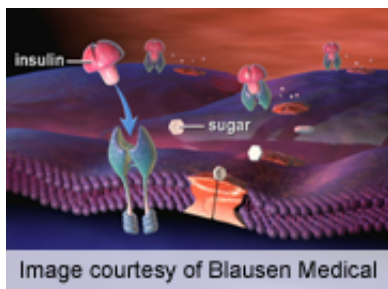


Primary care model ups African Americans' glycemic control

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A primary care strategy targeting rural, low-income, African-American patients with type 2 diabetes is associated with improved glycemic control, according to research published in March/April issue of the *Annals of Family Medicine*.

(HealthDay)—A primary care strategy targeting rural, low-income, African-American patients with type 2 diabetes is associated with improved glycemic control, according to research published in March/April issue of the *Annals of Family Medicine*.

Paul Bray, of Vidant Health in Greenville, N.C. and colleagues evaluated the effectiveness of a diabetes primary care strategy in a cohort of 727 [African-American patients](#) with [type 2 diabetes](#) treated at rural, fee-for-service, primary care practices. The intervention included point-of-care education, coaching, and medication intensification from a care management team consisting of a nurse, pharmacist, and dietician. The 368 intervention participants were matched for practice and patient characteristics with 359 control patients, who received usual care.

The researchers found that, in univariate and multivariate models, the mean reduction in hemoglobin A_{1c} (HbA_{1c}) levels was significantly greater in patients who received intervention care than in those who received usual care at 18 months (?0.5 versus ?0.2 percent, respectively)

and at 36-months (?0.5 versus ?0.1 percent, respectively). In multivariate models, significantly more patients in the intervention versus usual care groups achieved HbA_{1c} levels of less than 7.5 percent (68 versus 59 percent, respectively) and/or a [systolic blood pressure](#) of less than 140 mm Hg (69 versus 57 percent, respectively).

"Redesigning care strategies in rural fee-for-service primary care practices for [African American patients](#) with established diabetes results in significantly improved glycemic control relative to usual care," the authors write.

More information: [Abstract](#)
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