

Summary Evidence Table: Disease Management

Author, Year Location Study Design Design Suitability Study Quality	Follow-up interval n Limitations	Demographics: Type of Diabetes Age Sex Race/Ethnicity	Intervention	Results: Summary Effect Measures, p-value, within or between groups
Aubert RE, et al., 1998 US Randomized trial Greatest suitability Good quality	F/U: 1 year n=138 Limitations: 28% attrition	Type 2 (87.4%) 53y 60% female 77% white	I: Nurse case management intervention with diabetes education guidelines, diet, and exercise reinforcement, and systematic treatment adjustments C: Usual care plus blood glucose meters and strips and encouragement to enroll in diabetes education program	(p-values represent between-group differences) Hemoglobin A1c (%): Absolute change: -1.1 Relative change: -12.2% (p < 0.001) Fasting blood glucose (mg/dl): Absolute change: -33.8 Relative change: -17.3% (p = 0.003) Systolic blood pressure (mmHg): Absolute change: -4.2 Relative change: NR (p > 0.05) Diastolic blood pressure (mmHg): Absolute change: -2.3 Relative change: -2.9% (p > 0.05) Weight (kg): Absolute change: +0.2 Relative change: NR (p > 0.05) Cholesterol (mg/dl): Absolute change: -4.7 Relative change: -2.1% (p > 0.05) Triglycerides: (mg/dl): Absolute change: -31.2 Relative change: -16.2% (p > 0.05) LDL (mg/dl): Absolute change: +4.2 Relative change: +3.2% (p > 0.05) Mean number of visits in last 1y: Absolute change: +0.2 Relative change: NR (p > 0.2)
Carlson A, 1991 Sweden Randomized trial Greatest suitability Fair quality	F/U: 18 months n=34 facilities Limitations: Little demographic information; degree of implementation of specific components unclear; no mention of cluster analysis; attrition not reported	Unclear (17% on insulin) 64y 54% female NR	I: Physicians and support staff continuing medical education for 2 weeks, with focus on role deliniation, provider guidelines, and organizational care C: Usual care; wait-listed	Hemoglobin A1c: (% patients measured): Absolute change: +19.0 Eye exam (% patients with exam in prior yr): Absolute change: +12.0 Hemoglobin A1c (%): Absolute change: -0.3 (p > 0.05, between)

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Casey DE, et al., 1999 US Before-and-after study Least suitable Fair quality	F/U: 18 months n=41 Limitations: No demographic information; intervention and outcomes not adequately Described; no information on statistical test(s) used; exact data values not given; attrition not reported	Type 2 NR NR NR	Visit flow sheet covering 12 categories of care based on ADA standards, completed at each visit by internal medicine residents	% patients with exam in last 18 months: Eye exam: Absolute change: +52.0 Relative change: +288.0% (p < 0.05, within) Foot exam: Absolute change: +46.0 Relative change: +124.0% (p < 0.05, within)
Chicoye L, et al., 1998 US Before-and-after study Least suitable Fair quality	F/U: 1 year n=5100 Limitations: No demographic information; duration, frequency, time frame, and who delivered the intervention are unclear; no reporting of statistical tests	NR NR NR NR	DSME, patient reminders, registry, provider education; delivered by team: RN, pharmacist, certified diabetes educator, primary care physician	% patients who received the following exam or testing: Hemoglobin A1c testing: Absolute change: +13.0 Relative change: +29.6% (p < 0.01, within) Eye exam: Absolute change: +4.0 Relative change: +15.4% (p < 0.01, within) Lipid testing: Absolute change: +34.0 Relative change: +58.6% (p < 0.01, within)
Cook CB, et al., 1999 US Before-and-after study Least suitable Good quality	F/U: 6 months and 1 year n=698 Limitations: How physician feedback occurred not described	Type 2 57y 66% female 93% African American	DSME, medication adjustment according to step-care algorithm, registry, quality improvement; delivered by team for average of 8.6 visits in 1 year	Hemoglobin A1c (%) (6-month follow-up): Absolute change: -1.5% Relative change: -16.3% (p = 0.0025, within) Hemoglobin A1c (%) (12-month follow-up): Absolute change: -1.2% Relative change: -12.9% (p = 0.0025, within) Body mass index (kg/m ²) (12-month follow-up): Absolute change: +0.3% Relative change: +0.94% (p = 0.0025, within)
Deichman R, et al., 1999 US Before-and-after study Least suitable Fair quality	F/U: 6 months n=896 Limitations: No demographic information or cluster analyses	NR >65y NR NR	Physician feedback on HbA1c monitoring, physician education, self-management training, reminders, free home blood glucose monitor; by physicians and researchers for 6 months	% patients with HbA1c within 6 months of last visit: Absolute change: +18.2 Relative change: +62.0% (p = 0.0001, within) Median HbA1c (%): Absolute change: -0.7 Relative change: -8.2% (p = 0.005, within)

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deSonnville JJ, et al., 1997 Netherlands Cohort study with comparison group Moderate suitability Fair quality	F/U: 2 years for I; 5 years for C n=418 Limitations: Clustering in general practitioner practices not controlled for; 23% and 33% attrition in I and C, respectively; only hemoglobin A1c baseline differences controlled for in analysis	Type 2 65.3y 59% female 80% Dutch	I: Quarterly visits, practice guidelines, telephone follow-up, annual review of complications; by general practitioner and specialists C: Quarterly visits for glycemic control and annual review of complications; by general practitioner	Hemoglobin A1c (%) (p-values represent between-group differences): Absolute change: -0.6 Relative change: -8.1% (p = 0.002) Total cholesterol (mmol/L): Absolute change: -0.3 Relative change: -4.9% (p = 0.002) HDL cholesterol (mmol/L): Absolute change: -0.04 Relative change: -3.3% (p = 0.04) Triglycerides (mmol/L): Absolute change: -0.2 Relative change: -8.5% (p = 0.12) Systolic blood pressure (mmHg): Absolute change: +0.9 Relative change: +0.6% (p = 0.7) Diastolic blood pressure (mmHg): Absolute change: -0.9 Relative change: -1.1% (p = 0.59) Body mass index (kg/m ²): Absolute change: +0.6 Relative change: +2.2% (p < 0.0001)

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Diabetes Integrated Care Evaluation Team, 1994 Scotland Randomized trial Greatest suitability Fair quality	F/U: at end of 2-year trial n=274 Limitations: Relied on scales that measured knowledge and unclear if blinding needed; no cluster analysis to account for between practice differences; potential selection bias due to self-selection to group of choice	32% on insulin 9.4y 44% female NR	I: Mini-clinic visit every 3 months, practice guidelines, role definition, electronic medical record and registry, patient recall for visits; by general practitioner and support staff for 2 years C: Usual care with hospital clinic visits every 4 months, patient reminders	% patients with no assessment of the following during the intervention (p-values represent between-group differences): Glycated hemoglobin: Absolute change: +22.0 (p < 0.05) Blood pressure: Absolute change: +21.0 (p < 0.05) Fundoscopy: Absolute change: +20.0 (p < 0.05) Foot exam: Absolute change: +36.0 (p < 0.05) <hr/> The following measures at end of 2y trial: Glycated hemoglobin (%): Absolute change: 0.0 Relative change: 0.0% (p > 0.05, between) Body mass index (kg/m ²): Absolute change: +1.5 Relative change: +5.4% (p > 0.05, between) Creatinine (μmol/L): Absolute change: +3.1 Relative change: +3.7% (p < 0.05) Systolic blood pressure (mmHg): Absolute change: +3.1 Relative change: +2.0% (p > 0.05) Diastolic blood pressure (mmHg): Absolute change: +0.1 Relative change: +0.1% (p > 0.05) % patients with knowledge of: Type 1 diabetes: Absolute change: -1.9 (p > 0.05) Type 2 diabetes: Absolute change: +1.8 (p > 0.05)

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Domurat ES, et al., 1999 US Cohort study with comparison group Moderate suitability	F/U: approx. 1 year n=8,610 Limitations: Age and type of diabetes not described for all groups; selection bias of groups being compared: higher risk are in intervention group; follow-up rates 18% to 68%, depending on outcome; no baseline comparisons for main study groups	NR NR 51.6% female NR	I: Computerized tracking of high-risk diabetes patients, managed by team with case manager, patient reminders for visits and screening C: Usual care (non-registry) by primary care physician	% patients with the following at 1-year follow-up: Glycated hemoglobin monitoring: Absolute change: +33.0 (p < 0.001, between) Relative change: NR Lipid monitoring: Absolute change: +26.0 (p < 0.001, between) Relative change: NR Urinary protein monitoring: Absolute change: +44.0 (p < 0.001, between) Relative change: NR <hr/> Blood pressure at 1-year follow-up (baseline \geq 130/85 mmHg): Systolic blood pressure (mmHg): Absolute change: -10.0 Relative change: -6.8% (p = 0.06, between) Diastolic blood pressure (mmHg): Absolute change: -4.0 Relative change: -5.0% (p = 0.02, between) Inpatient utilization (days per patient in last 1y) Absolute change: -0.6 Relative change: -44.0% (p < 0.05, between)
Foulkes A, et al., 1989 United Kingdom Before-and-after study Least suitable Fair quality	F/U: 2 years n=213 Limitations: Limited demographic information; statistical methods not reported; no analysis of non-completers	72% Type 2 NR NR NR	Reorganized care: annual exams, case surveillance, standardized evaluation, self-management training; delivered by general practitioner and nurse, one exam per year	% patients with at least 1 annual exam: Absolute change: +31.0 Relative change: +44.9% (p < 0.05, within) Weight (kg): Absolute change: -2.0 Relative change: -2.5% (p > 0.05, within) Fasting blood glucose (mmol/dl): Absolute change: -0.5 Relative change: -5.4% (p > 0.05, within) <hr/> % patients who received the following screening: Urine protein: Absolute change: +63.0 Relative change: +394.0% (p NR) Dilated retinal exam: Absolute change: +53.0 Relative change: +196.0% (p NR) Foot exam: Absolute change: +54.0 Relative change: +200.0% (p NR)

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Friedman NM, et al., 1998 US Before-and-after study Least suitable Fair quality	F/U: 1 year n=1,457 Limitations: Lack of provider and study population demographics; unclear sampling frame; no statistics for some outcomes; no control for provider clustering or repeated measures; unclear when intervention was delivered or initiated	Type 2 31-64y NR NR	Practice guidelines, provider reminders at visits and for retinopathy screening, on-line treatment summaries, provider feedback, diabetes-focused visits and clinic days; conducted by various personnel	Dilated eye exam rates (% in last year): Absolute change: +5.4 Relative change: +11.2% (p-value NR) Hemoglobin A1c (%): Absolute change: -1.8 Relative change: -14.8% (p = 0.01, within)
Goldfracht M. et al., 2000 Israel Before-and-after study Least suitable Fair quality	F/U: 2 years n=876 Limitations: Type of diabetes not reported; no validation of chart audit	NR 60y 52% female NR	HMO-wide planned diabetes interventions: multidisciplinary team flowsheets, guidelines, registries, feedback and continuing medical education; conducted by team and primary care physician for 2 years	% patients with following care recorded in last year: Weight: Absolute change: +25.0 Relative change: +71.4% (p < 0.0001, within) Eye exam: Absolute change: +29.0 Relative change: +74.4% (p < 0.0001, within) Foot exam: Absolute change: +23.0 Relative change: +57.5% (p < 0.0001, within) <hr/> Hemoglobin A1c (%): Absolute change: +39.0 Relative change: +125.8% (p < 0.0001, within) Cholesterol: Absolute change: +21.0 Relative change: +33.9% (p < 0.0001, within) Hemoglobin A1c < 7.4%: Absolute change: +5.0 Relative change: +10.9% (p = 0.17, within)

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Johnston C, et al., 2000 United Kingdom Before-and-after study Least suitable Fair quality	F/U: 3 years n=1,690 Limitations: No description of study population demographics; unclear how chart audit presented; unclear how chart audits, protocols, and decision support systems were used	NR NR NR NR	Computerized database with audit reports (standard annual review) managed by a clinic "consultant" on annual basis for 3 years	% patients with recording of the following (p-value NR) Annual reviews: Absolute change: +2.0 Relative change: +2.7% Blood pressure: Absolute change: -1.0 Relative change: -1.0% Hemoglobin A1c: Absolute change: +62.0 Relative change: +193.8% Urine protein: Absolute change: 0.0 Relative change: 0.0% Retinal screening: Absolute change: 0.0 Relative change: 0.0% Fasting cholesterol: Absolute change: +48.0 Relative change: +228.6%
Legorreta AP, et al., 1996 US Cohort study with comparison group Greatest suitability Good quality	F/U: 28 months n=380 Limitations: Researcher-selected controls	85% Type 2 61y 49.8% female 46% white	I: (Site A & B) Case management, tracking, physician education, patient reminders, provider guidelines, database registry, telephone call follow-up as needed; delivered by team (MD, RN, PA, endocrinologist, dietitian, ophthalmologist, podiatrist), every 3 months for 28 months C: Usual care	Glycated hemoglobin (%) (p-values represent within-group differences): Site A: Absolute change: -2.8 Relative change: -32.1% (p = 0.0001) Site B: Absolute change: -1.1 Relative change: -10.3% % patients with LDL > 160 (mg/dl): Site A: Absolute change: -55.0 Relative change: -25.8% (p = 0.008) Site B: Absolute change: -26.0 Relative change: -14.3% (p = 0.004)

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McCulloch DK, et al., 2000 US Time series study Moderate suitability Fair quality	F/U: 2-4 years n=804 Limitations: No study population demographics; self-selection into groups; no statistical testing; temporal changes in care may have influenced results; introduction of intervention at different times makes it difficult to impute causality	NR NR NR NR	Disease registry, guidelines, provider reminders and feedback, mini-clinics; by primary care team with specialty backup	<p>All 4-year follow-up (%) (no statistics): Prevalence of hemoglobin A1c testing: Absolute change: +12.0 Relative change: +15.6%</p> <p>Retinal screening in last year: Absolute change: +24.0 Relative change: +52.2%</p> <p>Ever-documented foot exam: Absolute change: +62.0 Relative change: +310.0%</p> <p>Effect of diabetes specialty team: HbA1c (%): Absolute change: -0.1 (p > 0.05, between)</p> <hr/> <p>All 2-year follow-up (no statistics): Patient satisfaction: Relative change: +29.2%</p> <p>Inpatient admissions per 1000 patients per year: Absolute change: -49.3 Relative change: -17.0%</p> <p>Mean number of visits per patient over 2 years: Absolute change: -1.3 Relative change: -12.9%</p>																					
North Tyneside Diabetes Team, 1992 United Kingdom Before-and-after study Least suitable Limited quality	F/U: 1 year n=88 Limitations: Type of diabetes and sampling frame unclear; no details on knowledge or satisfaction scoring; no mention of blinding assessor; no statistical testing for many outcomes; 27% attrition	NR 57y 46% female NR	Annual audit of patient care: patient reminders, protocols, DSME, team approach, patient feedback; by MD, dietician, chiroprapist, and RN; 2 times in 1 year	<p>% patients attending 2 annual reviews:</p> <table border="1"> <thead> <tr> <th></th> <th>Absolute change</th> <th>Relative change</th> </tr> </thead> <tbody> <tr> <td>Weight (kg)</td> <td>0.0</td> <td>0.0%</td> </tr> <tr> <td>Hemoglobin A1c</td> <td>+4.0</td> <td>+4.4%</td> </tr> <tr> <td>Blood pressure</td> <td>+1.0</td> <td>-1.1%</td> </tr> <tr> <td>Urine protein</td> <td>-13.0</td> <td>-17.3%</td> </tr> <tr> <td>Cholesterol</td> <td>-15.0</td> <td>-17.1%</td> </tr> <tr> <td>Optician visit</td> <td>-14.0</td> <td>-19.2%</td> </tr> </tbody> </table> <hr/> <p>The following at 1-year follow-up: Hemoglobin A1c (%): Absolute change: +0.1% Relative change: +1.5% (p > 0.05, within)</p> <p>Weight (kg): Absolute change: +0.2 Relative change: +0.3% (p > 0.05, within)</p>		Absolute change	Relative change	Weight (kg)	0.0	0.0%	Hemoglobin A1c	+4.0	+4.4%	Blood pressure	+1.0	-1.1%	Urine protein	-13.0	-17.3%	Cholesterol	-15.0	-17.1%	Optician visit	-14.0	-19.2%
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O'Connor PJ, et al., 1996 US Cohort study with comparison group Greatest suitability Fair quality	F/U: up to 18 months n=239 Limitations: No demographic information on study population; no data on number of diabetes-related visits; attrition 26% for intervention, 45% for controls; no baseline comparison of demographic data	NR NR NR NR	I: Continuous quality improvement process, patient registries, educational outreach for DSME, screening, and monitoring of complications; primary care focused; delivered up to 18 months C: Usual care	% patients with at least 1 hemoglobin A1c at follow-up: Absolute change: -7.0 Relative change: -11.5% (p NR) Mean number of visits in last year: Absolute change: -0.3 Relative change: -5.6% (p NR) Mean hemoglobin A1c (%): Absolute change: -0.4 Relative change: -4.8% (p < 0.001, between)
Payne TH, et al., 1995 US Before-and-after with one cohort outcome Least suitable Fair quality	F/U: 18 months n=46 Limitations: No demographic information on study population; no comparison group for 2 out of 3 outcomes; self-selected providers of intervention	NR NR NR NR	Provider guidelines, computerized registry and database, team approach, measurement of outcomes, RN coordination; primary care based	% patients with the following exam or testing: Annual eye exams: Absolute change: +11.0 Relative change: +15.8% (p > 0.05, between) Annual exam: Absolute change: +7.0 Relative change: +7.7% (statistics NR) Hemoglobin A1c measured in last year: Absolute change: +2.0 Relative change: +2.2% (statistics NR)
Peters AL, et al., 1998 US Cohort study with comparison group Greatest suitability Fair quality	F/U: 2.3 years n=164 Limitations: No cluster analysis; covariates unclear; unequal groups at baseline	94% Type 2 55.6y 51% female 40% white	I: Clinical guidelines, registries, RN care, patient reminders, DSME; delivered by RN, quarterly for 2.3 yrs C: DSME, weekly for 4 weeks	% patients with the following monitoring in 2 years (no statistics): Hemoglobin A1c: Absolute change: +60.0 Lipids: Absolute change: +44.0 Foot exams: Absolute change: +84.0 Ophthalmology referrals: Absolute change: +76.0 Hemoglobin A1c (%): Absolute change: -3.1 Relative change: -26.1% (p NR) Cholesterol: No change between groups Proteinuria: No significant change (p NR) Blood pressure: No significant change (p NR) Quality of life: Relative change: +4.7% (p=0.025, between)

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Rubin RJ, et al., 1998 US Before-and-after study Least suitable Fair quality	F/U: variable: 6-14m n= ~ 7000 Limitations: No demographic information on study population; no statistical testing	NR NR NR NR	Carve-out model: multidisciplinary team, profile providers and hospitals, physician education, medical leadership panel within managed care organization, electronic tracking system, stratified by severity of diabetes; delivered by RN and case manager for 6-14 months	% patients with at least 1 exam in last year (no statistics): Glycated hemoglobin: Absolute change: +42.0 Relative change: +123.5% Eye exam: Absolute change: +17.0 Relative change: +73.9% Foot exam: Absolute change: +23.0 Relative change: +1150.0% Cholesterol: Absolute change: +24.0 Relative change: +61.5% Hospital admissions per 1000-member diabetic years: Absolute change: -43.0 Relative change: -18.0% Bed days per 1000-member diabetic years: Absolute change: -289.0 Relative change: -21.6% Hemoglobin A1c (%): Absolute change: -0.4 Relative change: -4.5%
Sadur CN, et al., 1999 US Randomized trial Greatest suitability Fair quality	F/U: 6, 12, and 18 months n=185 Limitations: 32% attrition rate; some control patients received the intervention	Type 2 (78%) 56y 43% female 75% white	I: DSME and cluster group visits; delivered by RN diabetes educator, with support from endocrinologist C: Usual care	Hemoglobin A1c (%) (6-month follow-up): Absolute change: -1.1 Relative change: -11.4% (p < 0.001, within) 12-month follow-up: Self-monitoring of blood glucose (number of times daily): Absolute change: +1.1 Relative change: +67.5% (p < 0.0001, between) Exercise (minutes per week): Absolute change: +13.0 Relative change: +15.4% (p = 0.5, between) Frequency of self-exam of feet in 12 months: Absolute change: +1.3 Relative change: +25.8% (p = 0.23, between) 18-month follow-up: Hospitalizations per 1000 person-months Absolute change: -13.5 Relative change: -82.3% (p = 0.04, between)

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Sidorov J, et al., 1996 US Before-and-after study Least suitable Good quality	F/U: 3 months and 1 year n=5332 Limitations: 79.9% attrition rate at 1-year follow-up	NR 60.6y 49% female NR	HMO-sponsored disease management program; clinical guidelines, on-site diabetes education, coverage of glucose meters and strips; by a team	Hemoglobin A1c (%): Absolute change: -1.4 Relative change: -15.4% (p = 0.001, within)
Sikka R, et al., 1999 US Randomized trial Greatest suitability Good quality	F/U: 1 year n=138 Limitations: 28% attrition rate with no comparison to completers	88% Type 2 53.8y 59% female 76% white	I: Practice guidelines (urine screening and glycemic control), RN case management, registry; by RN or certified diabetes educator C: Usual care	Urine protein/microalbumin testing: OR: +1.7 (p = 0.033, between)
Sperl-Hillen J, et al., 1998, 2000 US Cross-sectional study Least suitable Fair quality	F/U: 1 year n=approx. 7000 Limitations: No demographic information on the study population; no data on number of diabetes-related visits; no baseline comparison of demographic data	NR NR NR NR	Continuous quality improvement process: patient registries, outcome tracking, practice guidelines, performance feedback, educational outreach for DSME and screening, group and planned visits; by a collaborative team with specialty back-up	% patients with HbA1c test in last 6 months: Absolute change: -1.1 Relative change: -1.3% (p NR, within) % patients with LDL test in last 6 months: Absolute change: +11.1 Relative change: +24.0% (p NR, within) Hemoglobin A1c (%) at 1 year follow-up: Absolute change: -0.4 Relative change: -5.0% (p < 0.001, within) LDL (mg/dl) at 1 year follow-up: Absolute change: -4.3 Relative change: -3.6% (p < 0.001, within)
Taplin S, et al., 1998 US Time series with comparison group Moderate suitability Fair quality	F/U: 2 years n=59 Limitations: Incomplete description of study population; no supporting data on how number of eye exams was obtained; self-selected study populations difficult to compare to controls who improved also, indicating potential contamination or secular trends	NR 47.7y 47% female NR	I: Patient registry, practice guidelines, internet, laboratory and pharmacy data, defined team roles, feedback, provider reminders; by health care team C: Usual care	% patients with eye exam in last year: Absolute change: 1.0 Relative change: -1.6% (p = 0.034, within)

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Tom-Orme L, et al., 1988 US Non-randomized trial Greatest suitability Fair quality	F/U: 30 months n=5149 Limitations: Lack of demographic information on study population; no control for clustering; variable sample size in control and intervention groups	Type 2 NR NR 100% Native American	Clinical protocols, patient registry, team deliniation, patient/provider education, tribal community awareness, school curriculum, health beliefs study; by diabetes control program, tribal leaders, and Indian Health Service staff	Hemoglobin A1c (%) (n=117): Absolute change: -5.9 Relative change: -55.6% (p = 0.0001, between) Systolic blood pressure (mmHg) (n=258): Absolute change: +1.0 Relative change: +0.8% (p > 0.05, between) Body mass index (kg/m ²) (n=171): Absolute change: -0.9 Relative change: -2.8% (p > 0.05, between)

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Varroud-Vial M, et al., 1999 France Before-and-after study Least suitable Fair quality	F/U: 1 year n=58 providers Limitations: No mention of blinding assessor for chart audits; no reporting of statistical methods; follow-up group differed from baseline group; unclear attrition rate; intervention preceded baseline measurements which decreased possibility of finding effect	Type 2 61.9y 37% female NR	Practice guidelines, monitoring forms, provider reminders, educational tools, role definition for staff, audit and feedback, physician education; by general practitioners and endocrinologists	<p>% patients with the following monitoring in last year (p-values represent within-group differences):</p> <p>Foot sensation: Absolute change: +10.9 Relative change: +23.7% (p < 0.01)</p> <p>Eye exam: Absolute change: +7.0 Relative change: +11.5% (p < 0.02)</p> <p>Microalbumin: Absolute change: +8.4 Relative change: +17.5% (p < 0.01)</p> <p>Weight: Absolute change: +14.2 Relative change: +20.3% (p < 0.01)</p> <p>Hemoglobin A1c: Absolute change: +11.9 Relative change: +15.5% (p < 0.01)</p> <p>Total cholesterol: Absolute change: +1.0 Relative change: +1.1% (p > 0.05)</p> <p>Triglycerides: Absolute change: +1.1 Relative change: +1.3% (p > 0.05)</p> <hr/> <p>Systolic blood pressure < 140 mmHg: Absolute change: +11.1 Relative change: +37.0% (p < 0.01)</p> <p>Diastolic blood pressure < 90 mmHg: Absolute change: +3.0 Relative change: +3.9% (p > 0.05)</p> <p>Total cholesterol < 2.5 g/L: Absolute change: +12.8 Relative change: +18.6% (p < 0.001)</p> <p>Admissions secondary to diabetes: Absolute change: +1.6 Relative change: +11.4% (p > 0.05)</p>

Abbreviations: C, control group; dl, deciliter; DSME, diabetes self-management education; F/U, follow-up from end of baseline; I, intervention; HDL, high density lipoprotein; kg, kilograms; L, liter; LDL, low density lipoprotein; m, months; m², meter squared; MD, medical doctor; mmol, millimoles; n, sample size; NR, not reported; OR, odds ratio; PA, physician's assistant; PCP, primary care provider; RN, registered nurse; y, year(s)