

Clinical Initiatives and Disease Management Guidelines

Care Guideline	Minimum Frequency	RESP
DIABETES E08,E09,E10,E11,E13		
WELLNESS	YEARLY	Reception
FOLLOW UP OFFICE VISIT	6 months(if HgbA1c>=7.0 Q3months)	Reception
Pneumonia Vaccine	See Recommendation in Women/Mens Health	Clinical
LABS		
HgA1C	6 months at least twice annually(if HgbA1c >=7.0 Q3 Months to Age <75)	LAB
Fasting Lipid panel-**stop standing orders at age 85	YEARLY (if LDL> 100 follow IVD guidelines)	REC(LAB)
BMP	Q3month	Reception
Micro albumin	YEARLY	Reception
Hepatitis B Vaccine / Titers	1. Administer the Hepatitis B Vaccine series to all unvaccinated patients with Diabetes ages 18-59 years old 2. For patients 60 years or older, assess their risk for developing Hepatitis B, considering their likelihood to respond to vaccinations, and if they are in a long term care facility (higher risk) 3. If unable to determine vaccination status: Patient born in 1980 or earlier, order titers, if born after 1980 consider titers.	PCP
STATIN MED	Statin therapy recommended for Age >40 with Diabetes more than 10 years. Use risk calculator to determine high dose vs moderated dose	PCP
EYE EXAM	YEARLY	Reception
REFERRALS		
DM Education/Nutrition	Initial Diagnosis, and If HgbA1c>8.0	PCP
IMPAIRED FASTING GLUCOSE/PRE-DIABETES All R73		
WELLNESS	YEARLY	Reception
LABS		
Fasting Glucose, HgbA1c	YEARLY	LAB
ISCHEMIC VASCULAR DISEASE I20-25,I70-72		
WELLNESS	YEARLY	Reception
FOLLOW UP OFFICE VISIT	6 months(if Low dose meds and LDL>100 Q3 months)	Reception
LABS- **stop standing orders at age 85		
Lipid panel- on high dose meds	YEARLY	REC(LAB)
Lipid panel- on low dose meds	YEARLY, if LDL>100 Q6months	REC(LAB)
Fasting Glucose	with all lipid panels	LAB
CONGESTIVE HEART FAILURE I11,I42,I43,I50		
WELLNESS	YEARLY	Reception
FOLLOW UP OFFICE VISIT	6 months (if BP >=130/80 q3months)	Rec/Prov
Ejection Fraction Measurement	Documented in Chart	Provider
Diuretic titration per protocol	See protocol	CM/ Nsg
LABS		
Basic Metabolic Panel	Q3 months	LAB
CMP	YEARLY (replaces one interval of BMP)	LAB
ANTICOAGULATION (includes NOAC patients)		
WELLNESS	YEARLY	Reception
FOLLOW UP OFFICE VISIT	6 months	Reception
LABS		
Basic Metabolic Panel, CBC	YEARLY	LAB

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HYPERTENSION I10-I15		
WELLNESS	YEARLY	Reception
FOLLOW UP OFFICE VISIT	6 months (if BP >= 130/80 Q3 months)	Reception
EKG	At initial diagnosis visit	Provider
LABS		
Basic Metabolic Panel	Q3 months	LAB
Lipid panel**stop standing orders at age 85	YEARLY	LAB
HYPERLIPIDEMIA All E78		
WELLNESS OR FOLLOW UP	YEARLY	Reception
LABS- **stop standing orders at age 85		
Lipid Panel	YEARLY	Reception
Fasting Glucose	YEARLY	LAB
TOBACCO DEPENDENCE Z72.0,Z87.891		
WELLNESS	YEARLY	Reception
Tobacco use screening	at every visit	Clinical
Cessation counseling (if + screen for use)	at every visit	Provider
Pneumonia Vaccine	See Recommendation in Women/Mens Health	Provider
COPD screening	YEARLY	Clinical
LDCT referral	YEARLY (age 50-80 with 20-pack yr smoking hx)	Provider
ASTHMA J45.3,J45.4,J45.5		
WELLNESS	YEARLY	Reception
FOLLOW UP OFFICE VISIT	6 months	Reception
Pneumonia Vaccine	See Recommendation in Woman/Mens Health	Provider
O2 SATS	at every visit	Clinical
Asthma Control Test (ACT)	Every Asthma Visit	Clinical
COPD J41,J43,J42,J44		
WELLNESS	YEARLY	Reception
FOLLOW UP OFFICE VISIT	6 months	Reception
Pulmonary Function Test	At diagnosis	Provider
Pneumonia Vaccine	See Recommendation in Woman/Mens Health	Provider
O2 SATS	at every visit	Clinical
Smoking Cessation (if tobacco user)	at every visit	Provider
HYPOTHYROIDISM E03.9		
WELLNESS	YEARLY	Reception
TSH	YEARLY	LAB
THERAPEUTIC DRUG LEVELS		
WELLNESS	YEARLY	Reception
FOLLOW UP OFFICE VISIT	6 months	Reception
Therapeutic Drug Lithium, Digoxin, Phenobarbital, Valproic, Depkote, anti-seizure medications, Theophyllin	6 months (Lithium Q3months)	
BMP, TSH	6 months	LAB
CSRP		
WELLNESS	YEARLY	Reception
FOLLOW UP OFFICE VISIT AND LABS	Opiates Q3 months/Stimulants Q6 months	Reception
UDS (Opiates)	2X/Year	Clinical
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WELLNESS	Annual to age 25, then Every 2 years Ages 26-65; Then annual >64.	Reception
HIV Screening (Z.202)	Screen once in lifetime, or anyone at high risk Positive Screen Consider Prep	Provider
Syphilis Screening (Z.202)	Anyone at high risk	Provider
Hepatitis C screening (Z11.59) (Z.202)	screen once in lifetime age 18-79, or anyone at high risk	Lab
GC/Chlamydia Screening (Z.202)	Annually all women age 15-24	Clinical
Cervical Cancer Screening	Begin Screening at age 21. Age 21-30 Q3YEARS. Age 30-65 PAP and HPV co testing Q5yrs. If high risk follow ASCCP guidelines	Clinical
Breast Cancer Screening	Q 2 YEARS age 40 to 75. Annual for high risk women.	Reception
Colorectal Cancer Screening	Age 45-75 Colonoscopy Q10 years or 1 FOBT YEARLY	Provider
Baseline Bone Density Screening	Age 65, earlier if risk factors present	Reception
F/U Bone Density Screening	Based on recommendation from previous screening	Reception
EYE EXAM	EVERY 2 YEARS	Reception
Lipid screening	starting at age 40 with risk assessment (family history, lifestyle, and risk calculator such as AHA 10 yr risk estimate) and at least every 5 yrs	Provider
HPV Vaccine	Immunize up to age 18; Refer to pharmacy for ages 18-45	Clinical Pharmacy
Pneumonia Vaccine	PCV15 or PCV20 for all adults 65 yrs or older who have never received pneumoccal conjugate vaccine or whose vaccination history is unknown. PCV15 or PCV20 for adults Age 19-64 with certain chronic conditions. Should be administered at least one year from previous PPSV23 dose. If PCV15 is used, this should be followed by one dose of PPSV23 one year later if they have never received it. The minimum interval is 8 weeks, and can be used in adults with immunocompromising condition, Cochlear implants or cerebrospinal fluid leak. If PCV20 is used a dose of PPSV23 is not indicated.	Pharmacy
Tdap Vaccine	Adacel (appropriate for age 19-64), or Boostrix (appropriate for age >= 10 y.o) One booster after age 19, Td q10 years.	Clinical
Shingrix	Start at age 50, series of 2 immunizations	Pharmacy
FLU SHOT	YEARLY	Clinical
Assigned Male at Birth Reproductive and Preventive Care		
WELLNESS	Annual to age 25, then Every 2 years Ages 26-66; Then annual >65.	Reception
Colorectal Cancer Screening	Age 45-75 Colonoscopy Q10 years or 1 FOBT YEARLY	Provider
AAA Screening	ONCE between Age 65-75 with smoking hx 100 or > cigarettes, or +Family HX	Provider
HIV Screening (Z.202)	Screen once in lifetime, or anyone at high risk Positive Screen Consider Prep	Provider
Syphilis Screening (Z.202)	Anyone at high risk	Provider
Hepatitis C screening (Z11.59) (Z.202)	screen once in lifetime age 18-79, or anyone at high risk	Lab
GC/Chlamydia Screening (Z.202)	Annual, anyone who has male to male sex	Provider
GC/Chlamydia Screening Anal/Pharyngeal	Annual, anyone with high risk activities	Provider
Anal Pap Smear	At first HIV Diagnosis	Provider
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(AMAB Care Continued)		
EYE EXAM	EVERY 2 YEARS	Reception
Shingrix	Start at age 50, series of 2 immunizations	Pharmacy

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Tdap Vaccine	Adacel (appropriate for age 19-64), or Boostrix (appropriate for age >= 10 y.o) One booster after age 19, Td q10 years.	Clinical
Children's Health		
WELLNESS and Postpartum screen (for Mom)	Age 2weeks	Reception
	Age 4weeks	Reception
	Age 2 months	Reception
WELLNESS	Age 4 months	Reception
	Age 6 months	Reception
	Age 9 months	Reception
	Age 12 months	Reception
	Age 15 months	Reception
	Age 18 months	Reception
	Age 24 months	Reception
BEHAVIORAL HEALTH SCREENING	AGE 3-25 YEARLY	Reception
EYE EXAM	EVERY PHYSICAL VISIT	Clinical
FLU SHOT	AGE 5-25 YEARLY	Reception
LIPID SCREENING	YEARLY	Clinical
	Consider screening for high risk children	Provider
I agree to these guidelines and any Radiology/Lab standing orders as a result of these guidelines		
I will renew Lab/Radiology standing orders for patients who meet these guidelines annually		
Signature _____		Date _____
Printed Name of Provider: _____		