

HSS STANDING ORDER

Routine DIABETES SCREENING in Pre-Diabetic Adults and Adults with History of Gestational Diabetes

PURPOSE

Over 29 million people in the US have type 2 diabetes.¹ Prediabetes and a history of gestational diabetes increase the lifetime risk of developing diabetes. Early detection and prompt treatment of diabetes may reduce the burden of diabetes and its complications.²

OBJECTIVE

To provide an approved standing order that allows Health Service Specialists (HSS) to order annual diabetes screening tests in pre-diabetic adults and adults with a history of gestational diabetes, consistent with evidence-based guidelines found in the medical protocols.²

FUNCTIONS

- 1) The HSS will confirm eligible patients and screen out those not eligible for routine screening (see **LIMITATIONS** below)
- 2) The HSS will provide the following services: diabetes screening
- 3) The HSS will perform an in-clinic, finger-stick test OR collect and process the blood specimen as outlined in the HSS Manual and Health Center Laboratory Manual; and
- 4) The HSS will document all patient interactions in the medical record, including notation of the standing order.

TRAINING & EVALUATION

All new HSS complete four day new-hire training upon starting at . This training covers the content to be delivered by HSS. In addition to this training, HSS who provide primary care must complete a primary care skills training prior to providing primary care that includes finger-stick blood glucose (FSBG) test. Documentation of these trainings and sign-offs is maintained in the individual's health center personnel file and human resources.

PROCEDURES

- 1) Identify patients eligible for diabetes screening:
 - a) Adults with pre-diabetes per previous testing (pre-diabetes defined as HgA1C 5.7-6.4 or Fasting Plasma Glucose 100-125 or Oral Glucose Tolerance Test 140-199) with no HgA1C or fasting plasma glucose (FPG) test within the past year
 - b) Adults with a history of gestational diabetes with no HgA1C or fasting plasma glucose (FPG) test within the past year
- 2) Screen for limitations (see **LIMITATIONS** section below)
- 3) Complete the following:
 - a) Notify patient that routine diabetes screening is recommended.

¹ Centers for Disease Control and Prevention. 2014 National Diabetes Statistics Report. October 2014. <http://www.cdc.gov/diabetes/data/statistics/2014statisticsreport.html> (accessed June 2016).

² Screening for Diabetes. American Diabetes Association. Diabetes Care 2002 Jan; 25(suppl 1): s21-s24. <http://dx.doi.org/10.2337/diacare.25.2007.S21>

- b) Confirm insurance status/payment method to ensure that patient is not charged for the test unexpectedly
- 4) If patient consents, determine whether patient is fasting and whether testing will be done as a finger stick or a lab draw.
 - a) The patient must be fasting to use the glucose test for screening.
 - b) If the patient is fasting and prefers to know the results immediately or does not have additional lab orders, test the patient in clinic with a fasting, finger stick blood glucose.
 - c) If the patient has additional labs ordered and/or will be returning for another visit, order the screening test as a lab draw.
 - d) For the in-clinic, finger stick blood glucose or labs drawn on-site, ensure physician or clinician is on site.
 - e) The in-clinic, point-of-care HgA1C test cannot be used for screening purposes.
- 5) For the finger-stick blood glucose:
 - a) Access the Office Services Template:
From the standing orders category, choose "Glucose, fingerstick (clinic)." Select Diagnosis (ICD-10 code) R73.09 for patients with pre-diabetes OR Z86.32 for patients with a history of gestational diabetes and "Place Order."
 - b) Perform the finger stick blood glucose in accordance with the protocol outlined in the Health Center Laboratory Manual.
- 6) For a lab draw:
 - a) Access the orders module:
Select Diagnosis (ICD-10 code) R73.09 for patients with pre-diabetes OR Z86.32 for patients with a history of gestational diabetes.
From Standing Orders category, check "Glucose" or "Hemoglobin A1C" and choose "Save and Send."
 - b) If completing on-site lab draw, confirm whether patient is due for any other labs under standing orders. Stage lab order during intake, but wait to draw lab until after the patient sees the provider to ensure that the provider has not ordered additional labs to be drawn. If patient is in clinic for a lab-only visit, check to make sure no other labs are due before drawing. Submit order, draw and package sample in accordance with HSS Manual and Health Center Laboratory Manual.
 - c) If labs are to be completed at outside lab, order through orders module as outlined above. Submit and print requisition, and direct patient to Quest location for lab draw.
- 7) Document the encounter and notation of the standing order in the patient's medical record

LIMITATIONS

Any patient identified as **not** eligible for the standing order will be referred to a provider to determine if testing is indicated. The following criteria deem a patient ineligible for the standing order:

- 1.) Do not meet criteria for pre-diabetic (pre-diabetes defined as HgA1C 5.7-6.4 or Fasting Plasma Glucose 100-125 or Oral Glucose Tolerance Test 140-199) and have no history of gestational diabetes
- 2.) HgA1C or FPG test completed in the last year
- 3.) Current diagnosis of type 1 or type 2 diabetes

CONSULTATION

The HSS may use any of the following staff for consultation regarding any standing order:

- Clinician

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- Quality Management Clinician (QMC)
- Licensed Staff Trainer
- Physician

SUPERVISION & ONGOING EVALUATION

The HSS' performance of Diabetes Screening will be supervised by the QMC. An annual HSS quality review by the QMC will assess performance.

The HSS Standing Order for Diabetes Screening will be reviewed annually in conjunction with revision/update of the Medical Protocols.

Associate Medical Director, Primary Care

