

Diabetes Clinical Subcommittee Final Recommendations

- 1. Iowa should adhere to the American Diabetes Association's consensus guidelines.**
- 2. Iowa should adhere to the American Diabetes Association's acceptable A1C levels distinguished in the consensus guidelines.**
- 3. Iowa should utilize the [PHQ 9 \(Patient Health Questionnaire\)](#) tool in the Diabetes Flow Sheet as the depression screening tool. The tool should be used by asking the first two questions as the screening, and if results are positive, then the full questionnaire should be given.**
- 4. Continue to pursue opportunities that advance the development of a patient-centered medical home system in Iowa to redesign reimbursement so that providers are reimbursed for delivering quality services that are proven to keep people healthy, reduce errors, and help avoid unnecessary care, rather than be reimbursed by the volume of services they provide.**
- 5. Iowa should utilize an algorithm to identify individuals with high risk factors and who are "pre-diabetic" (those that are not formally diagnosed) to encourage lifestyle changes focusing on weight loss, nutrition, and exercise.**
- 6. Iowa's diabetes education program should follow the American Diabetes Association and the American Association of Diabetes Educators core content which includes the following 11 components:**
 1. Diabetes overview: includes content about the diabetes disease process, pathophysiology and treatment/management options.
 2. Stress and psychological adjustment: includes developing personal strategies to address psychological issues, healthy coping, and problem solving.
 3. Family involvement and social support: includes strategies for safety and risk reduction and creating healthy environments and social supports.
 4. Nutrition: includes incorporating nutritional management (healthy eating) into lifestyle.
 5. Exercise and activity: includes incorporating physical activity (being active) into lifestyle.
 6. Medications: includes using medications safely and for maximum therapeutic benefit.
 7. Monitoring and use of results: includes monitoring blood glucose and other health indicators or parameters and interpreting and using the results for self-management decision making.
 8. Reducing risks: includes prevention, detection, and treatment of acute complications and chronic complications as well as foot, skin and dental care.
 9. Behavior change strategies, goal setting, risk-factor reduction, and problem solving: includes personal goals and strategies to address risks and build positive habits.
 10. Preconception care, pregnancy, and gestational diabetes.
 11. Use of health care systems and community resources.
- 7. Iowa should utilize a team approach to providing diabetes health care to patients and their families by utilizing an interprofessional team including health coaches and care coordinators.**
- 8. Iowa should develop a website which contains Iowa specific diabetes documents and resources targeted toward both patients and providers.**
- 9. Iowa should pursue strategies to offer test strips and insulin to safety net patients through existing Iowa Prescription Drug Corporation programs.**
- 10. Create a societal commitment to health through implementing policies to remove barriers that prevent Iowans from leading healthy lives. Empower and expect Iowans to take personal responsibility for being as healthy as genetically possible and improving their own health, as well as the health of those around them.**