

Group Visits

Diabetes as the Model

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Group Visits for Diabetes

- Our numbers tell us we need to look for solutions other than the one to one visit. – Nationally only 48% at A1c goal, 33% at LDL and BP GOALS and only 7% at goal for all three at the same time.
- Three to four 15 to 20 minute visits a year works for some but not all.
- Need more time to empower patients to self manage their disease
- Group visits provide that time plus they allow patients to share solutions with each other
- Not all patients will choose group visits
- Some will come but not return

Actual group visit-patients completing first part of medical record.



Diabetes Group Visit

- First Hour-with the Nurse or Medical assistant that works with the physician
 - Vital Signs-Foot exam
 - Answer questions-help patient ask questions of the physician
 - Education, visit supermarket, read labels, cooking demo
- Second Hour with the Physician (Clinician)

Group Visits

- Not Lectures-lectures provide knowledge do not change behavior
- Emotions are the fuel for a change in behavior
- Group visits provide a safe environment (trust) for discussing all of above
- Physician/Nurse (MA) team need to become skilled in listening to emotion and facilitating discussion
- The curriculum for a group visit is driven by the patients questions and concerns

Trento Diabetes Care 27:670–675, 2004

- 5 year study of changes in knowledge, problem solving ability, quality of life, etc T2D patients managed by group compared with individual usual care (56 in each group)
- **Knowledge of diabetes and problem solving ability improved with group care and worsened among control subjects (P 0.001).**
- Quality of life improved with group care but worsened with individual care (P 0.001).
- HbA1c level progressively increased over 5 years among control subjects but not group care
- BMI decreased and HDL increased in group care

Group Visit Values-Physician

- Offer More time to address best care activities
- More time to assess patient understanding and literacy level.
- Deliver consistent message to multiple patients
- Increase satisfaction

– [Diabetes Care 26:2032-36 2003](#)

Group Visit Values-Patient

- Increased trust in their physician
- Setting attainable goals (incremental pace)
- Increased confidence in their ability to do what is asked of them (self-management)
- Will change Behavior because they understand goals and feel they can reach them
- Increased satisfaction

» *J.Amb Care Management* 24(3), 10-16 2001

Group visit evaluations

- 350 patients from DMCP evaluated the group visits
- On a satisfaction scale of 1 to 5 with 5 being the highest-average rating was 4.7
- Comments included
 - Loved the chance to hear from others with diabetes
 - The report cards are great. I no longer forget my numbers like I did before. I like terms like lousy and happy.
 - I like the extra time with my Dr. & Nurse

Science of patient behavior

- Adult learners have their own life experiences, self-direction, and need to be in control
- They learn best when the suggestions relate to their everyday life.
- Teaching methods that are in conflict with patient needs, ability, learning style are doomed to failure
- Durable/sustainable changes in patient behavior require teaching style unique to each patient.

Science of Physician behavior

- Being in control and telling the patient what to do is part of our genetic **makeup-mutation occurred in medical school and or residency**
- All of our models are autocratic telling models so we do as we observe
- False belief that telling changes behavior
- Frustration with patients and believe they will not change
- We believe some patients were put on this earth to **torture** us.

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Physician Part of Group Visit

- Physician enters room and greets group.
- Looks at parking lot sheet (**place where questions to address in the future are placed**)-may answer a few of them

End of Group visit

- Completes visit record-most done by the nurse/MA/patient
- Completes Charge form
- If a 99214-usually means an ICD 9 Dx of a complication (digit 4) or not controlled (digit 5) see handout

Patients Meeting ADA Goals On Most Recent Tests

Clinic ID		HbA1c	LDL	BP	HbA1c & LDL & BP
69	Percentage Met Goals Patients	48% 47 98	45% 54 120	64% 94 147	13% 11 88
All Clinics	Percentage Met Goals Patients	55% 6142 11236	55% 5826 10659	55% 6763 12359	20% 1913 9771
GOALS		<7.0	<100	SP<=130	

	Goals	All Clinics	Clinic's Average
# of Patients		12880	141
# of Visits		40953	142
Weight		212	211
BMI		34	34
Waist Range		41	
B/P	119/79	133/77	130/79
EyeCheck	Once a year	23 %	10 %
FootCheck	Once a year	36 %	43 %
HbA1c<	<6	7.4	7.5
Total Chol	<135	182	191
LDL	<70	102	103
HDL	(M: >40 F: >50)	46	43
Non-HDL	<100	136	148
Triglycerides	<150	175	195
U Micro Alb	Once a year	30 %	1 %
Pneumovax	Once	30 %	1 %
FluShot	Once a year	25 %	8 %
Daily ASA	100%	49 %	29 %

Chart Review
Was the item documented in the chart?

Age: 63

Sex: Male

Non-Smoker

Medical Record #

	Goal	Aug 2008	May 2008
Weight		235	240
BP	Less than 130/80 Best 120/80	125/80	148/88
Tests			
HbA1c (Sugar for 3 months)	Less than 7 Best if 6	6.5	8.5
LDL (Lousy or bad cholesterol)	Less than 100 Best if 70	170	165
HDL (Happy or good cholesterol)	Greater than 40	37	35
Triglycerides (another bad fatty substance)	Less than 150	150	250
Medication			
Aspirin or Anti-coagulant (to prevent heart attacks)	Take daily	Yes	Yes

Important Yearly Activities	Goal	Status	Next Test Due	Most Recent Test
Eye Check (to prevent blindness)	1 time a year	OVERDUE		
Foot Check (to check for numbness and sores)	1 time a year	Completed	5/22/2009	5/22/2008
Urine Micro Albumin (to check for kidney failure)	1 time a year	Completed	5/22/2009	5/22/2008
Flu Shot (to prevent flu)	1 time a year	OVERDUE		

Special Vaccine	Goal	Status
Pneumovax (to prevent a special pneumonia: given once in a lifetime - twice if first was given before age 65)	1 st	1st Shot Completed

Empower
the
Patient

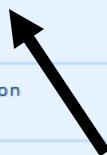


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Presidents Welcome Message

Dear Colleagues,

On behalf of the Florida Academy of Family Physicians Board of Directors, and FAFP Foundation Board of Trustees, I welcome you to the new face of the FAFP website. Over the course of the last six years your leadership and staff have tried to design and build a website you can be proud of that will meet your needs as practicing family physicians. We believe this new format and its future content of news and information meets this objective.

The new home page is a sample of how the website will appear over the next year as our website technician modifies the pages and links to steer you in the right direction for the most comprehensive information important to your practice and our specialty. The photos that will appear on the website are highlights from our recently held CME Weekends, Summer Break Away, and other Academy and Foundation events throughout the year.

For now, please be sure to mark your calendar for the upcoming 101st Family Medicine Weekend Meeting, December 12-14, 2008 at the beautiful Ritz-Carlton Amelia Island Resort. You can click on the registration link below to register online for this event.

We encourage you to peruse the entire website for the latest information on regulatory change, practice management and enhancement, and clinical training programs such as the Master Clinician Programs addressing Diabetes, Obesity and COPD. You will also find up-to-date information on legislative and election information, and member benefits. Click on the link on the left side of the website entitled "FAFP Family Doctors Lounge" and become a participant in online discussion groups with your family physician colleagues.

Thank you for your patience as we continue to improve FAFP communications programs. Thank you for your continued support for the Florida Academy of Family Physicians, the only medical organization in Florida that represents the interests of Florida's Family Physicians.

Timothy Davlantes, MD
FAFP President

2008 Summer Breakaway Meeting Photos



Tim Davlantes, MD
FAFP President



Diabetes Master Clinician Program

Edward Shahady, MD
Medical Director Diabetes Master Clinician Program
Florida Academy of Family Physicians Foundation

[Alliance for Diabetes Education in Communities](#)

[Description of Diabetes Master Clinician Program](#)

[Training manual for DMCP](#)

[Training manual for Group Visits](#)

[Training Manual for DMCP Registry](#)

[Diabetes Teaching Power Point](#)

ADA Standards of Diabetes Care

[2008 Standards of Care for Diabetes](#)

[Consensus Algorithm for Rx Nathan](#)

Discovering Patients Concerns in Diabetes

[Diabetes Concerns Questionnaire](#)

[Diabetes Concerns Assessment Form](#)

[Health Care Literacy Tips](#)

Dr Shahady Published Articles on Diabetes

[Pre Diabetes](#)

[Treat Complicated Diabetes](#)

[Treating Early Type 2](#)

[Barriers To Care In Chronic Disease](#)

Group Visits (focus on diabetes)

Ed Shahady MD

Introduction

Group visits are an innovative way to help patients achieve reaching diabetes goals (10-21). Group visits are not a substitution for diabetes educators. Diabetes educators play a major role in educating patients and empowering them to better care for themselves. The educators are usually located at diabetes centers, the offices of endocrinologists and hospitals. Diabetes classes can be very effective for some patients. Additional strategies are needed in order to reach a larger number of patients. Group visits are therefore complementary to teaching by diabetes educators. Some patients will require both and some will prefer one or the other.

In the past diabetes education has been based on providing information through lectures. Knowledge changes behavior has been the belief of most medical education. Unfortunately knowledge alone does not provide the needed fuel to change behavior (2). Patient's experiences with their own diabetes mold their behavior. These experiences are based on the emotion and feelings that accompany diabetes. Group visits are not lectures. The visits provide a setting where patients feel safe asking questions and expressing their concerns about their diabetes. Being able to express feelings in a supportive environment is therapeutic. Group visits have the advantage of being conducted by a clinician and nurse/MA team that have an established a relationship with the patient. Once the practice team learns the skills of facilitating group visits their prior trusting relationship makes it easier to conduct group visits.

Diabetes knowledge is still conveyed but not in the traditional way. Each group visit may have a focus like diet or exercise but instead of starting with the usual lecture the visit starts with asking the patients for their questions and concerns about the topic. Not all clinicians and nurses are comfortable with this method of teaching and different teachers implement it differently. The key is to remember that knowledge alone does not change behavior. Teachers can learn a lot about the effectiveness of their session by asking patients what was most helpful about the session. They will usually find that the knowledge that was shared after a patient's specific question or comment is what is most remembered.

18 pages includes:

Evaluations

Coding advice

Invitation advice

Preparation

Roles of Dr & Nurse

Documentation

Sheets

How to conduct a
group visit

Will now do a group visit

- Will the volunteers please come forward for the group visit and the observers.
- The first hour has already happened this is the second hour. First hour included discussion by Nurse of Diet and Exercise
- Patients have all completed their Questionnaires, had their Rx written by the Nurse for my signature also needed labs, immunizations etc are noted for my OK

Will take about 15-20 minutes and then ask observers, group members and then audience for comments

Please give feedback in behavioral terms (not good or bad but effective or ineffective-Why -and here is the suggested change)

The way I do a group visit reflects my style not the perfect way to do a group visit. The result is what counts-reduced A1C, LDL, BP blindness etc