MAKING COLLABORATIVE CARE IN DIABETES A REALITY:
MULTIDISCIPLINARY SOLUTIONS CHECKLIST

90% of 1,000 U.S. healthcare professionals (HCPs) surveyed agree that HCP collaboration in diabetes care can improve patient outcomes.

Understanding that time is the #1 barrier to collaborative care, below are a few simple tactics to ensure a stronger multidisciplinary approach among you and other HCPs. A little extra effort in a few key areas may lead to better outcomes for people with cardio-renal-metabolic conditions.

Research has shown that collaboration among HCPs may improve patient glycemic control, decrease cardiovascular and kidney risk factors and lead to an overall decline in the risk of diabetic complications.

Professional organizations such as the American Diabetes Association and the American College of Cardiology prioritize multidisciplinary management of people with type 2 diabetes and at risk of cardiovascular disease.

Professional guidelines recommend HCPs work with other members of the patient care team, including PCPs, endocrinologists, cardiologists, nephrologists and advanced practice nurses.

Stay up to date with your collaborative care team between patient visits

Our survey found that more than 80% of specialists wish they had time to closely track patients who see multiple providers.

- Ask your patients for an updated list of HCPs they are having routine visits with and their contact information, if possible. Office staff should ensure that this information, along with their recent list of medications, is fully updated into the electronic health record as soon as possible.
- For smoother collaboration, ensure that the recommendations of other specialists are taken into consideration. For additional guidance, also consider professional guidelines outside your area of expertise, including those from the American Diabetes Association, American College of Cardiology and American Association of Clinical Endocrinology.
- When referring a patient to a new specialist, share necessary health information with the new office as soon as possible when making the initial referral, ideally prior to the first visit.

Keep collaborative care top of mind during patient visits

9 in 10 specialists agree that people with type 2 diabetes whose HCPs emphasize collaborative care tend to have better outcomes than do those who don’t collaborate.

- Ensure your patient with diabetes and their caregivers understand the connections within the cardio, renal and metabolic systems, the role of each member of their care team and potential lifestyle changes to reduce their risk of heart and kidney disease.
- As appropriate, screen for associated cardiovascular, renal and metabolic conditions and connect with the patient’s care team to limit comorbidities.
- When altering a medication another HCP has initiated, connect with the appropriate specialist to ensure the change is positive for the patient.

Maintain open lines of communication after you meet with your patient

The majority of HCPs agree that information-sharing through connected record systems will help drive collaboration.

- Confirm preferred HIPAA compliant communication methods (e.g., electronic medical records, email or direct phone communication) with all members of the collaborative care team.
- Increase efforts to share updates such as new treatments, lab results and referrals following patient visits.
- Share additional resources, including professional guidelines or questions from the patient, with the multidisciplinary team via their preferred HIPAA compliant communication method.

*The survey included 1,000 U.S. healthcare professionals who specialize in cardiology (n=200), endocrinology (n=200), nephrology (n=200), family medicine/general practice/primary care internal medicine (n=200) or who are nurse practitioners (n=200), are duly licensed in the state where they practice, and see at least 5 patients each month diagnosed with type 2 diabetes, of which at least 15% are managing cardiovascular disease.