The aim of this project was to examine our current process of scheduling diabetic follow-up appointments to identify areas for intervention.

Methods

• Reviewed charts of 50 randomly selected diabetic patients and stratify into controlled or uncontrolled diabetes based on last A1C values
  • Database to include MRN, age, gender, contact information, A1C values and last draw date, medications, last appointment, next appointment if scheduled
  • Controlled diabetics defined as A1C < 7.0 for patients < 75, or A1C < 8.0 for patients ≥ 75 years
  • Uncontrolled diabetics, defined as A1C ≥ 7.0 for patients < 75, or A1C ≥ 8.0 for patients ≥ 75 years
• Create a process map of how diabetic patients are scheduled for follow-up appointments and lab draws

Results

Table 1. Diabetic Patient Stratification

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Diabetic Sampled</th>
<th>Target A1C</th>
<th>Uncontrolled A1C</th>
<th>Uncontrolled Require F/u</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>268</td>
<td>50</td>
<td>35</td>
<td>15</td>
</tr>
</tbody>
</table>

![Figure 1. Diabetic Patient Stratification](image)

**Key:** Unsampled Diabetics, Target A1C, Uncontrolled w/ 3 month F/U, Uncontrolled w/o 3 month F/U

![Figure 2. Glycemic control by A1C](image)

70% Uncontrolled, 30% Controlled

![Figure 3. Uncontrolled by Last Appointment/A1C](image)

40% > 3mo, 60% < 3mo

![Figure 4. Scheduling Uncontrolled Patients](image)

Key: Scheduled w/o labs, Not scheduled, No longer in practice

![Figure 5. Managing Diabetes Process Map](image)

Key: Physician Responsibility, Patient Responsibility, MA Responsibility

Areas of Future Intervention

Discussion

• The number of controlled diabetics was higher than expected
  • Extrapolating this data to the total diabetic population in this practice, we can approximate about 80 out of 268 diabetics patients to have A1C levels above goal (uncontrolled)
• Identifying diabetic patients was easily performed in the EHR by generating a report for any diagnosis codes that included “diabetes”. Physical charts also have a red “Diabetes” sticker in front of the folder
• Tracking labs is more labor intensive, as lab reports are printed and kept in the physical charts rather than entered into the EHR
  • This may make it more difficult to monitor uncontrolled patients and play into the difficulty of scheduling appropriate follow-up
• The diabetic patient database made it easy to identify patients who required follow-up and new A1C labs drawn
  • Uncontrolled patients were contacted to schedule follow-up appointments with new labs
• Issues: physical lab slips may be lost, inconvenience of getting a new slip from the clinic before lab draw
  • Overall, ~70% of the diabetics seen in this practice are well controlled with their current lifestyle, diets, or medications

Future Directions

• Repeat PDSA cycle with the following modifications:
  • Keep a rolling list of uncontrolled diabetics, noting timeline of next follow-up and last A1C values
  • Explore different options of ordering labs: faxing
  • Call patient 3 days prior to appointment to ensure labs get drawn

Reference

• American Diabetes Association
  • Standards of medical care in diabetes – 2015 abridged for primary care providers