



The State of Diabetes Care in Communities

Findings of a National Survey of Community-Based Health Professionals

An Executive Summary

Diabetes is a serious, widespread and costly chronic disease, affecting more than 20 million individuals in the United States¹ and millions of families and communities. Now the sixth-deadliest disease in the U.S.,² diabetes is also the leading cause of kidney failure, new blindness in adults, leg and foot amputations and significantly increases the risk for cardiovascular disease and cardiac deaths.³ As a result, diabetes now costs the nation \$174 billion annually in direct health care and indirect costs such as lost productivity.⁴

To address this escalating threat, the public health community is focusing on a number of important strategies, including identifying individuals with pre-diabetes where interventions involving diet and increased physical activity have been shown to delay the development of diabetes. For people diagnosed with diabetes, the goal is to reduce the occurrence of complications by keeping blood glucose levels as close to normal as possible. Studies in the United States and abroad have found that every percentage point drop in the hemoglobin A1C test, which shows average blood glucose levels over the preceding three months, reduces the risk of microvascular diabetes complications (eye, kidney, and nerve diseases) by 40 percent.⁵

But while there has been important progress in controlling blood glucose levels, the reality is that diabetes management is difficult for both clinicians and patients. That is why a new study conducted by the federal Centers for Disease Control and Prevention (CDC) still finds that approximately 40 percent of patients with diabetes do not have adequate glycemic control.⁶

Improving these outcomes requires a better understanding of the obstacles that contribute to poor diabetes outcomes, starting with an assessment of the problems now facing health professionals when delivering diabetes care at the community level. Towards this end, the Johnson & Johnson Diabetes Institute, LLC. commissioned a telephone survey of 251 practitioners -- physicians, physician assistants, nurse practitioners and certified diabetes educators -- to assess the issues and needs of health professionals who regularly treat diabetes patients at the community level. Conducted by Penn, Schoen and Berland during

¹ American Diabetes Association

² Centers for Disease Control. National Vital Statistics Report; volume 54. no. 19; June 28, 2006

³ International Diabetes Federation; The Human, Social and Economic Impact of Diabetes

⁴ American Diabetes Association: Direct and Indirect Costs of Diabetes in the United States

⁵ American Diabetes Association. Complications of Diabetes in the United States

⁶ Diabetes Care, January 2008.

January and February 2008, the survey finds a number of persistent barriers hamper the ability of health professionals to screen and treat diabetes effectively.

What follows is a summary of these research findings.

1. Health professionals who regularly treat people with diabetes express grave concerns about the state of diabetes care at the community level.

- Because diabetes increases the risk for a number of disabling and life-threatening conditions, community-based health professionals are unanimous in expressing concern about the impact of diabetes in their communities. Of those surveyed, 94 percent report being “very concerned” about diabetes as a public health problem.
- At the same time, the vast majority of local practitioners (91 percent) report an increasing prevalence of diabetes in their localities over the last five years. In fact, 95 percent of those surveyed define diabetes as an epidemic in their communities.
- But despite the escalating burden of diabetes, health professionals say not enough attention is being paid to diabetes management at the community level. This is a position shared by 83 percent of respondents.
- As a consequence, practitioners report that many people with diabetes go undiagnosed (96 percent) in their communities. Additionally, nearly four in five (78 percent) identify the lack of early diabetes screenings as a factor in explaining the complications patients face when they are eventually diagnosed.

2. An acute shortage of resources for diabetes care threatens the ability of health professionals to improve patient outcomes.

- When presented with 12 possible barriers to better diabetes care at the community level, practitioners identified lack of funding for community education programs as the greatest obstacle (23 percent). In fact, when asked what one action would most improve the quality of care for diabetes patients in local communities, 92 percent identified additional resources and funding for diabetes management.
- After insufficient resources for community education, health professionals ranked lack of reimbursement for patient education (18 percent) and the financial costs associated with diabetes management (11 percent) as the greatest obstacles to improving patient outcomes.
- Among the other barriers impeding quality diabetes care at the community level, health professionals cited several cost issues as contributing to poor diabetes outcomes. Here, the biggest obstacles are patient concerns about diabetes care (93 percent) and patients not getting reimbursed for all the costs associated with diabetes monitoring and self-care (90 percent).
- Practitioners also cite lack of preventive care (90 percent), limited access to healthier foods (84 percent) and insufficient reimbursement for diabetes educators (80 percent) as influencing the amount and quality of the diabetes care received.
- The consequences of insufficient resources are significant, according to those treating patients at the community level. Some of the difficulties cited are lack of patient compliance with the treatment regimen (94 percent), patients’ perceived burden in managing their disease (90 percent), the feeling of powerlessness on the part of patients (87 percent), and concerns that patients find the treatment instructions confusing or unclear (74 percent).

3. Health professionals are also increasingly concerned about low health literacy in patients with diabetes, which contributes to disparities in diabetes care.

- Since diabetes is heavily dependent on the patient's ability to perform daily self-care, health professionals are increasingly worried about low health literacy -- the ability of an individual to access, understand and use health-related information and services to help them make appropriate health decisions. At the community level, 82 percent of health professionals cited low health literacy as a challenge.
- Compounding the problem of low health literacy for many local practitioners is reducing the language barriers between providers and patients. More than half of those polled (52 percent) identified limited English language proficiency as a barrier to better diabetes care.
- Even when English is not a problem, the cultural competency of practitioners remains a significant barrier to better diabetes care. The majority of practitioners working at the community level (54 percent) cited the lack of culturally sensitive materials as a problem when counseling patients.
- Due to these communications challenges, some practitioners cite difficulties with lack of trust on the part of patients (46 percent), which can affect patient compliance. According to a study recently reported in the *Archives of Internal Medicine*, when trust levels are low, patients are more likely to forego the use of medications.⁷

4. Health professionals also struggle with a number of time and logistical issues that impede their ability to provide quality diabetes care.

- Specifically, practitioners cite insufficient time with patients (88 percent), transportation problems for patients (68 percent) and increasing patient loads (63 percent) as ongoing challenges.

5. A key priority for health professionals is having the most up-to-date information and skills training to improve patient outcomes.

- Internists and general practitioners not specifically trained in endocrinology and diabetes management treat the majority of patients with diabetes. Accordingly, more than three in four community-based practitioners (80 percent) agree that too many health professionals that deal with diabetes patients don't receive the specialized training they need.
- For this reason, community-based health professionals are almost unanimous (94 percent) in stating that additional knowledge and resources would improve their ability to deliver quality diabetes care.
- In fact, 96 percent of respondents said that additional resources or funding for diabetes management would improve quality of care for diabetes patients in their community.
- Specifically, nine in ten (90 percent) said they would benefit from a curriculum that trains them in diabetes management and 95 percent would welcome tools that would help them communicate more effectively with diabetes patients.
- This includes providing professionals with better information that translates practice guidelines into real life situations (94 percent), greater access to skills training (90

⁷ Piette, JD, Heisler M, Krein S, Kerr, EA. The Role Patient-Physician Trust in Moderating Medication Non-Adherence Due to Cost Pressures. *Archives of Internal Medicine*, 2005; 165 (15): 1749-1755.

percent), offering additional continuing education on diabetes management (89 percent), having timely and updated information on best practices (88 percent), and more courses on diabetes management in medical/nursing school.

- Practitioners also say having streamlined procedures for reimbursement (93 percent), getting reimbursed for spending more time providing patient counseling (92 percent), and more doctor-patient interactions (86 percent) will improve the quality of care for diabetes patients.
- Health professionals are also unanimous (97 percent) about the benefits of a multidisciplinary approach to diabetes management whereby the patient and all members of the health care team work together to keep the patient's blood glucose levels under control.

6. Health professionals would welcome new information on diabetes management from a number of sources.

- Today, four in five community-based practitioners (80 percent) say they turn to continuing professional education for information on diabetes care, especially certified diabetes educators (89 percent). However, almost as many (77 percent) also seek information from professional journals and their colleagues.
- Online sources and information provided by professional societies, diabetes organizations and public health groups are also regularly used. These sources were cited by 69 percent respectively.
- At the same time, two-thirds of respondents (66 percent) say they frequently consult reference books on diabetes management.
- When it comes to consulting colleagues in other health professions, this is a regular occurrence among nurse practitioners (72 percent), nurses (71 percent) and certified diabetes educators (67 percent). However, only one in three physicians (36 percent) say they do this regularly.
- Health professionals, however, generally do not rely on what is reported about diabetes in the news for their information. Only one in three (33 respondents) cited information in the news media as a source of information about diabetes care.

The Penn, Schoen and Berland survey comprised telephone interviews among 251 community-based health professionals who treat a minimum of 10 diabetes patients a week. Of the practitioners surveyed, 104 were certified diabetes educators comprising 48 registered nurses and 54 dietitians/nutritionists. The remaining respondents included 54 nurse practitioners, 46 physician assistants, and 49 physicians in general practice.

To ensure a representative sample from each group of health professionals, all respondents were phoned at random from a list of professionals aggregated from a number of sources, including state licensing boards, medical associations and the phone book. Each respondent was offered a small incentive of \$25 to participate and were guaranteed anonymity. Further, the study was "blind" so none of the respondents were told the sponsor of the survey.

The margin of error for this survey is +/- 6.2 percent at the 95th percentile confidence interval level.

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