Improving Diabetes through Collaborative Goal Setting (CGS) in Primary Care

Abstract

Background and Purpose: Diabetes self-management is a critical aspect of the disease process that is required to improve care outcomes and reduce the risk of diabetes complications. It requires individuals to collaborate with providers to develop an individualized care plan. The purpose of this quality improvement project was to implement a Collaborative Goal Setting (CGS) intervention where providers facilitated goal setting to create an individualized diabetes action plan for adult patients with Type 2 diabetes with suboptimal glycemic control (HbA1c ≥ 8%).

Methods: This 12-week intervention utilized a single cohort pre-and post-test design comparing HbA1c and psychosocial self-efficacy as measured by Diabetes Empowerment Scale (DES-SF) at baseline and post-intervention in 15 participants recruited from a family medicine clinic in North Texas. It also assessed patient adherence to the diabetes action plan and measured the impact of CGS training on providers.

Results: There was a statistically significant improvement in patients' HbA1c and DES-SF scores (p <0.001). In addition, most of the patients remembered their action plan, met their goal(s), and indicated that they would continue to follow the diabetes action plan for behavior change. Providers also felt empowered to initiate meaningful behavior change conversations with their patients.

Conclusion: A CGS intervention can be successfully delivered in a primary care setting yielding significant improvements in diabetes outcomes. An individualized diabetes care plan actively involving the patient in the decision-making process and taking the patients' needs and priorities into account can positively impact diabetes management.

Implications: Consideration should be given to replicating this intervention in culturally diverse or remote populations and looking at cost savings for capitated systems and different insurance types.

Keywords: Collaborative Goal Setting, CGS, action plan, Shared Decision Making, DSME, Patient-Centered care