Presentation Overview:

• SHC Diabetes Care Program is recognized as a National Ambulatory Diabetes Education Program by the American Diabetes Association

• Services offered at SHC Primary Care, Endocrine, UHA, and SHC Employee Based Clinics and Healthy Advantage Participants.

• Stanford Health Care Overall Population breakdown of Diabetes and Pre Diabetes and prevalence

• Synopsis of preliminary program Quantitative outcomes for fiscal year 2017/2018

• Review of SHC Comprehensive Diabetes Education and Management Algorithm

• Useful tools for providers to use in the clinic
Diabetes Education and Prevention Program Services

- Group Education Classes
  - Currently available at SHC Hoover, Santa Clara and Emeryville

- Individual 60 minute training
  - (Limited availability reserved for patients with special needs and device training)

- Medical Nutrition therapy (MNT) by an RD CDE
- Coordinated with DM Education program

- Medication titration Pharmacist (SHC Primary Care)

- Community Outreach
  - Diabetes Wellness Group
  - Diabetes Education and Prevention Health Fairs
  - Diabetes Wellness Special Events Sponsored by the SHC Diabetes Care program
# Pre Diabetes
## Population breakdown at Stanford Health Care

- Summary of Unique individual with Pre Diabetes or Diabetes within SHC

<table>
<thead>
<tr>
<th>Count of Individuals with Pre-Diabetes at SHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Care</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td><strong>SHC</strong></td>
</tr>
<tr>
<td>22448</td>
</tr>
<tr>
<td><strong>SHC UHA</strong></td>
</tr>
<tr>
<td>6954</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
</tr>
<tr>
<td>29406</td>
</tr>
</tbody>
</table>
### Count of Individuals with Diabetes at SHC

<table>
<thead>
<tr>
<th></th>
<th>Primary Care Care</th>
<th>Endocrine Clinic</th>
<th>Combined Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SHC</strong></td>
<td>48064</td>
<td>8535</td>
<td></td>
</tr>
<tr>
<td><strong>SHC UHA</strong></td>
<td>16958</td>
<td>822</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>65022</td>
<td>20181</td>
<td>85203</td>
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</tbody>
</table>
Individuals with Diabetes
Change in A1C post SHC Program Completion

- Program participants mean average A1C change after completion of program
  - Pre A1C measured within 4 weeks of program start
  - Post A1C measured within 3 months of Pre A1c and after participant completion
  - N=162 participants
Individuals with Pre-Diabetes
Change in A1C post SHC Program Completion

- Program participants mean average A1C change after completion of program
  - Pre A1C measured within 4 weeks of program start
  - Post A1C measured within 3 months of Pre A1C and after participant completion
  - N=82 participants

PRE A1C MEAN AVERAGE: 6.3%
POST A1C MEAN AVERAGE: 5.6%
Comprehensive Diabetes Education and Management Algorithm

• SHC algorithm purpose is to utilize best care practices for Diabetes education and management as recommended by the American Diabetes Association

- A1c > 8%
  - Referral to Medication Management per PharmD (REF80)
  - Improvement 6 – 9 months?
    - No
      - Referral to Endocrine*
    - Yes
      - PharmD continues working with patient until A1c at goal
- A1c 6.5-7.9%
  - Referral for DSME and Clinical Nutrition
  - At goal 6 – 9 months
    - Yes
      - Discharge to PCP
    - No
      - Diabetes Prevention Education

*Direct Referral to Endocrine: Type 1 DM, Cystic Fibrosis (CF), Insulin pump, Hypoglycemic Unawareness, any patient Pharmacy does not feel comfortable managing

DSME = Diabetes Self Management Education
Systemwide dot phrases for AVS patient information

- Pre- DM = .DMEDUPreDM
- Type 1 DM = .DMEDUT1DM
- Type 2 DM = .DMEDUT2DM
- Gest. DM = .DMEDUGest
- SHC DM Education = .DMEDUSHC

To order Diabetes Care program services use Ref230

Program Website: https://stanfordhealthcare.org/medical-clinics/diabetes-care.html