

Patient Mentoring Improves Diabetes Control

Improvements in HbA_{1c}, diet, and exercise were seen in the mentors as well as their mentees.

BY M. ALEXANDER OTTO

FROM A CONFERENCE ON PRACTICE IMPROVEMENT

SAN ANTONIO – When diabetes patients team up as mentors and mentees – with one coaching the other on how to best control the disease – a curious thing happens: Not only do those being coached do better, but the patients doing the coaching do better as well.

Mutual accountability is the reason, said Dr. Robin Eickhoff, a family physician helping pilot the technique at WellMed, a San Antonio-based company specializing in medical care for people aged 65 years and over.

Mentors think, “If I am going to try to teach you to be a better diabetic, I should sing the same tune” as a role model, Dr. Eickhoff said during an interview. Mentors and mentees “tend to hold each other accountable. There’s a certain accountability you have when you are working with somebody and setting goals,” she said.

In a project funded by an American Academy of Family Physicians grant, WellMed has paired 41 mentors with 113 mentees at 15 of its clinics since late 2009.

Dr. Eickhoff explained that the idea

sprang from the work of Dr. America Bracho, who has successfully used peer mentors at Latino Health Access in Orange County, Calif.

Patients at WellMed were paired up after they completed an 8-week introduction to diabetes course that instructed them about medications, blood glucose monitoring, and healthy meal planning, among other things. By the end of November 2010, 246 patients had completed the course.

Although WellMed has only preliminary data on its peer-mentoring efforts, the results appear to show benefit for mentee and mentor alike.

For instance, before the diabetes course, patients tested their blood sugar 4.4 times per week. After the class and 6 months of mentor-mentee partnerships, mentees reported checking an average of 6.5 times per week, while mentors checked 5.2 times. Compared with how they were doing before the course, mentors and mentees reported improved he-

moglobin A_{1c} levels, exercising more, and eating less fat and more fruits and vegetables.

WellMed educators look for potential mentors during the diabetes introductory course, taking note of good listeners with a willingness to learn, Dr. Eickhoff said. Those selected get additional guidance on how to talk to other patients, and are then matched with mentees from similar backgrounds whose lab values indicate they need extra diabetes help.

Most patients accept the invitation to be mentors, Dr. Eickhoff said at the

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meeting, cosponsored by the Society of Teachers of Family Medicine and the AAFP.

The initial mentor-mentee meetings were at WellMed’s monthly dia-

betes group meetings, so they could be supervised. WellMed staff wanted to ensure that mentors gave sound advice and that the relationships worked. Rarely, there were problems, as when a mentor mentioned that she’d stopped taking her diabetes medications and was doing fine on dietary supplements.

After the kinks are worked out, the relationships blossom. “We have seen so

much positive feedback from both the mentors and the mentees,” Dr. Eickhoff said. “The enthusiasm from patients has been huge.”

Mentors and mentees interact at least 4 hours per month, part of it at the group meetings, and the rest by phone, over lunch, or however else they chose to interact, Dr. Eickhoff said. They might brainstorm problems together, give each other emotional support, share recipes, and compare lab values, among other things.

For example, one woman’s family did not want to give up its high-fat, high-carbohydrate diet, including mashed potatoes. Her mentor suggested mashed cauliflower; the family didn’t even notice the switch, Dr. Eickhoff said.

Another woman, unable to go grocery shopping, felt she had no control over what her daughter brought back to the house. Her mentor suggested giving the daughter a weekly shopping list. It helped.

“They tell each other things that they don’t tell us as providers, but will share with someone in a similar situation,” Dr. Eickhoff said. Plus, physicians “don’t necessarily have time to delve into [patients’] day-to-day lives, yet so much of their diet and their lifestyle are affected by their social [situations].”

“Mentors have the ability to talk about those things, because they’ve been through it,” she said. ■

Nurse-Led Intervention Helped Chronic Disease, Depression

BY MARY ANN MOON

FROM THE NEW ENGLAND JOURNAL OF MEDICINE

A primary care-based intervention significantly improved glycated hemoglobin, LDL cholesterol, blood pressure, and depression outcomes in patients who had concomitant coronary heart disease, diabetes, and depression, according to a randomized, controlled trial.

The intervention also improved quality of life and patient satisfaction with their health care, said Dr. Wayne J. Katon of the departments of psychiatry and behavioral sciences, University of Washington, Seattle, and his associates.

The investigators designed the intervention in part because “the care of patients with multiple chronic diseases accounts for the majority of health care costs,

[and] effective approaches to managing such complex care in primary [practice] are needed, particularly when psychological and physical disorders coexist.”

The intervention targeted patients with major depression and poorly controlled diabetes, coronary heart disease (CHD), or both. It included structured patient visits every 2-3 weeks to 14 clinics comprising 151 primary care physicians.

In each clinic, three part-time nurses promoted patient self-care, provided educational materials, and monitored control of depression, hyperglycemia, hypertension, and hyperlipidemia. The nurses received weekly supervision with a psychiatrist, a primary care physician, and a psychologist to review patient progress and adjust treatment as necessary.

The estimated cost of the intervention was \$1,224 per patient.

To assess the effectiveness of the intervention, Dr. Katon and his colleagues randomly assigned 106 patients to receive the intervention and 108 to receive usual care for 1 year.

At the conclusion of the study, patients in the intervention group showed significantly greater overall improvement than did controls in hemoglobin A_{1c} (mean decrease 0.58%), LDL cholesterol (a mean decrease of 6.9 mg/dL), and systolic blood pressure (mean decrease 5.1 mm Hg), as well as significantly improved scores on the SCL-20 measure of depression (mean decrease 0.40 points).

These differences are greater than those reported in

the literature for trials of single CHD and diabetes medications, the investigators noted.

A higher proportion of patients in the intervention group (37%) than in the control group (22%) attained values on all three medical risk factors that met levels recommended in clinical guidelines, and a higher proportion also showed reductions of 50% or more in SCL-20 scores.

The study was not adequately powered to detect between-group differences in rates of hospitalization or cardiovascular events.

“Although effects on the glycated hemoglobin level, LDL cholesterol level, and systolic blood pressure were modest, on a population level they may meaningfully decrease the risks of macrovascular and microvascular disease,” Dr. Katon and his associates said (N. Engl. J. Med. 2010;363:2611-20).

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DR. KATON

Patients in the intervention group also were significantly more likely than were those in the control group to have made changes in their doses of insulin, antihypertensive drugs, and antidepressants during the study period.

In self-reports, patients in the intervention group showed greater improvements in quality of life and said they were more satisfied with their health care than did patients in the usual-care group.

“Our results suggest that an intervention involving coordinated efforts of physicians and nurses may facilitate the care of patients with multiple conditions within a primary care medical home,” the researchers said. ■



VITALS

Major Finding: Patients with major depression and concomitant poorly controlled diabetes and/or CHD who received an intervention targeting all such conditions showed greater improvements in HbA_{1c}, LDL cholesterol levels, systolic blood pressure, and depression scores than did patients who received usual care.

Data Source: A 1-year randomized controlled trial involving 214 patients.

Disclosures: This study was supported by the National Institute of Mental Health and the Group Health Cooperative. The researchers reported ties to Wyeth, Eli Lilly, Forest, Pfizer, Prescott Medical, HealthSTAR Communications, the World Psychiatry Association, John A. Hartford Foundation, Johnson & Johnson, Samepage, and Roche Diagnostics.