POLICY | PURPOSE STATEMENT:
The purpose of this policy is to establish guidelines for follow-up communication with referring Primary Care Provider regarding referred clients.

SCOPE:
This policy applies to and will be distributed to all employees of the Diabetes Education Center.

DEFINITIONS:

American Association of Diabetes Educators: An association that offers a simplified and streamlined application process that meets the highest quality reimbursement set forward by the Centers for Medicare & Medicaid Services.

American Diabetes Association (ADA): To promote quality education for people with diabetes ADA endorses the National Standard for Diabetes Self-Management Education and Support. If you are seeking reimbursement for diabetes education, it is appropriate to apply for ADA Recognition on your diabetes education program or service.

Diabetes Self-Management Education: The ongoing process of facilitation the knowledge, skill and ability necessary for diabetes self-care.

Electronic Medical Record (EMR): An EMR is a digital version of the traditional paper-based medical record for an individual.

Medical Nutrition Therapy: A therapeutic approach to treating medical condition and their associated symptoms via the use of a specifically tailored diet devised and monitored by a medical doctor, registered dietitian nutritionist, or professional nutritionist.

PROCEDURE:
1. Follow up communication with primary care providers who refer clients over for Diabetes Self-Management Education is required by the American Diabetes Association and American Association of Diabetes Educators Accreditation Programs.
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2. The communication from the Diabetes Education Center to the primary care providers will consist of varying letters to inform them of the progress of their patients.

3. As much as possible these letters will be created within the Electronic Medical Record to

4. Diabetes Educators will follow the procedure outlined below in regards to follow up communication letters:

   a. Inactivation for cause letters: A letter sent to inform the primary care provider that client will not be enrolling in Diabetes Self-Management Education at the Diabetes Education Center.

      i. Will be sent under the following circumstances:

         1. The Diabetes Education Center was unable to contact the client and schedule the Diabetes Self-Management Education. See Attachment A
         2. The client was contacted and refused Diabetes Self-Management Education. See Attachment B

      ii. Inactivation for cause letters are sent for clients who were referred and not scheduled. Therefore, a record has not been opened for them. In this instance a hard copy of this letter will be kept for one year to ensure that proper follow up communication is occurring.

   b. Inactivation Letters for missed appointments:

      i. Will be sent under the following circumstances:

         1. The client began Diabetes Self-Management Education but stopped participating at some point.
         2. The Diabetes Education Center has tried to contact client and schedule the Education that is remaining and has received no response.

      ii. The client will have a record therefore; this letter will become a permanent part of the record. See Attachment C

   c. Initial appointment

      i. Will be sent under the following circumstances:

         1. The client has completed the first appointment and has agreed to participate in Diabetes Self-Management Education.
         2. This letter will include the date seen, anthropometric information, statement that continuing communication will be sent to apprise primary care provider of client progress, recommendation for any referrals needed by the client at that time such as ophthalmology, podiatry, etc., and thank you statement for the referral to the Diabetes Education Center.

      ii. The client will have a chart in Electronic Medical Record therefore; this letter will become a permanent part of the chart in Electronic Medical Record. See Attachment D

   d. Diabetes Self-Management Education letter
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i. Will be sent under the following circumstances:
   1. The client has completed the initial assessment and all the Diabetes Self-Management Education.
   2. The letter will include the number of hours of Diabetes Self-Management Education, topics covered in training, statement that continuing communication will be sent to apprise primary care provider of client progress, and thank you statement for the referral to the Diabetes Education Center.

ii. The client will have a chart in Electronic Medical Record therefore; this letter will become a permanent part of the chart in Electronic Medical Record. See Attachment E

e. Medical Nutrition Therapy letter

i. Will be sent under the following circumstances:
   1. The client has completed at least the initial appointment and depending on client need Diabetes Self-Management Education.
   2. The letter will include the date seen, the number of hours of Medical Nutrition Therapy, topics covered, individualized meal plan selected, statement that continuing communication will be sent to apprise primary care provider of client progress, and thank you statement for the referral to the Diabetes Education Center.

ii. The client will have a chart in Electronic Medical Record therefore; this letter will become a permanent part of the chart in Electronic Medical Record. See Attachment F

f. One month follow up letter

i. Will be sent under the following circumstances:
   1. The client has completed at least an initial appointment and has had one or more of the following:
      a. Diabetes Self-Management Education
      b. Medical Nutrition Therapy
   2. The letter will include self-reported self-monitored blood glucose readings, self-report of daily foot exams being conducted, educational topic covered, statement that continuing communication will be sent to apprise the primary care provider of client progress, and thank you statement for the referral to the Diabetes Education Center.

ii. The client will have a chart in Electronic Medical Record therefore; this letter will become a permanent part of the chart in Electronic Medical Record. See Attachment G

g. Three month follow up letter

i. Will be sent under the following circumstances:
   1. The client has completed at least an initial appointment and has had one or more of the following:
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a. Diabetes Self-Management Education
b. Medical Nutrition Therapy
c. One month follow up

2. The letter will include self-reported self-monitored blood glucose readings, self-report of daily foot exams being conducted, educational topic covered, statement that continuing communication will be sent to apprise the primary care provider of client progress, and thank you statement for the referral to the Diabetes Education Center.

ii. The client will have a chart in Electronic Medical Record therefore; this letter will become a permanent part of the chart in Electronic Medical Record. See Attachment H

h. Six months follow up letter
   i. Will be sent under the following circumstances:
      1. The client has completed at least an initial appointment and has had one or more of the following:
         a. Diabetes Self-Management Education
         b. Medical Nutrition Therapy
         c. One month follow up
         d. Three months follow up
      2. The letter will include self-reported self-monitored blood glucose readings, self-report of daily foot exams being conducted, educational topic covered, statement that continuing communication will be sent to apprise the primary care provider of client progress, and thank you statement for the referral to the Diabetes Education Center.
      3. This letter will also include a finalization statement to inform primary care provider that all Diabetes Self-Management Education, Medical Nutrition Therapy, and follow up appointments have been completed and the client will not be returning to the Diabetes Education Center unless referred to the center again.
   ii. The client will have a chart in Electronic Medical Record therefore; this letter will become a permanent part of the chart in Electronic Medical Record. See Attachment I

RESPONSIBILITIES | REVIEW | REVISIONS:
It is the responsibility of the Policy & Procedures Committee to review and initiate necessary revisions based on collaboration and input by Policy and Procedure committee and through Administrative management of this policy, including the review and revisions will be the responsibility of the department administrator
RIGHT TO CHANGE POLICY:
TTUHSC SON Combest reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect the changes in policy and/or law.

ATTACHMENTS:
- **Attachment A**: Provider letter-unable to contact client
- **Attachment B**: Provider letter-client refused education
- **Attachment C**: Provider letter-client began education classes but did not complete
- **Attachment D**: Provider letter-client has completed initial class
- **Attachment E**: Provider letter-client has completed diabetes self-management
- **Attachment F**: Provider letter-client has completed medical nutrition therapy
- **Attachment G**: Provider letter-client has completed one month follow up
- **Attachment H**: Provider letter-client has completed a three month follow up
- **Attachment I**: Provider letter-client has completed entire program