DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

S: 15 January 2001
S: 1 May 2001
S: 1 June 2001

08 JAN 2001

MCHO-Q (40)

MEMORANDUM FOR COMMANDERS, MEDCOM RMCs/MEDCENs/MEDDACs

SUBJECT: Army Medical Department-Wide Implementation of the Department of Veterans Affairs/Department of Defense (VA/DOD) Diabetes Clinical Practice Guideline (CPG)

1. The VA/DOD Diabetes CPG will be implemented in all Army Medical Department (AMEDD) facilities by 1 May 2001. System-wide implementation of the guideline will improve the quality of care of DOD beneficiaries suffering from this disorder. Guideline implementation will lead to decreased complications of diabetes, leading to decreased utilization of health care services and improved patient satisfaction.

2. To kick off the AMEDD system-wide implementation of the Diabetes CPG, there will be a VA sponsored satellite broadcast on 31 January 2001, 1300-1500 Eastern Standard Time (see Enclosure 1). This satellite broadcast was codeveloped by the VA and the AMEDD and consists of the following.

a. A presentation by VA and DOD clinical practice guideline champions detailing key points of the guideline and the targeted guideline performance metrics.

b. Interviews with VA and DOD personnel who have experience in implementing the guideline.

3. This CPG is targeted for the primary care provider. It was adapted for use in the federal system from nationally developed, evidence-based clinical practice guidelines, by a multidisciplinary team of the four federal organizations (Army, Navy, Air Force, and Department of Veterans Affairs). Dr. Leonard Pogach, a VA Endocrinologist, and COL Stephen Brietzke, an Air Force Endocrinolgist, led the multidisciplinary panel of providers in their adaptation of this VA/DOD guideline.

4. Implementation materials provided in the AMEDD's Diabetes Tool Kit will be mailed to each Regional Medical Command and medical treatment facility (MTF)

in early January 2001. This tool kit was developed with the input of VA/DOD primary care providers, endocrinologists, diabetes educators, nurses, and other health care personnel.

5. The success of this guideline initiative depends on its effective implementation in each primary care clinic at every MTF. Local practice guideline champions and primary care action teams should carry out these implementation functions. The form at Enclosure 2 provides guidance on team membership, along with a grid to list your team members. Forward the names of your MTF's Diabetes Guideline Team to the Quality Management Directorate, Headquarters, U.S. Army Medical Command (HQ MEDCOM), NLT 15 January 2001. An implementation manual developed to guide CPG team activities can be downloaded from the Quality Management Directorate website at http://www.cs.amedd.army.mil/qmo.

6. I suggest local action teams be afforded a daylong off-site planning meeting during which they can formulate their team's implementation strategy and action plan. The MTF's can share their plans with other MTF implementation teams through the Diabetes list server at DIABETES-CPG@csdmail.medcom.amedd. army.mil. The recommended planning process and worksheets to support preparation of an action plan are incorporated in the implementation manual. An information paper at Enclosure 3 will assist your MTF in establishing an implementation plan. Your MTF's plan for implementation of the Diabetes CPG at your facility is due to this headquarters, by 1 March 2001 for continental United States or 1 May 2001 outside continental United States.

7. Our point of contact is Ms. Angela Klar, Diabetes Practice Guideline Administrative Champion, Headquarters, MEDCOM, 2050 Worth Road, Suite 26, Fort Sam Houston, TX 78234-6026, at DSN 471-6195 or Commercial (210) 221-6195.

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JAMES B. PEAKE
Lieutenant General
Commanding