UW Medicine Type 2 Diabetes Care Pathway

**Diabetes Diagnostic Testing**

**MEASURE one of the following:**
1. Plasma glucose (venous)
   - Fasting ≥ 126 mg/dL
   - Or: Random ≥ 200 mg/dL
2. HbA1c (not covered by Medicare as first diagnostic test)

**Diabetes Risk Factors**
- BMI >35 kg/m², age <60 years
- Asian Americans BMI >25kg/m² or >23kg/m², age ≥45
- African American, Latino, Native American, Asian American, Pacific Islander race/ethnicity.
- History of gestational diabetes, PCOS, HTN, CVD, physical inactivity
- Family history of diabetes in first degree family member
- A1C rising despite lifestyle intervention

**Diabetes Management Goals**

- Glycemic goal: For most patients, target A1C~7%

Blood glucose targets should be individualized; Targets can be adjusted based on age, duration of diabetes, coexisting comorbidities, diabetes complications and hypoglycemia risk. At every visit, check for:
- Blood glucose targets – fasting glucose 80-120 mg/dL, OR <180 mg/dL 2 hrs after meal
- Blood Pressure: Goal <140/90mmHg
- Age ≥ 40 years - ensure statin therapy at appropriate intensity
- Monitor adherence to medication therapy and self management

**Diabetes Health Monitoring (Care Management)**
- Nutrition/Meal Planning
- Physical Activity-150+ min of exercise weekly
- Monitor blood glucose
- Medication – choices, actions, side effects
- Risk reduction – smoking cessation and foot care
- Strategies to promote health and behavior changes
- Address psychosocial issues
- Monitor for diabetes distress

**Diabetes Orders**

- **Yearly**
  - Lipids
  - Serum creatinine
  - Urine microalbumin/creatinine ratio
  - Foot exam
  - Retinal eye exam
  - Education, nutrition, and emotional needs (PHQ2)

- **Ongoing**
  - A1C every 3-6 months
  - Supply for testing strip and lancets

**Step Therapy for Medication Management (Titrate to clinically effective dose)**

1. **METFORMIN**
   - If not tolerated or if contraindicated, select from Step Therapy below

2. **STEP THERAPY**
   - Metformin plus Oral Agent, Non-Insulin Injectable, or Basal Insulin
   - Try first: SULFONYLUREA: Glipizide, Glimepiride
   - Others: THIAZOLIDINEDIONE: Pioglitazone
   - SGLT2 INHIBITORS: Canagliflozin, Dapagliflozin, Empagliflozin, Ertugliflozin
   - DDP4 INHIBITORS: Alogliptin, Linagliptin, Sitagliptin
   - GLP1 AGONISTS: Exenatide, Lixisenatide, Liraglutide, Dulaglutide, Semaglutide

3. **INSULIN THERAPY**
   - Follow up every 3 months

**Adult aged ≥ 18**

Begin testing based on Diabetes Risk Factors

**NORMAL**

- A1C ≤ 5.6%

If no response to Metformin therapy

**PRE-DIABETES**

- A1C 5.7 – 6.4%
  - (If fasting ≥ 126 mg/dL, or random ≥ 200 mg/dL)

Recommend Weight Loss: 5-7% of baseline body weight achieved by 150 min of exercise weekly, Referral to Diabetes Prevention Program, OR Visit with Registered Dietitian.

**DIABETES MELLITUS**

- A1C ≥ 6.5%
  - (If A1C>11% start insulin)
  - (If fasting ≥ 126 mg/dL, or random ≥ 200 mg/dL)

1. Refer to Diabetes Self Management Education – Diabetes Classes and/or Medical Nutrition Therapy
2. Refer to Care Management as available
3. Initiate Metformin, order blood glucose meter kit and strips.
4. Establish A1C and glucose targets/diabetes goals.
5. If A1C > 9%, consider step therapy in addition to Metformin

**INITIAL FOLLOW UP**

- Within 2-4 weeks from RN Care Manager/RN/CDE/Pharmacist/Provider; Provider for blood glucose review, medication adherence and side effects

**ONGOING FOLLOW UP**

- Every 3 months with A1C until at goal.
  - Stable A1C on oral agent(s) - follow every 3-6 months
  - Advance to next step if not at target within 3-6 months

**FOLLOW UP**

- Every 6 months with A1C

If High Risk, consider Metformin therapy

**FOLLOW UP**

Low Risk: Every 3 years
High Risk: Yearly

If no response to Metformin, ongoing weight loss, history of autoimmune disease, consider type 1 diabetes and refer to Endocrinology.