



Multidisciplinary Approaches to Diabetes Mellitus Management: The Roles of Pharmacy, Nursing, Dentistry, Radiology, and Health Informatics-An Updated Review

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Abstract

Background: Diabetes mellitus remains a global health crisis with rising prevalence and substantial morbidity, mortality, and healthcare costs. The complexity of diabetes care, particularly in patients with comorbidities, necessitates integrated, team-based approaches that extend beyond traditional physician-centered models.

Aim: This review aims to synthesize current evidence on multidisciplinary team (MDT) approaches in diabetes management, with specific focus on the evolving roles of pharmacy, nursing, dentistry, radiology, and health informatics professionals.

Methods: A comprehensive literature search was conducted across PubMed, EMBASE, CINAHL, and Google Scholar for peer-reviewed studies published between 2020 and 2026. Studies evaluating MDT interventions in diabetes care, including the roles of pharmacists, nurses, dentists, radiologists, and health informatics specialists, were included. Data extraction and synthesis followed established review methodologies.

Results: Evidence demonstrates that MDT approaches are associated with significant improvements in glycemic control, reduced complication rates, enhanced patient engagement, and cost-effectiveness. Pharmacists contribute through medication management and education, achieving HbA1c reductions of 0.05–2.1%. Nurses play central roles in patient education, remote monitoring, and care coordination. Dentists address the bidirectional relationship between periodontal disease and diabetes, though integration remains limited. Radiology professionals contribute through AI-enhanced imaging for complication detection. Health informatics enables data integration, clinical decision support, and coordinated care delivery.

Conclusion: Multidisciplinary team approaches are effective and cost-effective in diabetes management. Successful implementation requires professional training, digital infrastructure investment, and integrated care models. Future research should address cross-sectorial collaboration and scalable implementation strategies.

Keywords: Diabetes mellitus; Multidisciplinary team; Pharmacy; Nursing; Dentistry; Radiology; Health informatics; Collaborative care; Digital health.

Introduction

Diabetes mellitus (DM) represents one of the most significant global health challenges of the twenty-first century. With a worldwide prevalence on the rise, projections indicate that by 2045, approximately 783 million adults—one in eight—will be living with DM, representing a 46% increase in prevalence [1]. Type 1 diabetes (T1DM) and type 2 diabetes (T2DM) together impose a substantial burden on individuals, healthcare systems, and economies worldwide [1]. The chronic nature of diabetes, coupled with its multisystemic complications, demands an

approach to care that is comprehensive, coordinated, and continuous. The management of diabetes extends far beyond glycemic control. People with diabetes face elevated risks of cardiovascular disease, chronic kidney disease, retinopathy, neuropathy, periodontal disease, and mental health disorders [2]. The prevalence of comorbidity in diabetes populations ranges from 40% to 95%, with each additional comorbidity contributing to exponential increases in healthcare utilization and costs [2]. This complexity necessitates a care model that transcends the traditional physician-centric approach and embraces

the full spectrum of healthcare professionals. Multidisciplinary teams (MDTs) have emerged as a promising strategy to address the multifaceted needs of people with diabetes. The American Diabetes Association (ADA) explicitly recommends that diabetes care be managed by a multidisciplinary team that may draw from primary care physicians, subspecialty physicians, nurse practitioners, physician assistants, nurses, dietitians, exercise specialists, pharmacists, dentists, podiatrists, and mental health professionals [3]. The rationale for this recommendation is grounded in the recognition that no single professional possesses the full range of expertise required for optimal diabetes management.

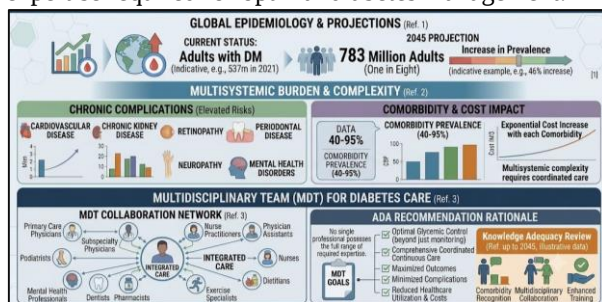


Fig. 1: Multidisciplinary Management of Diabetes.

The evidence base for MDT approaches in diabetes has grown substantially in recent years. A scoping review by Andersen and colleagues identified that MDTs are characterized by four overarching components: teams composed of both medical specialists and healthcare professionals of varying sizes; interventions spanning medication management, assessment, nutrition, education, self-monitoring, and treatment adjustment; integration of digital health solutions in 58% of studies; and implementation across both primary and secondary healthcare settings with varying frequencies [2]. The effectiveness of MDTs has been consistently positive across multiple outcomes, including glycemic control, complication reduction, and cost-effectiveness [2,4]. The COVID-19 pandemic accelerated the adoption of digital health technologies and remote care models, further transforming the landscape of multidisciplinary diabetes care [5]. Telehealth, mobile health applications, continuous glucose monitoring, and artificial intelligence-assisted diagnostics have created new opportunities for team-based care that extends beyond the walls of traditional healthcare facilities [6]. These technological advances have simultaneously expanded and redefined the roles of various healthcare professionals within the MDT framework. This updated review examines the current evidence on multidisciplinary approaches to diabetes management, with particular emphasis on five professional groups whose roles are evolving in response to both the complexity of diabetes care and the opportunities presented by digital health technologies: pharmacy, nursing, dentistry, radiology, and health informatics.

The Foundation of Multidisciplinary Diabetes Care

Diabetes is a "pervasive" disease that requires continuous monitoring, frequent follow-ups, and multidisciplinary management to optimize therapeutic targets within a holistic person-centered approach [1]. The Chronic Care Model, which underpins contemporary diabetes management, emphasizes the importance of productive interactions between informed, activated patients and prepared, proactive practice teams [3]. This model recognizes that effective chronic disease management requires systematic attention to six interconnected elements: healthcare organization, community resources, self-management support, delivery system design, decision support, and clinical information systems [3]. The complexity of diabetes care is amplified by the high prevalence of comorbidities. People with diabetes and comorbidities are associated with poorer outcomes in terms of higher mortality and morbidity rates, polypharmacy, depression, reduced health-related quality of life, and higher healthcare utilization [2]. Social inequality further compounds these challenges, with multimorbidity consistently more prevalent in socioeconomically deprived areas [2]. These patterns underscore the need for interventions that address not only the medical aspects of diabetes but also the social determinants of health.

The evidence supporting MDT approaches in diabetes care is robust and growing. A systematic review by Albright and colleagues demonstrated that multidisciplinary care teams reduce major amputation rates in adults with diabetes by 39–56% [7]. This finding, derived from a meta-analysis of before-after studies, provides compelling evidence that coordinated team-based care can prevent one of the most devastating complications of diabetes [7]. Tan and colleagues conducted a systematic review of stakeholder perspectives on MDT care for T2DM, identifying three common themes: interactions between healthcare providers, benefits to patients, and constraints and facilitators of the healthcare system [8]. Trust and synergistic teamwork emerged as important factors in promoting effective care, while patients commended MDT's improved accessibility and convenience [8]. However, the review also highlighted that poor interactions between healthcare professionals can hamper quality patient care, and that MDTs are often plagued by poor support, lack of manpower, and insufficient resources [8]. A scoping review of MDTs in diagnosing and treating patients with diabetes and comorbidities found that MDTs are characterized by high diversity yet seem to be effective and cost-effective [2]. The review identified that digital health solutions were integrated in 58% of studies, suggesting that technology is increasingly viewed as an enabler of multidisciplinary care [2]. The authors concluded that future research should investigate cross-sectorial collaboration to reduce care fragmentation and enhance care coordination [2].

MDT interventions in diabetes care typically incorporate multiple components that address the

diverse needs of people with diabetes. Andersen and colleagues identified that medication review or adjustment was the most frequent component of MDT interventions (68%), followed by education (58%), assessment of patients (53%), treatment adjustment, nutrition, and self-monitoring [2]. This pattern reflects the recognition that optimal diabetes management requires attention to pharmacological, educational, behavioral, and monitoring dimensions of care. The heterogeneity of MDT interventions—in terms of settings, team composition, frequency, and components—reflects both the flexibility required to address diverse patient populations and the challenge of standardizing complex interventions [2]. This heterogeneity may also explain the relative paucity of high-quality evaluations of MDT interventions to date, as standardized protocols are difficult to develop and implement across different contexts [2].

The Role of Pharmacy in Multidisciplinary Diabetes Care

Pharmacists have emerged as integral members of multidisciplinary diabetes care teams, contributing expertise in medication management, patient education, and therapeutic monitoring. The American Diabetes Association recognizes pharmacists as essential members of the interdisciplinary diabetes care team, alongside physicians, nurses, dietitians, and other professionals [3]. This recognition is grounded in a substantial and growing evidence base demonstrating that pharmacist involvement improves clinical, humanistic, and economic outcomes in diabetes care. A systematic review by Pousinho and colleagues evaluated the effects of clinical pharmacist interventions in T2DM management, including 39 randomized controlled trials involving 5,474 participants [9]. The review found beneficial effects on various clinical outcomes, including glycemia, blood pressure, lipid profile, body mass index, and coronary heart disease risk. For HbA1c, the difference between intervention and control groups ranged from -0.05% to -2.1%; for systolic blood pressure, from +3.45 mmHg to -10.6 mmHg; for total cholesterol, from +10.06 mg/dL to -32.48 mg/dL; and for body mass index, from +0.6 kg/m² to -1.94 kg/m² [9]. The effect on medication adherence and health-related quality of life was also positive, and interventions proved to be economically viable [9]. An umbrella review by Abdulrhim and colleagues examined seven systematic reviews on pharmacist interventions in multidisciplinary diabetes care teams in primary care settings [10]. Educational interventions by clinical pharmacists were the most common types of interventions reported across all systematic reviews [10]. Pharmacist interventions compared to usual care resulted in favorable significant improvements in HbA1c, fasting blood glucose, blood pressure, body mass index, total cholesterol, low-density lipoprotein, high-density

lipoprotein, and triglycerides in more than 50% of the systematic reviews [10]. Improvement in HbA1c was the most commonly reported clinical outcome, documented in six of the seven systematic reviews [10].

The economic benefits of pharmacist involvement in diabetes care are substantial. Abdulrhim and colleagues reported that pharmacist interventions led to significant cost savings (\$8–\$85,000 per person per year), cost-utility, and cost-benefit (benefit-to-cost ratio ranging from 1:1 to 8.5:1) compared to usual care [10]. These findings suggest that incorporating pharmacists into multidisciplinary diabetes care teams is not only clinically effective but also economically advantageous [10]. An interdisciplinary approach combining case management and clinical pharmacy has been shown to improve outcomes for people with diabetes [11]. Clinics that create interdisciplinary teams including a clinical pharmacist and a case manager achieve the best outcomes for their patients with diabetes [11]. This finding underscores the importance of integrating pharmacy services within broader team-based care models.

Pharmacists contribute to diabetes care across multiple settings and contexts. In primary care, pharmacists work as part of collaborative care teams to design, implement, and monitor therapeutic plans that achieve therapeutic goals and improve quality of life [10]. In hospital settings, pharmacists participate in medication reconciliation, therapeutic drug monitoring, and discharge planning to ensure continuity of care. In community settings, pharmacists provide accessible diabetes screening, education, and medication management services. The integration of pharmacists into MDTs has been particularly valuable in managing complex patients with uncontrolled diabetes, polypharmacy, or multiple comorbidities. Pharmacists' expertise in medication management—including dose optimization, identification of drug interactions, and simplification of complex regimens—addresses a critical need in diabetes care, where polypharmacy is common and adverse drug events are a significant concern [9].

The Role of Nursing in Multidisciplinary Diabetes Care

Nurses play a central and expanding role in multidisciplinary diabetes care, serving as patient educators, care coordinators, remote monitors, and advocates. The enhanced care team nurse process, developed by a multidisciplinary team including primary care clinicians, registered nurses, pharmacists, and clinical nurse specialists, represents a proactive longitudinal care delivery model that encourages nurses working to the top of their licensure [12]. This model engages registered nurses directly with patients, clinicians, pharmacists, and other team members to facilitate proactive, patient-centered,

evidence-based diabetes care [12]. In a scoping review of MDTs in diabetes and comorbidities, nurses were the most frequently represented healthcare professionals, included in 84% of studies [2]. This high representation reflects the recognition that nurses are essential to the delivery of comprehensive diabetes care across all settings [2]. The most prevalent medical specialists in MDTs were endocrinologists/diabetologists (74%), while nurses (84%) and dietitians (32%) were the most prevalent healthcare professionals [2].

Nurse-led multidisciplinary programs have demonstrated effectiveness in improving glycemic control and other diabetes outcomes. A nurse-led multidisciplinary program developed in a community hospital in Thailand provided an avenue for nurses to manage glycemic control in diabetes within a cooperative program [13]. The program demonstrated that nurses can effectively lead multidisciplinary teams in community settings, particularly where healthcare workforce distribution is unequal [13]. Nurses have been particularly effective in leading multidisciplinary teams for patients with diabetic foot ulcers [14]. A study exploring nurses' experiences within a nurse-led multidisciplinary team found that nurses provided specialized care for patients with diabetic foot ulcers, enhancing their professional independence while presenting challenges [14]. The nurse-led team approach was effective due to a holistic approach to disease management [14].

The integration of digital health technologies has expanded the scope of nursing practice in diabetes care. Nurses are increasingly involved in telemonitoring, remote patient education, and virtual follow-up. Digital-first care models must enable the full multitude of roles and skillsets of the diabetes multidisciplinary care team, facilitating handoffs from team member to team member that allow communications and coordination to flow around a patient's needs [15]. Nurses' roles in patient education have been particularly enhanced by digital technologies. Mobile health applications, telehealth platforms, and remote monitoring systems enable nurses to provide education and support to patients regardless of geographic location [15]. The COVID-19 pandemic accelerated the adoption of these technologies, demonstrating that nurses can effectively deliver diabetes education and support through virtual modalities [5].

The Role of Dentistry in Multidisciplinary Diabetes Care

Diabetes and periodontal disease share a well-established bidirectional relationship that has significant implications for multidisciplinary care. Diabetes increases the risk of periodontal disease, while periodontal disease can adversely affect glycemic control [16]. This bidirectional link means that dental professionals have both an opportunity and a responsibility to contribute to the comprehensive management of diabetes. A systematic review by

Siddiqi and colleagues investigated the knowledge and understanding of physicians and specialists regarding the two-way relationship between diabetes mellitus and periodontal disease [16]. The review, which included 13 studies involving 4,027 participants (3,256 primary care physicians and 771 medical specialists), found that just over 50% of medical professionals had an understanding of oral health and/or periodontal disease [16]. Over one-third of medical professionals were ignorant of the relationship between oral health and diabetes mellitus, and only 30% reported ever referring their patients for an oral health assessment [16]. Another key finding was the absence of interprofessional collaborative care between medical and dental professionals while managing patients with diabetes mellitus [16].

Despite the established link between diabetes and periodontal disease, oral health has not been fully integrated into multidisciplinary diabetes care in most healthcare systems. A study by McGowan and colleagues aimed to understand the needs of patients and staff at a diabetes clinic to inform a prototype of integrated dental and diabetes care [17]. The study found that most patients (83%) had not seen a dentist in the previous year, and of the 37 patients with remaining natural teeth, 84% required periodontal assessment and 46% had multiple carious lesions [17]. Unmet treatment needs and rates of access were similar for private and public dental patients [17]. Staff and patients reported high levels of support for incorporation of dental care at the diabetes clinic [17]. These findings highlight a significant gap in multidisciplinary diabetes care. Integrating oral health into diabetes management is well-supported by patients and staff to address significant unmet dental needs [17]. Incorporating dental screening and services within diabetes clinics may increase uptake and improve awareness of the importance of oral health in diabetes management [17].

Dental professionals can play a vital role in the early detection and management of diabetes. Dental teams could play an integral role in identifying people at high risk of developing type 2 diabetes as well as in the early detection of the condition in those who are undiagnosed [18]. If diabetes is suspected, the dentist or periodontist should ask for glucose levels and glycated hemoglobin (HbA1c) levels and refer patients to physicians for further evaluation [19]. Periodontists and dentists can play a role beyond oral health in helping to diagnose diabetes and collaborate with physicians in treating patients with both diseases [19]. Medical professionals with integrated knowledge of elementary oral health education and training could play a central role in the timely diagnosis and management of periodontal disease in patients living with diabetes mellitus [16]. The need for interprofessional education and interprofessional collaborative care has been emphasized as essential to addressing the diabetes-periodontitis nexus [16]. A qualitative study exploring strategies to improve

interprofessional management of diabetes and periodontitis found that workshops attended by staff from medical and dental primary care practices and people with diabetes could identify ways to improve multidisciplinary working [20].

The Role of Radiology in Multidisciplinary Diabetes Care

Radiology professionals contribute to multidisciplinary diabetes care through the detection, characterization, and monitoring of diabetes-related complications. Imaging studies are essential for the evaluation of cardiovascular disease, diabetic foot complications, retinopathy, and other diabetes-related conditions. The integration of radiology services within MDTs ensures that imaging findings are appropriately interpreted and incorporated into clinical decision-making. Imaging studies are expected to produce reliable information regarding diabetes. Many studies have shown changes in the diabetic pancreas that could provide information about the status of diabetes [21]. Radiomics, the extraction of quantitative features from medical images, offers new opportunities for characterizing diabetes-related pathology [21]. Multidisciplinary team meetings have been shown to change imaging interpretation in a substantial proportion of cases, highlighting the value of collaborative interpretation [21].

Radiology plays a particularly important role in the multidisciplinary management of diabetic foot complications. Successful revascularization, guided by imaging, has a significant impact on limb salvage rate and wound healing for patients with diabetic foot ulcers [22]. A multidisciplinary approach involving radiologists, vascular surgeons, podiatrists, and other specialists is essential for optimizing outcomes in diabetic foot disease [22]. A systematic review of multidisciplinary teams to reduce major amputations for patients with diabetic foot ulcers found that 94% (31/33) of studies reported a reduction in major amputations after institution of a multidisciplinary team [23]. While multidisciplinary team composition was variable, the consistent reduction in amputations across studies underscores the importance of coordinated care that includes appropriate imaging and interventional radiology services [23].

Artificial intelligence and advanced imaging technologies are expanding the capabilities of radiology in diabetes care. AI-enhanced imaging can improve the detection and characterization of diabetes-related complications, including retinopathy, cardiovascular disease, and neuropathy [21]. These technologies enable more efficient screening, earlier detection, and more precise monitoring of disease progression. The integration of radiology services within digital health platforms facilitates remote interpretation and consultation, enabling access to specialist expertise regardless of geographic location. Tele-radiology services can support multidisciplinary

diabetes care in underserved areas, where access to imaging specialists may be limited [21].

The Role of Health Informatics in Multidisciplinary Diabetes Care

Health informatics provides the technological infrastructure that enables effective multidisciplinary diabetes care. Electronic health records, clinical decision support systems, population health platforms, and data exchange standards facilitate the communication, coordination, and data sharing that are essential for team-based care [15]. Health informatics professionals contribute to diabetes care through the design, implementation, and optimization of information systems that support clinical workflows, data management, and decision-making. The increasing chronic disease epidemic and the changing dynamics in healthcare create a critical demand for technology as an enabler for improving care [24]. A multidisciplinary, system-wide approach to integrating tested tools and technologies will promote improved outcomes for people with diabetes [24].

The transition to digital-first diabetes care models has profound implications for multidisciplinary team functioning. Digital-first care models must enable the full multitude of roles and skillsets of the diabetes multidisciplinary care team, facilitating handoffs from team member to team member that allow communications and coordination to flow around a patient's needs [15]. Video visit-driven care with a predominant physician-only care model strips diabetes care of the richness and diversity of interactions and teamwork required [15]. Health informatics enables several key functions in digital-first diabetes care: population health management to focus attention on patients at higher risk; integration of diabetes devices and software for seamless data flow; automation of documentation and care coordination; and remote monitoring and virtual care delivery [15]. These capabilities are essential for realizing the full potential of multidisciplinary diabetes care in the digital age [15].

The integration of data from multiple sources—including electronic health records, continuous glucose monitors, insulin pumps, and patient-reported outcomes—is a critical function of health informatics in diabetes care. Connected diabetes care programs, classified by care team-based systems, highlight the strengths and opportunities of virtual diabetes management [25]. Clinical decision support systems, informed by evidence-based guidelines and patient-specific data, can assist healthcare professionals in making optimal treatment decisions [25]. These systems are particularly valuable in multidisciplinary settings, where they can ensure that all team members have access to the same information and are working toward the same goals. Health informatics professionals play a key role in

developing, implementing, and maintaining these systems [25]. The treatment of diabetes requires an integrated approach in which a team of various healthcare professionals works under the guidance of a diabetes specialist [26]. If implemented appropriately, telemedicine and informatics solutions can support this integrated approach by enabling communication, data sharing, and coordinated care across settings and disciplines [26].

Integration and Future Directions

Despite the compelling evidence for MDT approaches in diabetes care, several challenges impede their widespread implementation. Tan and colleagues identified constraints including poor support, lack of manpower, and insufficient resources [8]. The current MDT model is also based on available resources of the health system, and more effort is needed to modify the MDT model to meet the changing needs of patients [8]. The heterogeneity of MDT interventions poses challenges for evaluation and replication. The lack of standardized definitions and protocols makes it difficult to compare studies across settings and conduct high-quality evaluations [2]. This heterogeneity may also contribute to the relative paucity of evidence on MDT effectiveness in certain contexts [2]. The integration of digital health technologies into MDT care presents both opportunities and challenges. While digital tools can enhance communication, coordination, and data sharing, they also require investment in infrastructure, training, and support [15]. The digital divide—disparities in access to technology and digital literacy—can exacerbate existing inequities in diabetes care if not addressed [15].

One of the most significant gaps in current MDT approaches is the limited cross-sectorial collaboration between primary and secondary care, and between medical and dental services. Andersen and colleagues found that none of the included studies in their scoping review had cross-sectorial settings where both secondary and primary healthcare were combined and collaborated [2]. This finding highlights the need for healthcare systems to facilitate work relationships across healthcare sectors to deliver more unfragmented, multidisciplinary care for patients [2]. People with diabetes and comorbidities rarely fit in one specialized location due to the complex and heterogeneous nature of their conditions [2]. Future development or updates of existing intervention models should take the cross-sectorial collaboration and fragmentation of care perspective into consideration [2]. The Foundations Framework for developing and reporting new models of care for multimorbidity provides a useful structure for addressing these challenges [27].

Effective MDT care requires healthcare professionals who are trained to work collaboratively across disciplines. The lack of interprofessional education has been identified as a barrier to effective MDT care in diabetes [16]. Medical professionals with

integrated knowledge of elementary oral health education and training could play a central role in the timely diagnosis and management of periodontal disease in patients living with diabetes mellitus [16]. Similarly, training in digital health competencies is essential for healthcare professionals to effectively use the technologies that enable MDT care. The transition to virtual care has unmasked weak points in infrastructure, workflows, and traditional care delivery models [15]. Addressing these gaps requires investment in professional development and continuing education [15].

The widespread implementation of MDT approaches in diabetes care requires supportive policy and reimbursement frameworks. The U.S. Food and Drug Administration operates a precertification program for some manufacturers to implement policies to increase innovation and access to digital health [28]. However, current regulations and laws in many countries make it difficult to spread digital health components and MDT approaches [28]. More important than the discussion of insurance benefits is whether sufficient clinical evidence has been established for the relevant technology and care models [28]. Reliable research on new technologies and approaches is not yet sufficient, and verification is needed on how effective MDT-based services are compared to standard treatments in current clinical practice guidelines [28]. Cost-effectiveness studies are also needed to demonstrate that MDT approaches can effectively utilize limited medical resources [28].

Conclusion

Multidisciplinary team approaches represent a cornerstone of effective diabetes management in the twenty-first century. The evidence reviewed in this article demonstrates that MDTs—comprising pharmacists, nurses, dentists, radiologists, health informatics professionals, and other specialists—are associated with improved glycemic control, reduced complication rates, enhanced patient engagement, and cost-effectiveness. The integration of digital health technologies has expanded the capabilities and reach of MDTs, enabling remote monitoring, virtual care, and data-driven decision support. Pharmacists contribute essential expertise in medication management, achieving clinically meaningful improvements in HbA1c, blood pressure, lipid profiles, and other outcomes while demonstrating cost-effectiveness. Nurses serve as central coordinators of diabetes care, providing patient education, remote monitoring, and leadership of multidisciplinary interventions. Dentists address the bidirectional link between periodontal disease and diabetes, though integration of oral health into diabetes care remains limited and requires systematic attention. Radiology professionals contribute through imaging for complication detection, with AI-enhanced technologies expanding diagnostic capabilities. Health informatics provides the technological infrastructure that enables effective team-based care, facilitating data

integration, clinical decision support, and coordinated care delivery. Challenges to MDT implementation include heterogeneity of interventions, limited cross-sectorial collaboration, insufficient professional training, and policy and reimbursement barriers. Addressing these challenges requires investment in digital infrastructure, interprofessional education, and supportive policy frameworks. Future research should focus on scalable implementation strategies, cross-sectorial collaboration models, and long-term evaluation of clinical and patient-centered outcomes. The vision of "P4 medicine"—predictive, preventive, personalized, and participatory—is increasingly achievable through the integration of MDT approaches and digital health technologies in diabetes care [28]. By working collaboratively across disciplines and leveraging the capabilities of digital health, healthcare professionals can deliver the comprehensive, patient-centered care that people with diabetes deserve.

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