

What's In YOUR Rolodex?

By Gary Scheiner MS, CDE

They say you're only as good as the people around you. With health care becoming increasingly specialized, it is necessary to have a solid team to meet the needs of your patients. Since very few clinics and practices have the resources to employ a full multi-disciplinary staff, the "team" often takes the form of a network of experts to whom you can refer.

Consider the role of diabetes self-management education. We all know how important patient training is for achieving desired health outcomes and enhancing individual quality of life. We also know how time consuming patient education can be and how it takes very special skills to provide correctly. If you don't think your diabetes patients need very much in the way of self-management training, think again. There are many, many things that need to be taught and many questions that need to be answered, clearly and completely.

Certified Diabetes Educators (CDEs) can work with your patients on a multitude of behaviors and skills. There are basic subjects such as pathophysiology, home blood glucose monitoring, meal planning, exercise planning, injection technique, prevention/treatment of hypoglycemia, foot care and other forms of preventive healthcare. Many CDEs also cover advanced topics ranging from carbohydrate gram counting to insulin dosage calculations. Some CDEs also have expertise in areas such as pregnancy, weight loss, insulin pump therapy, continuous glucose monitoring and mental health issues.

That said, how many of your diabetes patients are you now referring for diabetes self-management education? 25%? 50% The fact

is, anything less than 100% means that *someone* is being under-served.

Just like physicians, diabetes educators come from a variety of disciplines and with a variety of skills. If your patient needs a specialist for eye, kidney, nerve or heart care, you would not refer them to the first specialist listed in the phone book or just anyone at a nearby hospital. You would send them to physicians with whom you have developed a level of trust or whose reputation precedes them. Build your network of diabetes educators with the same care that goes into building your network of medical specialists.

The effort it takes to send your patients for diabetes self-management training pales in comparison to the return. Well-trained and educated patients tend to be more compliant. You won't have to waste valuable appointment time answering basic questions, and the patient will be more likely to show up for their appointments armed with the kind of information you need to treat them effectively. Providing a "team approach" to diabetes care also sends your patients a message about the seriousness of the disease and provides specialized expertise to help them reach their goals. So recommend that your diabetes patients work with a diabetes educator to supplement the medical care provided by your office. And recommend it wholeheartedly... a little salesmanship can only help.

Locating diabetes educators in your area is not difficult. Speak with the outpatient diabetes educator at your local hospital(s), and ask your pharmaceutical representatives for the names of other good CDEs in your area. The American Association of Diabetes Educators offers a free search of diabetes educators by geographic area

at their web site, <http://members.aadenet.org/Scriptcontent/map.cfm>. And if you can't find anyone that you're comfortable working with locally, there are always practices such as mine that provide complete service to patients via phone and the internet.

Remember, you're only as good as the people around you. Surround yourself with a team of the best diabetes educators you can find, and use them. Often.

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