

## Team Care: The Preferred Approach to Diabetes Treatment

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### Short Communication

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.

Collaborative teams work 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 health care 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 proven 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 health care systems being designed to provide comprehensive lifetime prevention and management strategies for chronic diseases. Health care 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; revisit reimbursement models for team members; and investigate technological 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 website ([www.YourDiabetesInfo.org/PracticeTransformation](http://www.YourDiabetesInfo.org/PracticeTransformation)) provides resources to improve diabetes care within the context of an evolving health care delivery system. There are multiple resources for helping health care 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* ([www.YourDiabetesInfo.org/TeamCare](http://www.YourDiabetesInfo.org/TeamCare)), which is designed specifically to help health care 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 of diabetes complications. Health care 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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