**Submission Id: 5023** 

**Title** 

Utilizing Interprofessional Collaboration to Improve Type 2 Diabetes Outcomes

**Priority 1 (Research Category)** 

Diabetes and endocrine disease

**Presenters** 

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**Abstract** 

Context: Type 2 diabetes is one of the most prevalent and costly chronic illnesses in the United States. Given the complexity of the illness and time constraints in primary care visits, interprofessional collaboration has become increasingly utilized in type 2 diabetes care.

Objective: To implement and evaluate a nurse-led interprofessional type 2 diabetes care pathway in a family medicine practice.

Study Design and Analysis: Process measures included number of pathway visits. Qualitative analysis of nursing notes was used to identify topics discussed during visits. Outcome measures were pre- and postpathway analysis of each patient's health metrics. Primary outcome was hemoglobin A1c (A1c); other measures included blood pressure, lipid panel, body mass index (BMI), and weight. Paired t-tests were performed, with p<.05 as significance threshold.

Setting: Urban academic primary care clinic with >26,000 patients.

Population Studied: Patients with type 2 diabetes referred by clinic providers for additional diabetes support.

Intervention: Upon receiving a referral, practice nursing staff sent referred patients an introductory message via patient portal with information about the pathway; patients were offered an initial

appointment. The pathway consisted of at least one nursing visit, where diabetes education and management was provided. Referrals were also made to a pharmacist, endocrinologist, behavioral health consultant, social worker, and others as appropriate.

Outcome Measures: Pre-post differences in A1c, lipid panel, BMI, weight.

Results: Of 100 patients referred to the pathway, 50 scheduled and attended at least one nurse visit. The most common topics during visits were medication education (management plans and adherence), nutrition, and exercise. There was a significant decrease in average A1c for the participants, from 11% at baseline to 7.8% post-pathway. There was also a significant reduction in average cholesterol levels, from 165 to 151 mg/dL. Lastly, there were significant reductions in average weight, from 94.4 to 91.9 kg, and in BMI, from 33.3 to 32.2 kg/m2.

Conclusion: A nurse-led diabetes pathway that provided diabetes self-education support, including diet and physical activity education, medication education and support, was utilized by patients and yielded promising clinical outcomes. Further pathway evaluation will include a patient survey to assess satisfaction and recommendations for program improvement.