Diabetes Management Collaborative

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Diabetes and Consultation

- The goals of this presentation:
  - Explain Type 2 Diabetes
  - Statistics
  - Role of consultant
  - Stepped care model
  - Needs and Wants
  - Interventions
What is Type 2 Diabetes?

- A Chronic endocrinological disorder characterized by abnormalities in glucose metabolism due to abnormalities in the production and/or utilization of the hormone insulin (Gonder-Frederick, Cox, & Ritterband, 2002)
T2DM Statistics

- Chronic illnesses such as diabetes account for approximately 80% of the deaths in Western countries (Maes, Leventhal, and DeRidder, 1996).
- Diabetes is the 7th leading cause of death in the United States (Centers for Disease Control and Prevention, 2002).
- Direct and indirect costs related to diabetes range from 57$ to 98$ billion dollars (American Diabetes Association, 1998).
- T2DM is strongly related to obesity (80%), age, and over 2/3 have a first or second cousin with the disease (Haffner, 1998).
- Additionally, Haffner (1998) found that the risk for T2DM is higher in minority groups, but T1DM is higher in Caucasians.
If the US increased the overall regular or vigorous activity from 22% to 30%, the nation might avoid losing 326,895 years of potential life (Robbins & Fonseca, 2001)
Impact of Diabetes

- Research has shown the connection between obesity and T2DM (American Diabetes Association, 2000)
- Obesity has risen over 74% in the past decade (Mokdad et al., 2003)
- In America, sugar and fat represent more than half of the dietary energy intake (American Institute for Cancer Research, 1997)
The Role of the Consultant

- Due to the implications obesity has for individuals with T2DM, weight loss and nutritional improvement through behavioral intervention is a common treatment goal (Jeffery et al., 2000)
- Fewer than 10% of patients are able to control T2DM through diet and exercise alone (Gonder-Frederick, Cox, & Ritterband, 2002)
The Role of the Consultant

- Treatment regimens, diagnosis, and symptomatology can lead to psychological distress (Lustman, 1988; Wells, Golding, & Burnam, 1988; Wilkinson, 1991)

- Approximately 10% to 15% of patients diagnosed with diabetes mellitus meet DSM-IV criteria for major depression (Anderson, Freedland, Clouse, & Lustman, 2001; Katon et al., 2004)

- These psychological symptoms can lead to interference with self-treatment (Christenson, Moran, & Wiebe, 1999)
The Stepped Care Schema

- Tertiary
  - Consult with MD
  - Referral
  - See 3-5 Sessions

- Newly Diagnosed
  - Assess
  - Intervention
  - Follow up PRN

- Pre-Diabetic
  - Psychoeducation

☆☆ Main role of the consultant
The Identified Problem

Psychologist’s reported – “M.D.’s must spend a significant amount of time treating the complications of diabetes, which result from poor self-management of the disease.”

This results in patients termed “frequent fliers” or “high utilizers” of medical services.
Physician

**WANTS:**
- ↓ # of patients presenting w/ diabetes complications resulting from poor self-management
- Cost Offset (will become a NEED after year 1)

**NEEDS:**
- To be more efficacious in treating Type 2 Diabetes
- Show outcomes for Behavioral Health services implemented
- Must be able to bill for services using CPT codes
Behavioral Health Consultant

- **WANTS:**
  - Opportunity to Educate Staff
  - Offer Primary & Secondary Interventions (refer out for Tertiary Care)
  - Be able to offer a Group Appointment (diabetes education) the first of the month – have space, time, and referrals

- **NEEDS:**
  - Physician referrals – names on referral card, next to the physicians; Behavioral Health tab in medical chart
  - Multi-disciplinary team approach (not interdisciplinary)
  - $10,000 Consulting Fee for 1-year of services
  - Office space, overhead covered
Presenting Outcomes

- **6-months:**
  - Assessment findings regarding Patient’s knowledge about diabetes following Group Appointments
  - Pre- & Post-intervention scores on Diabetes Empowerment Scale (DES), Problems Areas in Diabetes Scale (PAID), Appraisal of Diabetes Scale (ADS)
  - Glucose readings at medical visits before and after behavioral health intervention
  - Patient Satisfaction with Behavioral Health Services

- **12-months:** Same as 6-m with the addition of -
  - # of repeat visits for diabetes complications
  - Utilization of CPT codes
  - Potential Cost Offset
One Session Intervention

- Step I: Explore the Problem Issue (Past)
- Step II: Clarify Feelings and Meaning (Present)
- Step III: Develop a Plan (Future)
- Step IV: Commit to Action (Future)
- Step V: Experience and Evaluate the Plan (Future)
  (Funnell & Anderson, 2004)
Three Session Intervention

- Session I: Assess/Psychoeducation
- Session II: Nutrition
- Session III: Exercise
5 Session Group

- Session One: Assess/Psychoeducation
- Session Two: Managing Mood
- Session Three: Nutrition
- Session Four: Exercise
- Session Five: Stress Management


Diabetes Management Collaborative

What is Type 2 Diabetes?

Type 2 Diabetes

1. The stomach changes food into glucose.
2. Glucose enters the bloodstream.
3. The pancreas makes insulin.
4. Insulin enters the bloodstream.
5. Glucose can’t get into the cells of the body. Glucose builds up in the blood vessels.

Outcome Assessment:

6-months:
- Assessment findings regarding Patient’s knowledge about diabetes following Group Appointments
- Pre- & Post-intervention scores on Diabetes Empowerment Scale (DES), Problems Areas in Diabetes Scale (PAID), Appraisal of Diabetes Scale (ADS)
- Glucose readings at medical visits before and after behavioral health intervention
- Patient Satisfaction with Behavioral Health Services

12-months:
- Same as 6-m with the addition of:
  # of repeat visits for diabetes complications
  Utilization of CPT codes
  Potential Cost Offset

Important Statistics:

- Chronic illnesses such as diabetes account for approximately 80% of the deaths in Western countries (Maes, Leventhal, and DeRidder, 1996)
- Diabetes is the 7th leading cause of death in the United States (Centers for Disease Control and Prevention, 2002)
- Diabetes affects approximately 17 million Americans (American Diabetes Association, 2001)
- Direct and indirect costs related to diabetes range from $57 to $98 billion dollars (American Diabetes Association, 1998)
- T2DM is strongly related to obesity (80%), age, and over 2/3 have a first or second cousin with the disease (Haffner, 1998)

The Stepped Care Model

- Tertiary
  Consult with MD
  Referral
  See 3-5 Sessions
  Follow up PRN

- Newly Diagnosed
  Assess
  Intervention
  Follow up PRN

- Pre-Diabetic
  Psychoeducation