

Standards and Guidelines for Comprehensive Diabetes Care

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Summary of the National Clinical Care Commission Report on Diabetes¹

Leveraging federal policies and programs to more effectively prevent and treat diabetes

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Foundational Recommendations	All-of-Government Approach	Health Equity	Access to Care
Subcommittee	General population	Population at risk	People with diabetes
Focus	All of government	Public health/clinical care delivery	Clinical care delivery
Social Factors and Environmental Exposures	Education/schools, agriculture/ food, housing, transportation, commerce, green spaces, neighborhoods, drinking water, environmental exposures	Agriculture/food, housing, green spaces, neighborhoods, drinking water, environmental exposures	
Public Health	Food labeling, sugar-sweetened beverages (SSB), marketing to children, paid maternity leave, breastfeeding	Increase awareness and diagnosis of prediabetes, food labeling, SSB	Food labeling, SSB
Health Care	Access and affordability	Harmonize National Diabetes Prevention Program (DPP) and Medicare DPP recognition programs, approve metformin for diabetes prevention	Diabetes self-management education and support (DSMES)/ training (DSMT), improve access to diabetes devices, team-based care, workforce training, technology- enabled mentoring, virtual care
Policy	Health-in-all policies, food labeling, tax on SSB, marketing to children, paid maternity leave, establish Office on National Diabetes Policy (ONDP)	Coverage of A1C for screening; increase availability of, referral to, and insurance coverage for effective diabetes prevention interventions; mandate insurance coverage for all effective modes of DPP delivery; mandate insurance coverage for the National DPP under the Affordable Care Act, ONDP	Marketplace health plan subsidies, Medicaid expansion, insulin access and affordability, improve access to diabetes devices, quality measurement and reporting, predeductible coverage for secondary and tertiary prevention, improved payment models, ONDP
Research	Evaluate and optimize the impact of non–health related federal agency policies and programs on diabetes prevention and control, train and fund the workforce to perform research	Benefit-based tailored treatment, better elucidate the causes and prevention of type 1 diabetes	Address barriers to DSMES/ DSMT, explore methods to improve team-based care, digital connectivity as a social determinant of health
Agencies	Department of Education, Department of Agriculture, Department of Housing and Urban Development, Department of Transportation, Federal Trade Commission, Federal Communications Commission, Food and Drug Administration, Environmental Protection Agency, Office of the Assistant Secretary for Health	Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Service, Veterans Affairs, Indian Health Service, Food and Drug Administration, National Institutes of Health	Centers for Medicare and Medicaid Services, Veterans Affairs, Indian Health Service, Department of Defense, Health Resources and Services Administration, Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, National Institutes of Health, Office of Minority Health



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Online Resources

Life's Essential 8 From the American Heart Association (AHA)



Life's Essential 8 outlines key steps for improving and maintaining cardiovascular health, as defined by the AHA. Better cardiovascular health is associated with lower risk for heart disease, stroke, cancer, and other major health problems.



bit.ly/3YxcG4v

Standards of Care From the American Diabetes Association (ADA)



The 2023 **Standards of Care in Diabetes** from the ADA is for clinicians, patients, researchers, payers, and others and provides current clinical practice recommendations on the components of diabetes care, general treatment goals, and tools to evaluate the quality of care.



bit.ly/3DS9zui

HEDIS Measures on Comprehensive Diabetes Care



The Healthcare Effectiveness Data and Information Set (HEDIS) is used by more than 90% of US health plans to measure performance on important dimensions of care and service. Several processes and outcomes of diabetes care are measured by HEDIS, and data is available to medical providers and practices.



bit.ly/45odVFi