Title of Intervention: Teleconferenced provider education

Intervention Strategies: Provider Education

Purpose of the Intervention: To improve family physician adherence to national diabetes guidelines and glycemic control

Population: Primary population: family physicians; secondary population: patients with Type 2 diabetes

Setting: Healthcare facilities in eight geographic regions of Canada; health care facility-based, worksite-based

Partners: Telephone conferencing company, key leaders in endocrinology and diabetes care

Intervention Description:
- Provider Education: Eight, one-hour small group educational sessions were held through teleconferencing. Each session covered a module related to the management of diabetes and was based on national guidelines. Educational manuals were provided with learning objectives, guideline recommendations, detailed clinical cases, pertinent research articles, flow sheets listing the recommended screenings, and medical reminders.

Theory: Not mentioned

Resources Required:
- Staff/Volunteers: Medical record auditors, key opinion leaders and educators
- Training: Not mentioned
- Technology: Telephones, teleconferencing capabilities
- Space: Not mentioned
- Budget: Not mentioned
- Intervention: Videotapes, education manuals, national guideline modules
- Evaluation: Patient charts

Evaluation:
- Design: Randomized controlled trial
- Methods and Measures: Medication management, physician adherence and glycemic control were measured from patient chart audits.

Outcomes:
- Short Term Impact: Significantly more patient records had documentation of diabetes-related outcomes and measurements. In addition, more intervention patients were taking insulin.
- Long Term Impact: The intervention did not significantly affect the overall glycemic levels or the fasting plasma glucose values, but significantly fewer patients had inadequate control.

Maintenance: Not mentioned

Lessons Learned: There is a need to better understand the factors that influence adoption and maintenance of specific behavior changes in diabetes management.

Citation(s):