

	New Diabetic/Low-Moderate Risk	High Risk	Poor Control / Critical	New Insulin
Definition	Newly diagnosed Diabetic	A1c ≥ 9 and ≤ 12	A1c > 12	
Care Manager Role	Care Manager Must See regardless of A1c	Provider sees pt and orders F/U with Care Manager in 2 weeks.	Provider sees immediately and introduces to CM while in clinic	Care Manager sees pt same day after provider Rx's Insulin
Other Team Members		Send reminder letters and calls	Send reminder letters and calls	
	MA - Provide Chronic Care Package			
Intervention	Implement the 5 A's Cycle: Assess, Advise, Agree, Assist, Arrange	Assess, Advise, Agree, Assist, Arrange;	Implement the 5 A's Cycle: Assess, Advise, Agree, Assist, Arrange	Instructs/ assess pt capability of self injecting insulin.
	Assess the patient's knowledge of the disease, gauge readiness to change and confidence		The CM assesses barriers and what limits the pt. in progressing to goal;	Educates pt on different types on Insulin
	Advise regarding health risks and benefits of change	Advise regarding health risks and benefits of change	Advise regarding health risks and benefits of change	Educates and assists pt with insulin titration. Importance of glucose monitoring in this process.
Pt Education - CM's will use Novo Nordisk Booklets available in English and Spanish. Titles available are - 1. Diabetes and You. 2. Diabetes Medicines 3. Carb Counting and Meal Planning 4. Your Guide to Better Office Visits 5. Your Blood Sugar Diary	Where applicable, review: Disease Process, BS Control, Lifestyle Change, Diet, Exercise, Self-Monitoring, Hypoglycemia, Medication Management, Foot Care, Eye Care, Relationship of Food and BS Levels		Provide education as needed, problem-solve with patient; assess medication management program;	
Frequency of Contacts	Every 2 weeks after initial diagnosis up to total of 6 weeks	Follow up monthly x 4 months - reassess readiness for change and CM Services	Follow up monthly x 4 months - reassess readiness for change and CM Services	Follow up weekly x 2 weeks then every 2 weeks until stable dose.
<i>Initial Touch</i>	At the time of the visit, before the patient leaves the clinic	Up to 2 weeks after the visit with the provider; the provider orders F/U with RN CM in 2 weeks; the contact may take place within the two weeks; this can be a call or face to face.	Before the patient leaves the clinic and the CM schedules a follow up appt in two weeks	
<i>2nd Touch</i>	2 weeks after initial visit - the patient may call or make an appointment with the Care Manager	1 month after initial touch (4 weeks)	2 weeks after the initial touch; CM schedules a follow up face to face appointment.	
<i>3rd Touch</i>	4 weeks after initial touch	1 month after 2nd touch	2 weeks after 2nd touch	
Patient is managing well	Evaluate the level of need for follow up with the CM, remind the patient to follow up with provider as scheduled; call Care Manager if needed before then.			
Patient not managing well	Assess and problem solve with patient re: medication management; diet, lifestyle changes			
<i>4th Touch</i>	6 weeks after initial touch. Patient has a follow up with their provider and sees the Care Manager for brief check in and assistance to patients on challenging areas.	1 month after 3rd touch	1 month after 3rd touch	
<i>5th touch</i>		1 month after 4th touch; evaluate need for Care Management	1 month after 4th touch	
Documentation	CM Path/Lab	CM Path/Lab	CM Path/Lab	