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Evidence2Practice – Diabetes Tool v. 1.0.0 - User Guide

Introduction

EMR tools from the Evidence2Practice Ontario (E2P) program are comprised of condition-specific modules (scalable to multiple conditions) based on the core clinical functions of quality standards developed to make it easier for clinicians to access and apply best practice information and quality standards at the point of care.

The E2P diabetes tool engages a modular approach format to assist primary care providers with capturing critical information during an encounter. The tool is divided into a few modules: Clinical Assessment, Medication, Management, and Patient Care Plan and Resources. This guide provides a walk-through of the tool's modules with examples, highlighting the most important functionalities.

Background/Summary

In 2019, an estimated 4.4 million Ontarians were living with prediabetes and diabetes (type 1 diabetes, diagnosed and undiagnosed type 2 diabetes, and prediabetes combined). Roughly 90% of all cases of diabetes are type 2 diabetes.

The factors that increase the risk of type 2 diabetes are multifaceted and can be social as well as genetic/biological. Certain populations experience higher rates of type 2 diabetes, such as those with low income, people of African, Arab, South Asian, or Hispanic descent, and Indigenous populations. (Ontario Health**,** – Care for People of All Ages, 2023).

Purpose of the Tool

The objective was to create an EMR-integrated tool that supports clinicians in the screening and management of diabetes and prediabetes. The E2P diabetes tool for Accuro QHR supports a more comprehensive picture of the clinical assessment, pharmacologic and non-pharmacologic treatment goals, shared decision-making, self-management, and ongoing monitoring by the clinician, thereby ensuring that a comprehensive plan for the patient is created where appropriate.

Using the E2P Diabetes Tool in Accuro QHR

Navigating to the modules within the tool:

To go to the different modules, use the left and right page arrows.

- Page 1 – Assessment
- Page 2 – Inlow's 60-second Diabetic Foot Screen (Step 1)
- Page 3 – Inlow's 60-second Diabetic Foot Screen (Step 2 & 3)
- Page 4 – Management and Medication
- Page 5 – Patient Resources
- Page 6 – Patient Care Plan
- Page 7 – Patient Care Plan (Palliative approach to care)

Pull from previous:

After the tool has been completed in a prior visit, clicking the **copy from prior** button will pull all data for each section in the form.

Features:

- 8 out of 9 quality statements for people with Type 2 Diabetes or Prediabetes are addressed
- Increased decision support within the tool
- Inlow's 60-second Diabetic Foot Screen embedded directly into the tool
- View/update metrics for Inlow's foot exam, PHQ-9, and GAD-7
- Direct link to the PAID questionnaire

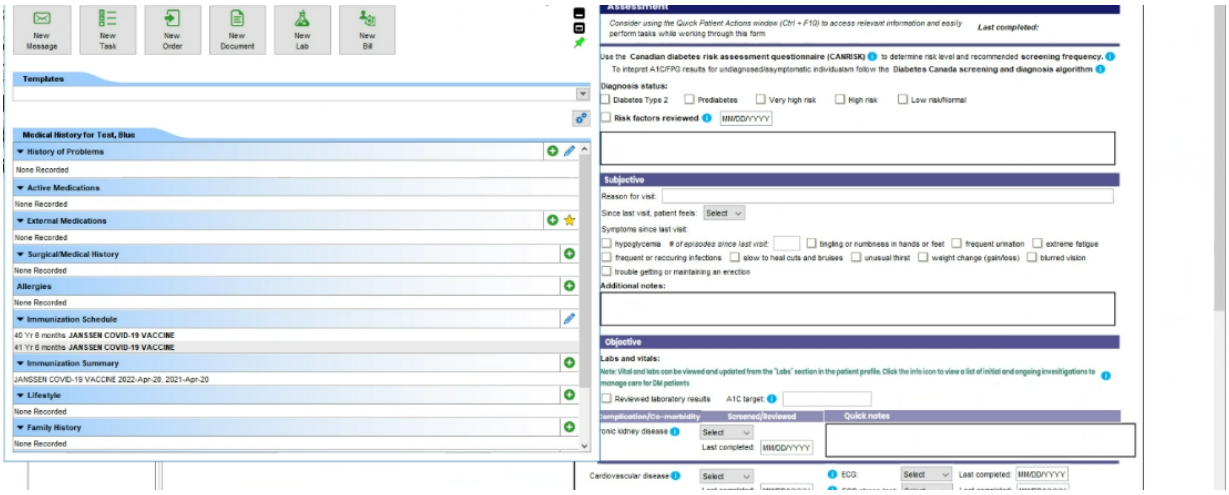
Getting Started with the Diabetes Tool

The tool was designed to include decision-support throughout the tool and has implemented tooltips to also help inform quality standard information.

Blue “i” icons – indicate decision-support text pop-ups.

***Keyboard - Tip to support efficient workflow ***

Accuro has shortcut keys (**ctrl + F10**) for "quick patient actions” that can help clinicians access their EMR bands that they would be normally using for prescribing meds, documenting problems, booking appts, etc.) while also keeping the E2P Diabetes tool open.



*Not all users prefer having two views like this but it's an option to leverage if desired.

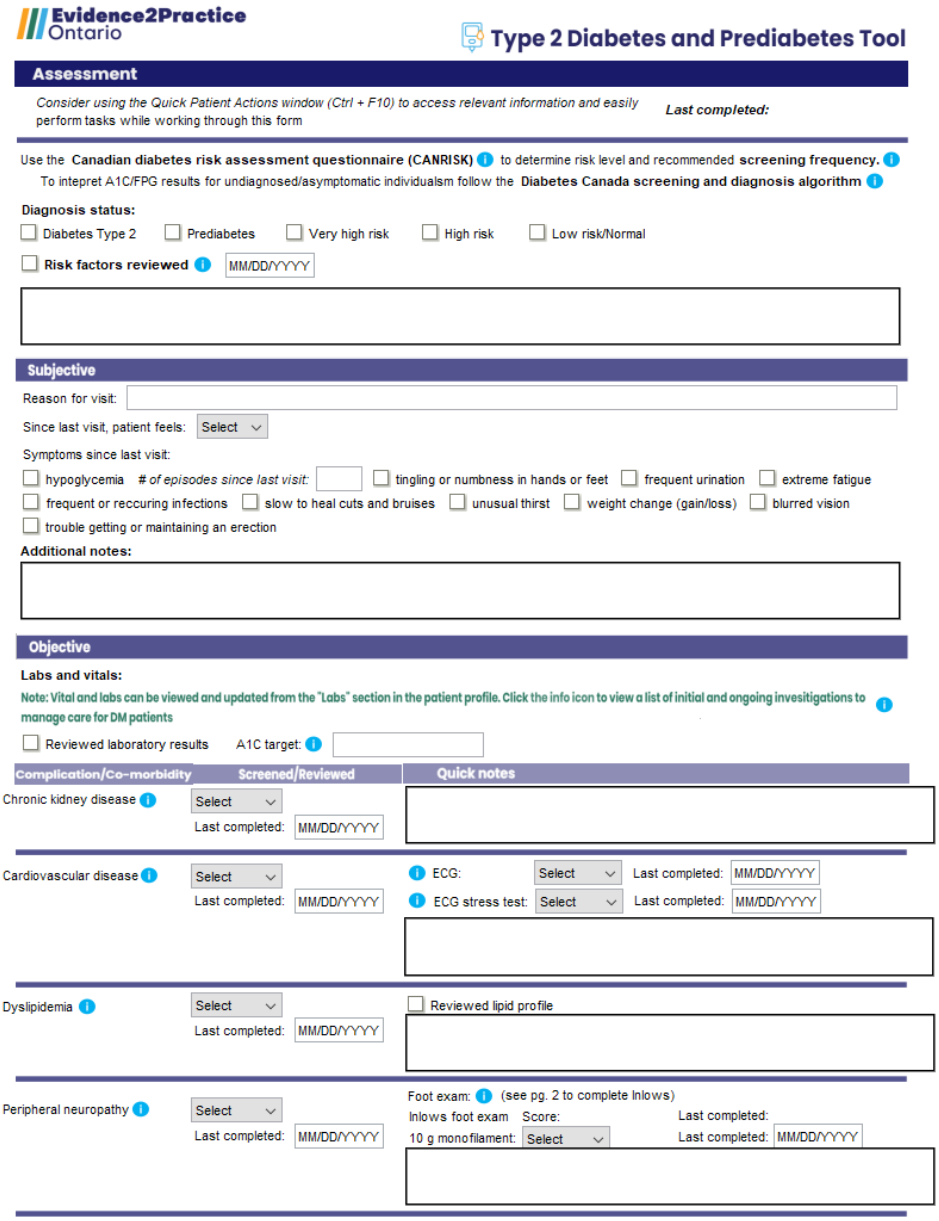
Launching Clinical Modules

The components related to the provision of type 2 diabetic and prediabetic care have been broken into modules, allowing for flexibility. Users are not expected to complete every module at every visit but rather, users can complete the modules that were discussed/required updating during the patient encounter.

Assessment Module

In the assessment module, clinicians have access to the Canadian diabetes risk assessment questionnaire CANRISK) and determine risk level and screening frequency. Clinicians can also update the diagnosis status and the date risk factors were reviewed.

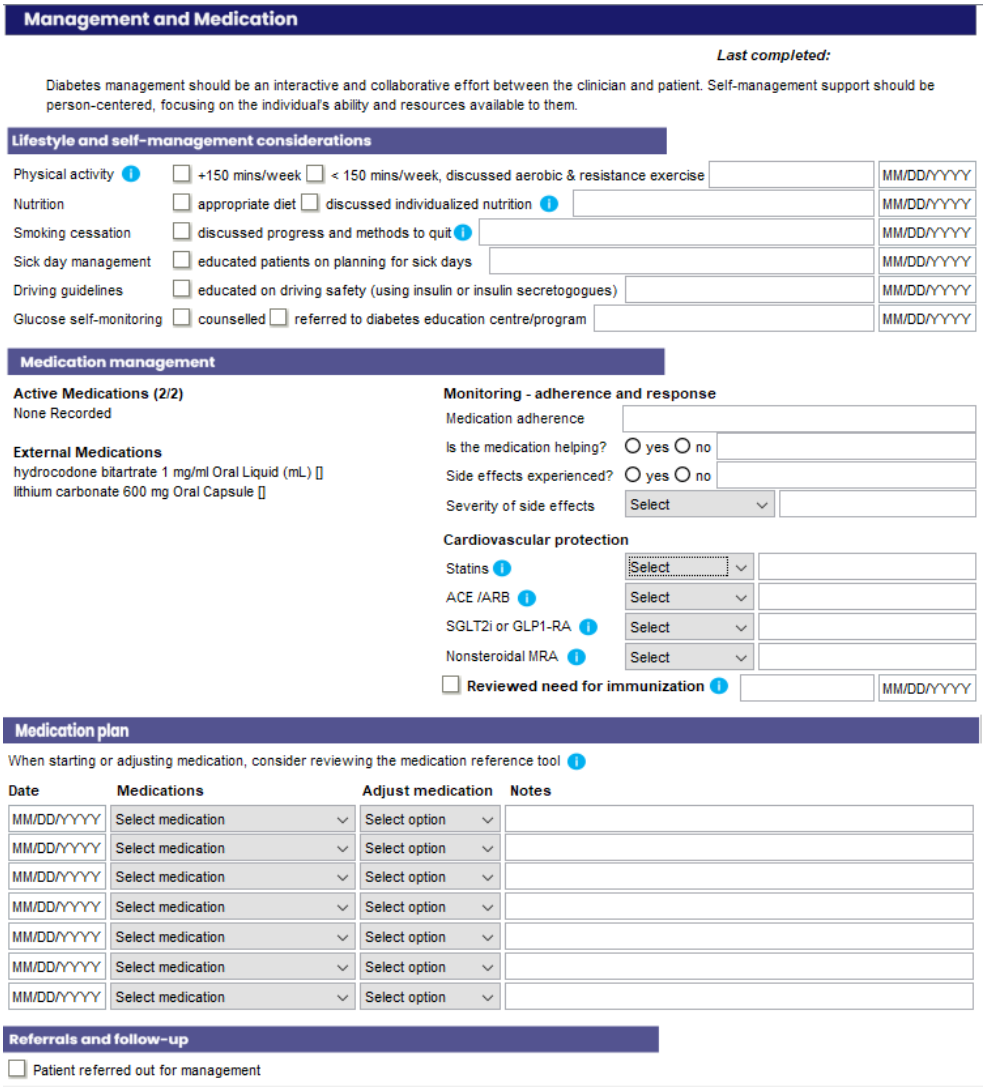
The subjective section allows for the documentation of symptoms since the last visit, for example, if the patient has experienced hypoglycemia and how many episodes. The objective section contains areas to document information related to labs and vitals, as well as complications and co-morbidity monitoring.



Management and Medication Module

The management section identifies lifestyle and self-management changes that can be taken into consideration regarding the management of diabetes. The medication section will generate a list of the active and external medications in the patient's chart and allows clinicians to document information related to monitoring, adherence, and response. There is an area for cardiovascular protection to record whether the patient has been prescribed Statins, ACE/ARB, SGLT2i, etc.

A key feature in this module is the medication reference tool that was created to provide information regarding non-insulin therapy, insulin therapy, and combination products and details including insurance coverage, dosage recommendations, costs, and much more.



Management and Medication

Last completed:

Diabetes management should be an interactive and collaborative effort between the clinician and patient. Self-management support should be person-centered, focusing on the individual's ability and resources available to them.

Lifestyle and self-management considerations

Physical activity	☐ +150 mins/week ☐ < 150 mins/week, discussed aerobic & resistance exercise	MM/DD/YYYY
Nutrition	☐ appropriate diet ☐ discussed individualized nutrition	MM/DD/YYYY
Smoking cessation	☐ discussed progress and methods to quit	MM/DD/YYYY
Sick day management	☐ educated patients on planning for sick days	MM/DD/YYYY
Driving guidelines	☐ educated on driving safety (using insulin or insulin secretogogues)	MM/DD/YYYY
Glucose self-monitoring	☐ counselled ☐ referred to diabetes education centre/program	MM/DD/YYYY

Medication management

Active Medications (2/2)
None Recorded

External Medications
hydrocodone bitartrate 1 mg/ml Oral Liquid (mL) []
lithium carbonate 600 mg Oral Capsule []

Monitoring - adherence and response

Medication adherence
Is the medication helping? ○ yes ○ no
Side effects experienced? ○ yes ○ no
Severity of side effects: Select

Cardiovascular protection

Statins: Select
ACE /ARB: Select
SGLT2i or GLP1-RA: Select
Nonsteroidal MRA: Select
☐ Reviewed need for immunization MM/DD/YYYY

Medication plan

When starting or adjusting medication, consider reviewing the medication reference tool

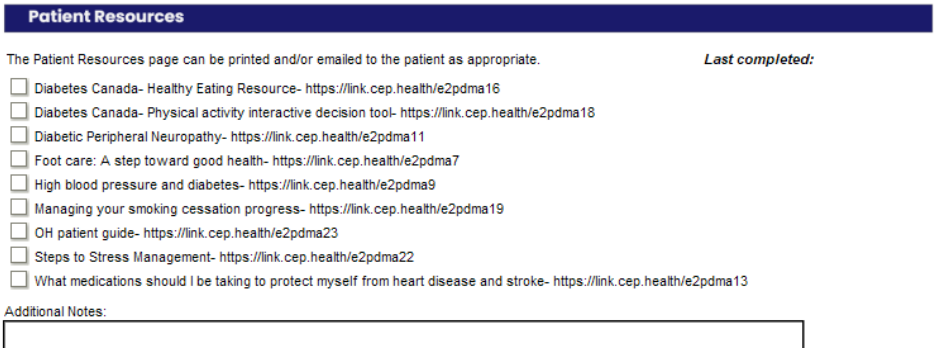
Date	Medications	Adjust medication	Notes
MM/DD/YYYY	Select medication	Select option	
MM/DD/YYYY	Select medication	Select option	
MM/DD/YYYY	Select medication	Select option	
MM/DD/YYYY	Select medication	Select option	
MM/DD/YYYY	Select medication	Select option	
MM/DD/YYYY	Select medication	Select option	
MM/DD/YYYY	Select medication	Select option	

Referrals and follow-up

☐ Patient referred out for management

Patient Resources Module

The patient resources module contains a list of curated resources that can be printed directly or emailed to the patient as appropriate.



Patient Resources

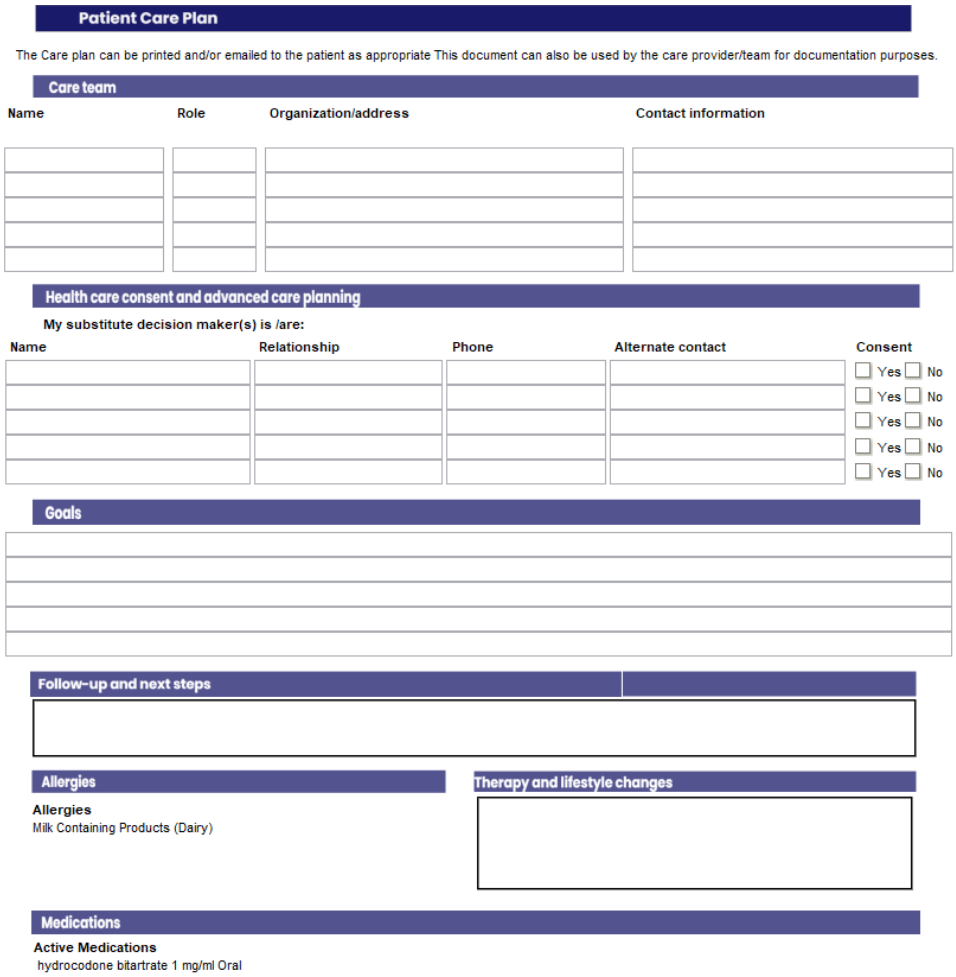
The Patient Resources page can be printed and/or emailed to the patient as appropriate. ***Last completed:***

- ☐ Diabetes Canada- Healthy Eating Resource- https://link.cep.health/e2pdma16
- ☐ Diabetes Canada- Physical activity interactive decision tool- https://link.cep.health/e2pdma18
- ☐ Diabetic Peripheral Neuropathy- https://link.cep.health/e2pdma11
- ☐ Foot care: A step toward good health- https://link.cep.health/e2pdma7
- ☐ High blood pressure and diabetes- https://link.cep.health/e2pdma9
- ☐ Managing your smoking cessation progress- https://link.cep.health/e2pdma19
- ☐ OH patient guide- https://link.cep.health/e2pdma23
- ☐ Steps to Stress Management- https://link.cep.health/e2pdma22
- ☐ What medications should I be taking to protect myself from heart disease and stroke- https://link.cep.health/e2pdma13

Additional Notes:

Patient Care Plan Module

The patient care plan module is a patient-facing resource that can be printed and/or emailed to the patient or used for documentation by the clinician/care team.



Patient Care Plan

The Care plan can be printed and/or emailed to the patient as appropriate This document can also be used by the care provider/team for documentation purposes.

Care team

Name	Role	Organization/address	Contact information

Health care consent and advanced care planning

My substitute decision maker(s) is /are:

Name	Relationship	Phone	Alternate contact	Consent
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Goals

Follow-up and next steps

Allergies

Allergies
Milk Containing Products (Dairy)

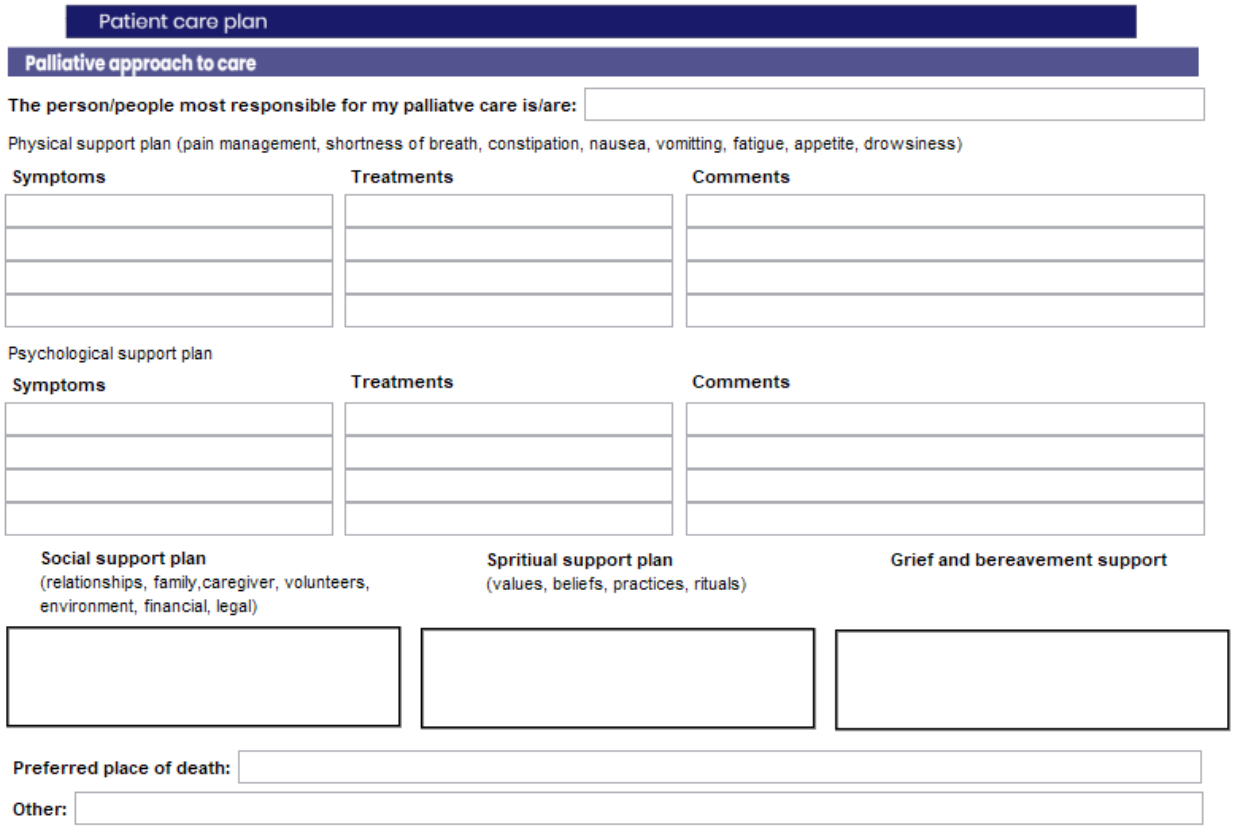
Therapy and lifestyle changes

Medications

Active Medications
hydrocodone bitartrate 1 mg/ml Oral

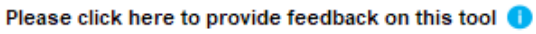
Patient Care Plan Module (Palliative Section)

The palliative section of the patient care plan module is available for patients who are close to or at the end-of-life stage. This section enables clinicians to document the most responsible people for the patient's palliative care, symptoms and treatments, preferred place of death as well as the plans for social support, spiritual, and bereavement support for patients and their caregivers.

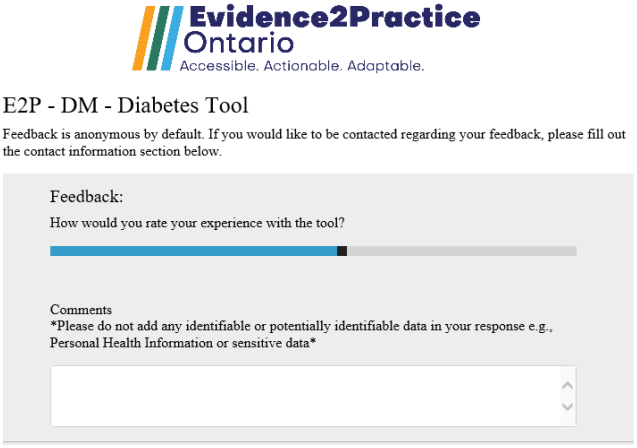


Feedback

A feedback link is included in this tool, allowing users to submit their thoughts and communicate any issues they've encountered or any areas they wish to see added to the tool. This section enables you to submit input anonymously or add your name and email address if you wish to be contacted.
The links can be found at the bottom of each page. It will look like this:



It will open a new window to the feedback form:



Contact

As part of the Evidence2Practice Ontario (E2P) program, Amplify Care (formerly the eHealth Centre of Excellence) is providing change management at no cost to support clinicians with the implementation and optimal use of E2P tools. If you have any questions, please reach out to EMRtools@amplifycare.com and we will be happy to help!

E2P brings together multi-disciplinary, cross-sector expertise under the joint leadership of the Centre for Effective Practice, Amplify Care, and North York General Hospital. Funding and strategic guidance for E2P is provided by Ontario Health in support of Ontario's Digital First for Health Strategy.

Appendix

Quality Standards for Diabetes

The components of the E2P diabetes tool address care for adults who have various types of diabetes, including the assessment and diagnosis of people who are suspected of having diabetes. It applies to community settings, including primary care, specialist care, home care, hospital outpatient clinics, and long-term care.

1. Screening for Risk Factors and Testing for Prediabetes and Type 2 Diabetes
    - Clinical assessment
2. Reducing the Risk of Type 2 Diabetes
    - Supplemental provider education/support
3. Identifying and Assessing Mental Health Needs
    - Ongoing monitoring
4. Healthy Behaviour Changes
5. Setting and Achieving Glycemic Targets
    - Clinical assessment
6. Access to a Collaborative Interprofessional Care Team
7. Promoting Self-Management Skills
    - Patient Care Plan
8. Screening for Complications and Risk Factors
    - Clinical assessment
9. Cardiovascular Protection