Improving Diabetes Care Through Group Medical Visits

The Problem

A dramatic increase in the number of patients with diabetes in our practice prompted us to seek alternative models of care delivery. Literature review indicates improvement in clinical outcomes for patients who participate in a group medical visit (GMV). With funds from a major grant, the diabetes team started a pilot group medical visit in 2006, and with success, continued to add providers and patients to a current level of 7 monthly group medical visits with a total of 80 participants, three with Cape Verdean Creole speaking patients. The group medical visit model helps us provide patient centered care delivered in a culturally competent manner.

Aim/Goal

By engaging patients in a group medical visit, we aim to improve their diabetes outcome measures including, Hemoglobin A1c, blood pressure, low-density lipoprotein (LDL), and annual dilated eye exams, to match or surpass National Goals. Each group meeting goal focuses on having patients up to date on clinical measures, medication clarification and renewals, specialty care (annual eye exam, depression screening, foot checks, immunizations) completed or scheduled.

The Team

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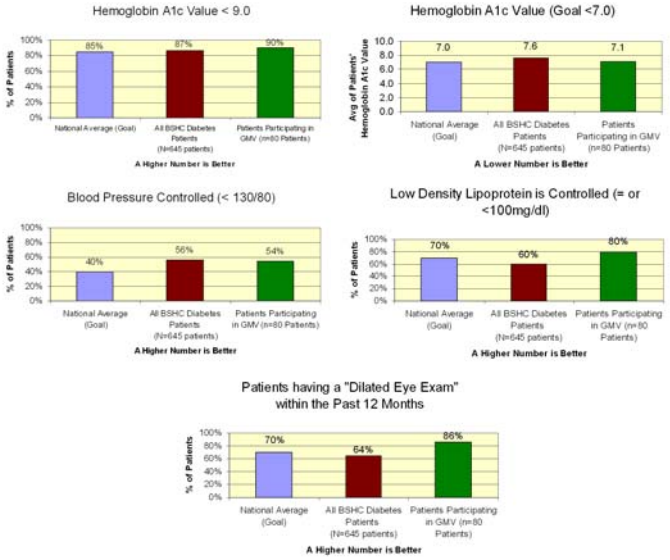
The Interventions

- Define staff roles for Medical Assistant, RN, MD, LICSW
- Select curriculum - Joslin First Steps and/or Conversation Maps (Healthy I) and obtain educational materials in English and Portuguese
- Plan team meetings of GMV staff to clarify organizational details and plan clinical/educational format
- Adopt WebOMR Diabetes Screening Sheet and Diabetes Care Report to guide care planning and patient education
- Select and monitor clinical outcome measures and share periodically with all staff

The Results/Progress to Date



Lessons Learned

- Patients were enthusiastic about groups with attendance rates of 86-90%
- Confidentiality was always respected and never a problem
- Culturally appropriate food was offered but changing patient eating habits required adaptation of favorite recipes
- GMV's were time intensive - preplanning, during, and post group follow-up work
- Patients appreciated more time with provider and educational setting was relaxed which enhanced discussion
- Peer support developed and influenced behavior, such as taking medications regularly and willingness to do home glucose monitoring

Next Steps

After one year of group meetings, patients refused to drop out of groups, so we moved to an every other month schedule and added new patients to each group

- Continue to monitor outcomes and identify areas to target improvement
- Plan to expand group visit model to other chronic diseases (asthma), pediatric well child, and targeted populations (men over 50)
- For financial viability, explore ways to streamline staffing and/or include more patients

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