

SUBJECT: Medication Refill by RN	SETTING: CHAPA-DE INDIAN HEALTH
DEPARTMENT: Diabetes Program	May 2018

## 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.

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### 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

SUBJECT: Medication Refill by Registered Dietitian (RD)	SETTING: CHAPA-DE INDIAN HEALTH
DEPARTMENT: Diabetes Program	May 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.

SUBJECT: Medication Refill by Registered Dietitian (RD)	SETTING: CHAPA-DE INDIAN HEALTH
DEPARTMENT: Diabetes Program	May 2018

### 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

SUBJECT: Retinal Screening	SETTING: CHAPA-DE INDIAN HEALTH
DEPARTMENT: Diabetes Program	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

SUBJECT: Warm Handoff	SETTING: CHAPA-DE INDIAN HEALTH
DEPARTMENT: Diabetes Program	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?
  - Any patient with an A1C over 9
  - Patient has never met with Diabetes team
  - PCP feels it would be beneficial for patient
- Patient needs teaching such as:
  - Glucometer use
  - Insulin injection
  - Medication changes
- How are they scheduled?
  - Look for 15 minute **Brief Intervention** availability on RN schedule
  - 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?

Approved: Sign: Deb DeCarlo Diabetes Program Manager

Date: June 2018

SUBJECT: Weight Loss Class and Support Group	SETTING: CHAPA-DE INDIAN HEALTH
DEPARTMENT: Diabetes Program	May 2018

**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.

SUBJECT: Weight Loss Class and Support Group	SETTING: CHAPA-DE INDIAN HEALTH
DEPARTMENT: Diabetes Program	May 2018

- Guidelines for 1:1 visits
  - 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
  - Must first attend Fundamental Class and Support Groups before 1:1 appointments considered
  - 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