Empowering the Community to Manage Diabetes Better: An Integrated Partnership-Based Model

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ABSTRACT

Context: Rising number of diabetes cases in India calls for collaboration between the public and private sectors. Aims: Municipal Corporation of Greater Mumbai (MCGM) partnered with Eli Lilly and Company (India) [Eli Lilly] to strengthen the capacity of their diabetes clinics. Materials and Methods: Medical Officers, dispensaries and Assistant Medical Officers (AMOs) located at attached health posts were trained on an educational tool, Diabetes Conversation Map™ (DCM) by a Master Trainer. This tool was then used to educate patients and caregivers visiting the MCGM diabetes clinics. Results: Twenty-eight centers conducted 168 sessions, and 1616 beneficiaries availed the education over six months. General feedback from health providers was that DCM helps clear misconceptions among patients and caregivers in an interactive way and also improves compliance of patients. Conclusions: This communication highlights a unique public-private partnership where the sincere efforts of public sector organization (MCGM) were complemented by the educational expertise lent by a private firm.

Keywords: Conversation map, diabetes education, public-private partnership

Introduction

The Call to Action on Diabetes by the International Diabetes Federation was based on a clear message that ‘diabetes is everyone’s business.’¹ We see tremendous efforts in this space both from the government, as well as from non-governmental organizations, researchers, academicians, and corporate sector. The Ministry of Health and Family Welfare, Government of India, launched the National Program on Prevention and Control of Diabetes, Cardiovascular diseases and Stroke (NPDCS) in 2008.² The Non-Communicable Diseases (NCD) cell of Government of India supervises and monitors the implementation of the program at various levels. MCGM is dedicated to NCD program in Mumbai providing facilities for diagnosis, treatment, follow-up and referrals in 55 dispensaries, 18 peripheral hospitals and three teaching institutes. MCGM has complemented the NCD program with innovative initiatives for educating, screening, and tracking, such as patient database & tracking system, school program, workplace intervention survey, community camps, extensive IEC and public-private partnerships.

In a city like Mumbai, which hosts over 1.1 million people with diabetes,³ the way forward is an integrated care model that can harness the expertise of different sectors like the government, private sector and community. In this communication, we describe the successful implementation of one such integrated Public-Private Partnership model.

Materials and Methods

MCGM is the primary agency responsible for urban governance of Greater Mumbai. MCGM public health department has a specific cell working on NCD, with a strong diabetes component. MCGM has 55 diabetes clinics

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Received: 15-09-14, Accepted: 29-10-14
with facilities of testing, consultation, treatment and diet counseling. The primary health care system is well-linked to the secondary and tertiary system for referrals.

2013 saw the opening of a new chapter in the NCD program, when MCGM partnered with the private sector in a transparent and positive way to fight this problem. Through this partnership, Eli Lilly, a US-headquartered pharmaceutical company, brought to the table its expertise in patient education. This partnership aims to strengthen the capacity of diabetes clinics of MCGM across the city and special Diabetes outpatient department clinics in peripheral and major hospitals. Eli Lilly supported MCGM to build the capacity of primary workforce by transferring skills and tools for better management of Diabetes. This was done through an educational tool called Diabetes Conversation Map™ (DCM), created by Healthy Interactions, in collaboration with International Diabetes Federation, and sponsored by Eli Lilly. This tool uses interactive group participation to empower people with diabetes to become actively involved in managing their ailment. This group learning experience is facilitated by trained Diabetes Educators, who have the necessary skill and expertise to co-ordinate education among a group of health workers, caregivers or patients as the case may be using different types of DCMs.

### Results

**Implementation of the Education Model**

Fifty-five medical officers of MCGM diabetes dispensaries were sensitized and 28 AMOs located at health posts of MCGM were trained in partnership with Eli Lilly, in use of DCM.

Capacity building training on DCM by Certified Master Trainer was preceded by training on clinical spectrum and management protocol by experts from Medical Colleges in Mumbai.

Following the training, a systematic implementation plan was chalked out for conducting the DCM sessions in the dispensaries. Trained AMOs under the supervision of Medical officers took sessions in diabetes dispensaries. During initial sessions, help was provided by trained diabetes educators from Eli Lilly.

Altogether, AMOs from these 28 health posts conducted 168 sessions in attached 25 dispensaries (Some dispensaries were attached to more than one health post) and 1616 beneficiaries availed the sessions over just six months (July-Dec 2013).

Although, no quantitative measurement of impact was done during implementation of this model, general feedback obtained on a regular basis from health providers is that DCM helps clear misconceptions among patients in an interactive way and helps improve compliance of patients. It helps save time of Medical Officers, who can effectively educate multiple patients in a single session regarding the basics of the disease, its outcome, complications and importance of lifestyle modification and treatment adherence.

The DCM sessions also act as a forum for patients to interact with other individuals facing similar problems and they learn through mutual interaction, eventually making life easier for them. These sessions bring out the faiths, beliefs, and cultural influences of patients and their relatives, which otherwise are unknown to the concerned health provider, and may act as hindrances. The Health care provider can tailor his/her health care delivery accordingly for better treatment outcomes. Patients who are educated through DCMs tend to accept lifestyle modification better than one-way health talks, as this is a more visual and interactive medium.

With this encouraging feedback, 26 additional AMOs located at health posts attached to remaining diabetes clinics, have been trained on DCM, who will now roll it out to the patients and their care givers.

### Discussion

There is enough evidence to show how education of patients positively impacts the disease outcomes. Physicians strive to help patients embrace their treatment plan. However, the burden of patients in a routine outpatient department hardly leaves physicians with sufficient time to engage in individual discussion around education and counseling. Thus, many queries of these patients remain unanswered either due to lack of time or their hesitation to ask questions to the doctor. Moreover, the patients’ decisions are often driven by other sources of information, including friends, relatives and advocates of alternative remedies. Thus, it is necessary to empower them to take their own decisions and of course, right decisions, when Medical help is not around.

Although overcoming these tensions in the patient journey is a mammoth task, DCM does help to some extent by engaging people in a meaningful conversation about diabetes. Through DCM, information is delivered in an engaging atmosphere through peer-to-peer discussions, and patients find it easier to apply this knowledge to real-life situations, thus taking small, meaningful steps towards managing their condition better.

The success of this program was possible due to an effective collaboration of a public organization that were
rightly committed for improving the situation of diabetes patients and a private organization who had the tools and resources to cater to the needs of diabetes patients.

At this time, there is no statistical analysis to prove the positive outcome of this collaboration or the education tool used. There was no randomized controlled trial conducted to prove effectiveness or impact of the tool or the model. That probably could be conceptualized in the future. Nonetheless, any effort in this direction to educate patients on self-management goes a long way and the clinical benefit cannot be underestimated. Moreover, although, the impact of the tool was not studied in this model, there are other reports of positive impact with this tool.\(^7\)

While the world is now discussing how the private sector can get engaged and share stakes in the business of community health, this is a small step in that direction and testament to the transformative potential of innovative thinking. No single sector has all the answers to reverse the path to this national catastrophe. And we are all answerable to the betterment of our future generations.

**Acknowledgement**

The authors of this manuscript would like to acknowledge the efforts of all the Medical Officers & Assistant Medical Officers of MCGM, who helped in the successful implementation of the program.

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