



SUMMARY FINDINGS OF THE DIABETES ROUNDTABLE
APRIL 2006

Type 2 Diabetes Public Health Crisis Requires Team Care for Patients

COLLABORATION BY DIABETES EXPERTS DEMONSTRATES THE NEED TO FOCUS ON A TEAM APPROACH TO ADDRESS RISING U.S. EPIDEMIC

BACKGROUND ON THE DIABETES ROUNDTABLE

Diabetes is a chronic and complex disease that most patients—as well as many physicians—find frustrating to manage. Realistically, a single physician cannot fulfill all of a patient’s healthcare needs in a 5 to 10 minute visit. And too often, patients become frustrated and feel guilty about failures in managing a disease that will naturally progress due to declining beta cell function. With the dramatic rise of diabetes prevalence expected in the coming years, Americans need a fresh approach to understanding and managing this disease.

The Diabetes Roundtable, a multidisciplinary panel of experts, convened recently to address the fact that, when it comes to diabetes management in the United States, the system needs improvement. The Roundtable reviewed a new, national Harris Interactive® survey of patients and physicians¹ and discussed strategies for improving diabetes management. The Roundtable includes representatives of the American Association of Diabetes Educators (AADE) and the American Association of Clinical Endocrinologists (AACE), as well as a primary care physician, endocrinologists, diabetes educators and a behavioral scientist. A grant from Merck & Co., Inc. supports the Roundtable.

¹ The online surveys, conducted in April 2006, addressed a nationwide sample of 784 U.S. adults (age 18 and over) diagnosed with type 2 diabetes mellitus, as well as 406 primary care physicians who see at least three type 2 diabetes patients per month.

SUMMARY FINDINGS:

How Well is Diabetes Being Managed?

The survey results suggest disparities in patient and physician perceptions of diabetes management. A majority of patients (69 percent) say they feel very knowledgeable or knowledgeable about managing their condition. But a closer look reveals that 55 percent of patients surveyed do not know their A1c level or in the past six months have not had it checked or are unsure if they've had it tested. A1c is a basic test for evaluating glucose control, an important aspect of diabetes management. About three in four say they have experienced one or more diabetes-related problems in the past six months.

Physicians have a more negative view of a patient's diabetes management abilities and cite a lack of adherence as the greatest challenge facing their patients. Eighty-one percent of physicians surveyed say that they are frustrated with the number of type 2 diabetes patients who do not follow their treatment regimen as prescribed and 86 percent cite non-compliance as the greatest challenge their patients face. These findings suggest there is a "disconnect" in how well patients versus physicians think patients are managing diabetes, signifying a need for improved communication, better support and more resources.

The Diabetes Management Team

Type 2 diabetes management is, in fact, a shared responsibility. All physicians, including endocrinologists, could more effectively work with their patients around disease management through greater acceptance and reliance on the expertise of other healthcare disciplines. Ongoing treatment by a multidisciplinary team of professionals can provide the support and resources needed to help patients self-manage their disease.

While there is no single formula for building a successful diabetes management team — given that practice environments vary so widely — a core team would include an endocrinologist, primary care physician, diabetes educator (who is often a nurse, dietitian or pharmacist) and other healthcare professionals such as podiatrists, ophthalmologists and behavioral scientists. AADE also has endorsed the role of specially trained community health workers, who reinforce patient education, provide support, help implement self-management plans and provide links to other professionals.

Strategies for Team Success

As part of the collaborative process, patients with type 2 diabetes should understand both the positive and negative aspects of disease management. Put simply, diabetes is for life. Even with perfect compliance and adequate treatment, the disease will likely advance, due to the continuing progression of beta cell failure over time. On the other hand, diabetes is highly treatable and good management can go a long way in improving both metabolic control and quality of life.

1. Put the patient at the helm. Diabetes is essentially a self-managed disease. While modern medicine offers a growing number of new therapeutic options, patients must ultimately manage and monitor their own condition on a day-to-day basis. To be successful, patients must take responsibility for their care and remain at the center of the management team. The physician and other team members must, in turn, continue to teach, nurture and guide the patient toward self-management.

2. Educate more and educate well. Good diabetes education involves more than just providing information to patients; it should facilitate behavior changes that result in improved outcomes. Diabetes educators — professionals from a variety of disciplines who are specially trained in diabetes — help effect patients' lifestyle changes through collaboration with patients

to set priorities and build on successes. Diabetes educators advocate seven key behaviors that promote successful self-management: healthy eating; being active; monitoring; taking medications; problem solving; reducing diabetes-related risks; and healthy coping.

Contrary to what many believe, diabetes self-management education is covered by Medicare Part B and by most commercial health-care plans. Physicians can increase involvement of diabetes educators not only by referring patients to diabetes education programs, but by inviting diabetes educators to their offices to teach classes and facilitate group visits.

3. Facilitate goal achievement. Begin with small steps and small goals. Identify and focus on one or two behaviors that the patient is willing to attempt to change and address this as collaborative problem-solving (e.g., “Tell me how the monitoring is going,”) rather than an evaluation (e.g., “Are you monitoring three to four times daily?”). Ask patients to describe their personal goals — which may differ from the physician’s goals. Patients who are allowed to participate in goal-setting are more likely to carry out management plans in their daily lives.

Realizing that adapting new lifestyle changes means making major behavior and attitude modifications, patients should be encouraged to enlist the help of diabetes educators and behavioral scientists (psychologists, social workers, psychiatrists, or other mental health professionals).

4. Stay current. Share up-to-date information about new and emerging research with team members. Evolving therapies may require a better understanding of the pathophysiology of diabetes, including the role of incretins in glucose regulation and impact on glucagon regulation and beta cell function.

Looking to the Future

According to the Centers for Disease Control and Prevention (CDC), it is estimated that one in three Americans born in 2000 will develop diabetes sometime during their lifetime¹. If recent trends continue, the number of Americans with diagnosed type 2 diabetes is projected to approximately double by 2050.² This expected rise of type 2 diabetes prevalence calls for creative and collaborative management models that give patients maximum support. Currently, the system is not working, and the problem will only intensify as the diabetes epidemic continues to grow.

According to the Roundtable, the concept of the “diabetes team” is key to successful diabetes management. Although new, innovative medicines may provide more effective tools, a team approach — “with the patient at the helm” — is critical to maximizing benefit. Without it, patients will be less likely to take medicine and to extend its benefits through weight management, physical activity and other lifestyle modifications.

Improved type 2 diabetes management may also require establishing community-based healthcare practices that follow proven chronic care models, including disease registries, clinical decision support, practice redesign and patient education. In addition, payment structures may need to be redesigned to allow for more effective chronic disease management and to keep providers interested in primary care as a discipline. An effective healthcare system must provide culturally sensitive care in an understandable way and must take into account the 45 million uninsured Americans.

¹ Centers for Disease Control and Prevention. Diabetes: Disabling, Deadly, and on the rise. http://www.cdc.gov/nccdphp/publications/aag/pdf/aag_ddt2005.pdf Accessed 1/27/06.

² Centers for Disease Control and Prevention. National Agenda for Public Health Action: A National Public Health Initiative on Diabetes and Women’s Health. <http://www.cdc.gov/diabetes/pubs/action/facts.htm>. Accessed 5/29/06.

Because type 2 diabetes management takes place in the “24/7” of daily life, individuals with diabetes also need support and resources close to home. These should include safe, attractive places for physical activity, neighborhood stores offering healthy food and convenient access to diabetes education and support groups.

A standardized, collaborative approach is a huge step in the right direction; ongoing efforts by a multidisciplinary team of professionals working together can provide the support and resources needed to help all type 2 diabetes patients manage their disease successfully.

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About the Diabetes Roundtable

AADE and AACE convened the Diabetes Roundtable in April 2006 to discuss ways to improve outcomes for type 2 diabetes. The multidisciplinary group of healthcare professionals includes experts in endocrinology, diabetes education, primary care and behavioral science.

Members include:

- S. Sethu K. Reddy, M.D., M.B.A., F.A.C.E., F.A.C.P., chairman and program director of the Department of Endocrinology, Diabetes and Metabolism at The Cleveland Clinic, Cleveland, OH;
- Donna Rice, M.B.A., R.N., B.S.N., C.D.E, wellness program manager, Botsford General Hospital, Farmington Hills, MI and president-elect of AADE;
- Susan Cornell, Pharm.D., B.S., C.D.M., C.D.E., clinical assistant professor, Midwestern University, Downers Grove, IL;
- Silvio Inzucchi, M.D., professor of medicine, Section of Endocrinology, Department of Internal Medicine, Yale University, Director, Yale Diabetes Center, New Haven, CT;
- Edwin Fisher, Ph.D., chair, Health Behavior and Health Education, University of North Carolina, Chapel Hill, NC; and
- Doron Schneider, M.D., associate program director of the Internal Medicine Residency and Medical Director of the Ambulatory Services Unit, Abington Memorial Hospital, Abington, PA.

About the American Association of Clinical Endocrinologists

AACE is a professional medical organization with more than 5,300 members in the United States and 85 other countries. Founded in 1991, AACE is dedicated to the optimal care of patients with endocrine problems. AACE initiatives inform the public about endocrine disorders. AACE also conducts continuing education programs for clinical endocrinologists, physicians whose advanced, specialized training enables them to be experts in the care of endocrine disease, such as diabetes, thyroid disorders, growth hormone deficiency, osteoporosis, cholesterol disorders, hypertension and obesity. For more information about AACE, visit www.aace.com.

About the American Association of Diabetes Educators

Founded in 1973, the American Association of Diabetes Educators (AADE) is a multi-disciplinary professional membership organization dedicated to promoting the expertise of the diabetes educator, ensuring the delivery of quality diabetes self-management training to the patient and influencing and contributing to the future content and direction of the profession. For more information about AADE, visit www.diabeteseducator.org.

About Merck & Co., Inc.

Merck & Co., Inc. is a global research-driven pharmaceutical company dedicated to putting patients first. Established in 1891, Merck currently discovers, develops, manufactures and markets vaccines and medicines to address unmet medical needs. The Company devotes extensive efforts to increase access to medicines through far-reaching programs that not only donate Merck medicines but help deliver them to the people who need them. Merck also publishes unbiased health information as a not-for-profit service. For more information, visit <http://www.merck.com>.

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