Diabetes Care Agreement

The Endocrinology Group

Welcome to The Endocrinology Group! We're glad you have us to partner with you in managing your Diabetes. As you may know, Diabetes is a complex and chronic condition that requires a comprehensive, team-based approach. We are committed to helping you achieve safe blood sugar control, prevent complications, and overall improve your metabolic health and quality of life.

We have seen time and time again that managing Diabetes works best when care is **collaborative and coordinated**. Aside from your endocrinology clinician (physician, physician associate (PA)**,** nurse practitioner (NP)), you may be recommended to see other "team members" such as:

- A **podiatrist** for regular foot exams
- An **eye doctor** (optometrist or ophthalmologist) for annual retinal screenings
- A **certified diabetes educatory and/or dietician**

Keeping in line with the American Diabetes Association (ADA) standards of care, routine diabetes follow-up visits should occur every 3-6 months if Alc is controlled, and more frequent visits are advised for those with recent treatment changes, not meeting blood sugar goals, or experiencing frequent/severe/new hypo or hyperglycemia. Given our schedule limitations, this may mean you may see an endocrinology clinician other than your usual clinician if more frequent follow up visits are needed.

Our clinic supports **continuous glucose monitors (CGMs)** and **insulin pumps** for both type 1 and type *2* diabetes, as well as traditional glucometers. In order to best inform your care, patients with diabetes are expected to bring some form of blood sugar data with them to each visit, unless otherwise advised. Incomplete data may limit safe medication adjustments and may require additional follow up appointments.

New patients with insulin pumps are encouraged to arrive at their appointments with ample time to sync their pump data to ensure we get the most out of our initial visit.

Weight and Lifestyle Management:
While weight management is an important part of diabetes care, our clinic is not a dedicated weight loss center. We encourage collaboration with registered dieticians, certified diabetes educators, and bariatric specialists when appropriate. All weight specific visits outside of direct diabetes control should be separate visits as these visits will involve dedicated discussions of lifestyle and activity dedicated towards maintaining caloric deficits and life skills.

Multiple Endocrine Conditions:
To ensure thorough and safe care, we may recommend that visits for different conditions be scheduled separately. For example: visit 1- diabetes, blood pressure, lipids; visit 2 - thyroid disease or osteoporosis etc. This structure helps avoid rushed or overlapping medication changes and ensures each issue gets the attention it deserves.

Appropriate Follow Up:
To ensure continuous and appropriate care, we recommend that patients follow up regularly in the clinic as scheduled. If unable to make the appointment, please cancel as far out as possible to avoid late fees. We also ask that because of scheduling constraints, that you be willing to schedule a first visit with another clinician if your regular clinician is not available for over 4 weeks from your initial visit.

Continuity and Re-Establishment Policies:
Because diabetes is not a static disease and because we value sincere modifications both in lifestyle and medication if you have not been seen in over 1.5 years we will require a 40-minute re-establishment appointment to allow us to update your history and plan a safe trajectory to help you with your diabetes journey.

Patient Responsibilities:
To help us care for you effectively we ask that you:

- Upload or bring your glucose data to visits
- Complete recommended screenings (eye, foot, labs, vaccinations)
- Notify your clinician of recent blood work, hospitalizations, medication changes, or major health events

- ❖ Understand that insulin or other medication changes cannot be made safely over the patient portal and these requests require dedicated visits unless otherwise specified.
- ❖ Please try to keep track of when you're close to running out of medications and informing us promptly to avoid virtual after hour visit charges.
- ❖ Please keep portal messages brief and directed.

Medical Assistant Intake Checklist:

Please gather the following information during rooming:

1. Foot exam - last completed, clinic/location (if not done please tell pt to remove shoes and leave a microfilament out on the table)
2. Eye exam - last completed, clinic/location (if pt is overdue, offer retinal screen in office)
3. Flu/Pneumonia/COVID vaccine - last received (if pt is due, pls offer in office)
4. Diabetes education - last session, clinic/location
5. Depression screening (PHQ2, if +-> inform clinician)
6. Other specialists involved in care (Nephrology, Cardiology etc)

Patient Name _____ **Date** _____

Patient Signature _____ _____

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Name and Relationship of Person Signing, if not Patient