

American Association of Diabetes Educators

Type 2 Diabetes Disparities in Adults in the United States

PROJECT GOALS

- Determine feasibility of integrating a diabetes self-management education DSME program in the patient centered medical home (PCMH)
- Measure impact of this care delivery construct on patient clinical status, satisfaction and self-care
- Identify factors facilitating and impeding integration of the DSME team in the PCMH
- Understand points of value to the person with diabetes

PROJECT DESIGN/STRATEGY

Recruit 4 sites caring for individuals with diabetes from underserved populations, which were either designated as PCMH or willing to work towards attaining that designation. Develop and/or support a DSME program meeting the National Standards for DSME which included engagement a credentialed diabetes educator as well as level 1 or level 2 educator to support the self-management efforts of study participants.

Provide study participants with DSME along with regular access to and contact from the level 1 or 2 educator to reinforce information provided during DSME about self-care, provide motivational support for self-care and help troubleshoot barriers encountered by participants.

Assess impact on clinical parameters, engagement in self-care behaviors, and participant satisfaction.

Utilize the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Maintenance) to evaluate this construct and understand its implications for the PCMH and other models of care coordination.

PARTNERS & ROLES

Implementation sites:

- Kenyatta Lee, MD
 - Jacksonville Urban Disparity Institute (JUDI) part of the University of Florida at Shands
- Jay Shubrook, DO
 - Ohio University College of Osteopathic Medicine, University Medical Associates Diabetes Center
- Nancy Letassy, PharmD, CDE
 - Oklahoma University College of Pharmacy
- David Willens, MD
 - Vanderbilt University School of Medicine

TRAINING & CAPACITY BUILDING

- Identify appropriate settings for this type of program
- Either integrate pre-existing DSME and PCMH programs OR develop one or the other and then integrate the two
- Engage lay personnel to provide ongoing support to study participants
- Provide training to lay personnel in diabetes self-management support
- Identify resources needed by lay personnel to facilitate efforts to support the needs of people with diabetes.

PATIENT/CLIENT RECRUITMENT & ENGAGEMENT

- Participant ineligibility-
 - Outside of the PCMH provider group
 - End stage disease
 - Language
- Eligible challenges -
 - Did not respond
 - Expressed interest but never participated
 - Declined to participate
- Participant retention-
 - Telephone reminders
 - Relationship building

SERVICE/SUPPORT DELIVERY

Categorizing Participant Perspective on Self-Management

- Addressing their emotional and physical well being
- Perceptions about family burden and their needs for support
- Involvement and support for active self-management
- Availability and quality of medical and psychosocial care
- Community resources and societal attitudes

RESULTS TO DATE

Diabetes self-management education and support was provided to 173 individuals with diabetes who would otherwise not have had access to this multi-faceted intervention to address chronic condition management.

The average decrease in A1c ranged from 0.04 ± 1.6 to 1.07 ± 1.9 ; with the smallest change seen at the site with the highest proportion of individuals with an A1c < 7.

Among study participants, relationships with level 1 or 2 educators, credentialed educators, and clinicians were highly valued.

Follow-up with clinicians who participated in the program found that study participants who had engaged in the multi-level DSME were able to engage in higher level conversation about their health and its management. This has implications not only to improve patient outcomes but also to improve doctor-patient communication and knowledge transfer.

Ongoing engagement with elements from this integrated model is occurring at sites.

QUALITY IMPROVEMENTS ACTIONS

Requirement to develop quality assurance instruments

- Improved outreach is needed to increase enrollment in intensive programming of this nature which will, in turn better address issues of health equity.
- Routinized reporting structure is needed to better guarantee outcomes reporting.
- Mechanisms are needed for trouble shooting the challenges encountered during recruitment as well as on-going engagement.
- Ongoing engagement is a critical component which needs systematic examination to identify best practices to address variable levels of participation.
- 'Dosage' of support required for desired outcomes needs to be defined

KEY LESSONS

- Predefined standardization is required to allow for comparisons across sites.
- The drivers of behavior change are diverse.
- Improvement in participant satisfaction is a first step to engagement in improved self-care.
- Ongoing need for self-management support is a common theme in participant comments.