

Patient Name: _____ DOB: _____

West County Health Centers CARE TEAM DIABETES PROTOCOL

Care Team Medical Assistants may, without consulting the medical provider, perform the following tasks:

Using a Telephone Encounter, create a Virtual Visit and order the following Labs/DI using the Diabetes Order Set or through the Diabetes Lab Requisition Form.

- 1) Order **Hemoglobin A1C Immunoassay** if not done in the last *6 months*
- 2) Order fasting **LIPID PROFILE** if not done in the last *1 year*
- 3) Order urine **Microalbumin/Creatinine ratio** if not done in the last *1 year*
- 4) Order a **DIABETIC EYE EXAM** if not done in the last *1 year*, and assign the DI to the referral coordinator to track.
- 5) Perform a PHQ2 if not done in the last *1 year* and refer for clinical follow up if answered yes to any of the questions. Document results by ordering the **DEPRESSION SCREEN** using an order set, entering the result of the PHQ2 into the lab attribute and assign to the Care Team RN for review.

Schedule an Office Visit for the following:

- 1) A **DIABETIC FOOT EXAM** if not done in the last *1 year*
- 2) An **Office Visit** if patient has not been seen in the last *6 months*
- 3) **Influenza vaccination** if not received in the last 1 year and within the months of November and April

Medical Director