

## How to set up Specialty Diabetes Clinic

### Preparation

One-to-two months before scheduled clinic, ask the Alaska Native Diabetes Team for the lists of the diabetic and high-risk patients. With the rise in diabetes throughout Alaska, the Diabetes Specialty clinic only has time to see the patients with diabetes. The high-risk list is for you to follow-up. It is important for the patients to understand this clinic focuses on diabetes so they have realistic expectations about clinic. For any acute conditions that arise, we will attempt to address as time and expertise allows.

- Try to get your local Eye, Dental and Mammogram clinics to set time aside during diabetes clinic to see patients, so they can get everything done at one time.
- Once you have the Diabetes list we send you, and have compared it to your local list, begin to schedule patients to be seen in clinic.
- One-to-two months before clinic, have patients come in for labs: Draw fasting labs (if not done in the past 2 months): BUN/CR (with estimated GFR), GLUCOSE, AST/ALT, TRIG, CHOL, HDL, LDL, HgbA1C, CBC, urine for quantitative albumin/creatinine ratio. Patients with chronic kidney disease may require other labs depending on prior work up and treatment, feel free to contact the diabetes team if you have questions about any additional labs.

Review the diabetes care summary from RPMS and try to get physical exams, immunizations dental, eye, paps, mammograms up to date. For local patients, get these appointments before specialty clinic. For patients traveling from the village, schedule annual exams while they are in town.

- Give appointments to patients. Let them know to bring in all **meds and blood sugar machine**.
- Have an adequate supply of pneumovax, flu and Td/Tdap vaccines.
- In-service presentations: Schedule one-hour blocks of time (usually over lunch) for in-services. If food is provided please try to have healthy food choices (baked, boiled, steamed entrees, fruits and vegetables) available.
- Foot care will be provided by Physical Therapist Sandy Graham at most sites. Otherwise, the Diabetes Team will provide basic foot care and referrals as needed.

Another potential team member traveling to your site is the retinal imaging technician for screening eye exams. If this person will attend your site, quarters will also be needed for them. Contact the program if you have questions.

At least one month before clinic, begin travel arrangements for the team. For coordination or questions call the diabetes area program assistant, Joan Hastie, at 729-1125.

### **For Clinic**

Up to 6 providers are available for specialty clinic: 2 medical providers, 1 RD/CDE, 1 Pharmacist/CDE, 1 Physical Therapist for foot care, and 1 eye exam technician. Each provider needs an exam room for clinic. Call the diabetes program at 907-729-1125 to discuss providers needed at your site (usually 2 medical providers and 1 RD/CDE).

Print the patient's health summary and the diabetes care summary put in patients chart for the provider.

On each patient's chart, have a check-off list. As each patient is seen, mark what has already been done so the blanks guide the visit. See the following example:

Medical provider	___
Dietitian/pt ed	___
Eye	___
Dental	___
Mammogram	___
EKG	___
Immunization(s)	___
Pharmacy	___
Foot/PT?	___

Vital Signs needed for clinic: manual B/P, measured height, weight, pulse, respirations, and temperature, and finger stick - either fasting (FBS) or random (RBS).

Appointment Time: Discuss this with the Diabetes Team prior to clinic visits.

Field Trip Report: Fill out data at end of each day (team will bring).

CEU form: Fill out and process (diabetes team will bring this).

Prioritizing Patient Selection if there are not enough appointment slots for everyone on the registry:

- Patients with Diabetes and Chronic Kidney Disease
- Patients with Diabetes and Uncontrolled Hypertension
- Patients with an A1C > 8%
- Patients with a hemoglobin below 10mg/dl