



Diabetes Case Management

Indian Health Service Division of Diabetes Treatment and Prevention
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Is a Best Practice Diabetes Case Management Program right for your diabetes program?

➔ Do you want your diabetes program to be better at:

1. Identifying eligible patients for case management?

Yes No

What you will be doing: Identifying and targeting all patients with prediabetes or diabetes

Who will be doing it: Community program staff ♦ Health care providers ♦ Organization leadership

2. Assessing patients' needs?

Yes No

What you will be doing: Performing comprehensive assessments of patients' needs ♦ Assessing patients' readiness to make changes using the Motivational Interviewing or Stages of Change assessment methods

Who will be doing it: Community program staff ♦ Health care providers

3. Developing, implementing, and monitoring individual care plans?

Yes No

What you will be doing: Assigning case managers to coordinate diabetes care for patients

Who will be doing it: Community program staff ♦ Health care providers

4. Implementing individualized care plans?

Yes No

What you will be doing: Implementing case management as a single or multi-component intervention ♦ Considering implementing case management with disease management because this has been shown to improve blood sugar control ♦ Addressing blood sugar monitoring, medication use, nutrition, physical activity, and smoking cessation with patients

Who will be doing it: Community program staff ♦ Health care providers

5. Monitoring outcomes?

Yes No

What you will be doing: Measuring clinical outcomes, such as A1c, blood pressure, lipid levels, and weight ♦ Monitoring physical activity levels, patient satisfaction, health care service utilization, quality of life, and costs

Who will be doing it: Community program staff ♦ Health care providers

➔ If you answered "Yes" to many of these questions, go to page 2 to learn how a Best Practice Diabetes Case Management Program can benefit your diabetes program!

What is case management?

Case management is the strategy of assigning a health care professional, called a case manager, to serve as a guide and facilitator for a patient. The case manager is generally a non-physician, such as a nurse, dietitian, or pharmacist. The goal of case management is to achieve specific outcomes, such as improvement in quality measurement, patient satisfaction, resource utilization, and efficiency and coordination of services.

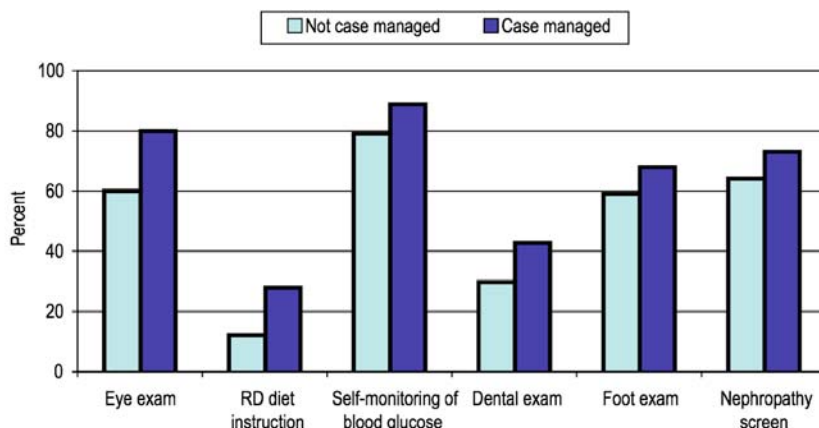
Why is diabetes case management important to American Indian and Alaska Native communities?

- Nurse case management of diabetes increases the delivery of clinical services and contributes to blood sugar control.
- In the IHS setting, case management improves blood sugar control, self-monitoring, patient education, laboratory testing, and eye, foot, and dental exams.
- Case management was a key strategy used in the Diabetes Prevention Program (DPP) lifestyle intervention, where a 5–7% weight reduction resulted in a 58% decrease in diabetes incidence.

The good news about case management...

Case management has been well researched, carefully analyzed, and applied successfully in many settings, including American Indian and Alaska Native communities.

Diabetes outcomes in patients who received case management vs. no case management, 2001–2002



Source: Phoenix Indian Medical Center, IHS

Case management has been associated with improvement in health outcomes, such as improved blood sugar control, patient self-monitoring, patient education, laboratory testing, as well as eye, foot, and dental exam rates. How is your case-management program doing?

A Best Practice Diabetes Case Management Program will require a coordinated approach. Here are some tips on how health care providers, community programs, health care administrators, and tribal leadership can work together.

➔ Working together to improve diabetes case management:

1. Who can help?

Ask for and enlist support from: Your local health care team ♦ Community health and wellness programs, such as senior centers, recreation centers, and local walking and running clubs ♦ Community and tribal leaders ♦ Local schools ♦ Local businesses, such as grocery stores, restaurants, and fitness clubs

2. Why is it important to work together?

Working with clinic, community, and leadership partners will help you: Incorporate case management into diabetes care ♦ Leverage resources ♦ Avoid duplicating services ♦ Share staff, ideas, and resources ♦ Get support for your common goal of improving the health of your community ♦ Organize logistics ♦ Solve problems ♦ Conduct necessary evaluation and follow-up ♦ Ensure the sustainability of your case management program

3. How can you work together?

Work with your partners to: Determine what services are already available ♦ Share what you are already doing ♦ Plan to contact each other regularly ♦ Determine what each partner will do ♦ Assign tasks and timelines ♦ Establish programs and activities for the clinic, community, workplace, and home ♦ Maintain regular contact to share and provide support for each other

