Diabetes Care Toolkit

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Your Extended Family.

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Introduction

This toolkit is intended to be an easy-to-follow guide that covers the Diabetes Healthcare Effectiveness Data and Information Set (HEDIS®) measures. We want to work with our providers to promote the importance of preventive health care to collaborate with your to encourage members with diabetes to lead healthier lifestyles and be more active participants in their ongoing health care.

As a National Committee for Quality Assurance (NCQA) accredited health plan, Molina Healthcare of Illinois strive to meet HEDIS® requirements. HEDIS® is regarded as the industry standard for measuring and comparing health plan performance.

We understand that HEDIS® specifications can be complex, so we have designed this manual to include tips to assist your practice with increasing utilization of recommended diabetes services.

We welcome your feedback and look forward to supporting all your efforts to provide quality healthcare to our members and your patients. We would be interested in your feedback on the usefulness of this tool, along with any suggestions for improvement.

We thank you for your continued commitment to providing quality medical care to Molina Healthcare of Illinois members.

Diabetes Care Overview - General HEDIS® Tips to Improve Scores

Work with Molina Healthcare of Illinois.

We are your partners in care and would like to assist you in improving your HEDIS® scores.

Use HEDIS® specific billing codes when appropriate.

We have tip reference guides on what codes are needed for HEDIS®.

Use HEDIS® Needed Services lists that Molina Healthcare of Illinois provides you to identify patients who have gaps in care.

If a patient calls for a sick visit, see if there are other needed services (e.g. well-care visits, preventive care services). Keep the needed services list by the receptionist's phone so the appropriate amount of time can be scheduled for all needed services when patients call for a sick visit.

Avoid missed opportunities.

Many patients may not return to the office for preventive care, so make every visit count. If a Member needs help with transportation, please refer the Member to Molina's transportation service. Molina covers transportation to and from medical appointments.

Improve office management processes and flow.

- ✓ Review and evaluate appointment hours, access and scheduling processes, billing and office/patient flow. We can help to streamline processes.
- ✓ Review the next day's schedule at the end of each day.
- ✓ Identify appointments where test results, equipment, or specific employees are available for the visit to be productive.
- ✓ Call patients 48 hours before their appointment to remind them about their appointment and anything they will need to bring. Ask them to make a commitment that they will be there. This will reduce no-show rates.
- ✓ Use non-physicians for items that can be delegated. Also, have them prepare the room for items needed.
- ✓ Consider using an agenda setting tool to elicit patient's key concerns by asking them to prioritize their goals and questions.
- ✓ Use the Prescription for Wellness document to ensure patients understand what they need to do. This improves the patient's perception that there is good communication with their provider.

Take advantage of your Electronic Medical Record (EMR).

If you have an EMR, try to build care gap "alerts" within the system.

HEDIS® Tip Sheets

HEDIS® Tips

Comprehensive Diabetes Care – Medical Record Documentation

All of these exams/screenings must be completed annually.

Hemoglobin A1c Testing

- Note when HbA1c test was performed and the finding

HbA1c Control (<8.0%)

- Note the date and results of the HbA1c test
  - Ranges and thresholds do not meet the criteria for this threshold

Eye Exam (retinal or dilated)

- A note or letter prepared by a health care professional indicating the exam was completed by an optometrist or ophthalmologist, the date and the results
- A chart or photograph of retinal abnormalities indicating date performed and evidence an optometrist or ophthalmologist performed the exam
- Documentation of a negative exam in the year prior where results indicate retinopathy was not present

Medical Attention for Nephropathy

- Note the date and results of the urine test for albumin or protein
- Documentation of a visit to nephrologist
- Documentation of a renal transplant
- Documentation for medical attention of: nephropathy screening or monitoring test
- Treatment for nephropathy or ACE/ARB therapy
- Stage 4 CKD
- ESRD
- Kidney transplant
- Visit with a Nephrologist
- ACE/ARB dispensed (must include a note indicating the member received an ambulatory prescription)

Blood Pressure Control (<140/90 mm Hg)

- Most recent Blood Pressure level in chart

HEDIS® Tips
Comprehensive Diabetes Care

MEASURE DESCRIPTION

Adults 18-75 years of age with diabetes (type1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)*
  * a lower rate is better
- HbA1c control <8.0%
- Eye exam (retinal or dilated) performed
- Blood pressure (BP) control (<140/90 mmHg)
- Medical attention to nephropathy
  - Nephropathy screening or monitoring test
  - Treatment for nephropathy or Angiotensin converting enzyme inhibitors (ACE)/ Angiotensin Receptor Blocker (ARB) therapy
  - Stage 4 CKD
  - End stage renal disease (ESRD)
  - Kidney transplant
  - Visit with a nephrologist
  - ACE/ARB dispensed

USING CORRECT BILLING CODES

Description	Codes
Codes to Identify Diabetes	**ICD-10:** E10, E11, E13, O24
Codes to Identify HbA1c Tests	**CPT:** 83036, 83037
Codes to Identify Nephropathy Screening Test (Urine Protein Tests)	**CPT:** 81000-81003, 81005, 82042, 82043, 82044, 84156
Codes to Identify Eye Exam (must be performed by optometrist or ophthalmologist)	**CPT:** 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245

HOW TO IMPROVE HEDIS® SCORES

- ❒ Set up diabetes care flow sheets to address annual screening at every visit.
- ❒ Order labs prior to patient appointments.
- ❒ Document the date and results of all hemoglobin and microalbumin tests in the measurement year.
- ❒ Focus on blood pressure and glucose control as vital to good health and keys to prevent multiple illnesses.
- ❒ A digital eye exam, remote imaging, and fundus photography can count as long as the results are read by an eye care professional (optometrist or ophthalmologist). Work with eye care specialist and endocrinologist, where appropriate, to share results of screen test.
- ❒ Patients can be referred for Health Management interventions and coaching by contacting Health Care Services at your affiliated Molina Healthcare state plan.

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HEDIS® Tips

Statin Therapy for Patients with Diabetes

MEASURE DESCRIPTION

The percentage of patients 40 – 75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

1. *Received Statin Therapy*. Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. *Statin Adherence 80%.* Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

High, Moderate and Low-Intensity Statin Prescriptions

Description	Prescription	
High-intensity statin therapy	• Atorvastatin 40-80 mg, • Amlodipine-atorvastatin 40-80 mg • Ezetimibe-atorvastatin 40-80 mg	• Rosuvastatin 20-40 mg • Simvastatin 80 mg • Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	• Atorvastatin 10-20 mg • Amlodipine-atorvastatin 10-20 mg • Ezetimibe-atorvastatin 10-20 mg • Rosuvastatin 5-10 mg • Simvastatin 20-40 mg • Ezetimibe-simvastatin 20-40 mg • Niacin-simvastatin 20-40 mg • Sitagliptin-simvastatin 20-40 mg,	• Pravastatin 40-80 mg • Lovastatin 40 mg • Niacin-Iovastatin 40 mg • Fluvastatin XL 80 mg • Fluvastatin 40 mg bid • Pitavastatin 2-4 mg
Low-intensity statin therapy	• Simvastatin 10 mg • Ezetimibe-simvastatin 10mg • Sitagliptin-simvastatin 10 mg • Pravastatin 10-20 mg	• Lovastatin 20 mg • Niacin-lovastatin 20 mg • Fluvastatin 20-40 mg • Pitavastatin 1 mg

**Please refer to the Molina Healthcare Drug Formulary at www.molinahealthcare.com for statin medications that may require prior authorization or step therapy.*

HOW TO IMPROVE HEDIS® SCORES

- ❑ Educate patients on the following:
  - People with diabetes are two (2) to four (4) times more likely to develop heart disease or stroke.
  - Statins can help reduce the chance of developing heart disease and strokes.
  - Continue educating patients about the importance of adhering to their medication therapy and follow-up visits with their provider(s).
  - Strategies for remembering to take your medication.
- ❑ Schedule appropriate follow-up with patients to assess if medication is taken as prescribed.
- ❑ Do not rely on the patient to follow through with scheduling subsequent appointments. Routinely arrange the next appointment when the patient is in the office. If the patient misses a scheduled appointment, office staff should contact the patient to assess why appointment was missed.
- ❑ Contact Health Care Services at your affiliated Molina Healthcare of Illinois State plan for additional information about Medication Therapy Management criteria and to request a referral for patients with at least six (6) chronic medications and at least three (3) qualifying diagnoses. They may be eligible for MTM sessions.

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HEDIS® Tips

Diabetes Screenings for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

MEASURE DESCRIPTION

Adults 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test (glucose test or HbA1c test) during the measurement year.

USE CORRECT BILLING CODES

Codes to Identify Diabetes Screening

Description	Codes
Codes to Identify Glucose Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
Codes to IdentifyHbA1c Tests	CPT: 83036, 83037

Antipsychotic Medications

Description	Generic Name	Brand Name
Miscellaneous antipsychotic agents	Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurisadone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone	Abilify, Saphris, Rexulti, Vraylar, Clozaril, Haldol, Fanapt, Loxipac/Loxitane, Latuda, Moban, Zyprexa, Invega, Orap, Seroquel, Seroquel XR, Risperdal, Geodon
Phenothiazine antipsychotics	Chlorpromazine, Fluphenazine, Perphenazine, Perphenazine-amitriptyline, Prochlorperazine, Thioridazine, Trifluperazine	Thorazine, Prolixin, Trilafon, Etrafon, Compazine, Mellaril, Stelazine
Psychotherapeutic combinations	Fluoxetine-olanzapine	Symbyax
Thioxanthenes	Thiothixene	Navane
Long-acting injections	Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone	Abilify Maintena, Prolixin, Haldol Decanoate INJ, Zyprexa Relprew, Invega Sustenna, Risperdal Consta

HOW TO IMPROVE HEDIS® SCORES

- ❑ Help patients with scheduling a follow-up appointment in 1-3 months with their Primary Care Provider (PCP) to screen for diabetes. If the patient is not ready to schedule appointment, make note or flag chart to contact the patient with a reminder to schedule an appointment.
- ❑ Ensure patient (and/or caregiver) is aware of the risk of diabetes and have awareness of the symptoms of new onset of diabetes while taking antipsychotic medication.
- ❑ Schedule lab screening testes through PCP prior to next appointment.
- ❑ The Behavioral Health (BH) providers can order diabetic lab tests for patients who do not have regular contact with their PCP but who regularly see the BH provider. The BH provider can then coordinate medical management with the PCPs.
- ❑ Patients can be referred for Health Management interventions and coaching by contacting Health Care Services at your affiliated Molina Healthcare of Illinois State plan.

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HEDIS® Tips

Diabetes Monitoring for People with Diabetes and Schizophrenia

MEASURE DESCRIPTION

Adults 18-64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

USE CORRECT BILLING CODES

Description	Codes
Codes to Identify HbA1c Tests	**CPT:** 83036, 83037
Codes to Identify LDL-C Tests	**CPT:** 80061, 83700, 83701, 83704, 83721
Codes to Identify Schizophrenia	**ICD-10 CM:** F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Codes to Identify Diabetes	**ICD-10 CM:** E.10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39-E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620-E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40-E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620-E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.36, E13.39, E13.40-E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620-E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, , E13.69, E13.8, E13.9, O24.011-O24.013, O24.019, O24.02, O24.03, O24.111-O24.113, O24.119, O24.12, O24.13, O24.311-O24.313, O24.319, O24.32, O24.33, O24.811-O24.813, O24.819, O24.82, O24.83

HOW TO IMPROVE HEDIS® SCORES

- ❑ Review diabetes services needed at each office visit.
- ❑ Order labs prior to patient appointments.
- ❑ Bill for point of care HbA1c testes if completed in office. Ensure HbA1c result and date are documented in the chart.
- ❑ Order a direct LDL if patient is not fasting to avoid a missed opportunity. Some lab order forms have conditional orders – if fasting, LDL-C; if not fasting, direct LDL.
- ❑ Order diabetic lab tests through Behavioral Health (BH) provider for patients who do not have regular contact with their Primary Care Provider (PCP) but who regularly see the BH providers. The BH provider can then coordinate medical management with the PCP.
- ❑ Adjust therapy to improve HbA1c, LDL, and BP levels; follow-up with patients to monitor changes.
- ❑ Give any patient caregiver instructions on the course of treatment, labs or future appointment dates.
- ❑ Monitor body mass index, plasma glucose level, lipid profiles and signs of prolactin elevation at each appointment.
- ❑ Educate patients about appropriate health screenings with some medication therapies.
- ❑ Refer patients for Health Management interventions and coaching by contacting Health Care Services at your affiliated Molina Healthcare of Illinois State plan.
- ❑ Care coordination with the patient's behavioral health provider is a key component in the development of a comprehensive treatment plan.

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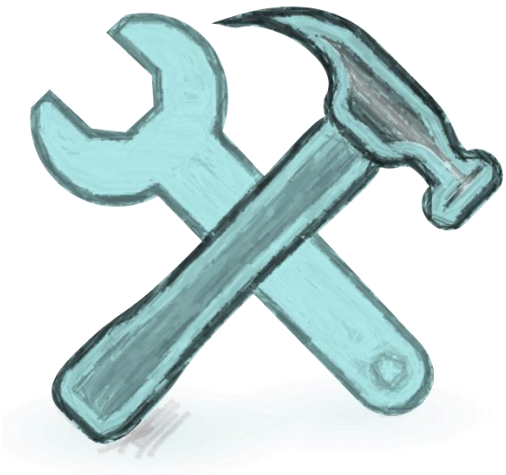
Provider Tools



Comprehensive Diabetes Care – A Deeper Dive

Molina Healthcare of Illinois recommends the following tips for improvement in HEDIS® rates

Office Staff:

- Train office staff to prep patient charts prior to visit to identify overdue tests/exams.
- Implement prompts for screenings due at point of care. Consider utilizing diabetes flow sheets.
- To assist with patient access, pilot a lab day on a weekend targeting non-compliant patients.
- Implement standing orders for all patients with diabetes (if allowed in your state).
- Design an aggressive outreach program for no-shows.
- Maintain regular follow-up and outreach to patients every 1-3 months.
- Form a partnership with health plan case managers and communicate regularly.

Screening Recommendations:

- Provide a handout with lab results and medication teachings at each visit.
- Provide a finger-stick HbA1c on every diabetic patient.
- Track results received for labs ordered.
- Consider more aggressive follow up standards for high risk patients.
- Adopt a policy of screening all patients with diabetes for depression.
- Standardize documentation of glycemic targets for all patients.
- Consider health literacy screening or depression screening.

Medication Adherence:

- Keep medication regimens simple minimize the number of doses per day.
- Tailor the care plan to the patient's situation and lifestyle.
- Indicate purpose of each medication.
- Make a clear schedule for taking medications and stress the importance of following the schedule.
- Remind members to bring medications to each visit.

Patient Self-Management:

- Use motivational interviewing techniques and show patients their data (e.g. meet patients where they are).
- Assist with appropriate self-management goal setting and develop strategies to overcome barriers.
- Actively support ongoing self-management issues.
- Routinely give patients an updated care plan.
- Customize recommendations and counseling for each patient.
- Reassess patient self confidence in managing diabetes.

Agenda Setting Form

This document can be distributed to patients when they check in for their appointment. They can fill it out while they wait for the appointment. This is a useful tool so the patient does not forget to communicate anything to their medical team during their visit.

……..

Dear Patient,

In order to address your health care concerns today, please complete the questions below:

What is the one main concern you would like your provider to focus on today?

_____

_____

What other concerns do you have today?

_____

_____

Do you need any prescriptions refilled today?

☐ Yes (please list): _____

☐ No

Please list any specialists you have seen and tests you have had outside of our provider group since your last visit.

_____

_____

_____

Thank you!

Dilated Retinal Eye Exam

Keeping patients up to date with their annual dilated retinal eye exam. Detect diabetic retinopathy early and prevent major vision loss.

Determine if your patient is up to date on their dilated retinal eye exam

Negative results. For patients identified as having no evidence of retinopathy in the prior calendar year use CPT II code: **3072F**. Patient is up to date with their dilated retinal eye exam.

Positive results. Patients positive for retinopathy need to be referred to an eye care specialist annually. An optometrist or ophthalmologist is the appropriate provider to complete this exam.

No current screening. Refer the patient to an eye care specialist. An optometrist or ophthalmologist is the appropriate provider to complete this exam.

Document annual dilated retinal eye exam in medical record

- Date exam completed
- Results of exam
  - Positive
  - Negative
  - Unknown
- Provider who completed exam
  - Optometrist
  - Ophthalmologist
  - Unknown

Refer patients for an annual dilated retinal eye exam

- Educate patient on importance of exam.
- Let them know it is not an exam for new glasses or contacts.
- Assist the patient with making the appointment.
- Referral clearly states ‘dilated retinal’ eye exam.

Cultural Competency

Connecting with your Patients

Cultural skills will help bridge health gaps.

Aging Population - Health disparities are part of America's health care system. Unfortunately disparities do not fade with age, which is why cultural competencies will be key in preparing for an older population more diverse than ever. Older minorities tend to be in poorer health than the general population, have more functional impairments, more limited educations and lower incomes. It is important when working across diverse populations to understand the values and histories of a culture, as many older minorities have experienced social injustice, many forms of discrimination and adversity.

Food Habit Awareness – Health care professionals must possess specific knowledge about food habits, preferences, and practices (e.g. holidays, celebrations, and fasting practices) for the ethnic and racial groups they see in their practice. Patients feel as if they have been understood and their beliefs, behaviors, and values have been respected.

Cultural Knowledge - To acquire cultural knowledge, health care professionals may investigate the literature and ask themselves the following questions:

1. What is the prevalence of diabetes among various ethnic and racial cultural groups?
2. To what extent does the biomedical model for the causation of diabetes agree with the client's cultural perspective? What other culturally based theories affect or conflict with the biomedical model?
3. What is the client's perspective about who is responsible for his or her diabetes management?
4. How does the client perceive a visit with the health care professional to receive diabetes care and education?
5. How do food habits and preferences affect the client's ability and willingness to manage his or her diabetes?

Cultural Skill – To acquire cultural skills, health care professional may ask their patients the following questions:

1. What languages do you speak?
2. Do you prefer an interpreter?
3. What kinds of foods do you like to consume when you feel well and when you are not feeling well?
4. What, if any, foods do you avoid when you are ill?
5. Do you avoid any foods for cultural or religious reasons?
6. What do you think are the causes of your diabetes?
7. How do you think we should manage and treat your diabetes?

Connecting with your patients.

Language & Culture – A critical need is language. Finding a bilingual staff will be key. Learning how to communicate with diverse populations could help curb diseases such as diabetes, which affects about one in three elderly Hispanics.

Helplines – Translation lines established to aid communication between medical professionals and their patients.

Generic Medications – Prescribing a lower cost generic medication instead of a brand-name helps ensure a patient can sustain a regimen.

Community-Based Organizations – The key to getting the message out about health promotion is going where the audience goes. Partnering with community-based organizations can help get the word out. A main venue for reaching elderly blacks with prevention is through churches. Working with pastors is instrumental.

Literacy – Even though your patient may speak English you never know about their education level. Be sensitive and find a balance to addressing your audience.

Cultural Ideas – Be sensitive to cultural ideas about illness and healing. Self-care can be based on belief systems that are more than just European medicines. A provider has to listen carefully to what the elder is saying with regards to the meaning of symptoms, ideas for healing and ideas for intervention.

Elders - Elders are the main stakeholders of influence for accepting the health system in American Indian/Alaskan Native communities. Earning trust among the elder generation could mean gaining trust among the entire community. Being able to reach this population with prevention message, especially around diabetes, which is epidemic in some Indian communities, could bridge access gaps.

For more information specific to the diabetic population, please visit the National Institute of Diabetes and Digestive and Kidney Diseases.

Clear Communication Tools

To practice culturally sensitive health care, use the following guidelines around the mnemonics **LEARN**, **ETHNIC** and **RESPECT**.

The L.E.A.R.N. Model of Cross Cultural Communication

A communication framework called the LEARN model can be used to help health care providers overcome communication and cultural barriers to successful patient education. There are 5 steps to the model from Berlin EA. & Fowkes WC. (1983).

Listen with sympathy and understanding to the patient's perception of the problem.

Explain and share your perceptions of the problem.

Acknowledge and discuss the differences and similarities between these two perspectives.

Recommend a treatment plan.

Negotiate a mutually agreed-on treatment plan.

Source: Berlin, E. & Fowkes, W.A. (1983). A teaching framework for cross-cultural health care. *Western Journal of Medicine*, 139:934–938.

The E.T.H.N.I.C. Model of Cross Cultural Communication

The goal of ETHNIC is to help a provider learn about the patient's health beliefs and practices, be open and respectful, and incorporate the patient's beliefs into the care plan as much as possible.

Explanation

- How do you explain your illness?
- Have you heard or seen any information about your illness?

Treatment

- What treatments have you tried for your illness?
- Is there anything that you do or do not eat or drink to stay healthy?

Healers

- Who else has helped you with your illness?
- Have you gotten advice from alternative or folk medicine for your illness?

Negotiate

- What can I do to help you the most?
- What do you feel are the best options for you?

Intervention

- Based on the options that you have suggested, let's agree on a few.

Collaborate

- How can we work together on this?
- Who else needs to be included on our treatment plan?

The R.E.S.P.E.C.T. Model of Cross Cultural Communication

Rapport
- Connect on a social level
- Seek the patient's point of view
- Consciously attempt to suspend judgment
- Recognize and avoid making assumptions

Empathy
- Remember that the patient has come to you for help
- Seek out and understand the patient's rationale for his or her behaviors or illness
- Verbally acknowledge and legitimize the patient's feelings

Support
- Ask about and try to understand barriers to care and compliance
- Help the patient overcome barriers
- Involve family members if appropriate
- Reassure the patient you are and will be available to help

Partnership
- Be flexible with regard to issues of control
- Negotiate roles when necessary
- Stress that you will be working together to address medical problems

Explanations
- Check often for understanding
- Use verbal clarification techniques

Cultural Competence
- Respect the patient and his or her culture and beliefs
- Understand that the patient's view of you may be identified by ethnic or cultural stereotypes
- Be aware of your own biases and preconceptions
- Know your limitations in addressing medical issues across cultures
- Understand your personal style and recognize when it may not be working with a given patient

Trust
- Self–disclosure may be an issue for some patients who are not accustomed to Western medical approaches
- Take the necessary time and consciously work to establish trust

Source: Welch, M. (1998). Enhancing awareness and improving cultural competence in health care. A partnership guide for teaching diversity and cross-cultural concepts in heath professional training. San Francisco: University of California at San Francisco.

Continuing Medical Education Course

Molina Healthcare of Illinois's goal is to deliver excellent service to all we serve—including providers. In order to reach this goal, Molina Healthcare of Illinois has referenced the Physicians Practical Guide E-Learning Program. Up to 9 CMEs can be earned for completing this course.

"Informative, relevant, and engaging... A marvelous e-learning program that will improve the quality of care provided to all patients... This is likely to be the 'gold standard' in cultural competency training for many years to come!"

Robert C. Like, MD, MS
Director, Center for Healthy Families and Cultural Diversity
Department of Family Medicine

The Office of Minority Health – Up to 9 CME credits
A Physician's Practical Guide to Culturally Competent Care is a free online CME program from the Office of Minority Health. This innovative training is a case-study based curriculum with video vignettes and interactive exercises. Learn how to work with patients from diverse backgrounds and develop cultural competency training for staff. Earn up to 9 free CME credits (Physicians and Physician Assistants), 9 contact hours (Nurse Practitioners), or 9 contact hours (0.9 CEUs) (Pharmacists).
A Physician's Practical Guide to Culturally Competent Care

Patient Handouts

Caring for My Diabetes with the Help of My Provider

When I visit my pharmacist, I will…

- Make a list of my medicines:
  - My prescribed medicines
  - My over-the-counter medicines
  - My herbal, vitamin, or dietary supplements
- Share the list with my pharmacist.

When I visit my primary care provider (PCP), I will…

- Ask if I need to schedule a urine test for nephropathy screening.
- Ask if I need to schedule HbA1c testing.
- Ask if my HbA1c is under control (less than 8%). If not under control, I will ask for tips to improve.
- Ask about types of exercises that are safe for me.

When I visit my eye care provider, I will…

- Ask for a full eye exam each year that includes a retinal or dilated eye exam.
- Ask how to prevent diabetic eye disease.
- Let my provider know if I have any vision changes.

To control my diabetes each day, I will...

- Exercise each day. I can go for a walk with a friend or try low-impact exercises.
- Make healthy diet choices. I can plan my meals ahead of time. I can include more lean meats and vegetables.
- Quit using tobacco products because they can make my diabetes worse.
- Ask all my providers to share my exam results with my other health care providers, including my PCP.

Tests and screenings I may need:	
❒	**HbA1c Test:** A blood test that shows the average blood glucose control for the past 2-3 months.
❒	**Kidney Screening:** A yearly urine test to make sure your kidneys are in good health.
❒	**Retinal Eye Exam:** A yearly exam that can help detect diabetic retinopathy early and prevent major vision loss.

Diabetes Fact Sheet

What is diabetes?

Diabetes is caused when blood glucose (blood sugar) levels are too high. Diabetes does not go away, but it can be controlled. If not controlled, high blood glucose can cause serious health problems.

How can you control diabetes?

- Lose weight.
- Be physically active.
- Eat healthy meals.
- Control your blood pressure and cholesterol.
- Monitor blood glucose levels.
- Take medicines as directed by your provider.
- Visit your provider regularly.

How can you lose weight?

The best way to lose weight is to eat healthy meals and be physically active. Eating the right foods, at the right time, in the right amounts can help you lose weight safely. Talk with your provider before you change your diet. The wrong diet can be dangerous.

What exercise is good for you?

The type and amount of exercise you should do will depend on you. Talk with your provider before starting any exercise. Examples of exercise include walking, strengthening muscles and stretching.

How can you eat a healthy diet?

- Eat whole grain breads and cereals.
- Eat fruits and vegetables.
- Eat lean meats, fish and beans.
- Eat low or non-fat dairy products.
- Space your meals evenly throughout the day.
- DO NOT SKIP MEALS.

Managing Diabetes

See your provider regularly to manage your diabetes. The chart below will help you keep track of these medical visits.

EVERY OFFICE VISIT	Results	Date	EVERY 3-6 MONTHS	Results	Date
Blood pressure			Blood test to measure blood sugar control (A1c)		
A brief foot exam					
Weight check					

EVERY 6 MONTHS	Results	Date	ONCE A YEAR	Results	Date
Dental visit to check teeth and gums			Blood test to measure cholesterol levels		
			Retinal eye exam with dilation		
			Complete foot exam		
			Urine test to measure kidney function		
			Flu shot		

It is important to feel comfortable asking your provider questions and talking about your concerns. Ask your provider about:

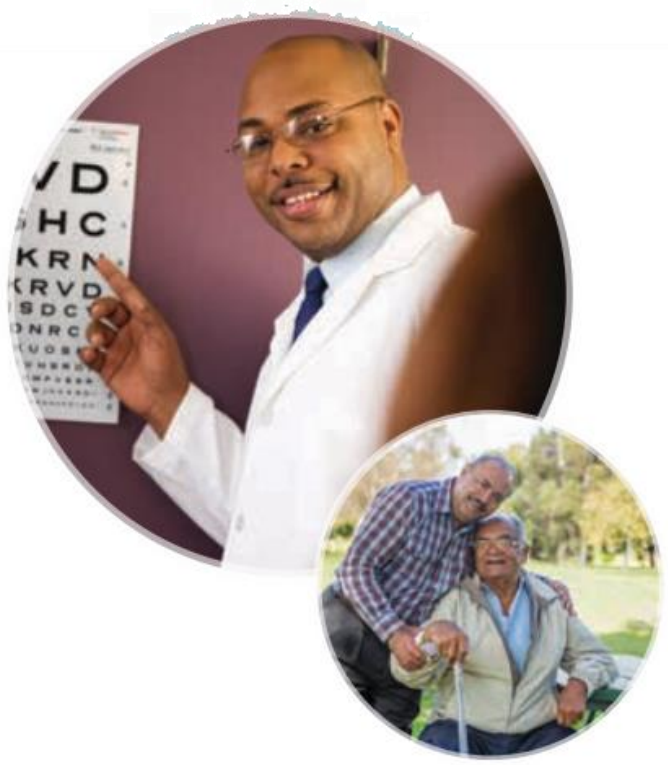
- How to monitor your blood glucose at home
- What the side effects are of the medicines you take
- Creating a diabetes action plan
- Exercise, eating healthy and staying at a healthy weight
- How to lose weight (if you are overweight)
- How to join a smoking cessation program
- How to lower your blood pressure and cholesterol levels

Develop a good trusting relationship with your provider. If you want a new provider, call Member Services. The number is on the back of your Member ID card

Diabetic Retinopathy

What is retinopathy?

Retinopathy is damage to the part of your eye called the retina. The retina is a thin layer of tissue that is sensitive to light. You need a healthy retina to see clearly.



What is diabetic retinopathy?

Diabetic retinopathy is damage to the retina from diabetes. When you have diabetes, your body does not use or store sugar in your blood correctly. Too much sugar in the blood can cause damage to the tiny blood vessels that keep the retina healthy.

What are the symptoms?

The early stages of diabetic retinopathy may not cause symptoms to appear. Symptoms appear after there is damage to the retina. **A retinal eye exam can help detect diabetic retinopathy early and prevent major vision loss.**

- Visual symptoms can include:
- Blurred vision
- Floaters, flashes or spots in your vision
- Trouble seeing well at night
- A dark spot in the center of your vision
- Total loss of vision

Can you cure diabetic retinopathy?

No. Vision loss cannot be regained. Surgery, laser treatments or medicine can slow down vision loss. You may need ongoing care to prevent total loss of vision.

What can you do to protect your eyes?

- Take your diabetes medicine.
- Eat healthy foods.
- Exercise often.
- Control your high blood pressure and blood sugar levels.
- Avoid alcohol and smoking.

Visit your provider for a retinal eye exam at least once a year. This exam will check for early signs of retinopathy. Getting treatment right away can reduce the risk of total vision loss.

Prescription for Wellness

Patient Name: _____ DOB: _____

Diagnosis: _____ Date of Service: _____

Primary Care Provider (PCP)
Name: _____
Phone: _____

Healthcare Provider
Name: _____
Phone: _____

Congrats on deciding to improve your health. Here is the plan we talked about to start you on your way.

Types of Screening	HbA1c	Nephropathy	Retinal Eye Exam	Foot Exam	Blood Pressure
Result					
Goal					

1. **Prescription Info & Instructions:**

   _____

   _____

2. **Diet Info & Instructions:**

   _____

   _____

3. **Things to stop or avoid:** _____

4. **Exercise plan:** _____

   Start with: _____ for _____ minutes _____ days per week

   Slowly increase to: _____ minutes _____ days per week

5. **Other:**

   _____

   _____

Physician Signature: _____ Date: _____

Follow Up Appointment: _____

Thank you for coming to see me today. I appreciate you choosing _____ for your medical care. If you have any questions about your visit today or if your symptoms worsen, please call our office. My staff will forward your message to me. I will get back to you as soon as possible.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