

MADM FLOWSHEET

1. Patient identified for DM:
 - ID through-
 - i. Care manager
 - ii. Centricity
 - iii. Provider
 - iv. another MA
 - v. (maybe IDX) Tab for schedulers

2. ID who needs to come in for labs this month, pt due.
 - ID as above in #1

3. Open a phone note and call pt to see if they are able to come in for a MADM visit:
 - If pt schedules an appointment continue with steps 4 and 5.
 - If a message is left make a phone note stating that you tried to call the pt, when they call back have an appointment scheduled, state if pt needs to be fasting or not. Send letter when message is left and update care manager (through centricity) to put a stop or wait on the DM pt.

4. Open planned visit protocol note (update) in Centricity:
 - Review previous orders to see what ones need to be done

- Go to Orders under DM standard orders in centricity
- Choose the ones that need to be done:
 - i. HgA1c every three to four months
 - ii. Lipid panel once a year (unless they start on a lipid medication then they will need to have one again three months after starting it)
 - iii. If they are on a Statin:
 - ❖ They will need to have an LFT or Liver Function Test once every three months;
 - ❖ If they are starting a statin they will need an LFT prior, to check levels;
 - ❖ After starting a statin they will need an LFT every 6 months there after
- Serum Creatinine once a year
- Urine Micro/Albumin creatinine ratio:
 - ❖ once a year, if this number is elevated you will need to repeat it once after the first elevation, then once a year
 - ❖ If it goes over 300 then 24 hour urine protein will need to be done every year instead of the urine micro/albumin creatinine ratio
- If the pt is on a thyroid medication then they may need a TSH.
- Check on referrals for eye, bolt, ect.
- Foot check

5. Send the standing order to the Provider to have them review and add anything else that might need to be done for the DM pt and dot sign to send back to you. Hold orders on your desktop until pt comes in for the MADM.

6. NO SHOW or NS:

- If pt NS's their appointment:
- Call pt and find why they weren't able to come in to their appointment:
 - i. See if pt is able to reschedule then add the pt to the schedule for another MADM.
 - ii. If pt can't reschedule but is able to do labs then print orders and place in lab, schedule a FU with provider to go over the labs.
 - iii. If a message is left then put a wait on the pt's care manager for 3 month's.

7. MADM VISIT

- Check the pt's chart to see if standing orders have been placed.
- Open pt's chart and put in a MA diabetes planned visit.
- When pt comes in for the visit do vitals
- Complete Carville exam/Foot Check
- Give pt lab order and go over the ones that they need, if pt needed to be fasting then make

sure they are fasting and see if they have any questions.

- Go over diabetes planned visit tab including:
 - i. physical exam
 - ii. Laboratory Tests
 - iii. Immunizations
 - iv. Referrals
 - v. Other

- Go to self management form/goal or SMG:
 - i. Select goal type-drop down
 - ii. Have pt set SMG-(who, what, where, when and how often)-If not willing to then state, pt isn't willing to set goal today under SMG section
 - iii. Complete LOS or likelihood of Success
 - iv.