

Title - Template Use and Meeting Standards of Care by the American Diabetes Association

Program of Study - Doctor of Osteopathic Medicine/ Internal Medicine Residency

Presentation type – PowerPoint and Print Poster

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Category - Applied

Background: The management of diabetes requires patient and provider engagement. The American Diabetic Association created standards of care for diabetic management. However, compliance to SOC varies among providers. Many providers at DRMC FM clinic use template for diabetic management.

Hypothesis: Template use results in better provider compliance in meeting ADA SOC.

Method: We created a template based on Table 3.1 on page S24 of the “Components of the Comprehensive Diabetes Medical Evaluation” from the 2016 Standards of Medical Care in Diabetes by the ADA. Residents at DRMC FM clinic granted permission for review of their charts of diabetic patients. Four residents who use templates were selected for chart review. We manually reviewed data from July -Oct 2015 from no template charts and from July-October 2016 from template charts. Residents were given a questionnaire to assess their thoughts about template use. Questions were asked about the importance of data points to include, barriers to template use, and awareness of SOC by ADA.

Results: Sixty-two no template charts were reviewed and 100 template charts.

Template format varied considerably. Adherence to SOC increased with template use (data points recorded: 539 with no template and 1335 with template, $p < 0.05$). Eleven of fourteen residents completed the questionnaire. Seventy-five percent of respondents used a template and indicated that diabetic education was the most important item to add to templates followed by skin exam and the least important item to add was Patient Health Questionnaire followed by Diabetes Distress Scale. All respondents believe template use helped in adherence to SOC. Time constraints were the biggest barrier to consistent template use.

Conclusion: Provider documentation increased significantly among template charts.

These were individualized based on provider preference. It appears that providers inconsistently use templates at DRMC FM clinic. The survey indicates this could be due to time constraints and attempting to manage multiple complaints in a single visit.

Adherence to SOC may be limited by provider awareness of SOC as indicated by the survey. The study suggests that template use helps provider meet SOC.