

Model to improve diabetes management well-received by primary care physicians

11 September 2014, by Allison Hydzik

Nurses certified in diabetes education can be integrated successfully into primary care physician offices in an effort to improve the health of people with diabetes, according to a University of Pittsburgh Graduate School of Public Health evaluation funded by the American Diabetes Association.

The determination was made following enrollment and initiation of the REdesigning MEDication Intensification Effectiveness Study for Diabetes (REMEDIES 4D), an ongoing trial to assess the effectiveness of certified [diabetes](#) educators in managing diabetes. The research is published in the September issue of the journal *Contemporary Clinical Trials*.

"The vast majority of people with diabetes are seen by primary care physicians who have increasingly limited time to address the complexities of each patient's care," said Janice Zgibor, Ph.D., R.Ph., associate professor of epidemiology at Pitt Public Health. "A new model of care is necessary to best treat the growing number of people with diabetes."

The REMEDIES 4D trial includes 240 participants from 15 UPMC primary care practices, consisting of 57 physicians and two physician assistants. Eight of the practices are randomly assigned to receive a certified diabetes educator who provides treatment for glucose, blood pressure and cholesterol control; diabetes education; and follow-up to patients. The remaining practices serve as a control group and are proceeding with their usual care.

A certified diabetes educator is a trained nurse who meets with diabetic patients, reviews their test results and medications, as well as their efforts to control diabetes through lifestyle changes. This nurse is certified to make therapeutic adjustments, such as changing medications when needed. She also can educate the patient about managing diabetes and help with emotional issues, such as

fear of needles or diabetes-related depression.

"The certified diabetes educator's main focus is staying on top of managing patients' diabetes," said Dr. Zgibor. "This could help prevent long-term diabetes complications, such as blindness and amputation, because the certified diabetes educator may be able to address care issues faster than the physician."

Although the clinical trial pays for the cost of the certified diabetes educator provided to participating practices, Dr. Zgibor said there are ways to make the cost less of a burden to other practices interested in implementing the model, such as sharing a certified diabetes educator or completing requirements for insurance reimbursement.

The REMEDIES 4D trial will include an economic evaluation to determine the cost-effectiveness of certified diabetes educators, both to primary care providers and society.

"In addition to helping patients, we're finding that the presence of the certified diabetes educator in primary care practices also is a resource to physicians and office staff with diabetes-related questions," said Dr. Zgibor. "So far, it seems like this model of [diabetes care](#) is well-received in [primary care](#) physicians' offices. It will be interesting to see whether it proves to be a cost-effective way to manage the diabetes epidemic that is becoming an increasing burden on the U.S. health system."

More information: Janice C. Zgibor, Shihchen Kuo, Sharlene Emerson, Patricia Gittinger, Francis X. Solano, Debra Tilves, Maura Maloney, Mayer B. Davidson, "Rationale, design, and implementation of a cluster randomized trial using certified diabetes educators to intensify treatment for glycemia, blood pressure and lipid control: REMEDIES 4D," *Contemporary Clinical Trials*, Volume 39, Issue 1, September 2014, Pages 124-131, ISSN 1551-7144, dx.doi.org/10.1016/j.cct.2014.07.004.

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