



Diabetes Workflow Modifications to Improve Care for Your Patients

Providers and practices who are actively engaged in the [Pennsylvania Department of Health's Improving the Health of Americans Through Prevention and Management of Diabetes, Heart Disease, and Stroke](#) program have the benefit of scheduling a no-cost Workflow Assessment (WFA) with a local Quality Insights Practice Transformation Specialists (PTS). WFAs are completed annually and designed to initiate a future state of processes that will move the needle on clinical quality improvement activities.

The following list includes solutions aimed at achieving better patient outcomes in cooperation with the WFA. We encourage you to partner with your Quality Insights PTS to discuss scheduling a WFA and implementing at least ONE of the recommendations listed below. If you are not currently working with a PTS and would like assistance, please email [Robina Montague](#) or call **1.800.642.8686, Ext. 7814**.

Electronic Health Record (EHR) Actions

	Activate CDS reminders for diabetes (i.e., diagnosis A1c testing, referral to Diabetes Self-Management Education and Support [DSMES] programs).
	Create an EHR report to identify patients that qualify for DSMES programs. Send identified eligible patients through EHR reports an introduction letter (i.e. mail, email, patient portal) from their physician and encourage them to enroll in DSMES.
	Run a report of current, tracked diabetes quality measures and identify areas for improvement.
	Implement process for documenting referrals (including DSMES) in structured data fields or via non-EHR tracking method.

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Using the newly updated [DSMES Practice Module](#) from Quality Insights as a guide:

	Partner with a local DSMES program (a pharmacy program if possible) to create a process for referral and feedback.
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Protocol & Workflow Actions

	Develop workflow for consistent referral to DSMES (can be DSMES site or pharmacy location). Include a consistent process for reviewing the outcome and promoting education to patients.
	Review/create current office protocol for diabetes. Assess for the following components and, if needed, update to include: current guidelines, medication (and adherence) processes, team-based care, appointment processes (including follow-up), and promotion of diabetes self-management.

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	Provide promotional materials from local DSMES sites to encourage patients with diabetes to participate in area programs.
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