



# Continuum of Care Goal

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Deploying Diabetes Guidelines  
Fiscal Year 2021

CommonSpirit 

# Deployment of Diabetic Guidelines in the Clinic Setting

## Purpose

Improving management of diabetes demonstrates our commitment to “*Advance a coordinated, systematic, and customizable approach to serving those with acute, chronic and complex conditions,*” one of the five transformational strategies for CommonSpirit Health. We believe alignment in adopting best practices pertaining to diabetes management will enable us to achieve the best care for our patients. As a result, this resource has been provided to assist clinics in developing evidence-based guidelines, order sets or protocols to promote routine screening and procedures while supporting a team-based, integrated approach to diabetes care.

## Where to Start

- Create a committee or work group to review the existing diabetic care approach, if one does not already exist. Be sure to include primary care providers, specialists, leadership and support staff.
- Engage clinicians in the development and review of guidelines, order sets or protocols and review. Those who are involved in the process will be more likely to implement and endorse use. (Refer to sample templates and examples from other CommonSpirit groups.)
- Create a practical summary that is brief, actionable, and written in plain language.
- Identify team member roles and responsibilities in deploying the guidelines, order sets or protocols.
- Educate providers and staff members on expectations.
- Consider developing flyers, checklists, visual flags to promote use of approved guidelines.
- Evaluate opportunities to integrate clinical decision support into workflows (i.e. EHR alerts). Communicate ideas through informatics governance process.

- Monitor utilization of guidelines, order sets or protocols and identify reasons for lack of adoption, i.e. medical record audits.
- Create a feedback loop to understand the effectiveness of the education and the need for revision.
- Perform a periodic review of documents as new evidence emerges, i.e. annual review.

## Support Resources

- Diabetes Health Maintenance Considerations: Routine elements and evidence-based parameters to consider for incorporation into clinic guidelines, order sets or protocols
- Hemoglobin A1c Screening Considerations: Routine elements and evidence-based parameters to consider for incorporation into clinic guidelines, order sets or protocols contains routine laboratory and Point of Care Testing elements to consider for ordering HbA1c for all patients with evidence-based perimeters
- Examples of existing diabetes management order sets/protocols in use within CommonSpirit Health organizations

### Reference:

AMGA Foundation Together 2 Goal Campaign Toolkit, *Adopt Treatment Algorithm*, 2016

# Diabetes Health Maintenance Considerations for Guidelines, Order sets or Protocols

*Guidance: The following must be tailored for your clinic in accordance with State scope of practice, regulatory and facility requirements.*

## Authorized Clinical Staff

- Who is allowed to perform these orders? RN, LPN, MA

## Population Criteria and Exclusions

- Age, Gender, Diagnosis
- Exclusions: Pregnant, Gestational Diabetes

## Patient Condition Perimeters

- Established patient for x months,
- Visit scheduled with PCP within x days

## Tests and Services to be Ordered

Tests to be Ordered	When
Hemoglobin A1c <i>(lab order or POCT, if CLIA Waiver in place at clinic)</i>	Most Recent A1c
	<7%      Every 6 months
	>7%      Every 3 months
Complete Metabolic Panel	Done with Hemoglobin A1c Every 12 months
Lipid Panel	
Complete Blood Count	
Urinary Albumin to Creatinine Ratio or Urine Micro-albumin	
Assessments to be Performed	When
Depression Screening (PHQ-9)	Every 12 months
Diabetes Distress Screening	
10-g Monofilament Foot Exam	
Dorsal pedis, posterior tibial and popliteal artery pulse assessment	

Referrals to be Processed	When
Ophthalmologist or Optometrist for dilated retinal exam ( <i>May be done in clinic, if available</i> )	Every 12 months
Registered Dietician and/or Certified Diabetes Educator and/or Group Class for educational needs assessment and medical nutrition therapy review	Every 12 months
Registered Dietician and/or Certified Diabetes Educator	Most recent A1c $\geq$ 9% or new to insulin
Podiatrist (If foot exam not able to be completed in office)	Every 12 months
Podiatrist (Patient uses tobacco)	One time visit
Education to be Provided	When
Weight Management based on BMI	Every 12 months minimally
Exercise Education (150 minutes per week)	
Smoking/Tobacco Use Cessation	

#### Documentation Requirements

- Ordering provider and signature
- Date
- Standing Order in Chart

#### Further State/Facility Policy and Procedure considerations

- Training/ Competency requirements of staff using standing order
- Medical Group/Governance Body approval
- References

# Hemoglobin A1c Screening Considerations for Guidelines, Order sets or Protocols

*Guidance: The following must be tailored for your clinic in accordance with State scope of practice, regulatory and facility policy requirements.*

## Staff Authorized to Implement

- List of individuals allowed to implement standing orders or protocols in accordance with State Scope of Practice and clinic policy, i.e. RN, LPN, MA

## Population Criteria and Exclusions

- Define Age, Gender, Diagnosis; May be: All Patients
- Define Exclusions: Pregnant, Gestational Diabetes; May be: None

## Patient Condition Perimeters

- Patients with diagnosis of diabetes type 1 or 2 with no A1c result documented in the prior 6 months
- Patients 45 years and older with no HbA1c result documented in the prior 36 months
- Patients who have pre-diabetes with no HbA1c result documented in the prior 90 days
- Patients who have no HbA1c result in previous 12 months AND one or more of the following:
  - BMI equal to or greater than 25
  - Family history of diabetes
  - Patients who identify themselves as:
    - Native American
    - African American
    - Hispanic
    - Asian/South Pacific Islander
  - Documented diagnoses of insulin resistance or acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome, or history of gestational diabetes

Tests

Tests to be Ordered	When	
Hemoglobin A1c <i>(lab order or POCT, if CLIA Waiver in place at clinic)</i>	Most Recent A1c	
	<7%	Every 6 months
	≥7%	Every 3 months

Documentation Requirements

- Ordering provider and signature
- Date and time of test and result in EHR discreet field
- Standing Order in Chart

Approved by: \_\_\_\_\_ Date of Approval: \_\_\_\_\_  
*(Medical Director)*

Refer to State regulations and Clinic policies for the following requirements:

- Training/ Competency requirements of staff using standing order
- Medical Group/Governance Body approval
- References

Applies to: Physicians, Advanced Practice Providers and Staff

**Scope.** This Protocol applies to the following BSLMG specialties/clinics

Primary Care: Family Medicine, Geriatrics, Internal Medicine, and Pediatrics

Specialists: Cardiology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, OB/GYN, Oncology, Rheumatology

**Protocol.** The following **Protocol for Hemoglobin A1c** allows the Nurse/MA/Tech to perform test per defined parameters before the provider examines the patient, and orders are routed to the provider for signature:

Parameters / Definitions	Test / Order	ICD-10 Code(s)
<p><u>Inclusion Criteria</u>            Patients who:</p> <ul style="list-style-type: none"> <li>• Have a diagnosis of diabetes mellitus type 1 or 2</li> <li>• Do not have a documented Hemoglobin A1c in the past 6 months (See Hemoglobin A1c under Test / Order section at right)</li> </ul> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> <li>• Patients currently pregnant and diagnosed with Gestational diabetes (Diabetes during pregnancy)</li> <li>• Patient reports having had Hemoglobin A1c elsewhere in the past 6 months.</li> </ul>	<p><b><u>No Hemoglobin A1c:</u></b>            Evaluate whether patient had Hemoglobin A1c testing done within past 6 months outside of BSLMG system.</p> <p>→ <u>If Yes:</u></p> <ul style="list-style-type: none"> <li>• Obtain outside results and document HgbA1c result in Enter/Edit Results in EMR</li> </ul> <p>→ <u>If No:</u></p> <p>Check last HgbA1c and:</p> <ul style="list-style-type: none"> <li>• If value is less than 7.0, and it has been more than 6 months, order test</li> <li>• If value is 7.0 or higher, and it has been more than 3 months, order test</li> </ul> <p>If office has a Point of Care Test (POCT) machine:</p> <ul style="list-style-type: none"> <li>• Place POCT Glycated Hemoglobin order in EMR.</li> <li>• Perform point of care test and document result in EMR.</li> </ul> <p>If office does not have a POCT machine:</p> <ul style="list-style-type: none"> <li>• Enter a pended order for venous HgbA1c for the provider</li> </ul>	<p>If not already present, document the ICD-10 appropriate for the patient's diagnosis on the problem list. Common codes may include:</p> <p>Ex10.xx Diabetes Type 1            Ex11.xx Diabetes Type 2            Ex13.xx Other Specified Diabetes</p>

**Approvals.** This protocol was approved by the BSLMG Medical Directors Committee on October 26, 2018 and reviewed on January 24, 2020 and has been endorsed by the following signatory on behalf of the Medical Group:

  
\_\_\_\_\_  
Peter Bigler, MD, BSLMG Medical Director Signature

  
\_\_\_\_\_  
Date

**Reference(s):**

American Diabetes Association (2018). Glycemic Targets: Standards of Medical Care in Diabetes – 2018; 41 (Suppl. 1): 555-564. <https://doi.org/10.2337/dc18-5006>.

## Diabetes Mellitus Health Maintenance

**Does the patient meet ALL of the following criteria?**

- Age 18 years or older;
- Diabetes mellitus (Type 1 or Type 2) on EHR Problem list;
- Seen at least once by Primary Care Provider in last 12 months and at least one visit with exam and detailed medical history; or has an appointment with Primary Care Provider within 90 days.

**DECISION POINT:**

**If YES:** Continue Screening.

**If NO:** Does not meet criteria for this SOP. Provider must write orders for Diabetes Health Maintenance tests and services.

**Does the patient meet EITHER of the following criteria?**

- Gestational diabetes.
- Pregnant.

**DECISION POINT:**

**If YES:** Does not meet criteria for this SOP. Provider must write orders for diabetes Health Maintenance tests and services.

**If NO:** Meets criteria, RN, LPN or MA to perform diabetes Health Maintenance tests, services and referrals under this SOP.

**Order the following tests based on the Written Order:**

Hemoglobin A1c: If  $<7$  then every 6 months; if  $>7$  then every 3 months.

CMP to check renal function with A1c.

Microalbumin: Every 12 months.

Fasting lipid panel: At least every 12 months, possibly every 6 months.

CBC: At least every 12 months, possibly every 6 months.

**Complete the following referrals:**

Refer to Diabetes and Nutrition Counseling for Diabetes Mellitus patients that have a Hemoglobin A1c greater than or equal to 9% and/or patients that are new to insulin.

Perform in office (if applicable) or refer to Ophthalmologist or Optometrist for retinal eye exam: at minimum every 12 months

Perform in office (if applicable) or refer to Podiatry for foot exam: at minimum every 12 months

**Reminders:**

Bring FSBS log:                    Highest \_\_\_\_\_                    Lowest \_\_\_\_\_

Tobacco Screening:            Smoking? Yes / No      Packs/day \_\_\_\_\_

Exercise:                            Exercising 30 min 5x weekly? Yes / No

## Diabetes Standing Orders

Providers and Clinical Staff are authorized through this standing order to perform the following:

### Diabetes Care

Diabetes care will be given in compliance with ADA standards. These standing orders are approved by the Providers of \_\_\_\_\_ for care of adult patients with diabetes. These orders may be initiated by all approved clinical staff and followed on any office visit, including a non-diabetic focused visit.

(Your Facility Name)

### Education

- Refer to Diabetes and Nutrition Counseling for Diabetes Mellitus patients that have a Hemoglobin A1c greater than or equal to 9.0 % and/or patients that are new to insulin.
- Place the referral order in the EMR.
- If appropriate, provide weight management and exercise education.
- Provide smoking cessation education.

### Foot Exam

- Notify Provider if exam has not been done within the last 12 months. May order referral to Podiatry if an established relationship already exists.

### Retinal Exam

- If the patient has not had a retinal exam within the last 12 months,
  1. Perform in office (if applicable) or refer to Ophthalmologist or Optometrist for retinal eye exam, may include the results of the Snellen exam with the referral: at minimum every 12 months.
  2. Place the referral order in the EMR.

### Standing Lab Orders

- Hemoglobin A1c: If <7 then every 6 months; If >7 then every 3 months. CMP to check renal function with A1c.
- Microalbumin: If the most recent urine microalbumin or albumin/creatinine ratio is more than 12 months old, obtain a urine for microalbumin testing.
- Fasting Lipid Panel at least every 12 months, possibly every 6 months.
- CBC: Perform at least every 12 months, possibly every 6 months.

Authorizing Provider: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Title:</b>	<b>SO-Pop: Diabetes Mellitus Health Maintenance</b>	
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## **PURPOSE:**

The purpose of this **xxx** Standing Order-Population (SO-Pop) is to describe the specific patient criteria (population) that align to this standing Written Order as it relates specifically to the health status monitoring of patients with diabetes mellitus according to the American Diabetes Association's (ADA) *Standards of Medical Care in Diabetes - 2017*. The ADA recommends team-based care, Provider decision support tools, and both systems-level and patient-level approaches using the Chronic Care Model for patients with diabetes. It is critical to remember that patients with chronic diseases manage their own care on a daily basis. Diabetes self-management education and support can improve outcomes and reduce costs. The focus of interactions between patients with diabetes and the care team needs to be on the optimization of lifestyle, assessment of complications and management of comorbid conditions.

This SO-Pop does **not** include tests or services included in other SO-Pops that are indicated for **xxx** patients both with and without diabetes (e.g. mammograms, FIT testing, adult vaccinations, etc.).

The HbA1c Point of Care Test (POCT) may be performed only if the test is listed on the Clinic's Clinical Laboratory Improvement Amendments (CLIA) Waiver certificate.

## **DEFINITIONS:**

- 1) **Clinical Laboratory Improvement Amendments (CLIA):** Regulate laboratory testing and require laboratories to be certified by their state as well as the Center for Medicare and Medicaid Services (CMS) before they can accept human samples for diagnostic testing.
- 2) **Hemoglobin A1c (HbA1c):** A blood test that provides information about a person's average levels of blood glucose, also called blood sugar, over the past 3 months. It does **not** require the patient to be fasting.
- 3) **Point of Care Testing: (POCT):** Laboratory testing, at any complexity level, performed and documented outside of an organized pathology or clinical laboratory department, where the results of the test are used for clinical decision making.
- 4) **Standard Terminology:** All references in this SOP follow the definitions outlined in the **xxx** SOP: Standard Terminology – Policy and SOP.
- 5) **Standing Order – Population (SO-Pop):** A written and approved **xxx** standing order for a population of patients that does NOT require medical decision making. An example is all patients over the age of 14 with a temperature above 100 degrees F will receive 325 mg of Tylenol orally. Each **xxx** SO-Pop will define which Clinical Staff are permitted to perform under the Standing Order (e.g. RN, LVN, MA, etc.).
- 6) **Written Order:** An order entered electronically in the patient's medical record or an approved **xxx** Standing Order-Population that contains all required elements. In rare occasions a Written Order may be on paper (e.g. EHR downtime) and must contain all required elements.

**PROCEDURES:**

1) Authorized Clinical Staff

a) The following Clinical Staff are permitted to act on this specific **xxx** SO-Pop for Diabetes Mellitus Health Maintenance:

- i) Registered Nurse (RN)
- ii) Licensed Vocational Nurse (LVN)
- iii) Medical Assistant (MA)

b) The following Clinical Staff are **NOT** permitted to act on this specific SO-Pop:

- i) All Clinical Staff Technicians
- ii) Pharmacists

2) Patient Population Criteria

a) The following patients meet the criteria under this SO-Pop:

- i) Patients 18 years and older (all genders); and,
- ii) Diabetes mellitus (Type 1 or Type 2) on the patient’s Electronic Health Record (EHR) Problem List.

3) Patient Condition / Symptoms

a) The following patient conditions or key words (symptoms), are required to act on this specific SO-Pop:

- i) Previous patient visit with **xxx** Primary Care Provider within the last 15 months that included a physical exam and detailed medical history; or,
- ii) Patient visit already scheduled with **xxx** Primary Care Provider within 90 days.

4) Patient Exclusions

a) Patients with any of the following are excluded under this SO-Pop:

- i) Patients with gestational diabetes.
- ii) Patients who are pregnant.

5) Test / Service to be Ordered under this SO-Pop

<b>Tests to be Ordered</b>	<b>When</b>
Hemoglobin A1c Testing (lab order or POCT)	Every 6 months for patients with last 2 consecutive Hb A1c <7.  Every 3 months for patients with last Hb A1c ≥7.
Blood lipid panel	Every 11 or more months since last result.
Urinary albumin to creatinine ratio	Every 11 or more months since last result.

<b>Assessments to Perform</b>	<b>When</b>
Depression screening – PHQ-9	Every 11 or more months since last screening.
10-g Monofilament Foot Exam. (RN, LVN or Provider only)	Every 11 or more months since last monofilament foot exam test (includes any Podiatrist or other specialist assessment).
Dorsal pedis, posterior tibial and popliteal artery pulse assessment. (RN or Provider only)	Every 11 or more months since last assessment (includes any Podiatrist or other specialist assessment).
<b>Referrals to be Processed</b>	<b>When</b>
Referral to Ophthalmologist or Optometrist for dilated eye exam	Every 11 or more months since last visit.
Referral to Registered Dietician and / or Certified Diabetes Educator and / or Group Class	Every 11 or more months since last visit(s) for educational needs assessment and medical nutrition therapy review.
Referral to Podiatrist for patients who smoke	One time only.

6) Documentation Requirements

- a) Electronic Health Record (EHR) must contain the following documentation for this SO-Pop:
  - i) **SO-Pop: DM**
  - ii) **First and Last name of Supervising Provider** (if different than the ordering Provider).
    - (1) This information is already captured if the patient is seeing the Ordering Provider as part of the same office visit (Clinical Chart Note).

7) Training / Competency

- a) Applicable Clinical Staff will review and complete required training and test confirming that they understand this SO-Pop prior to acting on this Standing Order.
- b) Upon material changes to the SO-Pop, the Clinical Staff performing under this SO-Pop will be required to complete any training defined by the **xxx**.
- c) The **xxx** Job Aid for this SO-Pop is included as Attachment A and can be used for ease of reference for this Written Order.

8) Medical Group Approval of Standing Order

- a) Each Medical Group designee (e.g. President or Chief Medical Officer) is required to sign this Standing Order-Population attestation if Medical Group intends to implement the Written Order with employed Providers of Medical Group. The approval documentation will be filed with this SO-Pop by the **xxx**.

**REFERENCES:**

American Diabetes Association. (2017). Standards of medical care in diabetes – 2017. *The Journal of Clinical and Applied Research and Education*, 40(S 1). doi: 10.2337/dc17-S007

C. (2013, February 12). Dignity Health Statement of Common Values. San Francisco, CA.

Stellefson, M., Dipnarine, K., & Stopka, C. (2013). The Chronic Care Model and diabetes management in US primary care settings: A systematic review. *Preventing Chronic Disease*, 10(E26). doi: 10.5888/pcd10.120180

PROJECT

**SO-Pop: Diabetes Mellitus Health Maintenance**

**Does the patient meet ALL of the following criteria?**

- Age 18 years or older;
- Diabetes mellitus (Type 1 or Type 2) on EHR Problem list;
- Seen at least once by **xxx** Primary Care Provider in last 15 months and at least one visit with exam and detailed medical history; or has an appointment with **xxx** Primary Care Provider within 90 days.

**DECISION POINT:**

**If YES:** Continue Screening.

**If NO:** Does not meet criteria for this SO-Pop. Provider must write orders for diabetes Health Maintenance tests and services.

**Does the patient meet EITHER of the following criteria?**

- Gestational diabetes.
- Pregnant.

**DECISION POINT:**

**If YES:** Does not meet criteria for this SO-Pop. Provider must write orders for diabetes Health Maintenance tests and services.

**If NO:** Meets criteria, RN, LVN or MA to perform diabetes Health Maintenance tests, services and referrals under this SO-Pop.

<b>Title:</b>	<b>SO-Pop: Hemoglobin A1c</b>	
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### **PURPOSE:**

The purpose of this **xxx** Standing Order-Population (SO-Pop) is to describe the specific patient criteria (population) that align to this Written Order as it relates specifically to the screening and/or monitoring of Hemoglobin A1c.

This Point of Care Test (POCT) may be performed only if the test is listed on the Clinic's CLIA Waiver certificate.

### **DEFINITIONS:**

- 1) **Clinical Laboratory Improvement Amendments (CLIA):** Regulate laboratory testing and require laboratories to be certified by their state as well as the Center for Medicare and Medicaid Services (CMS) before they can accept human samples for diagnostic testing.
- 2) **Hemoglobin A1c (HbA1c):** The HbA1c test is a blood test that provides information about a person's average levels of blood glucose, also called blood sugar, over the past 3 months. It does **not** require the patient to be fasting.
- 3) **Point of Care Testing (POCT):** Laboratory testing, at any complexity level, performed and documented outside of an organized pathology or clinical laboratory department, where the results of the test are used for clinical decision making.
- 4) **Standard Terminology:** All references in this SOP follow the definitions outlined in the **xxx** SOP: Standard Terminology – Policy and SOP.
- 5) **Standing Order – Population (SO-Pop):** A written and approved **xxx** standing order for a population of patients that does NOT require medical decision making. An example is all patients over the age of 14 with a temperature above 100 degrees F will receive 325 mg of Tylenol orally. Each **xxx** SO-Pop will define which Clinical Staff are permitted to perform under the Standing Order (e.g. RN, LVN, MA, etc.).
- 6) **Written Order:** An order entered electronically in the patient's medical record or an approved DHMF Standing Order-Population that contains all required elements. In rare occasions a Written Order may be on paper (e.g. EHR downtime) and must contain all required elements.

### **PROCEDURES:**

- 1) **Authorized Clinical Staff**
  - a) The following Clinical Staff are permitted to act on this specific **xxx** SO-Pop for Hemoglobin A1c:
    - i) Registered Nurse (RN)
    - ii) Licensed Vocational Nurse (LVN)
    - iii) Medical Assistant (MA)
  - b) The following Clinical Staff are **NOT** permitted to act on this specific **xxx** SO-Pop:
    - i) All Technicians and Technologists

2) Patient Population Criteria

- a) The following patients meet the criteria under this SO-Pop:  
i) All patients.

3) Patient Conditions

- a) The following patient conditions or key words (symptoms), are required to act on this specific SO-Pop:
- i) Patients 45 years of age and older with no HbA1c result in the prior 3 years (36 months).
  - ii) Patients who have prediabetes with no HbA1c result in the prior 3 months (90 days).
  - iii) Patients who have no HbA1c result in previous 12 months **AND** one or more of the following:
    - (1) BMI greater than 25.
    - (2) Family history of diabetes.
    - (3) Patients who identify themselves as:
      - (a) Native American;
      - (b) African America;
      - (c) Hispanic; or,
      - (d) Asian/South Pacific Islanders.
    - (4) Documented diagnoses of insulin resistance or acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome, or history of gestational diabetes.

4) Patient Exclusions

- a) There are no patient exclusions for this SO-Pop.

5) Test to be Ordered under this SO-Pop

- a) Hemoglobin A1c (POCT or laboratory order).

6) Documentation Requirements

- a) Electronic Health Record (EHR) must contain the following documentation for this SO-Pop:
- i) **SO-Pop: HbA1c**
  - ii) **First and Last name of Supervising Provider** (if different than the ordering Provider).
    - (1) This information is already captured if the patient is seeing the Ordering Provider as part of the same office visit (Clinical Chart Note).
  - iii) Documentation that the Supervising Provider was informed of the results of the test.

7) Training/Competency

- a) Applicable Clinical Staff will review and complete required training and test confirming that they understand this Written Order prior to acting on this SO-Pop.
- b) Upon material changes to the SO-Pop, the Clinical Staff performing under this SO-Pop will be required to complete any training defined by the xxx.
- c) The xxx Job Aid for this SO-Pop is included as Attachment A and can be used for ease of reference for this Written Order.

8) Medical Group Approval of Standing Order

- a) Each Medical Group designee (e.g. President or Chief Medical Officer) is required to sign this Standing Order-Population attestation if Medical Group intends to implement the Written Order with employed Providers of Medical Group. The approval documentation will be filed with this SO-Pop by the xxx.

**REFERENCES:**

American Diabetes Association. (2014). Diabetes association sets new A1c target for children with type 1 diabetes. Retrieved May, 12, 2016 from <http://www.diabetes.org/newsroom/press-releases/2014/diabetes-association-sets-new-a1c-target-for-children-with-type-1-diabetes.html?referrer=https://www.google.com/>

C. (2013, February 12). Dignity Health Statement of Common Values. San Francisco, CA.

National Institute of Diabetes and Kidney Disease. (2014). The A1c test and diabetes. Retrieved May 12, 2016 from <http://www.niddk.nih.gov/health-information/health-topics/diagnostic-tests/a1c-test-diabetes/Pages/index.aspx#3>

SO-Pop: Hemoglobin A1c

**Does the patient meet ONE of the following categories?**

- Patients 45 years of age and older with no Hemoglobin A1c result in the prior 3 years (36 months).
- Patients who have prediabetes with no Hemoglobin A1c result in the prior 3 months (90 days).
- Patients who have no Hemoglobin A1c result in previous 12 months **AND** one or more of the following:
  - BMI  $\geq$  25.
  - Family history of diabetes
  - Self-identified as Native Americans, African Americans, Hispanic, Asian/South Pacific Islanders.
  - Diagnosis of insulin resistance.
  - Acanthosis nigricans.
  - Hypertension.
  - Dyslipidemia.
  - Polycystic ovary syndrome.
  - History of gestational diabetes.

**DECISION POINT:**

**If YES:** Meets criteria, RN, LVN or MA to order Hemoglobin A1c under this SO-Pop.

**If NO:** Does not meet criteria for this SO-Pop. Provider must write an order to for Hemoglobin A1c.

CommonSpirit 