1) PURPOSE

The purpose of this protocol is to ensure that patients with diabetes have their medication refill requests processed in an efficient and timely manner by allowing the Diabetes RN Case Manager to process refills according to guidelines established by Chapa-De Primary Care Providers (PCP).

Medication refill is a core medical office function that has significant impact on patient satisfaction, safety and office workflow. The best practice utilizes protocols for the fulfillment of established medications for agreed upon number of refills based on clinically appropriate visit intervals and/or laboratory monitoring.

Beyond the actual medication refill, one should consider the opportunity of this “touch” between the patient and practice to identify additional care gaps that may be acted upon such as retinopathy screenings, and case management appointments.

2) GENERAL PRINCIPALS

Supervision: the protocol is established and approved by the PCP’s at Chapa-De Indian Health Program. The patient’s PCP of record is listed as the authorizing provider at the time the refill is requested. All medication refill requests will be processed within 72 hours of receipt.

Indications: Refills on the approved Medication refill Protocol list may be processed using this protocol. The list includes the following information.

1. Medications: the list includes medications and supplies used commonly in the care of Diabetic patients.
2. Refill: Indicates the total number of fills for a medication allowed if visit and lab criteria are met.
3. Visit Frequency: The appointment interval in which a patient on a specific type of medication ought to be seen.
4. Labs: indicates laboratory testing and interval appropriate to ensure patient safety for specific medications.

Exclusions: Any request for refill of a medication not listed on the protocol must be referred to the provider.
3) **POLICIES/PROTOCOL**

Review the patient’s chart to determine if visit interval and laboratory monitoring are up-to-date and lab results are within parameters.

a. If labs and visit up to date and within parameters – refill for stated duration
b. Lab due – notify patient that labs are due and reason. Order appropriate labs. Fill medication for 30 days with no refills.

c. Visit due – attempt to schedule appointment. If unable to reach patient, forward the telephone encounter to the PCP’s MA for follow up. Fill medication for 30 days with no refills.

d. If patient doesn’t complete lab or visit within 30 days, route to provider with comment.

e. Any refill request for which there is any uncertainty should be sent to the appropriate provider for review.

f. Any refill request for a medication which was not prescribed by a Chapa-De provider will be referred to the appropriate provider for review.

Approved: Sign: Deb DeCarlo Diabetes Program Manager

Date: June 2018
1) **PURPOSE**

The purpose of this protocol is to allow registered dietitians (RD) to refill designated diabetes medications and supplies according to guidelines established by Chapa-De Primary Care Providers (PCP).

2) **GENERAL PRINCIPALS**

Supervision: the protocol is established and approved by the PCP’s at Chapa-De Indian Health Program. The patient’s PCP of record is listed as the authorizing provider at the time the refill is requested. All medication refill requests will be processed within 72 hours of receipt. RD’s are not expected to help with refills on a routine basis. They will refill diabetes medications/supplies as a courtesy to clients during a scheduled office visit.

Indications: Refills on the approved Medication refill Protocol list may be processed using this protocol. The list includes the following information.

1. Medications: the list includes medications and supplies used commonly in the care of Diabetic patients.
2. Refill: Indicates the total number of fills for a medication allowed if visit and lab criteria are met.
3. Visit Frequency: The appointment interval in which a patient on a specific type of medication ought to be seen.
4. Labs: indicates laboratory testing and interval appropriate to ensure patient safety for specific medications.

Exclusions: Any request for refill of a medication not listed on the protocol must be referred to the provider.
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d. If patient doesn’t complete lab or visit within 30 days, route to provider with comment.
e. Any refill request for which there is any uncertainty should be sent to the appropriate provider for review.
f. Any refill request for a medication which was not prescribed by a Chapa-De provider will be referred to the appropriate provider for review.

Approved: Sign: Deb DeCarlo Diabetes Program Manager

Date: June 2018
1) PURPOSE
The purpose of retinal screening is to prevent loss of vision, particularly for those people who are less likely to seek out health services. The vast majority of patients who develop diabetic retinopathy (DR) have no symptoms until the very late stages (by which time it may be too late for effective treatment).

GENERAL PRINCIPALS
Diabetic retinopathy is a leading cause of visual impairment in working-age adults. Diabetic retinopathy can occur at any age. Early detection of retinopathy depends on educating patients with diabetes as well as their families, friends, and health care providers about the importance of regular eye examination even though the patient may be asymptomatic. Patients must be informed that they may have good vision and no ocular symptoms, yet may still have significant disease that needs treatment, which depends on timely intervention. There is evidence that single-field fundus photography with interpretation by trained readers can serve as a screening tool to identify patients with diabetic retinopathy for referral for ophthalmic evaluation and management, but it is not a substitute for a comprehensive ophthalmic examination. A comprehensive exam is required for follow-up of abnormalities detected on retinal photographs.

Screening recommendations suggest that adults with type 1 diabetes should have a comprehensive eye exam within five years of disease onset and that those with type 2 diabetes should have an exam at the time of diagnosis.

2) POLICIES/PROTOCOL
- Who should have a retinal screen?
  - Any patient with a diabetes diagnosis

- How often should they be screened?
  - Screening should occur on a yearly basis or as recommended by an ophthalmologist/optometrist.
  - A retinal screen does not replace a dilated comprehensive eye exam, which should be done on a yearly basis.

Approved: Sign: Deb DeCarlo Diabetes Program Manager
Date: June 2018
1) PURPOSE
The emphasis of the warm handoff is specifically on engaging the patient and family in the handoff within the primary care practice. This typically means that one member of the health care team introduces another team member to the patient, explaining why the other team member can better address a specific issue with the patient and emphasizing the other team member’s competence.

2) GENERAL PRINCIPALS
Warm handoffs engage the patient and are a safety check. Communication breakdowns within the health care team or between the team and the patient or family can result in medical errors. Research demonstrates that reliable and effective communication is essential for patient safety and improved clinical outcomes. Successful handoffs among clinical staff require open communication and teamwork.

3) POLICIES/PROTOCOL
• When should a warm handoff occur?
  o Any patient with an A1C over 9
  o Patient has never met with Diabetes team
  o PCP feels it would be beneficial for patient
• Patient needs teaching such as:
  o Glucometer use
  o Insulin injection
  o Medication changes
• How are they scheduled?
  o Look for 15 minute Brief Intervention availability on RN schedule
  o Send a SKYPE message to Diabetes team to check for availability of staff member
• What information needs to be communicated?
  ▪ What is the reason for the warm handoff?
  ▪ What is the goal of the interaction?
1) PURPOSE
Offer a class on the basic principles of weight loss in a group setting and provide a support group for Chapa-De clients seeking to decrease their weight in a healthy manner.

2) GENERAL PRINCIPALS
More than one-third of U.S. adults are obese, according to the Centers for Disease Control and Prevention. Obesity can raise the likelihood of many adverse health conditions including heart disease, stroke, Type 2 diabetes and certain kinds of cancer.

Weight loss is a lifelong learning process that requires forming new healthier habits. Accountability, throughout a weight loss journey, is the backbone of success. It helps participants to keep focused and work towards achieving their goals. Accountability, more importantly, lets one know when they are getting off track and not staying true to their plan.

Accountability group meetings are also a great place to learn from one another by sharing ideas, tips, and recipes. The key to losing weight is determination and a lot of hard work. Studies show that people who take part in community-based weight loss programs lose more weight than those who are trying to shed pounds on their own.

3) POLICIES/PROTOCOL
- Who should be referred?
  - Any patient with a BMI over 30.
  - Patients with BMI of 25-30 are welcome

- How are clients recruited/invited?
  - Referral from clinic
  - Clinic personnel let the clients know about upcoming class offering
  - Diabetes staff contact potential participants
  - PCP advises client it would be beneficial
  - Client sees information in the clinic or on the website
  - Flyers advertising classes are posted in lobby, clinic pods, and exam rooms.

- How are they scheduled?
  - Anyone can schedule them on the Resource Schedule called “Wt Mgmt Class”
  - Must attend the Fundamental Class prior to attending a support group.
  - Do Not have to sign up for Support group, can just show up if attended Fundamental class.
• Guidelines for 1:1 visits
  o Do not schedule a 1:1 visit with a Dietitian or Lifestyle Coach for weight loss unless
    ▪ They are a teenager (they are welcome to attend Fundamental class and Support group)
    ▪ Non English speaking
  o Must first attend Fundamental Class and Support Groups before 1:1 appointments considered
  o Lifestyle Coaches will determine 1:1 visits
• When in doubt: Send an in-house referral to IH Diabetes/Lifestyle/Dietitian Team

Approved:

Sign: Deb DeCarlo Diabetes Program Manager Date: May 10, 2018
Chapa-De Diabetes RN Case Manager Workflow

Purpose

Diabetes Nurse Case Managers can order refills for diabetes/diabetes related medication(s) to ensure timely refills and promote patient adherence.

Workflow

There are two avenues in which a nurse may address a refill request: through the E prescriptions (E Jelly Bean) or through a telephone encounter (T Jelly Bean).

E Jelly Bean

- The E Jelly bean screen will display prescription refill request sent electronically from the patient’s pharmacy.

May be sorted by provider using this tab
• Double clicking into the prescription to be refilled will bring up the prescription refill screen.

Patient info
Views historical office visits or telephone encounters
Opens patient hub to view labs, documents, previous fills, etc...

Option to change number of refills given

Last fill date at pharmacy

Sends Prescriptions/Action

- **Approved:** Approves refill request as is, however number of refills may be changed.
- **Approved with Changes:** Allows to change quantity of tablets dispensed, and SIG
- **Denied:** Denies RX
- **Denied New RX to Follow:** Closes this screen, and opens up a telephone encounter to send message to PCP or staff.
1. To start processing a refill, start by opening the ‘Patient Hub’
2. From the ‘Patient Hub,’ a patient’s lab and encounters can be examined to determine refill.
   a. Use ‘ePrescription Log’ to determine when this prescription was last filled
3. Use Diabetes Medication Algorithm to help guide response to refill (See Page 7).
4. If OK to refill, select ‘Approved’ and select the number of refill to be given.
   a. Click ‘Send ePrescription’ button
5. If prescription falls out of RN Refill Protocol
   a. Select ‘Denied New RX to Follow’ and click ‘Send ePrescription’ button
   b. A telephone encounter will generate

1. In ‘Reason’ bar, type: ‘[Medication Name] Refill’
2. Click ‘Add Action Taken’ button and type: ‘Last refilled [Date], See Rx tab. [Include Reason Why Could Not Refill by RN Protocol]
3. Select ‘Rx’ tab
4. Click ‘+’ of medication in question
T Jelly Bean

1. Ideally all T Jelly Bean refill request, should be sent to you by pharmacy team with all prescription and pharmacy information appropriately filled out.
2. To start processing a refill, start by opening the ‘Patient Hub’
3. From the ‘Patient Hub,’ a patient’s lab and encounters can be examined to determine refill.
   a. Use ‘ePrescription Log’ to determine when this prescription was last filled
4. Use Diabetes Medication Algorithm to help guide response to refill (See Page 7).
5. If numbers of refills or quantity dispensed needs to be changed, click anywhere on the prescription bar.

5. Click ‘R’ for refill
6. Change ‘Assigned To’ to appropriate provider.
7. Click ‘OK’ to send
6. A screen should pop up that will allow user to change quantity, SIG, and number of refills.

7. Verify pharmacy is right, then hit send button

Hit ‘Send’ Rx button when satisfied.
8. Click ‘Send ePrescription’ to finalize.

9. If prescription falls out of RN protocol, in the telephone encounter, indicate reason why Rx could not be refilled by protocol and forward to provider.
Diabetes Medication Algorithm

A1c

- Has appointment with RN case manager or PCP
  - Within 6 months
    - May fill up to 6 months
  - Within 3 months
  - Within 1 month

- 7.8%
- <7%
- ≥9%

- Scheduled Future Appointment
  - Yes: Refill up to future appointment
  - No

- Had courtesy fill prior to this fill?
  - Yes
  - No: Send to PCP
    - Give 2 month Courtesy Fill
    - Schedule appointment with provider
Metformin Algorithm

A1c

- **<7%**
  - 6 months Ago
    - Yes
    - Procede with medication algorithm, may fill up to 6 months
    - No

- **7-9%**
  - 3 months Ago
    - Yes
    - Scheduled Future Appointment
    - No

- **>9%**
  - 1 months Ago
    - Yes
    - Had courtesy fill prior to this fill?
    - No
    - Send to PCP
      - Yes
        - Refills up to future appointment
        - Proceed with medication algorithm
      - No
        - Give 2 month Courtesy Fill
        - Schedule appointment with provider
        - Proceed with medication algorithm
    - No
      - Send to PCP
Sulfonyurea Algorithm

Has been stable on medication for the last 3 months.

CMP and Lipids done in the last year?

eGFR ≤ 60 mL/min

On more than 1500mg of metformin?

Send to PCP

eGFR 30-45 mL/min?

Does Patient have acute or chronic metabolic acidosis, DKA, or will undergo procedure w/ iodinated contrast?

Fill

Note: Please Defer tp PCP if pt is an alcoholic
DPP4 Algorithm

1. Has been stable on medication for the last 3 months.
   - Yes: CMP and Lipids done in the last year?
     - Yes: eGFR ≤ 80 mL/min
       - Yes: On Januvia 50mg, 100mg or Onglyza 5mg?
         - Yes: Send to PCP
         - No: eGFR < 50 mL/min
           - Yes: On Januvia 100mg or Onglyza 5mg?
             - Yes: Send to PCP
             - No: Fill
           - No: Send to PCP
       - No: Send to PCP
     - No: Send to PCP
   - No: Send to PCP

2. eGFR ≤ 50 mL/min
   - Yes: Send to PCP
   - No: Send to PCP

3. Fill
SGLT2 Algorithm

Has been stable on medication for the last 3 months.

Yes → CMP and Lipids done in the last year?

No → Send to PCP

Yes → Hepatic impairment Child Pugh Class C

Hepatic impairment Child Pugh Class C

Yes → On Invokana?

No → eGFR <30 mL/min

Yes → eGFR persistently <45 mL/min?

No → Fill

Yes → eGFR <60 mL/min?

No → On Invokana 300mg, Farxiga 5mg or 10 mg?

Yes → Fill

No → Fill

Note: Please Refer to PCP if pt is alcoholic
Retinal Screen Scrubbing and Scheduling

PROCESS/ FLOW FOR RETINAL PHOTOGRAPHY SCHEDULING

1. There are two clinics in eCW for retinal screens to be scheduled.
   - Retinal Screening Aub and Retinal Screening GV
2. Patients are scheduled for 45 minute appointments
3. Click Patient Search button at the top in eCW and input patient information to search for patient. Last name, first name.
4. In appointment window you must have the Patient’s provider (this info is in their hub window) and retinal screening AUB or GV as the resource.
5. Adjust time as needed to create a 45 minute slot in clinic schedule
6. Insert patient into patient info in box. Ex Doe, John (make sure you have correct patient and verify DOB).
7. Visit type in the drop down as RetinalScr (Retinal Screening) and in the reason DM Eye Exam. Visit status will default to PEN (Pending) *if patient has prior appointments change visit status to DUM PEN (Additional visits).*
8. If patient has prior appointments scheduled (Ex. with PCP, Dental, Lab, and DM staff) on the same day please note in the general notes section, of the prior appointment, that patient has retinal screen after such appointments.
9. Click OK and verify that the appointment is where it is supposed to be.

*Appointment blocks stay white if DUM PEN or if the patient hasn’t confirmed appointment via text message.

Other appointment black colors

<table>
<thead>
<tr>
<th>Color</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Confirmed</td>
</tr>
<tr>
<td>Yellow</td>
<td>Arrived</td>
</tr>
<tr>
<td>Brown</td>
<td>Canceled</td>
</tr>
<tr>
<td>Grey</td>
<td>Checked out</td>
</tr>
<tr>
<td>Lavender</td>
<td>Answered phone</td>
</tr>
<tr>
<td>Light blue</td>
<td>Left a message</td>
</tr>
<tr>
<td>Fuchsia</td>
<td>Rescheduled appointment</td>
</tr>
<tr>
<td>Pink</td>
<td>Broken appointment</td>
</tr>
<tr>
<td>Purple</td>
<td>Unreachable</td>
</tr>
</tbody>
</table>
PROCESS/ FLOW FOR RETINAL PHOTOGRAPHY SCRUBBING

1. Click the “S jelly bean” in eCW > Office visits

2. Find Providers/resources at the top in the office visit tab
   - You will click the “…” button
   - Input all Providers/Resources in Aub or GV depending what clinic you are scrubbing for.

3. Click the “s el” button by facility under the providers/resource box. Select the clinic you are scrubbing for Chapa-De Indian Health Program AUB or Chapa-De Indian Health Program GV. This will populate the patients for the day you are scrubbing for.

4. Scan List for DM Checks (3 MO, 6MO, F/u)

5. Search DM Pt. in eCW with Last name, First name verify you have the right pt. checking D.O.B.
   - Click encounters to see if patient has been scheduled for DM Eye Exam/retinal screen. If not check their CDSS Alerts.
   - Click DM patient’s CDSS button located on top of HUB in blue. Check their DM Eye Exam alert is date is current, due or past due.
   - Double checking in Patient Documents in their HUB to see if they have had a DM Eye Exam/retinal screen elsewhere under the optometry tab. In this tab should show results of eye exam if patient brought in records or we asked to have their exam records faxed over to us from outside provider.
   - If after looking in the Patient’s encounters, CDSS alerts and patient documents and NO DM Eye Exam has been documented we call the patient and schedule a Retinal Screen/DM Eye Exam.
     *if patient states that they see an outside Eye Doctor we would ask for that information and call that providers office to fax over records.

Schedule Scrubbing Workflow

The objective of this workflow is to identify patients with diabetes that have a PCP visit and for the Diabetes Case Managers to attempt to make contact with those patients. The patients are identified for contact by: 1) have an A1c >9 and/or 2) have not seen a DM case manager.

1. Quality Improvement department will send a list on Friday of all DM patients with appointments the following week.
2. The list will include: patient name; date and time of visit; PCP they are seeing; most recent A1c
3. DM Case Managers will identify the target patients.
4. DM Case Managers will give the list to DM Program Assistant.
5. Program Assistant will look at the Case Managers schedules and put a reminder block on their schedule.
6. DM Case Managers will make every attempt to contact the patient.
7. DM Case Managers will offer the patient a brief visit if time allows, give them information regarding the diabetes department (Diabetes Wellness & Prevention Programs brochure, upcoming class schedules and business card for contact information) and offer to schedule an appointment.
8. Appropriate charting will be completed. ie. Telephone encounter, brief template charting.
9. The block will be removed from the schedule. If a contact occurred the patient will be put on the Case Managers schedule. If no contact occurred, the block will be deleted.
10. Patients that are contacted will be added to the excel spreadsheet on Diabetes drive → ++Client Contact++ folder →Weekly schedule scrubbing folder.