

Team-Based Care for Diabetes Control

Team-based care is a collaborative approach that includes individual patients, their families and the entire practice. Evidence shows that patients receive better care when multidisciplinary skills and inputs are combined. Team-based care interventions can improve diabetes outcomes, including blood glucose, blood pressure and lipid levels. Although members of a care team differ based on a practice's resources and patient needs, clear roles should be defined to ensure your practice operates with maximum efficiency.

Sample Clinician Office Roles & Actions to Help Control Diabetes in Your Patient Population

Primary Care Provider



- Implement evidence-based diabetes guidelines
- Diagnose/update problem list
- Create and share care plan
- Provide prescriptions
- Assist in patient education
- Set goals
- Assess risk of complications

Care Manager/Care Coordinator/Nurse



- Manage referrals as needed
- Schedule referrals on behalf of patients
- Serve as a point of contact on referral updates
- Implement key workflows to support diabetes guidelines
- Use clinical data to assess and improve diabetes control

Medical Assistant



- Generate referrals to appropriate programs
- Schedule referrals on behalf of patients
- Measure A1c level as appropriate
- Alert healthcare clinician of a patient's elevated A1c/glucose level
- Provide patient education and medication reconciliation
- Identify/determine gaps in care
- Assist with eRx refills as needed
- Print patient list for each clinician each morning

Patient



- Monitor blood glucose at home
- Share blood glucose readings, medication side effects and adherence barriers with the care team
- Ask for help from family or a trusted caregiver

Nurse/Nurse Navigator



- Verify adherence with care plan/prescribed treatment
- Address concerns and barriers
- Provide patient education and medication reconciliation

Office Assistant/Front Desk/Receptionist

- Provide patients with intake forms
- Register patients
- Verify insurance and confirm authorization
- Collect co-pays
- Schedule and confirm visits
- Confirm insurance authorization



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Specialists and Other Team Members Outside the Practice (may include but not limited to)

- Endocrinologist
- Diabetes Care and Education Specialist
- Registered Dietitian
- Ophthalmologist or Optometrist
- Podiatrist
- Audiologist
- Neurologist
- Pharmacist
- Dentist
- Nephrologist
- Mental Health Professional
- Exercise Specialist
- Cardiologist

Best Practices

Assign roles for the team. Ensure that necessary tools and resources are in place for the team to operate effectively. Choose an improvement model (PDSA, Lean Six Sigma), set performance goals (national benchmarks) and take steps to achieve goals, tracking performance over time.

Print patient list for each clinician each morning. Check registration and insurance status. Participate in huddles by bringing patient lists and helping the medical assistant identify patients with complex needs and schedule gaps.

Track referrals until available. Provide information for the consultant or specialist. Track referrals until the consultant's or specialist's report is available. Create partnerships and track referrals to community services. Communicate with insurance companies to coordinate appointment authorizations.

Teams Work Together to Help Patients

Get appropriate
medical tests and
examinations

Make healthy behavior
and lifestyle choices

Use medications to
manage and control
risk factors

Improve their
quality of life

Prevent diabetes-
related complications

Self-manage their
health care and
adhere to treatment