

Team Care—The Preferred Approach to Diabetes Treatment

Linda Siminerio, RN, PhD, CDE

Chair, National Diabetes Education Program; Professor of Medicine; Executive Director, University of Pittsburgh Diabetes Institute, Pennsylvania, US

Abstract

Diabetes requires the person living with the disease to make daily healthcare decisions. Research shows that a team approach is an effective way to help people better manage their diabetes. Teams that include a diabetes educator offer access to education, improved glycemic control, quality of life, and decreased risk for complications and healthcare costs. The provision of team care and self-management education offers a solution and can be a viable model in overcoming the barriers associated with the complexities of diabetes care.

Keywords

Team care, diabetes education, improved outcomes

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Correspondence: Linda Siminerio, RN, PhD, CDE, University of Pittsburgh Diabetes Institute, Falk Medical Building, Room 562, 3601 Fifth Avenue, Pittsburgh, PA 15213, US. E: simineriol@upmc.edu

Diabetes is a lifestyle disease that requires the person living with the disease to make many daily decisions about diet, activity level, and medications, as well as adequate support to manage the disease successfully. Research has shown that a team-based approach to diabetes care is an effective way to help people with diabetes manage the disease, prevent and treat complications, provide behavior-change strategies, and cope with the emotional challenges this chronic disease brings.¹ Although the team may look different for each patient, it usually represents a variety of disciplines and may include a physician, registered dietitian, diabetes educator, nurse, pharmacist, psychologist, podiatrist, dentist, other professionals, and resources within the community.

The work of collaborative teams varies according to patient needs, work load, organizational constraints, resources, clinical setting, geographic location, and professional skills. Diabetes educators can provide the necessary self-management education and serve as trainers and supervisors for peer leaders, and community health workers who can be equipped to coordinate care and ongoing support for patients in behavior change. The benefits of a diabetes team include access to patient education, better glycemic control, increased patient follow-up, higher patient satisfaction, lower risk for the complications of diabetes, improved quality of life, reduced hospitalizations, and decreased healthcare costs.^{1,2}

In a meta-analysis of diabetes quality-improvement efforts, those who addressed team changes and system redesign showed more robust improvements in glycemia than any other strategy.³ In the global Diabetes Attitude Wishes and Needs (DAWN) study, patients who had access to diabetes team members, such as nurses, reportedly had better outcomes.^{4,5}

Meanwhile, several programs that applied self-management education and team care in community settings have demonstrated positive outcomes. For instance, introducing educator services in primary care has proved to improve access to education and patient outcomes.⁶ By reorganizing a practice to facilitate self-management education to the practice, educators have been able to provide education and support for patients who are newly diagnosed, undergoing regimen changes, or following an advanced medication plan. Studies have shown that when educators are directly available to work with primary care practices, patients were better able to self-manage and meet treatment goals.^{7,8}

Team care is likely to play a major role in future healthcare systems being designed to provide comprehensive lifetime prevention and management strategies for chronic diseases. Healthcare providers and decision-makers who are responsible for delivering quality diabetes care need to mobilize efforts and explore new avenues to meet the needs of people living with complex chronic diseases. They should examine opportunities to pair primary care providers and educators; explore connections to community workers to provide ongoing support; consider patient incentives, such as waiving co-payments; re-visit reimbursement models for team members; and investigate technologic approaches for the creation of virtual teams.

The National Diabetes Education Program (NDEP), a federally sponsored initiative of the National Institutes of Health and the Centers for Disease Control and Prevention, has a commitment to work with public and private partners to improve the treatment and outcomes for people with diabetes, promote early diagnosis, and prevent or delay the onset of type 2 diabetes. The NDEP's *Practice Transformation for Physicians and*

Health Care Teams website⁹ provides resources to improve diabetes care within the context of an evolving healthcare delivery system. There are multiple resources for helping healthcare professionals understand the key elements of successful teams and how to develop successful teams. The NDEP also offers a free publication, *Redesigning the Health Care Team: Diabetes Prevention and Lifelong Management*,¹⁰ which is designed specifically to help healthcare professionals and organizations implement collaborative, multidisciplinary diabetes team care in a variety of settings.

With the increased number of people at risk and patients diagnosed with diabetes, creative strategies need to be developed that can help patients meet their goals and lower their risk for diabetes complications. Healthcare teams and decision-makers will need to work together to overcome the myriad challenges, such as access to care, poor reimbursement, minimal training in handling psychosocial needs, and limited time with patients. The provision of team care and diabetes self-management education offers a solution and can be a viable model in overcoming the barriers associated with the complexities of diabetes care. ■

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