

Improving diabetes care



For most of us, diabetes is the bread and butter of our practices (no pun intended)—but can you honestly say you are caring optimally for your patients with diabetes? I know I'm not.

This issue of *JFP* offers 3 articles on diabetes care (pages 366–374, 376–388, and 393–399)—reviewing the latest evidence on primary prevention, screening, and treatment—but I suspect that if you are like me, it's not that you don't know what to do for your patients with diabetes, but how to do it.

Soon the American Board of Family Practice, as part of its move to maintenance of certification, will be requiring all family physicians to engage in performance improvement efforts, and diabetes will be one of the initial areas of focus (www.abfp.org/MOC/index.aspx). So it's apropos to begin thinking about enhancing our care now.

Perhaps you would like to focus on primary prevention by encouraging lifestyle changes in patients at risk, including those with obesity and metabolic syndrome. Or maybe you want to concentrate on screening populations at high risk, as encouraged by the American Diabetes Association and the US Preventive Services Task Force.

For me, it would be helpful to identify individuals with diabetes and be more aggressive about setting and tracking progress toward goals. Have my patients really achieved hemoglobin A_{1c}, lipid, and blood pressure targets? It would also be nice to implement a recall system when my patient with poorly controlled hypertension and diabetes fails to make a return visit. And I wonder if I really have negotiated behavioral changes to which my patients can commit, given the substantial time and resources required to care for this chronic disease.

If you are like me, diabetes should be moved from an afterthought to the main course. What innovative performance improvement efforts have you implemented in your own practice?

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