



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6310.14
BUMED-M3
18 Sep 2012

BUMED INSTRUCTION 6310.14

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE DIABETES MELLITUS CARE AND MANAGEMENT POLICY

Ref: (a) DoD Instruction 6025.20 of Jan 5, 2006
(b) VA/DoD Diabetes Mellitus Clinical Practice Guidelines, 2010

Encl: (1) Sample Template for Annual Diabetes Program Report

1. Purpose. To provide guidance for the evaluation, care, and management of patients diagnosed with diabetes mellitus.
2. Cancellation. BUMED Memo of 17 Aug 2006 "NAVMED POLICY 06-011."
3. Scope. This instruction applies to Navy Medicine personnel at all medical treatment facilities (MTFs).
4. Background. Diabetes mellitus is one of the most prevalent chronic diseases among Navy beneficiaries. Diabetes is an insidious, progressive disease that if not controlled and managed, results in the development of significant complications and increased utilization of healthcare services. Uncontrolled glycemic levels, lipids, and blood pressure can result in micro-vascular complications such as nephropathy, retinopathy, and macro-vascular complications such as coronary artery disease, myocardial infarction, peripheral vascular disease, and stroke. Early recognition of persons at risk for diabetes in combination with effective management of patients diagnosed with diabetes mellitus will improve health care outcomes and reduce health care expenditures.
5. Policy. Navy Medicine personnel will adhere to references (a) and (b) when caring for patients with diabetes mellitus.
6. Action. Navy Medicine Region commanders, MTF commanders, commanding officers (CO), and officers-in-charge (OIC) must ensure this instruction is implemented and followed.
7. Diabetes Management Improvement Program (DMIP)
 - a. Every MTF will establish a diabetes management improvement program (DMIP) tailored to their population of patients diagnosed with diabetes. Each command will appoint diabetes

clinical champion and consider hiring a population health manager to work in conjunction with the clinical champion. The clinical champion and population health manager will provide training and consultation to the medical home port team on management of diabetes.

b. Diabetes management improvement programs are responsible to report:

- (1) Metrics being monitored in a specified time period
- (2) Bi-annual report to the CO of the respective MTF
- (3) Annual report to BUMED via the respective Navy Medicine Region

8. Standards. Optimal diabetes management includes a general health assessment, glycemic monitoring with A1C targets established, cholesterol monitoring with low-density lipoprotein targets established, blood pressure control, regular retinopathy screening, screening for nephropathy, self-management education, and regular follow-up.

a. Each MTF will identify enrolled patients with a diagnosis of diabetes. CarePoint patient management tool can be utilized to identify patients with diabetes and to track diabetes care metrics.

b. BUMED endorses the VA/DoD Clinical Practice Guidelines (reference (b)), to achieve greater care standards and compliance.

c. MTF (s) will develop a process to identify patients diagnosed with diabetes that are hospitalized or visit the emergency department. Their primary care manager (PCM) in the medical home port team will be notified.

d. Per reference (b) health care teams caring for diabetic patients will be educated on competencies needed to provide high quality diabetic care.

e. The Diabetes Working Group (DWG) recommends tracking and follow-up processes to assist clinical teams in the integration of a standardized approach to support the achievement of diabetes control benchmarks.

f. MTF (s) will implement culturally sensitive comprehensive diabetes education. Consideration should be given to hiring or providing training for existing staff to become a Certified Diabetic Educator.

g. There must be an emphasis on patient education, where the patient is an active participant in their plan of care.

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9. Metrics. MTFs will monitor and report established diabetes management metrics. Established metrics will be developed by the DWG and approved and released by a BUMED Notice. Upon release of the reporting requirement, Navy Medicine Regions will provide education and communication on metrics to be monitored and reported.

10. Reporting

a. MTF Commands will report, per enclosure (1), the status of their diabetes program and metrics annually, per the DWG's recommendation, to BUMED Medical Operations (BUMED-M3) Clinical Programs via their respective Navy Medicine Region.

b. The DWG is responsible for quarterly monitoring of metric reports and will work with Navy Medicine regions to develop processes and monitoring tools to support commands in meeting established and endorsed metrics and benchmarks.

11. Report. The reports required in this instruction are exempt from report control per SECNAV M-5214.1 of 1 Dec 2005, part IV, paragraph 7k.



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SAMPLE TEMPLATE FOR ANNUAL DIABETES PROGRAM REPORT

6310
Date

From: Commanding Officer, Naval MTF
To: Chief, Bureau of Medicine and Surgery (M3)
Via: Commander, Navy Medicine (East, West, National Capital Area)

Subj: ANNUAL DIABETES PROGRAM REPORT

Ref: (a) BUMEDINST 6310.14

1. The following report is submitted per reference (a).
2. Command Demographic Data.
 - a. Total number of enrollees: _____
 - b. Total number of diabetes patients (all ages): _____
 - c. Total number of HEDIS-eligible diabetes patients: _____
3. Bureau of Medicine and Surgery-endorsed metrics. (Examples)
 - a. Diabetes cholesterol management Metric: _____ % HEDIS-eligible diabetics LDL < 100
 - b. Diabetes A1C Metric: _____ HEDIS-eligible diabetics with A1C \leq 9
 - c. Diabetes A1C Metric: _____ % of HEDIS-eligible diabetics who have had annual A1C drawn
 - d. Diabetes LDL Screening _____ % of HEDIS-eligible diabetics who have had LDL screening
 - e. Diabetes A1C < 7 with no co-morbidities _____ % of HEDIS-eligible diabetics
 - f. Diabetes A1C < 8 _____ % of HEDIS-eligible diabetics
4. Command-specific metrics.
5. Diabetes Program Status. (Free-form narrative to interpret metrics and provide a status report on the program with identified best practice successes and challenges encountered).
6. Plans. (Free-form narrative delineating the command's plans for continued improvement in the treatment and management of diabetes.)

Signature

Enclosure (1)