Diabetes Care Management in the Cancer Center: Challenging Current Models of Care to Optimize Outcomes for a Complex Population

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PROJECT PURPOSE

People with concurrent diabetes and cancer are more likely to have a poor prognosis, increased infection rates, and shorter median survival times. Optimal management of diabetes and cancer is rarely supported by standard models of healthcare, but may be improved by collaborative communication efforts and effective integration of diabetes education for patients and healthcare providers in the cancer center.

The Diabetes Oncology Program (DOP) was a grant funded initiative that served patients with diabetes and actively treated cancer over a nine month period.

BACKGROUND

- Oncology nurses and providers are often uncomfortable managing abnormal blood glucose levels
- Many oncology treatment plans directly impact glycemic control
- Patients undergoing active cancer treatment tend to experience “appointment fatigue” which contributes to limited diabetes or primary care follow-up, and negatively impacts glycemic control

IMPLEMENTATION IN CANCER CENTER

- Endocrinologist led education session for oncology nurses
- Referral process developed:
  - Diabetes/ Hyperglycemia screening tool
  - Hyperglycemia triage process for oncology RNs and staff
- Hyperglycemia clinical practice guideline (CPG) developed for chemotherapy infusion staff to standardize:
  - Monitoring blood sugars
  - Providing urgent insulin doses
- Oncology provider order sets developed:
  - Diabetes diagnosis to problem list in oncology EMR
  - A1c collection
  - CPG activation with chemotherapy treatment
- Individualized diabetes education and diabetes care management for patients throughout active cancer treatment:
  - CDE/ NP visits coordinated with time and location of oncology appointments
- CDE facilitated communication between oncology, diabetes and primary care providers (PCP)

POST PROGRAM GOALS

- Develop an annual diabetes/oncology nurse education course addressing:
  - Glycemic control standards
  - Diabetes medications
  - Troubleshooting abnormal blood sugars in the setting of steroids and cancer treatments
  - Common cancer treatment related complications and impact on glycemic control
- Standardize triage processes and communication tools between oncology and primary care teams regarding:
  - Uncontrolled hyperglycemia
  - Steroid use
  - Lab orders and lab result sharing
- Reinforce the importance of regular PCP follow up throughout cancer treatments for improved management of chronic conditions

POST PROGRAM TRANSITION

- Developed a diabetes and cancer patient education handout
- CPG revised for oncology staff to triage and manage hyperglycemia independently from CDE
- Action plans for oncology offices:
  - Triage process for responding to hyperglycemia in random labs
  - Communicate chemotherapy/ steroid regimen to PCP prior to treatment cycle
  - Request that PCP refer patient to outpatient diabetes education
  - Assist patients without a PCP to establish care with a provider for chronic care
- Diabetes oncology “teachback” education tool designed by oncology nurses

PROGRAM CHALLENGES

- Short duration of program
- Lack of long term funding to support CDE within cancer center
- Defining communication processes between primary care/endocrinology/oncology providers
- Declining patient ability and/or interest in DM self-management as health status deteriorated or treatment impact intensified
- Inconsistent emphasis on glycemic control by PCPs during steroid or cancer treatments

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