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 glycated 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:


**Publications**


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