfonylureas</td>
<td>2.0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Tzd</td>
<td>2.4</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Meglitinides</td>
<td>2.3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>DPP-4</td>
<td>2.3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>GLP-1</td>
<td>2.8</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>SGLT2</td>
<td>3.5</td>
<td>4</td>
</tr>
</tbody>
</table>

![Bar chart showing the sequence numbers for different drug classes](chart.png)
Cumulative stabilization by index line

TREATMENT LINE

% ADVANCED TO NEXT LINE
Observations

- 90% of order volumes are for metformin, insulin and sulfonylurea.

- Average line therapy sequences by drug class seem generally in line with expected application of the existing protocol (begin with least expensive).

- Average drug lines to stabilization is 2 with 70% stabilization after two treatment lines.

- % progress from line 2 to 3 consistent across SU, DPP4, GLP-1, SGLT2.

- Time to line three is consistent among more expensive drug classes vs sulfonylurea.

- Evaluating time to line three by drug class:

  *Observed time to line 3 ranges from 250-300 days across major classes*
  *Differences not statistically significant*
  *Limiting to cohort where met is first or second line produces similar results*

- Variation in patient characteristics seem to align with recommendations for use.
Current DM Registry Population:
Variation in Prescribing- Case Study

System Level Data

Provider Level Data

Provider: Towner, Steven
Drug class: Biguanides
# of Biguanides Prescriptions: 186
# of unique DM patients: 228
% prescribed per unique DM patients: 81.50%

Keep Only  Exclude  

Specialty

Payer Detail

Download
Current DM Registry Population: Variation in Prescribing - Case Study
Current DM Registry Population:  
Variation in Prescribing- Case Study
Current DM Registry Population:

Variation in Prescribing - Case Study

Sample Provider (57.5% 4-part DM Bundle) vs Dr Steve Towner (55.2% 4-part DM Bundle)
Care Pathway
What is the objective of CPM / Care Pathway modules?

- To make it easier to view all of the pertinent clinical information for evaluating and treating a patient
- Create needed orders and guide care to be more compliant with evidence-based guidelines
Diabetes Care Pathway
Diabetes Care Pathway

<table>
<thead>
<tr>
<th>Vitals, Measurements &amp; Other Result Data</th>
<th>Latest</th>
<th>Previous</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP mmHg</td>
<td>120 / 80</td>
<td>↑150 / ↑96</td>
</tr>
<tr>
<td>HR bpm</td>
<td>65</td>
<td>92</td>
</tr>
<tr>
<td>Body Mass Index Measured kg/m2</td>
<td>28.69</td>
<td>22.95</td>
</tr>
<tr>
<td>Weight Measured kg</td>
<td>64</td>
<td>80</td>
</tr>
<tr>
<td>Insulin Pump Type</td>
<td>Medtronic 530G+</td>
<td>--</td>
</tr>
<tr>
<td>Pump Reservoir</td>
<td>3.0</td>
<td>--</td>
</tr>
<tr>
<td>Diluted Insulin</td>
<td>Yes u25</td>
<td>--</td>
</tr>
<tr>
<td>Insulin Type for Pump</td>
<td>Humalog</td>
<td>--</td>
</tr>
</tbody>
</table>
Diabetes Care Pathway

```
<table>
<thead>
<tr>
<th>Treatment Options</th>
</tr>
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<tbody>
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<td><strong>Biguanides</strong></td>
</tr>
<tr>
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<tr>
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<tr>
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</tr>
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<td>Intermediate Acting Insulin</td>
</tr>
<tr>
<td>Apidra Carb Ratio</td>
</tr>
<tr>
<td>Apidra Correction Factors</td>
</tr>
<tr>
<td>Basal Insulin</td>
</tr>
<tr>
<td>Biguanides and DPP-4 Inhibitors</td>
</tr>
<tr>
<td>Biguanides and Sulfonylureas</td>
</tr>
<tr>
<td>Humalog Carb Ratio</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>metFORMIN 500 mg oral tablet</td>
</tr>
<tr>
<td>1 tabs, Oral, BID, # 180 tabs, 1 Refill(s)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>metFORMIN 500 mg oral tablet, extended release</td>
</tr>
<tr>
<td>1 tabs, Oral, Daily, With dinner, # 90 tabs, 1 Refill(s)</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<td>metFORMIN 750 mg oral tablet, extended release</td>
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<td>1 tabs, Oral, Daily, With dinner, # 90 tabs, 1 Refill(s)</td>
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Intermountain Healthcare
Advisories

Patient Advisories (3)

<table>
<thead>
<tr>
<th>Expectation</th>
<th>Priority</th>
<th>Frequency</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes: Professional Eye Exam Every 2 Years</td>
<td>Medium</td>
<td>Q 2years</td>
<td>07/13/2016</td>
</tr>
<tr>
<td>Diabetes: Check Urine Albumin Creatinine Ratio Yearly</td>
<td>High</td>
<td>Q 1year</td>
<td>04/18/2017</td>
</tr>
<tr>
<td>Diabetes: Foot Exam Every Year</td>
<td>Medium</td>
<td>Q 1year</td>
<td>06/21/2017</td>
</tr>
</tbody>
</table>

Intermountain Healthcare
Diabetes

- Diabetes: Eye Exam
- Diabetes: ACR >=30. ACEI Or ARB
- Diabetes: ACR >=30. ACEI
- Diabetes: ACR >=30. ARB
- Diabetes: HgbA1c > 8
- Diabetes: Foot Exam
- Diabetes: Statin
- Metformin: Yearly Cr
- Diabetes: Yearly ACR
- Diabetes: 6mo HgbA1c
- Diabetes: High HgbA1c No Insulin
CPM Documents and Flash Cards

My Flash Cards

- Adult

Depression Best Practice flash card - Adult

Diabetes Mellitus Best Practice Flash Card - Adult

Diabetes Prevention Best Practice flash card Adult

Eating Disorders Best Practice flash card Adult

Eclamptic Seizure Best Practice flash card - Adult

High Blood Pressure Best

Intermountain Healthcare

Monitoring HbA1c

Office visit for patient with confirmed DM

Draw HbA1c

Good control
In most patients: HbA1c less than 7%

Inadequate control
In most patients: HbA1c greater than 7%

NO CHANGES indicated unless significant hypoglycemia
REINFORCE previous diabetes education as indicated

INITIATE or ADJUST medications (see other side)

REFER to diabetes educator or registered dietitian for education on lifestyle modification*

FOLLOW-UP HbA1c
- if on oral or no medications, at least every 6–12 months
- if on insulin, every 3–6 months

FOLLOW-UP HbA1c every 3 months

*At least annually, reinforce/update patient’s diabetes knowledge and skills. Consider using diabetes educators, who are registered dietitians and can provide medical nutrition therapy.
Questions?

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Salt lake City, UT 84111
801-442-2823
Email: Sharon.Hamilton@imail.org
Questions?