INTRODUCTION: Type 2 diabetes (DM2) is the 6th leading cause of death in Virginia (VA) and contributes to heart disease, stroke, amputations, blindness, and renal disease. The Cumberland Plateau Health District has the 2nd highest diabetes prevalence rate (16%) and the 3rd highest diabetes mortality rate (35.2%) in the Commonwealth. Limited resources and access to specialty care are barriers to health care that impact diabetic morbidity and mortality. Using the Self-Efficacy Theoretical Framework, this project will determine the effectiveness of integrating diabetic self-management education (DSME) and diabetic medical management (DMM) through a NPC multidisciplinary approach in a family practice clinic in a medically underserved area. It will address the questions: Do NPCMGVs in southwest Virginia (SWVA) with integrated DSME and DMM provide a more effective means to increase knowledge than routine office visits, improve glycemic control, and improve self-efficacy pre-intervention to post-intervention?

METHOD(S): A pilot study and non-randomized group of fifteen patients, aged 18 years and older, with DM2 and glycosolated hemoglobins (A1Cs) greater than 8.0 will participate in the NPCMGVs at C-Health, PC in Lebanon, VA. Patients will attend 4 hour sessions weekly for 2 weeks for DSME and DMM. This effectiveness study will compare pre-intervention to post-intervention outcomes with a control group of 15 other patients receiving usual care. Implied consent for the pre-intervention group and informed consent for the post-intervention group will be documented.
**Results:** Effectiveness of NPCMGVs will be measured by comparing the NPCMDGVS with the control usual care group (CUCG). Effectiveness will reflect increased knowledge, decreased blood sugars, decreased A1Cs, and improved self-efficacy scores pre-intervention to post-intervention.

**Discussion & Conclusions:** If this pilot project indicates that NPCMGVs are effective and patients demonstrate improved outcomes, a longitudinal study to track increased knowledge and improved glycemic control over time will be recommended. In addition, NPCMGVs will be an innovative approach to providing multidisciplinary care for patients with DM2 in medically underserved regions.

**Abstract History:**
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.
I am a DNP student but currently practice as a FNP in a primary care practice/family practice clinic in southwest Virginia. I do teach on the side for King College part-time faculty for RN to BSN Nursing Program.

**Financial Disclosure:**
No, I (or a member of my immediate family) have not received something of value* from or own stock (or stock options) in a commercial company or institution related directly or indirectly to the subject of my presentation.

**FDA Disclosure:**
I will not be describing any pharmaceutical and/or medical device.

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