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HealthWorks - Achieving Balance with Diabetes A Diabetes Self-Management Education Program of TJUH

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HealthWorks - *Achieving Balance with Diabetes*A Diabetes Self-Management Education Program of TJUH

Diabetes is a common, serious, and costly disease that affects an estimated 16 million people in the United States. It impacts many aspects of the lives of diagnosed patients and their families, the health system, and society. People with diabetes are more likely than their non-diabetic peers to have heart attacks, strokes, amputations, kidney failure, and blindness. As a result, they have a more frequent and intensive visits within the health care system. A great number of hospitalizations are for acute problems such as foot ulcers, acute myocardial infarction, circulatory and nerve problems, and pneumonia. As evidenced by the Diabetes Control and Complications Trial (DCCT), many of these complications can be prevented with better glucose control.

Because diabetes is a self-managed disease with the patient providing more than 95% of the daily care, patient education is the fundamental prerequisite for diabetes self-management.³ Diabetes education is viewed by many as a "process" whereby a patient develops his/her knowledge base and improves his/her skills related to compliance with the recommended treatment plan. Modern diabetes self-management education programs emphasize patient empowerment rather than strict adherence to a regimen.⁴ HealthWorks at TJUH has been designed to support the current model of self-management education. In order to accomplish this, the program places emphasis not only on one's knowledge and skill level, but most importantly on improving one's self-confidence by helping them to:

- Identify and set realistic goals;
- Problem-solve
- Manage stress caused by living with diabetes;
- Identify and obtain social support; and
- Develop a plan for changing behavior

The program is taught by a multidisciplinary health care team and is structured to include an individual assessment, six small group classes, quarterly follow-up visits, continuing education, and a support group. At the assessment and follow-up visits outcomes data are collected pertaining to the patient's knowledge, skill, attitude, quality of life, health behaviors, hemoglobin A1c, and cholesterol level. The program is also collecting data related to absenteeism at work and health care utilization, including preventive practices, emergency room visits, and hospitalizations.

Research findings indicate that early diagnosis, proper treatment, and improved patient education can dramatically reduce or prevent the incidence and progression of diabetes complications, ^{1-3,7} However, nationally only 43%, ⁵ and locally only 25% of individuals with diabetes have received formal education on how to manage their illness. TJUH and HealthWorks serve the community by advocating the provision of comprehensive diabetes education as a patient right. To ensure that the program is affordable to patients with diabetes, enrolled patients do not incur any out-of-pocket expense.

A diabetes education program similar to the HealthWorks program demonstrated \$1,260 annual savings in direct medical costs per patient, which included a 72% decrease in hospital stays and a 71% reduction in emergency room visits.⁷ It is anticipated that HealthWorks will show similar results.

References

- 1. Patient-reported outcomes measurement to be featured in diabetes management study. UHC Clinical Practice Alert. June 1997.
- Implications of the Diabetes Control and Complications Trial. Diabetes Care 1998;
 Suppl.1:88-90.
- 3. Anderson RM, Fitzgerald JT, Oh MS. The relationship of diabetes-related attitudes and patients' self-reported adherence. Diabetes Educator 1993; 19: 287-292.
- 4. Anderson RM, Funnell MM, Butler PM, Arnold MS, Fitzgerald JT, Feste CC. Patient empowerment. Diabetes Care 1995; 18(7): 943-949.
- 5. Healthy People 2000 Progress Review Diabetes and Chronic Disabling Conditions. DHHS, Public Health Service, December, 1996.
- 6. Philadelphia Health Management Corporation Community Health Database, 1996 Southeastern Pennsylvania Household Health Survey.
- 7. PCS Diabetes Program Improves Health, Slashes Cost Press Release from http://www.pcshs.com/news/releases/1996/083096.cfm

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