

# Diabetes Resource and Collaboration Hub Air Force Diabetes Center of Excellence (AF DCOE) Diabetes Central Overview Webinar

4 June 2015



**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

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# Presenter

- **Presenter:**

Tom J. Sauerwein, MD, GP15, USAF, MC  
Director, Diabetes Center of Excellence  
Clinical Professor of Medicine (USUHS)

- **Moderator:**

Anthony C. Barkley, M.Ed.  
Public Health Educator  
Health Promotion & Wellness Department  
Navy and Marine Corps Public Health Center



# Objectives

- Provide an overview of the AF DCOE website, Diabetes Central
- Provide a live demonstration of the Diabetes Central website
- Demonstrate how to access and use the available diabetes self-management education resources and tools in Diabetes Central to supplement diabetes education efforts at local MTFs



# ***Diabetes Central: A Resource for Everyone***

**Tom J. Sauerwein, MD**  
**Director, Diabetes Center of Excellence**  
**Clinical Professor of Medicine, USUHS**  
**Endocrinology Fellowship Program Director Emeritus**

# Diabetes Central

- Developed by a contract team of diabetes professionals supported by DOD research funds
- Purpose:
  - Provide MTFs standardized processes and materials
  - Enhance continuity of care for patients and providers
- Beneficial Features:
  - Convenient
  - Dynamic
  - Evidence-based
- Limitations:
  - Must have CAC to access



# Google Search



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Google Air Force Knowledge exchange

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About 3,980,000 results (0.29 seconds)

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[www.afms.af.mil/](http://www.afms.af.mil/) ▾ Surgeon General of the U... ▾  
U.S. Air Force and Israeli Defense Force Surgeons General sign agreement · Electronic cigarette ... tab Top Air Force News ... tab AFMS Knowledge Exchange

First resource is the Knowledge Exchange

Available to ANYONE with a CAC



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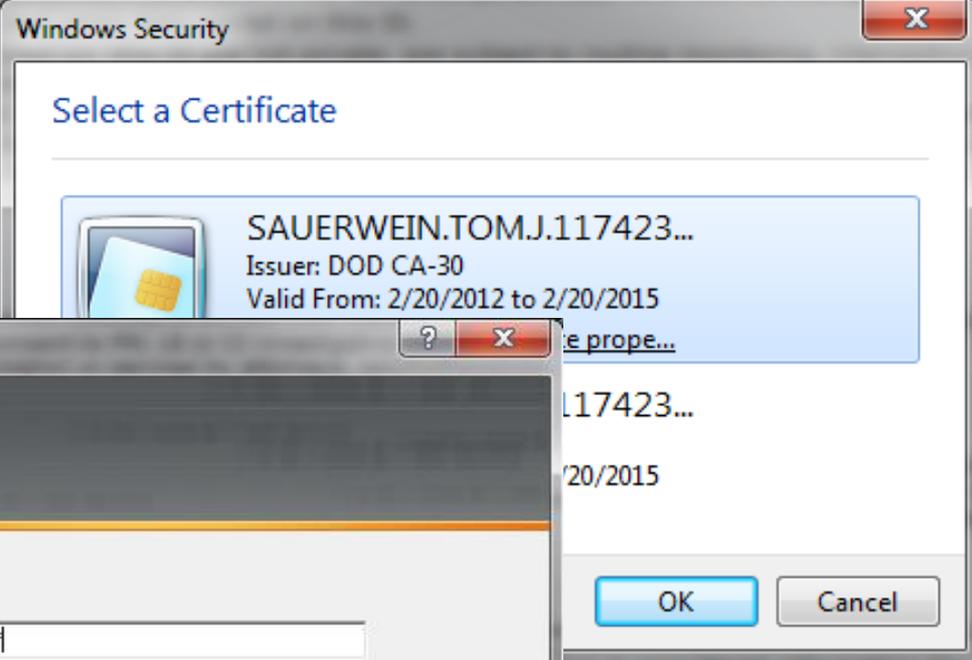
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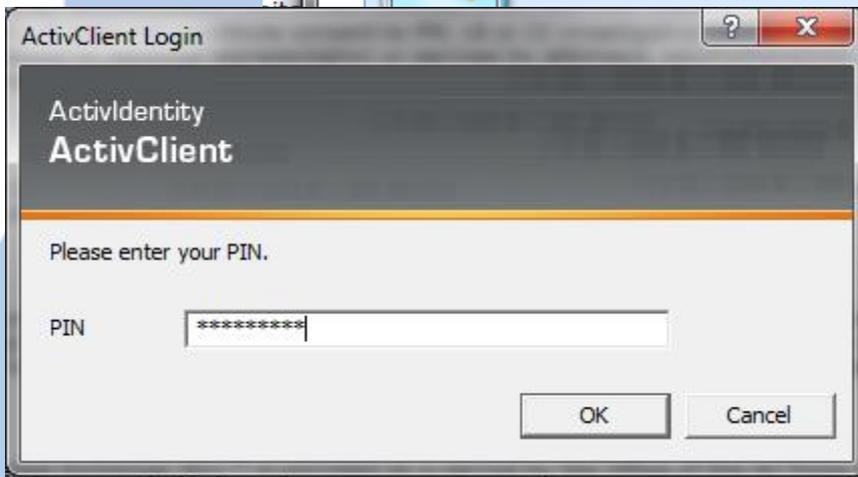


Windows Security

### Select a Certificate

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Issuer: DOD CA-30  
Valid From: 2/20/2012 to 2/20/2015

OK Cancel



ActivClient Login

ActivIdentity  
**ActivClient**

Please enter your PIN.

PIN

OK Cancel

# Air Force Knowledge Exchange

## – Site Map



The screenshot shows the home page of the AFMS Knowledge Exchange website. The header features the AFMS Knowledge Exchange logo with the tagline "Connecting people. Working smarter." and a search bar. The main content area is divided into three columns: Quick Links, Top 20 KJs, and My Shortcuts. The Quick Links column includes links to the AFMS Virtual Library, AFMS on Facebook, AFMS on Twitter, Kx Tutorial Videos, AFMS Public Site, and Site Map (which is circled in red). The Top 20 KJs column lists various topics such as Self-Aid and Buddy Care, Air Force Nurse Education, Dental, Waiver Guide, Nurse Corps Force Mgmt, Flight Medicine, Health Promotion, AFMS Commodity Council, Medical Special Pays, Readiness Skills Verification Prgm, Deployment Health, Air Force BSC Education, CSTARS, Conference Guidance Approval, Medical Service Corps, AFMOA Health Benefits, Optometry/Ophthalmic Technicians, Clinical Quality, AFMOA Ed and Tng, and Bioenvironmental Engineering (USAFSAM). The My Shortcuts column is currently empty. Below the main content area are sections for "In the News" and "Announcements". The "In the News" section includes a link to "Air Force Surgeon General - Surgeon General News" and a link to "Military Health System (MHS) leadership message - MTF continuous". The "Announcements" section includes a link to "AFMS Kx Users" and a message about reporting broken links.

**Quick Links**

- AFMS Virtual Library
- AFMS on Facebook
- AFMS on Twitter
- Kx Tutorial Videos
- AFMS Public Site
- Site Map**

**Top 20 KJs**

- Self-Aid and Buddy Care
- Air Force Nurse Education
- Dental
- Waiver Guide
- Nurse Corps Force Mgmt
- Flight Medicine
- Health Promotion
- AFMS Commodity Council
- Medical Special Pays
- Readiness Skills Verification Prgm
- Deployment Health
- Air Force BSC Education
- CSTARS
- Conference Guidance Approval
- Medical Service Corps
- AFMOA Health Benefits
- Optometry/Ophthalmic Technicians
- Clinical Quality
- AFMOA Ed and Tng
- Bioenvironmental Engineering (USAFSAM)

**My Shortcuts**

**In the News**

- [Air Force Surgeon General - Surgeon General News](#)
- [Remembering Tech. Sgt. Sylvester McCullough during African American History Month](#)
- [Military Health System \(MHS\) leadership message - MTF continuous](#)

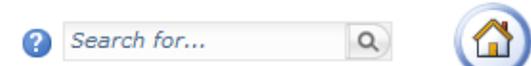
**Announcements**

AFMS Kx Users,

If you're experiencing a broken link within the AFMS Kx environment please click the Feedback link on the bottom banner of the site to report this problem to the Kx site's content manager. If you encounter any other issues with the new

# Air Force Knowledge Exchange

## – *Functional View*



- ▶ Headquarters View
- ▶ **Functional View**
- ▶ MAJCOMs & MTFs
- ▶ Restricted Access
- ▶ CAIB

Click Functional View ▶

# Air Force KX2 -

## Functional View

- Ancillary
  - SGP
  - Biomedical Equipment Maintenance
  - PT/OT Services
    - Physical Medicine RSVP
  - Nutritional Medicine
  - SGH Consultant
  - Laboratory
    - Clinical Lab
    - Lab Readiness Skills
  - Radiology
  - Allergy Short Course
  - Medical Physics
  - Pharmacy
  - Physical Medicine RSVP
  - Entomology
- Dental
  - Dental Operations
    - Dental Informatics
  - Dental Consultants
    - Orofacial Pain
    - Dental Evaluation and Consultation Service
    - Dental Informatics
    - Oral and Maxillofacial Pathology
    - Preventive Dentistry
    - General Dentistry
  - AFPC Dental Assignments
  - Graduate Dental Education
    - Dental Continuing Education
    - Specialty Residencies/Fellowships
      - Periodontics Residency
      - Hospital Dentistry Fellowship
      - Oral and Maxillofacial Surgery Residency
      - Endodontics Residency
      - Comprehensive Dentistry
      - Prosthodontics Residency
      - Tri-Service Orthodontics
      - Maxillofacial Prosthetics Fellowship
    - Advanced Clinical Dentistry Programs
      - Advanced Clinical Dentistry Preceptorship
    - Dental PGY1
      - Advanced Ed in General Dentistry (AEGD-1) Residencies
- DDRS
- Disease
  - Pediatric Obesity
  - Diabetes Central
  - Disease Management
- Medical

- Nursing
  - Critical Care N
  - Pediatric Nurse
  - Med-Surg Nurs
  - Mental Health N
  - Nurse Anesthe
  - Nurse Ane
  - Nursing Re
  - Womens Healt
  - NICU
  - Certified Nurse
  - ER Nursing
  - Family Nurse P
  - Health Care In
  - Infection Contr
  - Perioperative N
  - Perioperat
  - Nurse Week
  - Pediatric Nursir
  - Perinatal OB Ni
  - Ambulatory Ca
  - Flight Nursing/
  - AD Flight N
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  - AFTO Form 24
  - Public Health
  - Patient Adminis
  - Medical Librari
  - Document
  - Virtual Lib



Presented  
alphabetically –  
**Disease: Diabetes  
Central**

# Air Force KX2 -



U.S. AIR FORCE



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Outreach • Clinical • Research • Excellence

## Functional View

- Ancillary
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      - Maxillofacial Prosthetics Fellowship
    - Advanced Clinical Dentistry Programs
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  - Pediatric Nurse
  - Med-Surg Nurs
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Pediatric Obesity

Diabetes Central

Disease Management

Medical

- AFMS Commoc
- M2
- AF Medical Sta
- AFTO Form 24
- Public Health
- Patient Adminis
- Medical Librari

Document  
Virtual Lib

# Diabetes Central



Tom J Sauerwein ▾

Search this site... 🔍

Headquarters View ▾ Functional View ▾ MAJCOMs & MTFs ▾ Restricted Access ▾ CAIB & IDS ▾

Find a KJ:

Site Pages Documents Discussions Blog

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- Home
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- Medical Management Webinars
- Diabetes Matters Newsletter
- CPG Resource Center
- Diabetes Prevention
- Diabetes Management
- Diabetes Education
- Nutrition & Diabetes
- Peds Obesity
- More Information
- Contact Us

## Diabetes Central Diabetes Central Home

# Welcome to Diabetes Central

A repository of all things diabetes providing a centralized resource for the prevention, education, and management of diabetes.



The resources, links and tools address multiple levels of professional practice.

In addition to the tools and documents, we offer the following CME/CNE opportunities:

- **Diabetes Champion Course:** offered twice a year, click on the purple button to learn more!
- **Diabetes ECHO,** monthly "virtual Grand Rounds," click on the green "Project ECHO" button to access information for the upcoming and past sessions.

Diabetes Center of Excellence

PROJECT ECHO

DIABETES CHAMPION COURSE

If you encounter a link that is not working or if you have any questions, please contact us.

# Navigation Menu

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## Diabetes Central

# Diabetes Self-Management Education (DSME)



Program Development

Program Tools

Curriculum

“Diabetes self-management education (DSME) is a critical element of care for all people with diabetes and is necessary in order to improve patient outcomes.”

Funnell, et al. 2010. National Standards for Diabetes Self-Management Education, Diabetes Care, 33 (1).

In this section you will find a host of resources to help you provide comprehensive and up-to-date DSME at your MTF, with minimal outside support.

# DSME Curriculum



Item	Title	Update	Updated	Comment/Description
DSME Classes "My Life, My Diabetes"				
<a href="#">DSME-1: Diabetes 101</a>			updating	PPT; presentation for patie
<a href="#">DSME-2: Healthy Eating</a>			updating	PPT; presentation for patie
<a href="#">DSME-3: Medications</a>			2015	PPT; presentation for patie
<a href="#">DSME-4: Monitoring</a>			2015	PPT; presentation for patie
<a href="#">DSME-5: Physical Activity</a>			updating	PPT; presentation for patie
<a href="#">DSME-6: Acute Complications</a>			2015	PPT; presentation for patie
<a href="#">DSME-7: Chronic Complications</a>			2015	PPT; presentation for patie
<a href="#">DSME-8: Coping with Diabetes</a>			updating	PPT; presentation for patie

# Program Tools

Program Tools



## Program Tools

DIABETES CENTER OF EXCELLENCE

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Program Development

Curriculum

Item

Updated

Comment/Description

### General

How to Use the Flip Chart to Teach Survival Skills

2011

PPT; for nurses on how to use the Survival Skills Flip Chart tool for bedside teaching

Survival Skills Teaching Checklist

2011

PDF; VADOD checklist to track diabetes education

Appointment Card

2011

Sample business card template for DSME appt reminders

### Assessment/Documentation

Behavioral Goals and Follow-up

2011

PDF; tool developed by ADA to document established behavioral goals and follow-up evaluation

Patient Follow-up Assessment for Education

2011

PDF; tool developed by ADA to facilitate follow-up assessments

Do you want to open **How to Use the Flip Chart to Teach Survival Skills.pptx** (5.79 MB) from **lx2.afms.mil**?

Open

Cancel

x

Using the Flip Chart to Teach

**Survival Skills  
for Patients  
with Diabetes**

Diabetes Center of Excellence; 2011

## ***Learning Objectives:*** At the conclusion of this presentation, you should be able to:

- State being familiar and comfortable with the *Diabetes Survival Skills Flip-Chart* teaching tool.
- Recognize evidence of patient learning as well as “red flags” that indicate misconceptions.
- Understand how the flip chart can be used as a tool to provide survival skills education for patients with diabetes.
- Name additional materials that can be used to educate patients with diabetes.

# Low Blood Sugar (Hypoglycemia)

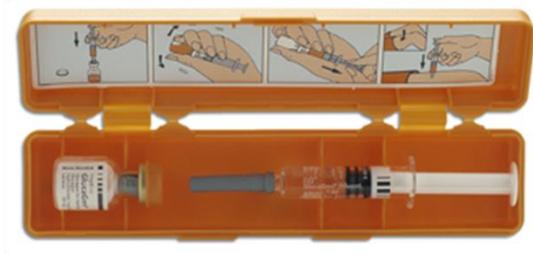
## Do you know . . .

1. How low is too low?
2. How to recognize low blood sugar?
3. What causes the blood sugar to be low?
4. What to do about low blood sugar (how to fix it)?
5. How to use a glucagon kit?

## Rule of 15

For low blood sugar  
( $< 70$  mg/dl) . . .

- ▶ Eat or drink 15 grams of quick carbohydrates
- ▶ Recheck blood sugar in 15 minutes
- ▶ If still low, repeat steps



# Low Blood Sugar

## *Checking for Patient Understanding*

### *The Patient . . .*

- Can clearly identify signs and/or symptoms (including his/her own) of hypoglycemia.
- Can state reasons that the blood sugar may drop (not eating, exercise, medication, etc.)
- Has a plan to treat low blood sugar at all times & places.
- Confirms family/friends are aware of risk and know how to help in hypoglycemic situation.

### **Red Flags**

#### The Patient . . .

- Doesn't carry any glucose source despite being at risk for hypoglycemia.
- Takes insulin but does not have glucagon kit and/or does not have someone who knows how to use it.
- Purposely keeps blood sugar high to avoid hypoglycemia.

# Program Tools



## Program Tools

Behavioral Goals and Follow-up

Patient Follow-up Assessment for Education

Patient Assessment Tool

Participant Education Record

DCOE Record of Attendance

Initial Assessment

DCOE Initial Assessment

Post Program Evaluation

DCOE Post Program Evaluation

Knowledge Assessment\_1

Knowledge Assessment\_2

Nutrition

From Hospital to Home

The Importance of Inpatient Glycemia Management

"Nurses' Guide to Inpatient Diabetes Emergencies"

Overview of Diabetes

American Diabetes Month

AMEDD website

ADA Link For Life

MedlinePlus Tutorials

Patient Handouts

# Prgm Development

Program Development



## Guidelines

### *American Association of Diabetes Educators*

DSME National Standards

DSME Practice Guidelines

Position Statement: DSME Core Outcome Measures

Technical Review: DSME Core Outcome Measures

Position Statement: Diabetes Inpatient Management

2011

2012

2011

2011

2009

### *American Diabetes Association*

DSME National Standards 2014

How to Become a CDE

How to Obtain ADA Program Recognition

How to Obtain AADE Program Recognition

How to Offer Diabetes Self-Management Education

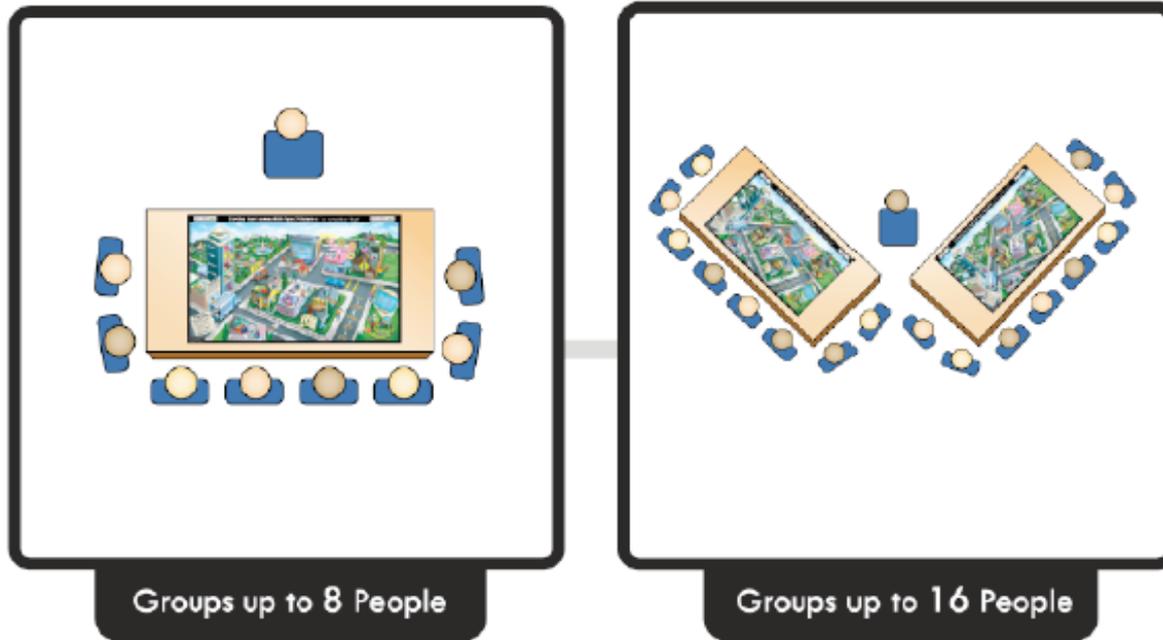
How to Use Conversation Maps

Merck Consent Form

Merck Invite example

# U.S. Diabetes *Conversation Map*® education tools

## Sample Room Set Up



## How to get Started

To get a set of the *Conversation Map* tools, you will need to be trained at one of the many in-person sessions available around the country, or participate in the online training. You must be a licensed healthcare provider to qualify to receive the materials.

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# Diabetes Management



## Diabetes Central

## Diabetes Management

“Maintaining glycemic levels as close to the nondiabetic range as possible has been demonstrated to have a powerful beneficial effect on diabetes-specific microvascular complications, including retinopathy, nephropathy, and neuropathy in the setting of type 1 diabetes; in type 2 diabetes, more intensive treatment strategies have likewise been demonstrated to reduce microvascular complications.”

*Nathan et al, 2009. Medical Management of Hyperglycemia in Type 2 Diabetes: A Consensus Algorithm for the Initiation and Adjustment of Therapy, Diabetes Care, 32 (1).*

**Lowering A1c Reduces Risk of Diabetes Complications**



Resources

Staff Training

Patient Education

Diabetes Self-Management Education

# Sample of DM Education



The following materials can be printed and used as needed for patient education.

Item	Updated	Comment/Description
<b>Self Management Skills</b>		
<a href="#">VADOD Diabetes CPG Home Page</a>		weblink; resource for viewing, printing, and ordering patient education materials
<a href="#">Self Care Skills for the Person with Diabetes (VA/DoD)</a>	2012	PDF; patient education booklet, created by VA/DoD; contains critical self-care information for patients with diabetes
<a href="#">Self Care Skills for the Active Duty Member</a>	2014	PDF; supplement to the VADOD Self Care Skills booklet to address situations unique to active duty members
<a href="#">Survival Skills Teaching Flipchart</a>	2011	PDF; a 10-pg tabletop flipchart to educate patients with diabetes; corresponds to VA/DoD booklet above
<a href="#">Survival Skills Teaching Checklist</a>	2011	PDF; form to document content taught and learner comprehension
<a href="#">AADE 7 Self-Care Behavior Handouts</a>		Website; handouts on each of the 7 Healthy Behaviors, downloadable

# Diabetes Handbook – Active Duty



## Diabetes Handbook for Active Duty Service Members

A Supplement to the VA/DoD publication:  
*Self-Care Skills for the Person with Diabetes*



# *Now Available*

## DIABETES HANDBOOK FOR ACTIVE-DUTY MEMBERS

- To accompany the Self-Care skills book
- Focuses on unique situations and challenges faced by active duty service members with DM:
  - Deployment/travel
  - Physical activity demands
  - Nutritional aspects of active duty with diabetes
  - Varied climate conditions
  - Medication management
  - Foot care, etc.



# 55 Patient Education Links



Preconception Counseling 2014

**Nutrition**

**Hypogly**

Novo Nordisk HYPO-HYPER Handout

2010

Managing and Preventing Hypoglycemia

2013

Hypoglycemia Handout

2013

Hypoglycemia Handout-2 per page

2013

Glucagon Kit Use

2012

Glucagon\_patient instruction

2011

[Patient's Guide to Managing Sick Days](#)

2011

Sick Day Handout

2012

DKA Handout

2014

Emergency Diabetes Wallet Card

2011

[Patient's Guide to Testing Blood Sugars](#) 2011

Blood Glucose Testing Instructions 2014

Glucose Log 2010

Meal and Glucose Log 2010

**Oral Medications**

[Table of Medications for Type 2 Diabetes](#) 2014

[Diabetes Medication Handouts](#) 2014

**Insulin Administration**

CEMM (Center of Excellence in Medical Multimedia) 2014

Diabetes Care Summary for Patients on Insulin 2010

# Medications for Type 2 Diabetes (Updated November 2013)

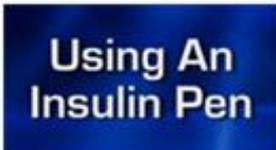


## Single Oral Medications

My Dose & Schedule	Brand Name	Generic Name	Class	Max Dose (per day)	How it Works	Most Common Side Effects	Other Information to about this Medicine
	<i>Glucophage</i> <i>Glucophage XR</i>  <i>Riomet</i>	Metformin Metformin extend. release Liquid Metformin	Biguanide	2550 mg	Decreases the sugar that comes from the liver; improves insulin sensitivity	GI upset, diarrhea, nausea	Should not be used by those with kidney or liver disease. Should not take for 48 hours after any procedure with contrast
	<i>Amaryl</i>  <i>DiaBeta or Micronase</i>  <i>Glucotrol (Glucotrol XL)</i>	Glimepiride Glyburide Glipizide (ext. release)	Sulfonylureas (2nd generation)	8 mg 5 mg 10 mg	Stimulates the pancreas to put out more insulin (over several hours)	Low blood sugar Weight gain	Do not skip meals! Be prepared to treat low BS.  Not for those with serious liver or kidney problems or sulfa allergies.
	<i>Prandin</i>  <i>Starlix</i>	Repaglinide Nateglinide	Meglitinides	16 mg 120 mg	Stimulates the pancreas to release more insulin at the start of a meal	Low blood sugar Weight gain	Take no more than 30 min before a main meal. Skip this medicine if you skip a meal.
	<i>Actos</i>	Pioglitazone	Thiazolidinediones (TZDs)	45 mg 8 mg	Improves the body's sensitivity to insulin; helps the muscle use glucose better	Fluid retention Weight gain	May take up to 12 weeks to work. Not usually recommended for those with liver or heart disease.
	<i>Precose</i>  <i>Glyset</i>	Acarbose Miglitol	Alpha-glucosidase inhibitors ("starch-blockers")	300 mg 100 mg	Prevents the breakdown of starches; delays absorption of glucose in small intestine	Gas stomach upset diarrhea	Take with first bite of each meal. Low blood sugar must be treated with straight glucose (glucose tabs/gel).
	<i>Januvia</i>  <i>Onglyza</i>	Sitagliptin Saxagliptin	DPP4 Inhibitors	100 mg 5 mg	Decreases glucose from the liver, while increasing insulin from the pancreas	Few side effects, hives (if allergic)	Newer class of medication. Dose may need to be adjusted or discontinued if you have kidney problems.
	<i>Invokana</i>	Canagliflozin	SGLT2 Inhibitors	300 mg	Works in the kidney to flush more glucose out through urine	Urinary/yeast infections, frequent urination, dehydration	May help with mild weight loss and lowering of BP; not for those with severe kidney disease

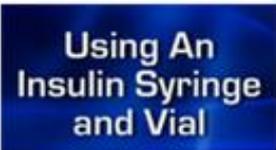
## Downloads - Diabetes

## Videos

Using An Insulin Pen

Using An Insulin Pen  
(2:00)

-  preview
-  download flash format
-  download wmv format
-  description

Using An Insulin Syringe and Vial

Using An Insulin Syringe & Vial  
(1:48)

-  preview
-  download flash format
-  download wmv format
-  description

Administering Glucagon

Administering Glucagon  
(1:35)

-  preview
-  download flash format
-  download wmv format
-  description



Administering Glucagon: Military Specific

-  preview
-  download flash format
-  download wmv format
-  description



Using an Insulin Syringe & Vial: Military Specific

-  preview
-  download flash format
-  download wmv format
-  description



Using An Insulin Pen: Military Specific

-  preview
-  download flash format
-  download wmv format
-  description

# Diabetic Ketoacidosis (DKA) Protocol



Diabetic ketoacidosis is a potentially life-threatening complication that occurs when the body produces excessive amounts of blood acids called ketones. Insulin is needed to help glucose – a major source of energy for muscles and other tissue – enter cells. Without enough insulin, the body must use fat as an alternate fuel source and ketones are produced as a result. In patients with diabetes, ketosis can be a warning sign that their diabetes is out of control or that they are getting sick. If left untreated, the process can eventually lead to a buildup of toxic acids in the bloodstream called ketoacidosis and require hospitalization.

## Symptoms of DKA

### Early Symptoms

- Nausea
- Thirst and dry mouth
- Tired, weak
- Confusion
- Fruity breath
- Flu like symptoms



### Late Symptoms

- Vomiting
- Severe abdominal pain
- Rapid breathing
- Shortness of breath
- Severe dehydration

## Common Causes of DKA

- Infection
- Illness
- Stress
- Skipping insulin dose or using “bad” or expired insulin



- *For pump users:*
- Problem with insulin delivery (clogged or kinked)
- Leaving infusion set in too long

## If glucose over 250mg/dL, test for ketones

### Negative Ketones

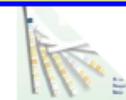
1. Give a correction dose of Novolog/Humalog via syringe, insulin pen, or insulin pump
2. Retest glucose in one hour
  - If glucose not coming down, refer to steps 1-4 under “positive ketones” section
  - If glucose is coming down, monitor glucose in 2-3 hours



### Positive Ketones

#### If ketones are positive:

1. Give a correction dose of Novolog/Humalog via syringe or insulin pen (even if on insulin pump)
2. If using insulin pump, change out infusion set or pod and rotate site (remove and replace the tubing and reservoir or pod)
3. Drink 6-8 oz of water or any sugar free, decaffeinated beverage every 30 minutes
4. Retest glucose and ketones every 2 hours until ketones are negative and blood glucose is within target



#### Insulin dosing for Ketones

Small: \_\_\_ units (10% TDD)  
 Moderate: \_\_\_ units (20% TDD)  
 Large: \_\_\_ units (30% TDD)

**\*\*If ordered, take instead of the correction dose**

**NOTE: If ketones are moderate/large and you are vomiting or are unable to keep fluids down, CALL EMS OR GO TO THE ER**

## *Diabetes Central*

### *Disease Management*

## *Patient Education*

### **Insulin Pumps**

Pump Settings Card	2012
Pump Candidate Checklist	2014
Insulin Pump Devices	2014
Basal Rate and Carb Factor Testing	2014
Interpretation of Basal and Carb Factor Testing	2014

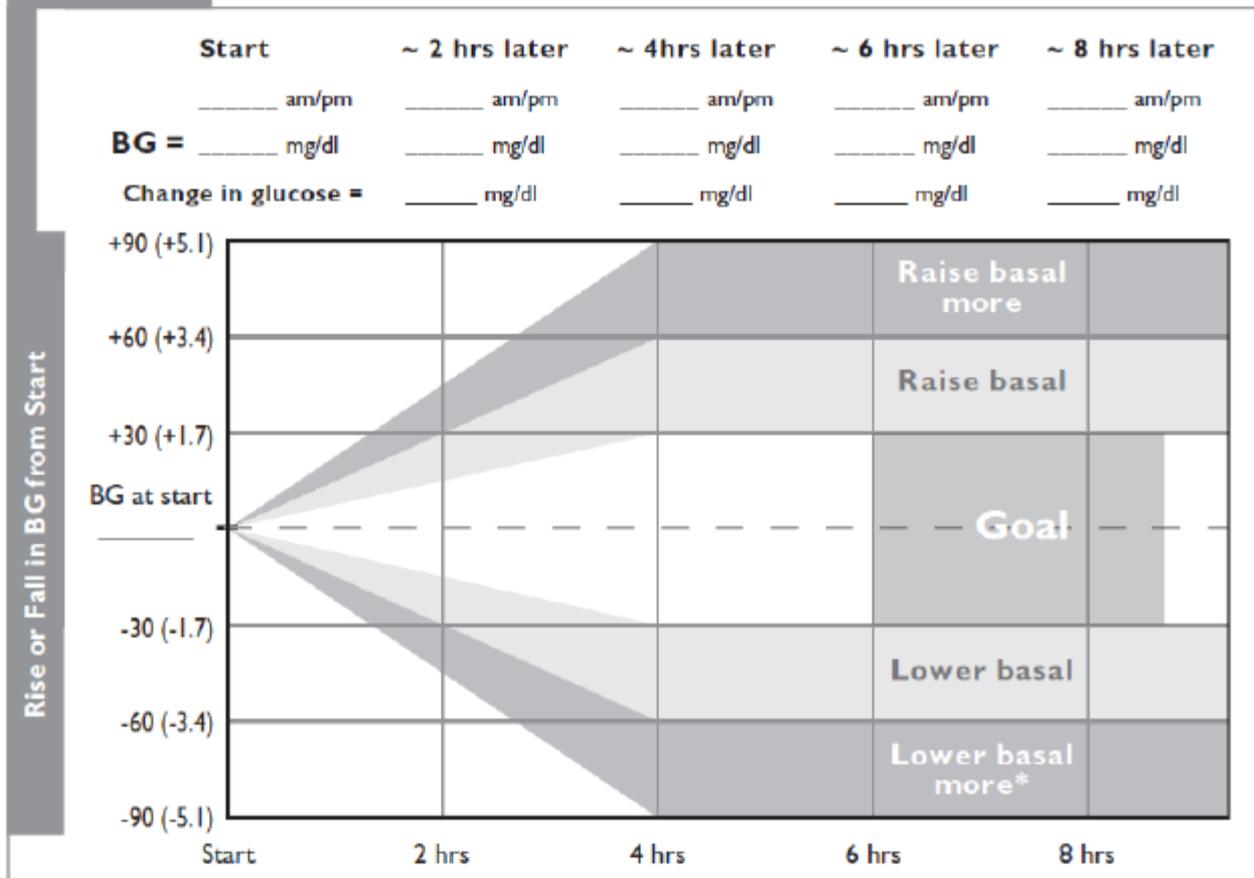
### Test Your Basal Rate

Please complete the week prior to your clinic appointment

Goal: Basal rates that keep your glucose within 30 mg/dl of its starting.

- 1) Start your basal test when your glucose is between 100 and 180 mg/dl and you have not eaten in the last 4 hours nor taken a bolus in the last 4 hours.
- 2) Eat no carbs during the test. Small amounts of protein (cheese, boiled egg, etc.) are OK.
- 3) Check your glucose at least every 2 hours or wear a CGM. Do NOT correct a high glucose during your testing. If your glucose goes below 70 mg/dl stop the test and eat carbs.

#### Basal Test





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# CPG Resource Center

**Clinical Practice Guidelines (CPGs) define the standard of care in a facility.**

Development, implementation, and sustainment of a CPG should be based on current standards of practice, the MTF's patient population and facility and community resources.

Use the resources listed to help:

- **Start a program from the ground up**
- **Improve your existing program**
- **Locate guidelines for clinical practice**
- **Order diabetes education materials**



**Clinical Practice Guidelines**  
includes: VADOD, ADA, AACE, ACP

**Position Statements**

**Protocols/Policy**



**Demographics**

**References**

**Teambuilding**

**Sample CPG/OIs/Policy**



**Program Implementation**

**Metrics**

**Program Assessment**





# VA Pocket Guide

## VA/DOD CLINICAL PRACTICE GUIDELINE

### Management of Diabetes Mellitus (DM)

#### KEY ELEMENTS OF THE DM GUIDELINE

##### PRIMARY PREVENTION

- Consider screening adults at risk for diabetes or prediabetes
- Encourage aerobic exercise and diet to achieve weight loss and prevent progression of prediabetes to diabetes

##### SECONDARY PREVENTION

- Achieve individualized HbA<sub>1c</sub> target through diet, exercise, medication, and patient self-management diabetes education
- Reduce and control blood pressure to improve quality and length of life, and prevent micro- and macro-vascular complications
- Control cholesterol to reduce risk for cardiovascular disease

##### TERTIARY PREVENTION

- Screen periodically for kidney disease
- Screen for retinopathy every 12-24 months based on ophthalmic and clinical findings
- Screen for lower extremity complications and stratify risk

##### HEALTH PREVENTIVE MEASURES

- Consider aspirin therapy to reduce the risk of cardiovascular events
- Advise about tobacco use cessation
- Provide influenza vaccination in season
- Provide pneumonia vaccine, if indicated

##### PATIENT SELF-MANAGEMENT AND EDUCATION

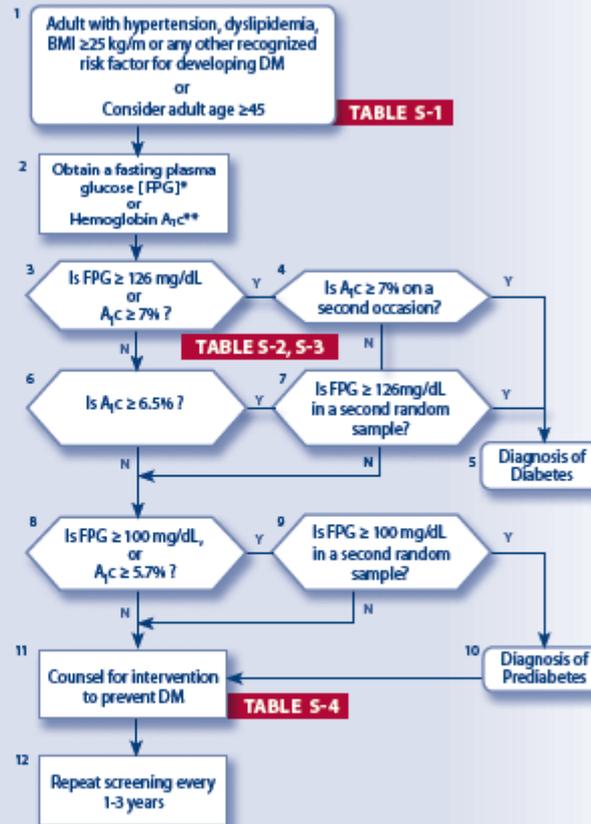
- Empower patients to make informed decisions about their self-care for diabetes

Access to full guideline:  
<http://www.healthquality.va.gov> or  
<https://www.qmo.amedd.army.mil>



August 2010

## Module S: Screening for Diabetes Mellitus



#### Note:

\* Casual (i.e., any time of day without regard to time since the last meal) plasma glucose  $\geq 200$  mg/dL (on at least two occasions) in the patient with symptoms of hyperglycemia is sufficient to diagnose DM. Casual plasma glucose level  $\geq 200$  mg/dL, but without symptoms, should be followed by measuring Fasting Plasma Glucose (FPG). Casual plasma glucose in the range 111-199 mg/dL should be followed up with FPG. FPG is the preferred test.

\*\* A<sub>1c</sub> should be measured using a clinical laboratory methodology (but NOT point of care) standardized to the National Glycohemoglobin Standardization Program (NGSP)

TABLE S-1 Risk Factors

- Age  $\geq 40$  years
- Family history (First-degree relatives with DM)
- High-risk population (e.g., African American, Asian American, and Pacific Islander)
- Prediabetes (i.e., history of impaired fasting glucose or impaired glucose tolerance)
- Hypertension (blood pressure  $\geq 130/80$  mmHg)
- High-density lipoprotein cholesterol (HDL-C)  $< 0.90$  mmol/L and triglyceride (TG)  $\geq 1.67$  mmol/L
- Vascular disease (coronary artery disease, stroke, peripheral vascular disease)
- Overweight or Obesity (BMI  $\geq 30$  kg/m<sup>2</sup>)
- Abdominal obesity\* (waist circumference  $\geq 102$  cm for men and  $\geq 88$  cm for women)
- Women with polycystic ovary syndrome
- History of gestational diabetes
- History of delivering a large-for-gestational-age infant
- Other clinical conditions: acromegaly, Cushing's disease, Cushing's syndrome, growth hormone deficiency, hemochromatosis, hypothyroidism, hyperthyroidism, hypoparathyroidism, pheochromocytoma, pituitary tumor, sickle cell disease, schizophrenia, and steroid use
- Treated with certain antipsychotic medications
- Habitual physical inactivity

\* Associated with insulin resistance

TABLE S-2 Diagnostic Criteria

Status	Fasting Plasma Glucose (FPG)	HbA <sub>1c</sub>
Diabetes Mellitus	FPG $\geq 126$ mg/dL	HbA <sub>1c</sub> $\geq 6.5\%$
Prediabetes	FPG $\geq 100$ mg/dL	HbA <sub>1c</sub> $\geq 5.7\%$
Normal	FPG $< 100$ mg/dL	FPG $< 100$ mg/dL

<sup>1,2</sup> Fasting is defined as no caloric intake of the two tested is acceptable. In the event that one of these two tests should be of methodology standardized to the NGSP any time of day with or without the above unexplained weight loss.

Oral glucose tolerance testing (OGTT) because it is an implicit test suggests continued use of the OGTT (within the target range).<sup>3</sup> Also, the OGTT does not

# *DM Prevention*

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- **Group Lifestyle Balance (GLB)**
- **Step-by Step instruction to implement GLB Program**
- **Patient Enrollment forms**
- **Links to order materials**
- **Downloadable Diabetes Prevention Materials for patients**
- **Patient Assessment Tools**
- **Program Evaluation Tools**



U.S. AIR FORCE



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## Diabetes Prevention

"In August 2001, clinical trials from the National Institute of Health's Diabetes Prevention Program (DPP) concluded that type 2 diabetes can be prevented or delayed."

*National Diabetes Education Program, Your Game Plan For Preventing Diabetes: Health Care Provider's Tool Kit (Preface)*

This landmark study, with over 3000 participants, showed that by **losing just 7% of body weight** and **becoming physically active (150 minutes per week)**, patients were able to greatly reduce the risk of developing diabetes.

**Pre-diabetes** is a condition in which individuals have blood glucose or A1c levels higher than normal but not high enough to be classified as diabetes. People with pre-diabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke.

*National Diabetes Fact Sheet: National Estimates and General Information on Diabetes and Prediabetes Centers for Disease Control and Prevention, 2011.*

### AFMS DIABETES PREVENTION GROUP LIFESTYLE BALANCE PROGRAM



#### Did You Know?

**2 out of 3** Americans are overweight or obese.

It is estimated that **79 million** Americans have pre-diabetes.

**Half of U.S. adults over age 65** have pre-diabetes.

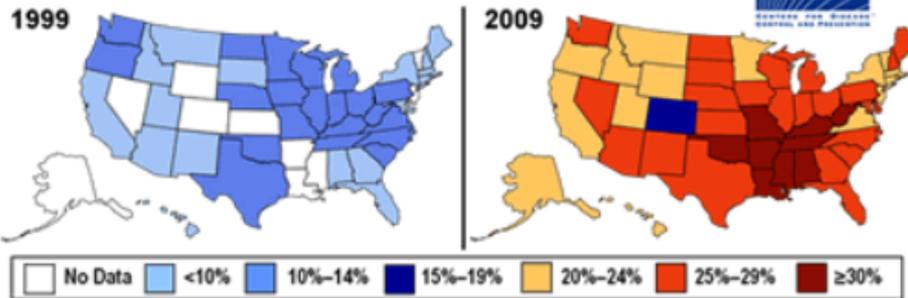
Nearly **1 in 3** Americans has high blood pressure.

Nearly **1 in 4** Americans has high cholesterol.



[Check out our FACEBOOK PAGE-click HERE](#)

### Obesity Trends in the United States



Source: Behavioral Risk Factor Surveillance System, CDC.

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- Three day succinct, comprehensive diabetes education course
  - Goal: produce local champions
  - Didactic / Interactive / Computer
- Apr / Oct annually
- 18.5 hr CME/CNE provided
- Presented in-person
  - VTC/DCS for MTFs outside local area



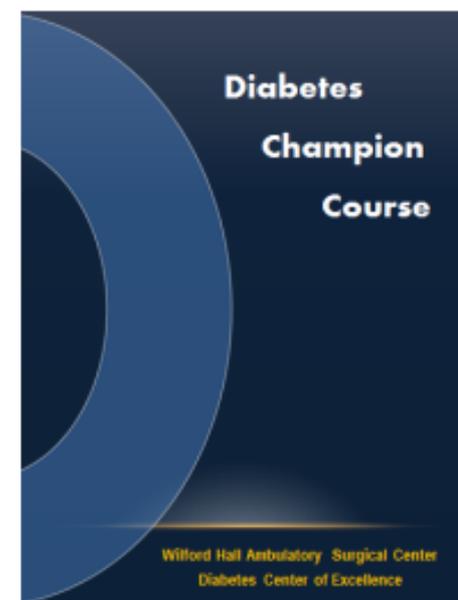
## **Diabetes Central Diabetes Champion Course**

**Next Class 8-10 April 2015**

**\*[Click here for class materials](#)** (Available until 1 May)

The Diabetes Champion Course is part of the Diabetes Center of Excellence (DCoE) initiative. The goal of this course is to provide succinct yet comprehensive diabetes education on goal, management, and resources to improve diabetes mellitus control at MTFs. As part of the DCoE Outreach program, the course focus is on training primary care staff in all MTFs to better manage patients with diabetes. It is based on a team approach which includes a provider/MD (as Champion), a nurse, and a technician, though it may take on a different configuration at individual facilities. Learners, through participation in the Diabetes Champion Course, will develop and present a plan to implement clinical practice guidelines in the treatment of patients with diabetes, resulting in the improvement of patient, provider, and MTF outcomes.

This course has been developed in alignment with the 2011 VA/DoD Clinical Practice Guideline Champion & Team Members and the 2010 VA/DoD Clinical Practice Guideline.



**Contact Connie Morrow, MAEd-AET, CRT the Diabetes Center of Excellence (Outreach Division) for more information by clicking the link below:**

[connie.morrow\\_ctr@us.af.mil](mailto:connie.morrow_ctr@us.af.mil)

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- **Focus on Disease Managers**
- **Developed based on “needs assessment” from Disease Managers**
- **Monthly 30 min didactic presentation**
- **All conferences are recorded**
- **Variety of topics**
  - **Nutrition**
  - **Health coaching**
  - **DM care**

## Medical Management Webinars

### Disease Management Series 3rd Thursday @ 0900 CST

POC: Connie Morrow  
[connie.morrow.ctr@us.af.mil](mailto:connie.morrow.ctr@us.af.mil)



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Educational series on diabetes and nutrition related topics for disease managers and clinic support staff. Click on the topic to access the powerpoint presentation.

**To receive CNE credit for participating in the live DCO session, you must be registered prior to event at:**

<https://education.mods.army.mil/AFNCNE/Default.aspx>

Date	Topic	Presenter	DCO Link	Resources
<b>Scheduled Presentations</b>				
21 May	<a href="#">Blood Glucose Monitoring</a>	Ellen Cobb, BSN, RN, CDE	<a href="#">DCO Presentation</a>	<a href="#">A1C and eAG table</a> <a href="#">Glucose log</a> <a href="#">Meal and Glucose log</a> <a href="#">Patient Meter Handout</a>
16 April	<a href="#">Diabetes and Nutritional Supplements</a>	Andrya Mammen, RPh, Clinical Pharmacist		

# Webinars



- **Watch the DCO in the comfort of your office and become an relative insulin pump expert!**

17 Jul 2014	Advanced Insulin Pump Functions	Allen Sproul, MS, RD, LD, CDE	
19 Jun 2014	Insulin Pump Trouble Shooting	Allen Sproul, MS, RD, LD, CDE	DCO Presentation
15 May 2014	Insulin Pump Basics	Ellen Cobb, RN, CDE	DCO Recording
17 Apr 2014	How to Perform a Comprehensive Foot Exam	Nina Watson, MSN, RN, CDE	DCO Recording

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- **Patient Focused Newsletter**
- **Distributed quarterly**
- **Sent to Disease Managers**
- **Based on AADE 7 healthy behaviors**
- **Print and give to your patients**
- **Send to your patients via MiCare**

**Diabetes Central**  
**Diabetes Matters-**  
**A quarterly**  
**newsletter**

Evidence-based  
information for patients  
utilizing the *AADE 7*  
*Healthy Behaviors*<sup>TM</sup>

Edition - Released

Spring 2015 - Apr 2015  
Winter 2015 - Jan 2015  
Fall 2014 - Oct 2014  
Summer 2014 - Jul 2014  
Spring 2014 - Apr 2014  
Winter 2014 - Jan 2014  
Fall 2013 - Oct 2013  
Summer 2013 - Jun 2013  
Spring 2013 - Mar 2013  
Winter 2013 - Jan 2013  
Fall 2012 - Oct 2013



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POC: Nina Watson, MSN, RN, CDE  
[nina.watson.1.ctr@us.af.mil](mailto:nina.watson.1.ctr@us.af.mil)





# Diabetes Matters

U.S. Air Force

Volume 2, Issue 1  
Fall 2013

## Self-Care Behaviors

Being Active

Eating Healthy

Healthy Coping

Monitoring

Problem Solving

Reducing Your Risks

Taking Medication

## Sugar Substitutes: In the Kitchen

*Used with permission from Diabetic Living® magazine. ©2013 Meredith Corporation. All rights reserved. For more Diabetic friendly recipes, please go to [www.diabeticlivingonline.com/diabetic-recipes/](http://www.diabeticlivingonline.com/diabetic-recipes/)*

Sugar substitutes provide a desirable calorie and carbohydrate savings, but they're not suitable for all recipes. We put sugar substitutes to the test in our favorite yellow cake recipe (baking), cooked pudding (stove-top), and as a basic sweetener for iced tea. Below are the results of our cake-baking test. Look for the icons that also show which substitutes were best in stove-top cooking and as a basic sweetener.

### The Test

The cake recipe we used called for  $1\frac{3}{4}$  cups sugar. We tested with regular sugar first to set our quality standard. We then baked the cake using equivalent amounts of sugar substitutes, based on manufacturers' recommended substitution amounts.



SUITABLE AS A SWEETENER FOR DRINKS, CEREALS, AND NO-COOK, NO-BAKE RECIPES



SUITABLE FOR MOST BAKED RECIPES



SUITABLE FOR SOME STOVE-TOP RECIPES



### Equal

**Result:** This cake had low volume and sank after baking. It had a lot of cracking on the surface, holes, and tunneling. The cake lost all sweetness during baking.



### Nectresse

**Result:** This cake had a gummy layer on the bottom. The texture was spongelike and felt oily on the tongue. It did not rise well and had a musty/stale smell.



### Splenda

**Result:** This cake did not rise and was very compact with a doughy texture. It was pale with some tunneling and had a strong, unpleasant aftertaste.



### Splenda Baking Blend

**Result:** This cake had good height in the center with some irregular browning on the top. It was sweet and had some holes and tunneling.



### Sweet'N Low

**Result:** This cake was dense with an uneven



### Sweet One

**Result:** This cake had a very thick batter. When baked the



### Truvia

**Result:** This cake was dense with a gummy layer



### C&H Light Sugar Blend

**Result:** This cake had nice height and a good, sweet

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- Monthly 60 min web-based conference
  - 30 min didactic presentation
- Presented through Defense Collaborative Services (DCS)
- 2<sup>nd</sup> Friday of each month
  - Recorded for later viewing
- 1 hr CME provided
  - Only for live conference

## Diabetes-ECHO

Diabetes-ECHO is a platform through which the AFMS can conduct e-consults. For more information on the AFMS Project ECHO and other ECHO projects, click on:  
<https://kx2.afms.mil/kj/kx2/Telehealth/Pages/echo.aspx>

The focus of this “virtual Grand Rounds” is on provider-to-provider communication via video and audio teleconferencing. Modeled after a program developed at the University of New Mexico (Project ECHO), the objective is to provide the capacity to safely and effectively treat chronic, complex diseases in underserved areas. This disease management model focuses on improving outcomes by reducing variation in processes of care and sharing “best practices.”

- Regularly scheduled sessions are broadcast from the *Diabetes Center of Excellence* (Joint Base San Antonio-Lackland AFB) on the second Friday of each month at 1200 CST.
- Actual patient cases (submitted by providers) are presented and discussed live, bridging the knowledge and access gap between diabetes specialists and the primary healthcare providers at the MTFs.
- Short didactic presentation by expert diabetes staff is given at each session to increase knowledge and expertise of all participants.
- CME provided for each live ECHO session attended (at no cost); see registration instructions below.

**Next  
Presentation**

**May 8  
1200 CST**

**Lipid  
Guidelines  
Update**

Click on 2015  
for more  
information



Click on 2015 for access to the current didactic schedule and session handouts

**2015**

Click on the year to access previous powerpoint presentations/recordings

**2014**

**2013**

**2012**

Presentation	Date	DCO Link	Presenter
<b>Presentations</b>			
Lipid Guidelines	8 May	DCO presentation	Dr Jeffery Colburn, Endo SAMMC
Medication Spotlight: Incretin Medications	10 April	DCO Recording	Dr David Carlsen, Endocr SAMMC
Treating Obesity in Patients with Diabetes	13 March	DCO Recording	Dr Sky Graybill, Endocrir
Updates in DM Clinical Practice Guidelines	13 February	DCO Recording	Dr Mark True, Consultant Endocrinologist, SAMMC
Screening and Treatment of Retinopathy	9 January	DCO Recording	Dr Tamanna O'Dea, Oph WHASC

Downloadable PPT

<b>Projected Presentations</b>			
Medication Spotlight: SGLT2 Inhibitors	12 June		Dr Tom Sauerwein, Medi
Managing Blood Glucose in Patients Using Steroids	10 July		Dr Andrew Paulus, Endocr SAMMC
Wound Care for Patients with Diabetes	14 August		Dr Irene Folaron, Endocr SAMMC
Addressing Non-Adherence in Diabetes	11 September		Dr William Isler, Clinical WHASC
Diabetes and the Air Force Military Evaluation Board	9 October		Dr Richard Davis, Endocr SAMMC

## *Diabetes Central*

## Contact Us

The Diabetes Center of Excellence  
Wilford Hall Ambulatory Surgical Center  
59 MDOS/SG07E  
2200 Bergquist Dr., Ste 1  
Lackland AFB, TX 78236-9908

Ph: 210-292-0307

(DSN: 554-0307)

Fax: 210-292-3748

Email: [Project.Echo.diabetes@us.af.mil](mailto:Project.Echo.diabetes@us.af.mil)



# Discussion and Questions



# Accessing Diabetes Resources

- The AF DCOE Diabetes Central site is accessible for all Common Access Card (CAC) holders at:  
<https://kx2.afms.mil/kj/kx4/DiabetesCentral/Pages/home.aspx>
- NMCPHC's Diabetes Resource and Collaboration Hub milSuite site is being developed to facilitate communication among NMCPHC and diabetes educators, health educators, and others in the medical field, and foster ongoing collaboration and information across Navy Medicine.
  - NMCPHC will host a webinar on 23 June 2015 to introduce the milSuite site and discuss opportunities for engagement. To participate, contact Katie Riuli: [Katherine.J.Riuli.ctr@mail.mil](mailto:Katherine.J.Riuli.ctr@mail.mil)



# Additional Questions

**For questions about NMCPHC's Diabetes Resource and  
Collaboration Hub:**

Amy Drayton, RN, MPH, MSN  
CDR, NC, USN

Director of Population Health

[Amy.L.Drayton.mil@mail.mil](mailto:Amy.L.Drayton.mil@mail.mil)

**For questions about AF DCOE's Diabetes Central:**

Tom J. Sauerwein, MD  
GP15, USAF, MC

Director, Diabetes Center of Excellence  
Clinical Professor of Medicine (USUHS)

[Tom.Sauerwein.1@us.af.mil](mailto:Tom.Sauerwein.1@us.af.mil)



# Closing

- The slides and audio will be archived on the NMCPHC website:  
<http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>.
- Before logging off, please take a moment to respond to the poll question on the DCS screen.

