Pilot for StandingOrderForDiabetesCare.doc
Contra Costa Health Services Pilot June 2005

Background:
In order to improve chronic care we need to automate repetitive tasks and share tasks among different groups of staff so that providers can spend their time doing direct patient care.

Using the diabetes registry to guide periodicity, dietitians, patient educators and clinic nursing staff can order tests and referrals that are due and prepare a patient for needed exams.

Test	Periodicity	Comment
A1C	Every 6 months	
LDL	Every 12 months	Fasting, unless patient unable to return to lab fasting
Creatinine & Potassium	Every 12 months	1) At least annually if on ACE Inhibitor with normal creatinine; 2) Every 3 months: IF on ACE Inhibitor with creatinine >2 OR if creat >4 (without ACE) 3) otherwise not a routine part of Diabetes care.
Renal Screening	Every 12 months	**IF previously positive for proteinuria** **OR** **IF > 29 on microalbuminuria** **OR** **IF on an ACE inhibitor (enalapril, benazepril, Lisinopril etc).** 1. Order urine dip for protein OTHERWISE 2. Order random urine for microalbumin .
Smoking	Each visit	Offer smoking cessation referral to each smoker. **1-800-NO-BUTTS or Pt. Ed.**
Education	Every 12 months	Offer to all patients.
Flu vaccine	Annually between October 15 – March 1.	Offer/ Recommend
Pneumovax	Once	Offer/Recommend (May repeat if patient over 65 years of age, got first vaccine before the age of 65 and more than 5 years previously.)
Retinal Exam	Every 12 months	Refer to Ophthalmology "Screen for diabetic Retinopathy" (unless the patient has an outside eye provider who can send us a report of the retinal exam to be entered in the registry.)
Foot exam	Every 12 months	Have patient take off shoes and socks before they are seen for diabetes.