**Health Center Diabetes Action Plan**

**Summary of Strategies**

1. **Educational Strategies:**
2. Provide a diabetes education tool for RNs and MAs to use when providing education to patients. (This strategy expands the workforce that can provide education.)
3. Patients attending Project Dulce classes will have at least 2 HbA1cs within 12 months to evaluate effectiveness of the classes on disease management.
4. Enroll at least 10 patients with uncontrolled diabetes in an evidenced based 6-week class every six month.
5. Staff members from the QI team will complete training on data validation needs including mapping of external data (on-site HbA1c and aggregation). Data will be validated before and after training to track results.
6. Train front line staff and care managers to enhance ability to work at the top of their health education certification for disease management (including diabetes).
7. **Standing Orders:**
8. Adopt standing orders (medication and supplies) for RNs and MAs to use.
9. **Population Health Management:**
10. Identify patients without an HbA1c in medical record. Conduct Outreach through WELL app and encourage an HbA1c.
11. Identify patients with HbA1c >9 who report no physical activity on the Staying Healthy Assessment. Refer identified patients to a low-cost gym. Document physical activity at next visit.
12. Bring HbA1c over 9 or not done to <20%
13. Achieve retinal screening rate of 50% for all diabetic patients.
14. Identify cohort of patients with HbA1c >9. Review each patient to identify social determinants that are barriers to care. Prioritize patients for care management. Measure improvements over time for those receiving care management compared to those who are not.
15. **Other**
16. Expand Rapid Control program to two additional sites over the next year.
17. Increase the percentage of patients with uncontrolled diabetes who have a portal account. account.