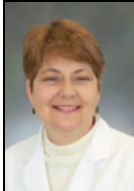





# Podcast Episode Fact Sheet

Podcast Series	<b>Diabetes Residency Education Series</b>
Episode Title	<b><i>Important Components of a Diabetic Visit</i></b>
Personnel	 <<Mary C. Spalding, MD  <<Oscar Noriega, MD
Episode Description	This episode addresses the purpose and elements of regular diabetes maintenance visits, as well as how to cover those elements in a time-efficient, yet patient-centered manner.
Learning Objectives <i>The listener should be able to:</i>	<ol style="list-style-type: none"> <li>1. Describe the purpose of regular Diabetes Maintenance Visits</li> <li>2. List the main elements to be covered in a Diabetes Maintenance Visit             <ul style="list-style-type: none"> <li>• Interval Medical History</li> <li>• ROS</li> <li>• Medication Review</li> <li>• Physical Exam</li> <li>• Lab Review</li> <li>• Target Review</li> <li>• New Plans (Limit to 4 targets)</li> </ul> </li> <li>3. Cover the elements in a time-efficient yet patient-centered manner             <ul style="list-style-type: none"> <li>• Principles of Patient Education</li> <li>• Chronic Disease Model</li> <li>• Disease Registry</li> <li>• EHR/Flow Sheet</li> <li>• Clinical Reminders</li> <li>• Group Visits</li> <li>• Regular Patient Recall</li> <li>• Point of Care Testing (A1c)</li> <li>• Know the resources of your practice's community</li> </ul> </li> </ol>
Content Outline	<ul style="list-style-type: none"> <li>• Intro: Overview of the episode</li> </ul>

	<ul style="list-style-type: none"> <li>• Question/Answer Session</li> <li>• Summary</li> </ul>
Podcast Pearl Topic	Level of service for diabetes/chronic disease maintenance visits
Personnel	Mary C. Spalding, MD
Major Points	It is easy to document up to the 99214 level of service for chronic care visits for diabetes, since the physician usually addresses HTN and Dyslipidemia during the same visit. The determination of the level of service delivered is most influenced by the medical decision making. 99214 visits require moderate complexity, which is easily met in the face of 2 or more chronic stable conditions or a worsening of one chronic condition.
Comments	Published to iTunes 5/25/06
References	<ul style="list-style-type: none"> <li>• The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement <i>Diabetes Spectrum</i> 17: 97-101, 2004.</li> <li>• McCulloch DK, Davis C, Austin BT, and Wagner EH. Constructing a bridge across the quality chasm: a practical way to get healthier, happier patients, providers, and health care delivery systems. <i>Diabetes Spectrum</i> 17:92-96, 2004.</li> <li>• American Diabetes Association. Standards of medical care in diabetes—2006. <i>Diabetes Care</i> 29: S4-42S, 2006.</li> <li>• Johnson EA, Webb WL, McDowall JM et al. A field-based approach to support improved diabetes care in rural states. <i>Prev Chronic Dis</i> [serial online] 2005 Oct [5-18-06]. Available from: URL: <a href="http://www.cdc.gov/pcd/issues/2005/oct/05_0012.htm">http://www.cdc.gov/pcd/issues/2005/oct/05_0012.htm</a>.</li> </ul>