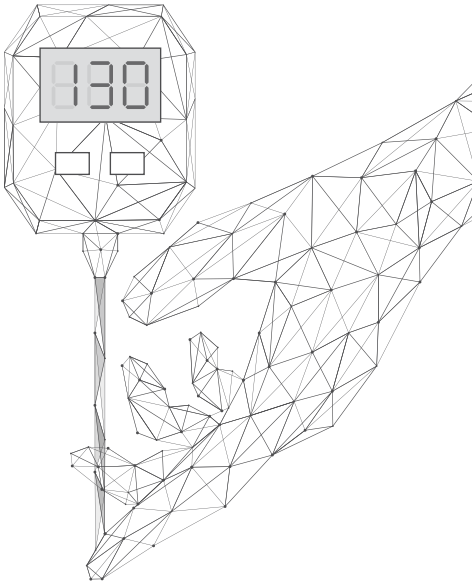
AdventHealth

Clinical Care Pathways

Clinical Protocol

Type 2 Diabetes Mellitus



As a practicing clinician, you understand that Type 2 Diabetes Mellitus (DM) is a common, serious, and costly condition affecting our patients. Studies show wide variation in care delivered to people with this disease. Effective diabetes management has been proven to improve disease outcomes and enhance patient well-being.

For these reasons, AdventHealth Provider Network's (AHPN) Board of Managers has adopted the abridged 2025 American Diabetes Association (ADA) Standards of Care for Diabetes. This guideline outlines current evidence-based practices in diabetes prevention, diagnosis, and treatment. It emphasizes an individualized, team-based approach that incorporates lifestyle modifications, pharmacologic therapy, and diabetes technology in disease management.

More specifically, the guideline highlights strategies to reduce therapeutic inertia and tailor goals based on patient life stage, comorbidities, and treatment risks. Following these standards via an integrated clinical pathway will improve the health of your patients.

Please review and implement these recommendations in your practice. By leveraging these tools and working collaboratively with your care teams, you can help patients reach their treatment goals and reduce the burden of diabetes-related complications across our communities.

Follow the link or the QR code below to view the clinical recommendations for Diabetes Mellitus that have been approved by the AHPN Board of Managers and provided by the ADA.

38M

U.S. adults have Type 2 diabetes

1 in 5

adults with diabetes do not know they have it

2025 Abridged Standards of Care
American Diabetes Association

Download Link Here

Type 2 Diabetes Mellitus Clinical Care Pathway
Performance Monitoring Program

Federal anti-trust laws and regulations allow independent hospitals, physicians and other providers to form clinical integration networks (CIN) that may negotiate prices with payers only when the CIN engages in the facilitation of interdependence and cooperation between providers to reduce low-value spend and improve clinical quality. The Federal Trade Commission (FTC) specifically requires CIN providers to create and support clinical guidelines that continually improve quality and that are utilized to measure network and individual provider performance. In keeping with the above requirement and following the recommendations made by the AdventHealth Provider Network (AHPN) DM Focus Group and Medical Management Committee, the AHPN Board of Managers has approved the creation of the ***AHPN Type 2 Diabetes Mellitus Clinical Care Pathway Program***. The program is composed of two arms. The first is a summary of current best practice DM treatment guidelines. The second programmatic arm is a performance monitoring assessment that highlights divergence between current DM treatment regimens as compared to best-practice DM treatment protocols at a provider, provider group and network levels.

Performance results will additionally reference AHPN measure specific goals, and provider and provider group performance will additionally be ranked against peer performance.

The following 17 DM performance monitoring metrics will be utilized to gauge adherence to best practice guidelines. Metric performance will be assessed utilizing a claims-based analysis and will be available to providers, on demand, via the Clinical Care Pathways Dashboard.

All AHPN members with clinical pathway attribution are also eligible to participate in a pathway-specific Performance Improvement (PI) project. Completion of this PI project provides the opportunity to earn 20 AMA PRA Category 1 Credit(s)™, counts as 1 ABIM MOC Part IV project or counts as one ABFM Performance Improvement project and provides 20 ABFM MOC points, as applicable.

For further information, please contact your performance and enablement specialist.

If you do not know who your assigned performance and enablement specialist is, please email PHSO.Network.Support@adventhealth.com or call 800-741-4810.

Type 2 Diabetes Mellitus (DM) Performance Metrics

Glycemic Control:

- Percentage of adult members with diagnosis of Type 2 Diabetes with last A1c below 8
- Percentage of adult members with diagnosis of Type 2 Diabetes with last A1c greater or equal to 9. *(inverse metric)*

Testing for Type 2 Diabetes Complications:

- Lipid panel performed in the past 6 months.
- Urinary albumin-to-creatinine ratio performed in the past 12 months.
- LFTs performed in the past 6 months.
- All the above performed in the past 6 months.

ASCVD Primary Risk Reduction:

- Percentage of members 40-75 years old with Type 2 Diabetes on *moderate- to high*-intensity statin therapy.

Management of Concurrent Diseases:

ASCVD (CAD, h/o TIA, h/o CVA, h/o MI, atherosclerotic carotid artery disease)

- Percentage of members with diagnosis of Type 2 Diabetes and concurrent diagnosis of HFpEF or HFrEF with SGLT2i PDC ≥ 80% in past 6 months.
- Members 40-75 years old with Type 2 Diabetes and concurrent diagnosis of CKD (G1-G5) on *high*-intensity statin therapy.

Chronic Kidney Disease

- Percentage of members with diagnosis of Type 2 Diabetes and concurrent diagnosis of CKD (G1-4) with SGLT2i PDC ≥ 80% in past 6 months.
- Members with diagnosis of Type 2 Diabetes and concurrent diagnosis of chronic kidney disease with microalbuminuria (G1-5, A2-3) with ACEi or ARB PDC ≥ 80% in past 6 months.
- Members 40-75 years old with Type 2 Diabetes and concurrent diagnosis of CKD (G1-G5) on *high*-intensity statin therapy.

Heart Failure

- Percentage of members with diagnosis of Type 2 Diabetes and concurrent diagnosis of HFpEF or HFrEF with SGLT2i PDC ≥ 80% in past 6 months.

Hypertension

- Members with diagnosis of Type 2 Diabetes and concurrent diagnoses of Hypertension and microalbuminuria with ACEi or ARB PDC ≥ 80% in past 6 months.
- Members 40-75 years old with Type 2 Diabetes and Hypertension on *high*-intensity statin therapy.

Obesity

- Percentage of members with diagnosis of Type 2 Diabetes and concurrent diagnosis of obesity or morbid obesity (BMI ≥ 30) with GLP-1a or GLP-1a + GIPa PDC ≥ 80% in past 6 months.
- Members 40-75 years old with Type 2 Diabetes and concurrent diagnosis of obesity on *high*-intensity statin therapy.

AHPN-FL DM Clinical Care Pathway
Program Development and Approval

The AdventHealth Provider Network (AHPN) Type Two Diabetes Mellitus Program is based on the American Diabetes Association (ADA) Standards of Care in Type Two Diabetes – 2025 Abridged for Primary Care. These guidelines and measures were approved at the September 2025 AHPN Board of Managers meeting.

The Population Health Services Organization's (PHSO) clinical team heartfully thanks the following AHPN providers and AdventHealth team members who participated in the creation of the Clinical Care Pathway Program.

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