Diabetes Care Management During Cancer Treatment

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Diabetes Care Management During Cancer Treatment

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Objectives

- Decrease diabetes related emergency department (ED) visits in persons with diabetes receiving cancer treatment
- Improve patient satisfaction with care integration, self efficacy, and diabetes treatment
- Improve provider satisfaction with coordination and communication

Methods

- A comparison population of persons with diabetes undergoing active cancer treatment was selected from the patient registry of a hospital-employed physician group
- Patients with known or newly diagnosed diabetes were referred for diabetes care management (CM)
- CM intervention:
  - Diabetes education with emphasis on self-care by nurse-certified diabetes educator (CDE) and nurse practitioner (NP) and CDE collaboration on care plan, communication to the PCP and plans to coordinate care
  - Creation of clinical practice guidelines (CPGs) for use in the chemotherapy infusion suite

Conclusions

- Patient empowerment and satisfaction with treatment may be improved by diabetes CM
- PCPs surveyed before enrolling patients in CM are more satisfied with oncologist communication than oncologists are with PCP communication
- ED admissions for diabetes related diagnoses among cancer patients persisted among CM patients, although the percentage of ED visits was slightly lower than in the comparison population.
- Patients who received CM were highly satisfied with their care and reported that their PCPs were informed and up to date.

Key Lessons

- PCP engagement in co-management matters
- PCPs and care managers experience more response than NPs
- Care management “platforms” vary among practices
- PCPs are uncomfortable about the “cancer” center—providing day to day oversight of patients with diabetes receiving cancer treatment
- Patient “appointment fatigue” limits the opportunities for CDE visits
- Oncologists “buy in” to clinical practice guidelines is critical to the point of service (infusion center) intervention for hyperglycemia, but—oncologists uncomfortable with day-to-day diabetes medical management
- Despite high satisfaction with education and support by patients with diabetes undergoing cancer treatment, current reimbursement for diabetes CM limits the sustainability for this pilot model.
- Diabetes education/CM alone may be insufficient to avoid diabetes related ED visits among patients with diabetes receiving cancer treatment

References

- Demographics Medical record
- Measuring Patients’ Experiences with Individual Primary Care
- Brucker et al (2005)