

# Department of Vermont Health Access

## Agency of Human Services

### Diabetes Clinical Practice Guidelines

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Last modified 08/31/15

The Department of Vermont Health Access (DVHA) fully endorses the *American Diabetes Association's Clinical Practice Recommendations* as guidelines for Vermont's providers.

❖ American Diabetes Association *Standards of Medical Care in Diabetes-2015*

[http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/Documents/January%20Supplement%20Combined\\_Final.pdf](http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/Documents/January%20Supplement%20Combined_Final.pdf)

❖ American Diabetes Association *Standards of Medical Care in Diabetes-2015: Summary of Revisions*

[http://care.diabetesjournals.org/content/38/Supplement\\_1/S4.full](http://care.diabetesjournals.org/content/38/Supplement_1/S4.full)

❖ DVHA Diabetes Practice Guidelines – Introduction and Acknowledgements

## DIABETES PRACTICE GUIDELINES

### INTRODUCTION AND ACKNOWLEDGEMENTS

#### INTRODUTCION

#### Clinical Practice Guidelines – General Information

The Department of Vermont Health access (DVHA), in accordance with federal regulations, adopted evidence-based clinical practice guidelines for providers using the following process:

- Guidelines developed and finalized under the direction of DVHA's Managed Care Medical Committee (MCMC)
- Guidelines draw upon external national sources for evidence-based standards and documented consensus among healthcare professionals
- Guidelines reviewed and adopted in consultation with relevant professional health care experts
- Guidelines reviewed and updated no less frequently than every two years

Guidelines are not intended as requirements for practitioners and should not be considered medical advice. They are educational, to assist in the delivery of good medical care, and are not intended to replace the role of clinical judgement by the provider in the management of any disease entity. **All treatment decisions are ultimately up to the provider.**

The New England Comparative Effectiveness Advisory Council (CEPAC), a core program of The Institute for Clinical and Economic Review (ICER), recommends regular human insulin (NPH) for use in those patients who do not have higher risks of significant hypoglycemia or who do not require two insulin shots per day.

<http://cepac.icer-review.org/wp-content/uploads/2014/08/Health-Insurer-Action-Guide-T2D-Final1.pdf>

## Diabetes Practice Guidelines

The *Blueprint for Health* Provider Advisory Group (PAG) served as the expert review panel for the Diabetes Guidelines. This group recommended that DVHA adopt the national ADA Clinical Practice Recommendations rather than develop its own guidelines. The reasons for this recommendation are that the ADA Clinical Practice Recommendations are well known, widely used and updated annually. The PAG also recommended that, for providers' convenience, DVHA provide a link from its website directly to the ADA Recommendations - [http://care.diabetesjournals.org/content/37/Supplement\\_1/S14.full](http://care.diabetesjournals.org/content/37/Supplement_1/S14.full). DVHA's MCMC accepted these standards and endorses the ADA Clinical Practice Recommendations without exception.

In addition, DVHA is providing links for our beneficiaries to resources available through the ADA and through the Vermont Department of Health.

❖ *American Diabetes Association:* <http://www.diabetes.org/>

- Diabetes Basics
- Living with Diabetes

❖ *Vermont Department of Health*

- Diabetes Prevention and Control Program: <http://healthvermont.gov/prevent/diabetes/diabetes.aspx>

## **ACKNOWLEDGEMENTS**

The DVHA Managed Care Medical Committee (MCMC) wishes to thank the following individuals for reviewing and providing recommendations regarding the *Diabetes Clinical Practice Guidelines* adopted by DVHA:

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