

	ACTIVITY	FREQUENCY	GOAL/RECOMMENDATION
HEALTH HISTORY RISK REDUCTION	Tobacco Use	Annual/ongoing	Document tobacco use status and assist smokers to quit. Refer patients to the NY State Smokers' Quitline: 1-866-697-8487
	Depression Counseling	Annual/ongoing	Assess for depression using evidence-based tool, like the PHQ 9: <a href="http://www.depression-primarycare.org">www.depression-primarycare.org</a> Refer to support groups/counseling.
	Sexual Functioning	Annual/ongoing	Discuss functioning and therapy options with both male and female patients.
	Preconception	Initial/ongoing	Target A1C as close to normal (<7%) as possible and evaluate medications.
	Self-management Care Plan	Every visit	Assess patients' understanding of diabetes care and treatment. Set up a self-care plan and individualized goals. Follow up to assess progress.
PHYSICAL EXAM	Blood Pressure	Every visit	<130/80. Use ACE/ARB as primary therapy. Discuss lifestyle modifications.
	Weight and BMI	Every visit	Normal BMI = 18.5 - 24.9 (Centers for Disease Control). Advise weight reduction to optimize BMI.
	Foot Exam	Every visit	Standardize foot exam forms, check pulses and implement use of monofilaments.

*Adapted from: American Diabetes Association Standard of Care 2011 and the New York State Diabetes Coalition*

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LABORATORY	A1C	Every 3-6 mos.	<7.0%; Higher goals may be appropriate if there is Hx of severe hypoglycemia, limited life expectancy, adv vascular disease or extensive comorbid conditions.
	Fasting Lipid Profile Cholesterol	Annual	LDL <100 mg/dl; HDL>40 mg/dl for men, HDL >50 mg/dl for women. Triglycerides <150 mg/dl. Patients with overt cardiovascular disease (CVD), lower LDL to goal of <70 mg/dl.
	Urine Microalbumin/ Creatinine Ratio	Annual	Detect early kidney disease using a "spot" urine albumin-to-creatinine ratio. Normal: < 30 ug alb/mg creatinine. Abnormal: >30 ug alb/mg creatinine. If >/= 30 (2 out of 3 specimens in 3-6 month period) and HTN, use ACE-I or ARB.
	Serum Creatinine	Annual	Estimate glomerular filtration rate (GFR) to stage level of chronic kidney disease.
MEDICATIONS	Aspirin Therapy	Ongoing	75-162 mg/day. Primary prevention, consider for: Men >50 years, women >60 years who have one or more additional risk factors for CVD; consider for those younger with multiple risk factors. Secondary prevention: All persons with CVD (clopidogrel 75 mg/day may be used in persons with ASA allergy).
	ACE inhibitor/ ARB*	Ongoing	Once lifestyle modifications are deemed inadequate, these agents recommended for treatment of HTN and/or microalbuminuria. *ARB for patients unable to tolerate ACE
	Statins	Ongoing	For all with overt CVD; for those >40 years with one or more CVD risk factor regardless of baseline lipids; <40 years with LDL >100 despite lifestyle modification or with multiple CVD risk factors.
IMMUNIZATIONS	Flu Vaccine	Every autumn	
	Pneumovax	Once	Revaccinate pts. >65 if initial vaccine given >5 years ago and/or pts. <65.
REFERRALS	Dilated Retinal Exam	Annual	Refer to eye care professional to detect retinopathy.
	Dental Care	Every 6 mos.	Refer for dental exams.
	Diabetes Education	At diagnosis (more as needed)	Refer to a Certified Diabetes Educator (CDE): <a href="http://www.diabeteseducator.org/find">www.diabeteseducator.org/find</a> or recognized diabetes education program: <a href="http://www.fulldiabetescare.org/programs">www.fulldiabetescare.org/programs</a> to review medications, meal planning, and self-care plan.