

"It Takes a Village"- A Conversation with the Interprofessional Diabetes Clinic at the ECU Health Family Medicine Center

Interviews conducted by Christine Lysaght

Introduction

The Interprofessional Diabetes Clinic team at the ECU Health Family Medicine Center works daily to improve the health and well-being of their patients. **Shiv Patil (SP), MD, MPH, BC-ADM; Jamie Messenger (JM), PharmD, BCACP, CPP;** and **Kay Craven (KC), MPH, RDN, LDN, CDCES,** are not new to teamwork. They have worked together for more than 10 years serving patients with diabetes in Eastern North Carolina.

Interprofessional collaboration and shared understanding positively impact both patients and providers. Current recommendations from the CDC and experts agree that collaboration between diverse professions is necessary to improve patient outcomes and empower patients to self-manage their chronic conditions [1–3].

Clinical Professor and College of Allied Health Sciences Coordinator of Interprofessional Education **Christine Lysaght, PT, DPT, CSCS,** conducted two interviews with the diabetes clinic team then met with one of their patients to explore how they experience teamwork in primary care. The patient, **Ms. Ann Johnson,** did not hesitate when asked to share her experience. Throughout both conversations, the trust and mutual respect between professionals, and between professionals and patients, were evident.

Q&A with ECU Health Interprofessional Diabetes Clinic Staff

Christine Lysaght: Tell me about how you all work together and your shared vision for treating patients with diabetes.

Kay Craven: Our verbiage is similar so that patients don't feel like they are getting a different message.

Shiv Patil: For example, if I'm reviewing diet with a patient

and they tell me that Kay told them something that doesn't sound right, or if it is about a medication and they report they are injecting it in an incorrect way or place after their session with Jamie, I know that they may have misunderstood the diet and medication counseling. But if it is not Kay or Jamie then I am not sure. Everybody has different experiences and training.

Jamie Messenger: Also, being able to pull somebody else in and ask questions a different way to see if you get a different answer. Patients tell her [Kay] about diet, and what they tell me about diet differs.

SP: Yes, sometimes after a patient interaction, I may not be sure. It's not that patients are lying. They may not want us to know that they are running out of medications. They may have to choose between food and medication. They may be rationing

the medication. But we need to decide how to manage their diabetes care, whether we need to prescribe more medication or increase the dose. I think that's what our team is good at. Over the years, we have developed expertise in treating patients who are struggling with medications, food, and other social determinants of health. The health disparities in our practice are becoming more apparent.

JM: Kay has done a great job of screening for food insecurity. And I piggyback on that; if they can't afford food, often they can't afford medications. Then we may be pulling in social work to connect them to resources.

Lysaght: You value teamwork for your patients, but how has working as a team impacted you?

KC: I look forward to diabetes clinic days. I think I like team-

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"Working as a team is more satisfying because we can be more complete, and I feel that we haven't missed anything."

— Jamie Messenger, PharmD, BCACP, CPP

based care more than my individual clinic days because I know I have the resources there to take care of the patient without having to chase professionals down after a visit. Dr. Patil is always there for me.

SP: My clinical life is already better because I have Jamie and Kay. I am only doing one or two half days of clinic on my own, but even then, I end up calling them about patients. But it's much easier when we are together at the same time on clinic days.

JM: Working as a team is more satisfying because we can be more complete, and I feel that we haven't missed anything. We all have a slightly different viewpoint, and having the team feels like we have covered all the bases. For me as a pharmacist, it's nice to have it modeled that a physician comes to me and respects and values me as a pharmacist and what I can add to patient care. Having a physician champion verbalizing, "Why don't we also have CPPs [Clinical Pharmacist Practitioners] in all family medicine clinics?" is valuable because we don't see this very often.

Q&A with Ann Johnson, ECU Health Interprofessional Diabetes Clinic Patient

Christine Lysaght: Would you mind sharing with the readers your experience with the ECU Diabetes Clinic?

Ann Johnson: Sure, I became sick with pancreatitis and my family doctor talked with Dr. Patil. Dr. Patil didn't think my pancreatitis was from the Ozempic. He thought it was from the gallbladder, because I had some stones. When I met with him, he said, "We have got to get your sugars down before you can ever have the gallbladder surgery." The surgeon needed my A1C lower, I think it was 9.8 or higher.

"They're very in tune with one another, and they have a common goal – I'm their common goal."

— Ann Johnson, diabetes patient

Dr. Patil and Kay were so nice. Kay was helping me with the nutrition part. We set up goals. Now, I didn't always meet my goals, but she didn't discourage me. I have been diabetic for quite a while, but I really didn't understand it. No one in all these years has ever really sat down and said, "OK, this is what's happening and why, and let's address the issue." I was able to talk to Kay and explain exactly how I feel, and she understood. She explained a lot of things to me.

I did get really downhearted one day, and Kay was right there. She called behavioral health so I could go and talk with them. Kay also always asks me, "Do you have enough food to get through the week?" Sometimes, you don't always have the healthier options. It's easy for you to tell me, "I want you to eat

this." Can you go to the grocery store and buy it for me? It is kind of hard to ask for help like that. I think a lot of people are like me. You know, you're prideful. You have to ask even if you are doing the very best you can do, and it's depressing.

Lysaght: Where are you now because of their care for you?

Johnson: Well, my A1C is a 6.5! So, I was excited about that. I was able to get my gallbladder out and I have lost 10 pounds. I am off the Novolog, and take Lantus. I have started back on the Ozempic. My daily average blood glucose is 158. And I am going to start doing chair exercises. I feel more positive now than I ever have.

Lysaght: What behaviors did you see that made you know they were working together and individualizing your care?

Johnson: They have great communications with one another, and I don't think I've ever seen Kay without seeing Dr. Patel, or without him being on the phone. They're very in tune with one another and they have a common goal. I'm their common goal. They both are trying avenues to help me and they kind of mesh together; he handled the medicine part and she handled the education part of it. So, I had two entities that met together that helped me get better. They are very cohesive together and I like that.

To me, the most important person in the doctor's office is me. I'm the patient, I should be the common goal. They are the first ones that made me feel like, "You can do this. We're going to help you. We're going to get your sugars down." Especially when I gained all that weight. Dr. Patel said, "Don't worry about it, it's going to come off and we're going to address that afterwards." And he's still encouraging me. I can send a MyChart message to them right now and I know they are going to answer me. I like that.

Lysaght: If more health care providers had the teamwork that you are describing, how might that affect people's health?

Johnson: I think that it would be beneficial to patients. I understand that when you go to see a doctor you're allotted 15 minutes. I know that they're kind of rushed, but when you have that other person that you go and see, like with Kay, you go and see her for 45 minutes to an hour. You can say so much more to her that she can relay back to the doctor. For example, Dr. Patil and Kay were talking to Jamie about a CGM [continuous glucose monitor]. Jamie called me at home to let me know she was still working on getting it approved. So, they were communicating, even though I didn't know they were communicating. Even behind the scenes, they were working for my good. So, I think that if you have a team, it's better. It's almost like with children, like when they say about children, it takes a village. I believe that with health care too.

Lysaght: What do you want the medical community to learn from your story?

Johnson: *That it is not always about the medication. It is about the patient in the long term. Diabetes isn't short-term. But I think as a medical professional, you need to listen to your patient, and you need to let them know that you care about them and you are going to do whatever you can to help them address their issue, especially when it is diabetes. If you don't educate us, we don't know. Once I got educated, I felt better. And I felt like I could do it. When I wasn't educated, I really didn't care. I didn't check my sugar much. I'd check it every couple of days, or before I went to the doctor. As a doctor, any medical professional, if you don't care about your patients, and you don't show them, they aren't going to really care about themselves and their health. NCMJ*

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