The Diabetes Template

The Diabetes Template

Samuel Aldous

Colchester Family Medicine

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Problem Identification

- In my time at Colchester FM, diabetes follow up visits were a common occurrence
- Every practitioner had their styles to ascertain the patient's situation
- Practitioners frequently expressed frustration about having to search multiple locations in EPIC to collect all the information they needed
- The goal of this project was to streamline this history collection to be a consistent template that was comprehensive and time efficient

Cost and Considerations

- 1 in 4 dollars spent on US healthcare goes towards managing diabetes [1]
- Of the $327 billion spent annually, $90 billion goes towards reduced productivity [1]
- A minimization of data collection times for diabetes visits, therefore, could significantly reduce healthcare costs for practices and patients

Perspectives

- I spoke with most practitioners at Colchester Family Medicine
- Every individual expressed excitement at the idea of a diabetes follow up note template and identified it as a need in their practice
- Practitioners also provided information that they hoped would be available in the note template

Intervention

- An EPIC dotphrase was created specifically for diabetes follow up visits
- The objectives of the note included:
  - Developing a succinct list of pertinent HPI questions
  - Automatically generating relevant medications for diabetes and significant comorbidities (hyperlipidemia, hypertension, CKD, etc)
  - Directly providing access to current diabetes best practice guidelines

The Template

1. URL link to the ADA's Diabetes Care Guidelines
   - ➢ https://tinyurl.com/2498kvyk
2. Template of important diabetes subjective questions with autofill of smoking status
3. Auto-generation of pertinent medications
   - ➢ Anti-hypertensives requires manual entry
4. Auto-addition of patient's last 3 A1C readings (with date attached)
5. Optional smartphrase to appropriately document continuous glucose monitor data

Primary Care Diabetes Visit

Assessment & Plan
@NOCCASSESSPLAN@

1 ADA Standard Medical Care Resources (check year selected): https://tinyurl.com/2498kvyk

@FOLLOWUP@
Patient education was direct. Barriers were assessed and addressed as needed.

{TimeStatement2021 (Optional):39393}

Subjective
@PREFERREDNAME@ is a @AGE@ @GENDERID@ presenting with @CCN@
@HPI@

***

2
Hypoglycemic episodes: {YES INFO/NO:20542::"no"}
Checking sugars at home: {YES/NO:25829}
Vision concerns: {YES INFO/NO:20542::"no"}
Other diabetes providers: {YES INFO/NO:20542::"no"}
Successes: ***
Challenges: ***
Eating patterns: ***
Physical activity: ***
Goals: ***
Smoking status: @SMOKINGSDOH@

Data reviewed this visit: {DATA REVIEWED THIS VISIT:37173}

3
Antihyperglycemics: @MEDGROUPERANTIHYPERGLYCEMICS@
Insulin Therapy: @MEDGROUPERINSULINS@
Statin: @MEDGROUPERSTATINS@
Hypertensive Therapy: {YES:19151::"Yes","Comment: ***"}

@ROS@ - See HPI

Objective
@VS@

4 **Hemoglobin A1C:** @BRIEFLAB(HGBA1C:3)@

5 **{Optional CGM Interpretation:41183}**

@FAPEBYAGEWFOOT@

Evaluation

- The note template has now been shared with every practitioner at Colchester Family Medicine
- An evaluation of this intervention would include documenting how often the template is applied, as well as a qualitative assessment of its applicability and efficiency

Future Projects

- Future projects could construct a survey for Colchester Family Medicine Practitioners to assess the success of the diabetes template
- The template could also be updated to add/remove aspects of the note that practitioners have noticed would be helpful to change

References

[1] American Diabetes Association. Economic costs of diabetes in the US in 2017. Diabetes Care. 2018;41:917–928.