#### Lehigh Valley Health Network **LVHN Scholarly Works**

**USF-LVHN SELECT** 

## Implementing Shared Medical Visits for High-Risk Diabetic Patients

Kyra Munzenmaier USF MCOM- LVHN Campus

Follow this and additional works at: http://scholarlyworks.lvhn.org/select-program



Part of the Medical Education Commons

#### Published In/Presented At

Munzenmaier, K. (2015, July 16). Implementing Shared Medical Visits for High-Risk Diabetic Patients. Poster presented at The Prologue II Presentation Day University of South Florida, Tampa, FL.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

# Implementing Shared Medical Visits for High-Risk Diabetic Patients

Kyra Munzenmaier, USF Morsani College of Medicine Lehigh Valley Physicians Practice

## Introduction

As the number of Americans diagnosed with Type 2 Diabetes Mellitus (DM) skyrockets, increased pressure is put on providers to improve access, increase quality, and decrease the cost of medical care associated with the management of this chronic condition. One proposed solution is the shared medical visit (SMV) model. Under this model, patients meet with their healthcare providers for at least one hour, during which time they not only receive their usual medical evaluation but also engage in interactive education with other diabetic patients in a small group setting.

Supported by over 30 years of clinical research, SMVs have been shown to improve patients' glycemic control, medication compliance, feelings of self-efficacy, and satisfaction with their medical care, while decreasing patient hospitalizations, physician hours, and overall healthcare costs<sup>1</sup>. In this way, SMVs can be considered an effective means of improving both individual health and population management in busy primary care practices.

### Plan

Although the Lehigh Valley Physicians Practice (LVPP) in Allentown, PA is home to 12 residents and three nurse practitioners, caring for over 1200 DM patients in need of regular visits places a strain on their team. Standard three-month diabetic follow up appointments last 40 minutes and must include physical assessment, lab review, medication adjustment, diabetic education, and assessment of acute problems such as pain. In order to improve the management of the DM population at VLPP, this project aimed to examine the implementation of the SMV model.

Our program focused on DM patients having a hemoglobin A1c value of 8.0% or higher. We designed the program such that groups of four to eight patients would be scheduled for each visit, with the hopes that these groups would consistently return for three-month follow-up SMVs. After assembling a team consisting of a physician, nurse, certified diabetic educator, second-year medical student, and medical assistant, the LVPP's electronic medical record (EMR) was used to generate a list of potential patients. We created a workflow for the SMV based on papers published online regarding SMV implementation, <sup>2,3</sup> as well as an interactive, educational PowerPoint based on materials from current LVPP group education classes.

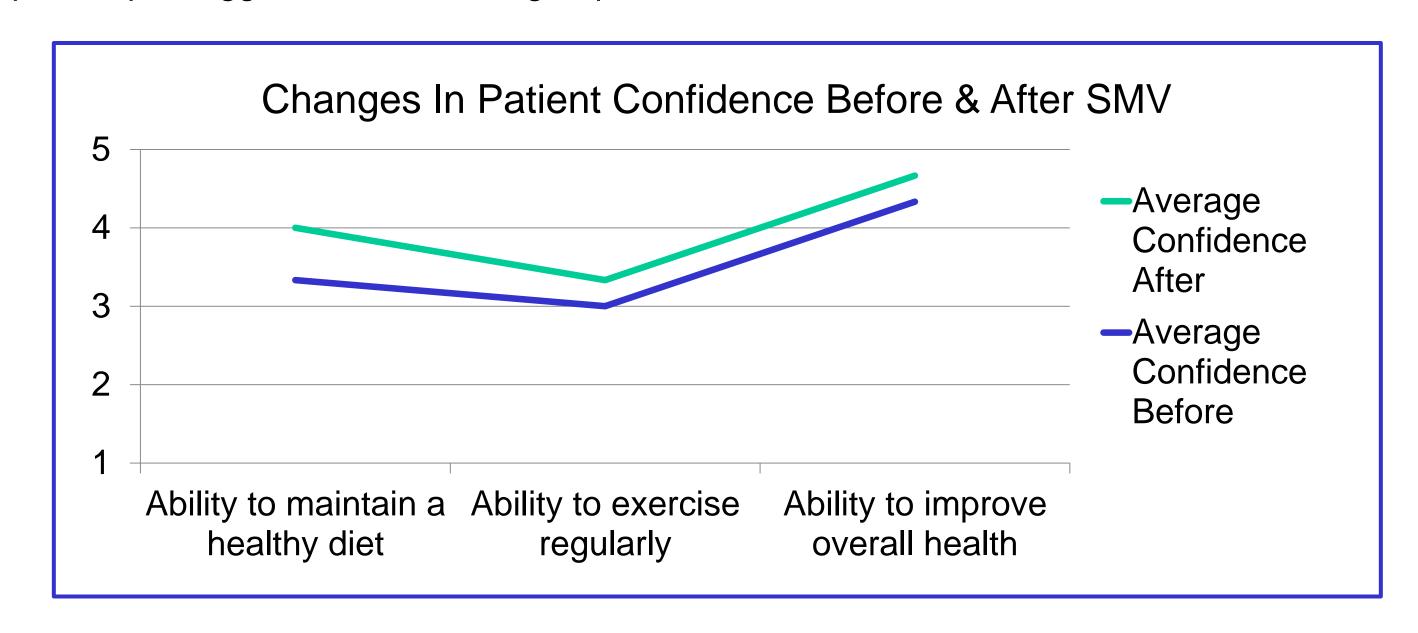
# Literature Cited

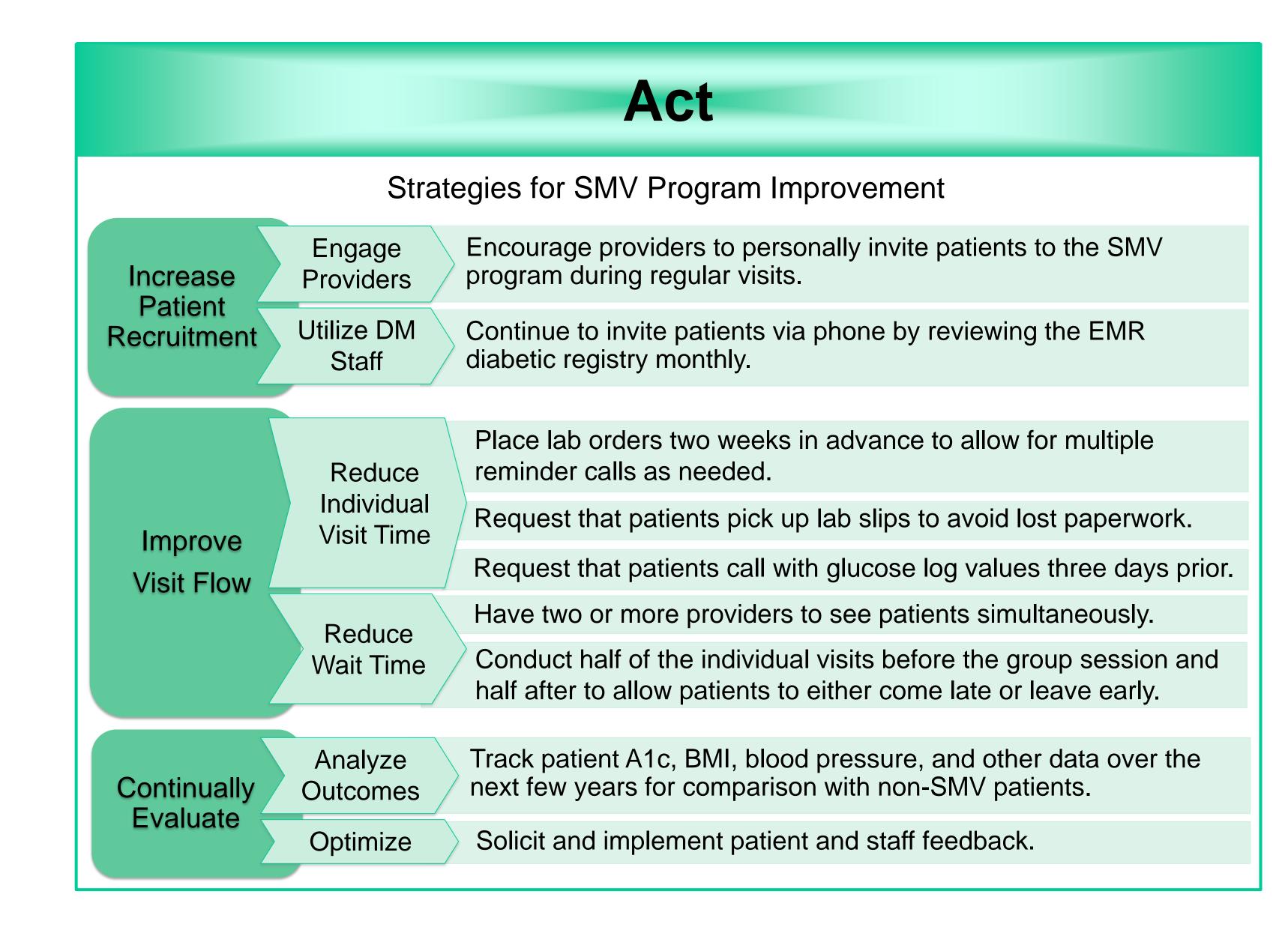
- 1. Jaber, R., Braksmajer, A, and Trilling, JS. (2006). Group Visits: A Qualitative Review of Current Research. Journal of the American Board of Family Physicians, 19(3), 276-290.
- 2. Kirsh, S., Lawrence, R., Stevenson, L., Watts, S., Schaub, K., Aron, D., Pascuzzi, K., Strauss, G., and O'Day, M. (2012). Shared Medical Appointments: Implementing Diabetes SMAs to Improve Care for High Risk Patients, *InTech Primary Care at a Glance*, DOI: 10.5772/37526.
- 3. Jones, K., Kaewluang, N., and Lekhak, N. (2014). Group Visits for Chronic Illness Management: Implementation Challenges and Recommendations. *Nursing Economics*, 32(3), 118-147.

#### Do Shared Medical Visit Implementation Workflow 31 patients selected from the EMR diabetic registry were invited by phone Invitation letters were mailed to all patients who could not be reached Patients were instructed to have their lab work done one week prior to the SMV and to Patient bring a one-week blood glucose log to the visit. Recruitment Four patients agreed to attend. • Two days prior to the visit, reminder phone calls were made encouraging patients to bring a family member to the visit. Pre-Visit The SMV team met to review patient charts and labs. Preparation Three of the four confirmed patients arrived for the visit. The medical student administered a pre-visit survey to assess each patient's current healthcare satisfaction and self-confidence in health management. The nurse reviewed blood glucose logs and conducted medication reconciliation. Check-In/ The MA took each patient's blood pressure, height, and weight, and also administered Triage a monofilament test. The physician met individually with each patient to conduct a brief physical exam, review labs, adjust medications, and address any acute patient needs. Individual **Assessment** Patient confidentiality was discussed. The medical student led the educational session, encouraging group interaction and reviewing basic DM topics such as glucose, A1c, and major complications in a question and answer format. Patients received an informational booklet by the American Diabetes Association entitled "Where Do I Begin? Living with Type 2 Diabetes," as well as a chart of A1c and estimated average glucose (eAG) values. **Group Session** Patients set personal health goals to achieve before their next visit and identified resources to help them achieve their goals. Patients completed a post-visit survey assessing their satisfaction with the group visit and confidence in their ability to manage their DM. The SMV team met to evaluate the visit and discuss what could be improved. The physician and nurse completed EMR documentation and arranged for additional Post-Visit lab work, referrals, and follow-up as needed. Follow-Up

# Study

Although the number of patients surveyed was too small for statistical analysis, patients generally reported increased confidence in their ability to maintain a healthy diet, exercise regularly, and improve their overall health. They also rated very highly the amount of time spent with the provider, as well as the usefulness of the information they received from their providers and fellow patients. Most importantly, all patients expressed an interest in continuing with SMVs. Popular topic suggestions for future group sessions included diet, medications, and foot care.







# Acknowledgements

A sincere thank you to the following for their contributions...

Dr. Cheryl Bloomfield, Dianne Chomko, Maria Dutan,

Claudia Santiago, Teresa Benner, Bernice Kocher, and the LVPP staff



