

Chronic care coordinators improve diabetes monitoring but not blood sugar control

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Getting support from a chronic care coordinator increases blood-glucose testing and foot and eye exams in people with type 2 diabetes, but it may not improve blood-sugar control, a new study in the journal *Health Services Research* indicates.

Around 21 million people in the United States have been diagnosed with diabetes, according to Centers for Disease Control and Prevention (CDC). The disease is nearly twice as prevalent in Hispanics as in non-Hispanic whites.

To help people manage diabetes and other chronic conditions, including cancer, heart disease and hypertension, some health systems use chronic care coordinators (CCCs), non-clinicians who are trained to act as intermediaries between patients and doctors, provide patient education and coordinate clinic visits, among other roles. Though some research has suggested that involvement by a CCC improves patient care, few studies have focused specifically on patient outcomes.

Rosa Solorio, M.D., an assistant professor at the University of Washington, and her colleagues sought to determine whether using CCCs improves

health outcomes for [type 2 diabetes](#) patients. The researchers studied nearly 1,500 patients receiving [diabetes care](#) in 2009 at six clinics for low-income patients in western Washington State. The clinics all used [electronic medical records](#) (EMRs) to track patient data which gave the researchers access to detailed care information.

Patients were assigned to one of two groups: Those who saw a CCC at least once over the course of a year and those who never saw a CCC. More than half of the patients were non-white Hispanics.

The researchers used the EMR data to track differences in patients' health monitoring and blood-sugar control the year before the CCCs were hired and the year after. They found that patients who saw a CCC had significantly more hemoglobin A1c (blood glucose) tests, kidney function tests, [eye exams](#), foot exams and primary care provider visits than the non-CCC group. Though white patients were more likely than Hispanics to get the recommended tests, the Hispanic [patients](#) also significantly improved in the number of recommended tests they received. However, neither group showed improved blood-sugar control.

Solorio suggested that these results show the promise of CCCs in improving [patient care](#). However, she added, the type of intervention CCCs provide needs to be optimized.

"The fact that we didn't see any difference in metabolic control means that this intervention still needs to be modified further," Solorio says. "The ultimate goal is to improve hemoglobin A1c."

Nell Brownstein, Ph.D., a health scientist and educator at the CDC agreed with Solorio's conclusion. "There's growing evidence that supports the inclusion of community health workers in care teams," Brownstein observed, "but we still

need to learn how to successfully integrate them into health teams to maximize their impact on the self-management of chronic diseases."

More information: "Impact of a Chronic Care Coordinator Intervention on Diabetes Quality of Care in a Community Health Center." Rosa Solorio, Aasthaa Bansal, Bryan Comstock, Krista Ulatowski and Sara Barker | [DOI: 10.1111/1475-6773.12253](https://doi.org/10.1111/1475-6773.12253)

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