

Diabetes Prevention and Control: Case Management Interventions to Improve Glycemic Control

Task Force Finding

Intervention Definition

Case management is “a set of activities whereby the needs of populations of patients at risk for excessive resource utilization, poor outcomes, or poor coordination of services are identified and addressed through improved planning, coordination, and provision of care.” It usually involves the assignment of authority to a single professional (the case manager, most commonly a nurse) who is not a provider of direct health care. The essential features of case management are (1) the identification of eligible patients, (2) the assessment of individual patients’ needs, (3) development of an individual care plan, (4) implementation of that care plan, and (5) monitoring of outcomes. Case management is often combined with disease management but can also stand alone as an intervention or be combined with other clinical care interventions (e.g., practice guidelines or patient reminders).

Task Force Finding (January 2001)*

Case management is strongly recommended by the Task Force based on strong evidence of its effectiveness in improving glycemic control. Evidence is also available of its effectiveness in improving provider monitoring of GHb, when case management is combined with disease management. These findings are applicable primarily in the U.S. managed care setting for adults with Type 2 diabetes.

*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).

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provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

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