Integrated Patient-Centered Diabetes Care: A Shared Vision

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Diabetes: Our Nation's Most Expensive Health Condition

- 1 in 4 Health Care Dollars
- 26% Increase
- Medical Expenditures 2.3 X Higher
Diabetes: Quality Gap
Keys to Better Diabetes Care

• Patient-Centered Care
• Self-Management
• Patient Empowerment
• Team-Based Care
• Continuous Quality Improvement
Patient-Centered Integrated Health Care
The Three Phases of the Diabetes Care:

Phase 1–Pre-Visit Preparation
Phase 2–Intra-Visit
Phase 3–Post-Visit
Patient Engagement

• Shared Decision Making
• Resource Connections
• Empowerment
• Goals
Care Management: Assisting the Patient Who is Not at Goal
Community Partnerships
Community Culture Change
Resiliency
<table>
<thead>
<tr>
<th>Diabetes Support Group(s)</th>
<th>Basic Diabetes Education</th>
<th>Comprehensive Diabetes Education/Treatment</th>
<th>Diabetes Prevention</th>
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</thead>
<tbody>
<tr>
<td>• Facilitated by clinic staff</td>
<td>• Free to the community</td>
<td>• Medical Nutrition Therapy</td>
<td>• CDC Diabetes Prevention Program</td>
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<td>• Focused on problem-solving and coping skills</td>
<td>• Open to individuals with diabetes and family members/care takers</td>
<td>• Diabetes Self-Management Education Training and Support (Individual and/or Group)</td>
<td>• At risk screenings</td>
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<td>• Patient/Client led</td>
<td>• Focused on basic diabetes information and building a diabetes support network</td>
<td>• Clinical Pharmacist</td>
<td>• Program referrals</td>
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<td></td>
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<td>• Shared Medical Appointments</td>
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<td>• Consistent Messaging</td>
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**Comprehensive Diabetes Program**
Assessing Your Program

• How many prediabetic and diabetic patients does your clinic currently see?
  • How are prediabetic patients identified/diagnosed

• What does your integrated care team look like: do you have behavioral health, pharmacy, patient resource coordinator, dietitian/diabetes educator and how many providers, nurses, medical assistants, etc. do you have?

• What are your current goals that pertain to diabetes or chronic disease care/treatment/prevention?

• What diabetes programming do you already offer?

• What resources do you have to support care in your community?

• Identify key partnerships to support diabetes care in your community.
  • What partnerships already exist?
  • What partnerships need to be established?
Thank you!
Resources