

Diabetes Prevention and Control: Disease Management Programs

Task Force Finding

Intervention Definition

Disease management of diabetes in the clinical setting is an organized, proactive, multicomponent approach to healthcare delivery for all members of a population with diabetes or for a subpopulation with specific health risk factors. It embraces all aspects of the delivery system. Care is focused on, and integrated across, the entire spectrum of the disease and its complications as well as the prevention of comorbid conditions. The goal is to improve short- and long-term health or economic outcomes, or both, in the entire population with diabetes. The essential components of disease management are (1) identification of individuals or populations with diabetes (or a subset with certain risk factors); (2) use of guidelines or performance standards to manage those identified; (3) information systems to track and monitor interventions and patient-, practice-, or population-based outcomes; and (4) measurement and management of patient and population outcomes. Other interventions may be incorporated into disease management interventions, and these interventions can be focused on (1) the healthcare system (e.g., practice redesign, electronic information systems, changes in models of care), (2) the provider (e.g., reminders, education, feedback, decision support), or (3) the patient or population (e.g., patient-centered care strategies, DSME, reminders, feedback, telephone call outreach).

Task Force Finding (December 2000)*

Disease management is strongly recommended by the Task Force based on strong evidence of its effectiveness in improving glycemic control, provider monitoring of glycosylated hemoglobin (GHb), and screening for diabetic retinopathy. Sufficient evidence is also available of its effectiveness in improving provider screening of the lower extremities for neuropathy and vascular changes, urine screening for protein, and monitoring of lipid concentrations. This recommendation is applicable to adults with diabetes in the settings of managed care organizations and community clinics in the United States and Europe. Although a number of other important health outcomes were examined, including blood pressure and lipid concentrations, data were insufficient to make recommendations based on these outcomes.

*From the following publication:

Task Force on Community Preventive Services. Recommendations for healthcare system and self-management education interventions to reduce morbidity and mortality from diabetes. *Am J Prev Med* 2002;22(4S):10-4.

Publications

Norris SL, Nichols PJ, Caspersen CJ, et al. The effectiveness of disease and case management for people with diabetes: a systematic review. *Am J Prev Med* 2002;22(4S):15-38.

Task Force on Community Preventive Services. Recommendations for healthcare system and self-management education interventions to reduce morbidity and mortality from diabetes. *Am J Prev Med* 2002;22(4S):10-4.

Task Force on Community Preventive Services. Strategies for reducing morbidity and mortality from diabetes through health-care system interventions and diabetes self-management education in community settings: a report on recommendations of the Task Force on Community Preventive Services. *MMWR* 2001;50(RR16):1-15.

Task Force on Community Preventive Services. Diabetes. In : Zaza S, Briss PA, Harris KW, eds. *The Guide to Community Preventive Services: What Works to Promote Health?* Atlanta (GA): Oxford University Press;2005:188-222 (Out of Print).

Disclaimer

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