

ENGAGING PATIENTS WITH TYPE 2 DIABETES

A Healthcare Provider's Checklist

Engaging and involving patients with diabetes in treatment decisions, along with your clinical expertise, can help foster a patient-centered approach to diabetes care. This concept involves a shared decision-making process where you and your patient act as partners, mutually exchanging information and weighing options, in order to reach an agreement on appropriate courses of action. This may help build an individualized diabetes care plan to which your patient can more readily adhere.¹

Below is a checklist of important diabetes issues to discuss with your patients to help assess their level of engagement in their care plans and to help track their progress.

Patient Engagement Checklist ²			
Engagement Points	ADA Guidelines and Recommendations ^a	Individualized Patient Goals/ Results	Date of Last Patient Engagement Discussion
Diabetes self-management education (DSME)	All patients with diabetes should receive DSME		
Physical activity Adapted for individual patient capabilities and comorbidities	<ul style="list-style-type: none">• At least 150 min/week of moderate-intensity aerobic physical activity, spread over at least 3 days/week with no more than 2 consecutive days without exercise• In the absence of contraindications, resistance training at least 2x/week		
Medical Nutrition Therapy (MNT)	<ul style="list-style-type: none">• Individualized MNT as needed to achieve treatment goals, preferably provided by a registered dietitian• Nutrition counseling should be sensitive to individual and cultural needs as well as willingness and ability to change		
A1C Measure at least 2x/year if at goal; if not at goal, measure quarterly	Goal: <7% (nonpregnant adults)		

Please note that the recommendations listed are intended as a guide for you and your staff and not meant to direct your clinical discussions or treatment decisions.

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Fasting plasma glucose (FPG)	70-130 mg/dL		
Postprandial plasma glucose (PPG)	<180 mg/dL		
Lipids LDL-C HDL-C Triglycerides Measure every 2 years if at goal; if not at goal, measure at least 1x/year or more frequently as needed	Goals: <100 mg/dL >40 mg/dL (men); >50 mg/dL (women) <150 mg/dL		
Blood Pressure Measure at every office visit	Goal: <140/90 mm Hg		
Weight/Body mass index	Weight loss is recommended for all overweight and obese individuals with diabetes		
Urinary albumin	Perform annual test		
Retinal examination	Ophthalmologist/optometrist-performed dilated eye exams 1x/year		
Foot examination	Comprehensive foot exam at least 1x/year		
Flu vaccination	Annual vaccination for patients with diabetes ≥6 months of age		

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Pneumococcal vaccination	One lifetime vaccination for patients with diabetes ≥ 2 years of age ^b		
Hepatitis B vaccination	A vaccination for previously unvaccinated adults with diabetes who are 19-59 years old ^c		
Smoking status and cessation advice or treatment	Smoking advice and cessation counseling		

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^a Not all goals and recommendations apply to all patients, and individual goals may vary based on clinical judgment.²

^b A one-time revaccination is recommended for patients 65 years old or older who were previously immunized when they were younger than 65 years of age if the vaccine was administered more than 5 years ago.²

^c A vaccination for previously unvaccinated adults with diabetes aged 60 and older should be considered.²

References: **1.** Inzucchi SE, Bergenstal RM, Buse JB, et al. Management of hyperglycemia in type 2 diabetes: a patient-centered approach. *Diabetes Care*. 2012;35(6):1364-1379. **2.** American Diabetes Association. Standards of medical care in diabetes – 2015. *Diabetes Care*. 2015;38(suppl 1):S1-S93.

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