Building a Successful Treatment Plan

A shared decision treatment plan is one that the people you see are mutually agreed upon. This guide explains how to develop a treatment plan with people with type 2 diabetes, their caregivers and other members of their diabetes care team, to help them start and maintain a successful plan. During your discussion, include the person’s atherosclerotic cardiovascular disease (ASCVD) risk, current lifestyle habits and possible modifications, the potential use and cost of pharmacotherapy and what treatment goals they have to be sure you are developing a plan that will work best for them. The figure below outlines a recommended approach based on recommended guidelines (Figure 1).

**ASSESS**

Assess key characteristics, current lifestyle, comorbidities, cultural considerations and socioeconomic barriers

- What other risk-enhancing factors apply to the person? (e.g., family history, metabolic syndrome).
- What is the person’s lifestyle habits or cultural beliefs? (e.g., medication usage, diet, exercise).
- Use the ASCVD Risk Calculator to estimate 10-year ASCVD risk for people aged 40-75 years.
- Use the PREVENT online calculator that provides 10-year risk estimates for people aged 30-79 years.

**ACKNOWLEDGE**

Consider specific factors that impact choice of treatment, including impact on weight, side effect profile of medication, and complexity of regimen

- Are the A1C, blood pressure, lipid and renal function targets based on their personal profile?
- What are the person’s preferences? Collaborate with them on treatment and follow-up plans.

**ASSIST**

Discuss the potential cost of therapy and whether it will be affordable for them

- Does the person have insurance coverage? Can the person afford their co-payment and medications?
- Consider any issues with access, cost and availability of medication when developing their treatment plan.

**MAKE DECISION**

Agree on what’s important for the person and use shared decision-making to create a management plan

- Remember the person’s preference. Involve the person and their caregiver in decision-making and goal setting.
- Provide referral to diabetes self-management education and support (DSMES) and medical nutrition therapy (MNT)—classes available in English or Spanish and mental health resources, if appropriate.

**REVIEW AND MONITOR PLAN**

Agree on a treatment plan and specify SMART goals

- Review the treatment plan you developed together and ensure it can be implemented in a timely fashion.
- If the person is not meeting their goals, see them every 3 months and adjust the plan as needed.
- Follow up on other referrals (DSMES, mental health resources, Medical Nutrition Therapy (MNT), diabetes education, etc.) and refer to local resources.
- To facilitate the coordination of the treatment plan with the rest of their diabetes care team, provide a summary sheet with treatment changes, and/or encourage the person to share this guide with the rest of their team, including their primary care provider or specialists managing their cardiovascular disease (CVD) and diabetes care.
Talking with a Health Care Professional:
Understanding My Type 2 Diabetes Risk
Bring this sheet to your appointment and discuss the following questions.

Your Health Targets
- What should my A1C goal be?
- What should my blood glucose (blood sugar) goal be?
- What other numbers from my blood work should we review together?
- How often should I have my numbers checked (A1C, blood pressure, UACR, eGFR, cholesterol, BMI)?

Managing Diabetes
- Do I need to lose weight, and if so, how much?
- What steps should I take to create an eating plan?
- What should I do to stay physically active (what types, how often and for how long)?
- What can I do to stop drinking and smoking/using nicotine?
- How much sleep should I get every night?
- What can I do to reduce my stress?
- Is there anything else I can do or resources I can use that would help manage my diabetes?
- Do I need a referral for a diabetes self-management education and support (DSMES) program?

Your Risk for Heart Attack or Stroke
- Am I at risk of heart attack or stroke?
- If yes, what else contributes to my risk?
- What can I do to prevent a heart attack or stroke?
- Is this something I should be concerned about now?

Your Risk for Heart Attack or Stroke
- What steps should I take to create an eating plan?
- What should I be doing to stay physically active (what types, how often and for how long)?
- What can I do to stop drinking and smoking/using nicotine?
- How much sleep should I get every night?
- What can I do to reduce my stress?
- Is there anything else I can do or resources I can use that would help manage my diabetes?
- Do I need a referral for a diabetes self-management education and support (DSMES) program?

Next appointment date: ____________________

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Talking with a Health Care Professional:

**Type 2 Diabetes Medications**

Bring this sheet to your appointment and discuss the following questions.

- Do you think medications will be right or helpful for me?
- How long will I need to take my medication(s)?
- How will we know if my medication(s) are working?
- Will the medication(s) be enough to lower my risk for complications?
- What if my medication is not available at the pharmacy or what if I run out? Who do I contact?
- What are the side effects of the medication(s) I’m taking?
- Are there food, dietary/herbal supplements, or other medications I should avoid when taking my prescribed medication(s)?
- How can I learn more about my medication(s)?
- Are there any cost-assistance programs available for my medication(s)? (If cost is a concern.)

Other Topics or Changes

- Do we need to discuss anything else or change anything else about my treatment plan?

Next appointment date: ________________

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# Medication Chart

Include all medicines prescribed by any health care professional and any supplements that you are taking on a daily and as needed basis.

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Color</th>
<th>What’s It For</th>
<th>Dose</th>
<th>How Often and What Time</th>
<th>Prescribing Doctor</th>
<th>Pharmacy Number</th>
<th>Special Instructions</th>
<th>Refill Date</th>
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<tbody>
<tr>
<td>Example: Lisinopril</td>
<td>pink</td>
<td>heart failure</td>
<td>1 pill (5mg)</td>
<td>once a day</td>
<td>Dr. Jones</td>
<td>650-555-1234</td>
<td>take before or after a meal</td>
<td>5/1/22</td>
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**Allergies to medicine and food**

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