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Care Coordination and Empowerment in People with Type 2 Diabetes

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Care Coordination and Empowerment in People with Type 2 Diabetes

THE UNIVERSITY OF VERMONT
COLLEGE OF NURSING
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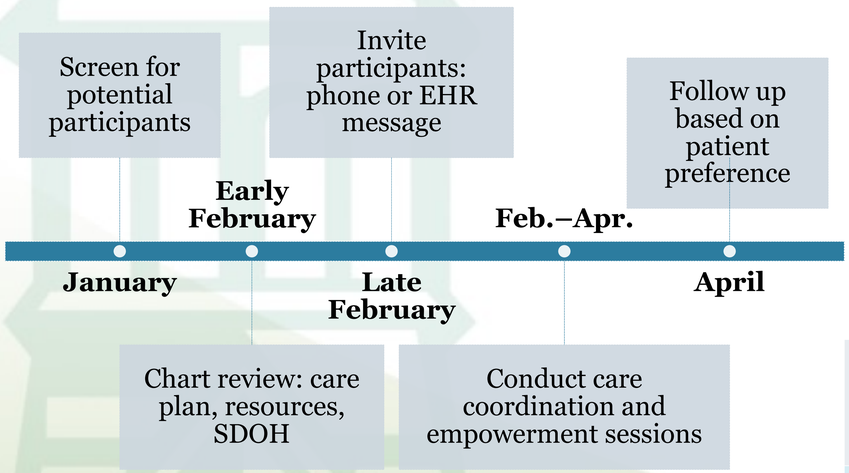
Introduction

- Greater than 1 in 7 adults in United States diagnosed with Type 2 Diabetes[1]
- Diabetes prevalence projected to increase to 1 in 3 by 2050[2]
- Management of Diabetes cost $327 billion in 2017, or 1 in 4 healthcare dollars[3]
- Primarily self-managed based on provider recommendations[4]
- Care coordination and empowerment are effective methods increase to patient self-efficacy and correlated with improved long-term outcomes[4,5]
- Aligned with Accountable Care Organization (ACO) and Value Based Care goals promoting prevention[6]

Project Timeline/Methods



- Participant screening based on: ACO attribution, Type 2 diabetes diagnosis, HA1c, age, upcoming PCP visit

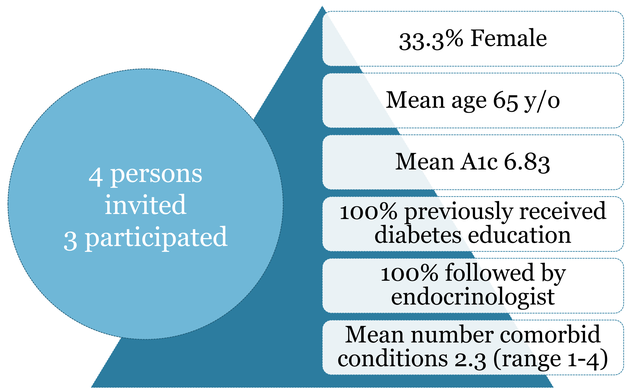
Measures

- Diabetes Empowerment Scale Short Form (DES-SF)
- Measure of higher-order self-efficacy correlated with successful clinical or educational intervention[7]
- Likert-Scale ranging from 1, strongly disagree, to 5, strongly agree
- Coded to 3 unique subscales

Specific AIMs

1. 60% of patients will accept invitation for care coordination, educational session and complete DES-SF survey
2. Increase self-perception of diabetes management by 20% as measured by changes in DES-SF from initial baseline interview to conclusion of pilot program

Participant Demographics



DES-SF Results

Subscale	Pre-intervention mean	Post-intervention mean	Difference in means	% change
Managing the psychosocial aspects of diabetes	4.75 (+/-0.62)	4.92 (+/- 0.29)	0.29	3.89
Assessing dissatisfaction and readiness for change	4.17 (+/-0.98)	4.67 (+/- 0.52)	0.52	10.72
Setting and achieving diabetes goals	5 (+/-0)	5 (+/- 0)	-	-
Overall composite	4.67 (+/- 0.7)	4.88 (+/- 0.34)	0.21	4.27

Interpretation

- 75% participation rate indicates this service is desired by and accessible to participants
- High baseline empowerment, 19 of 24 survey questions rated as "5", strongly agree, potentially impacted by:
  - Patient Centered Medical Home & ACO
  - Diabetes educator on site
  - Endocrinologist following
- 4.27% overall and 10.72% improvement in "assessing dissatisfaction and readiness for change" subscale demonstrates educational effectiveness
- Qualitative results demonstrate a major barrier to diabetes management is access to healthy foods

Limitations

- Narrow timeframe and selection criteria, low sample size
- Limited external validity due to nature of quality improvement

Conclusions

- Participants realized an improvement in diabetes related empowerment following care coordination and education
- Utilizes full scope of CNL, and sustainable as billable service
- Empowerment changes correlated with improved long-term diabetes control[5,8]

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