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Disclosure to Participants

Learning Objectives
1) Define diabetes group shared medical appointments.
2) List the advantages of group shared medical appointments from the perspectives of the patient, diabetes educator and provider.
3) Explain the 4 W's in planning a strategy of the group shared medical appointments.

Content Outline
1) Definition of Group Shared Medical Appointments
   - Background
   - Purpose: New model for education within health care reform
   - Interprofessional Collaborative Diabetes Education Team
2) Advantages of Group Shared Medical Appointments
   - Patient
   - Diabetes Educator
   - Provider
3) The 4 W's in Planning a Group Shared Medical Appointment
   - Who: demographics, interprofessional team members
   - What: curriculum
   - When: scheduling
   - Where: location

Notice of Requirements For Successful Completion
Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours.

Conflict of Interest (COI) and Financial Relationship Disclosures:
Olivia J. Newby, DNP, FNP-BC, CDE – Speaker’s Bureau Sanofi Pharmaceuticals; No Advisory Board disclosures
James E. Newby II, MD, CDE – No COI/Financial Relationship to disclose

Non-Endorsement of Products:
Accredited status does not imply endorsement by AADE, ANCC, ACPE or CDR of any commercial products displayed in conjunction with this educational activity.

Off-Label Use:
Participants are advised by speakers to any product used for a purpose other than for which it was approved by the Food and Drug Administration.
Educational Program Objectives

1) Establish novel and innovative programs as well as collaborate with a broad array of diabetes stakeholders to advance the role of diabetes educators and promote our involvement in chronic disease prevention and management in diverse populations.

2) Identify expansive opportunities for professional development, role enhancement and career advancement.

Learning Outcome

The purpose of this activity is to enable the learner to become more knowledgeable in planning effective diabetes self-management education within a collaborative and multidisciplinary team setting.

Diabetes

The facts about diabetes in America can be overwhelming to patients and health care providers. However, proactive treatment and preventive measures have significant potential to reduce the health and economic burden of diabetes.

Today’s presentation will provide evidence-based research of improved clinical outcomes utilizing SMA approach at the provider’s office.

Type 2 diabetes (T2DM) Development

The associating risk factors for diabetes occurrence include:

- Genetic predisposition
- Increased preventable risk factors
  - obesity
  - physical inactivity
  - poor nutrition

People with Diabetes

Barriers to Improved Outcomes

Health care systems designed for:

- Volume driven
- Fee for service reimbursement
- Limited allotted office visit time
- Limited access to primary care providers

Definition of Group Shared Medical Appointments

- Background
- Purpose: New model for education within health care reform
- Interprofessional Collaborative Diabetes Education Team
Diabetes Management in the Primary Care Practice (PCP) Setting

The traditional 15 minute PCP diabetes standard management of care consist of:

- Assess and examine the patient physical health.
- Review relevant metabolic profiles, assess lab values such as A1C, LDL, glucose logs.
- Review medications along with comorbidities assessment.
- Provide health promotion and preventive education to the patient and/or family.
- Document all relevant data in EMR.

Thought to Ponder

Multiple barriers exist during the traditional office visit, specifically the one to one isolation of the patient provider ratio format. This format can be intellectually intimidating for people with diabetes to improve their health literacy.

What Do You Think?

How much time do you think the primary care health care provider is allocating to:

- Diabetes self-management education
- Diabetes self-management support
- Diabetes medical nutritional therapy

People with Diabetes

Ethnic Minority People with Diabetes

Traditional Educational Setting

Limited evidence indicates ethnic minority groups often do not benefit from traditional diabetes educational programs. Suggested barriers may include:

- Cultural base dietary habits
- Linguistic differences
- Limited educational backgrounds
- Religious, health and illness views

The Provider: the Expert

The Traditional Primary Care Setting

This approach to health behavior change is a technique called advice giving; the provider is seen as the professional expert who knows what is best for the patient. This approach takes for granted that patients

- Should change their behavior
- Want to change
- Their health and their prescribed regimen are major priorities for them.

Group Shared Medical Appointments

- Shared medical appointments (SMA) sometimes referred to as group visits, have shown great potential for people with diabetes because of its fundamental component and self-empowerment with education.
- The SMA model is patient centered and embraces prevention.
Purpose for New Model of Education and Interprofessional Collaborative Team

Purpose: New Model for Education

1) Proactive in prevention verses reactive to the disabilities incurred as a result of diabetes complications.
   - Diabetes contributed to a total of 231,404 deaths (CDC, 2012).
   - Diabetes complications

Advantages for the Patient

• Organized group of people with diabetes in a single appointment
• Provides advantage of a peer support group.
• Provides peer education and motivation
  - Obtain more information, answers to question they never thought to ask
  - Opportunity to learn from the questions and comments of others.
  - Support from people with same concerns

1) Promote interprofessional patient education
2) Education for people with diabetes in the twenty-first century has evolved
   - from limited general knowledge to clinical outcomes that encourage behavior change.
   - from the simple distribution of information to the patient-centered education.

Advantage Patient

• Provides a longer allotted time frame of 90 to 120 minutes.
• Provides increased time with providers.
• Improve better patient provider communication
• Less isolation
• Improves patient satisfaction
Advantages: Patient

- Patients can address multiple questions in one visit
- Self-empowered to ask questions without feeling isolated, discuss myths, fears and concern about diabetes

Advantages: Educator and Patient

- Increased patient and educator satisfaction
- Enhanced understanding of the diabetes educator role within the interprofessional collaborative team.

Advantages: Certified Diabetes Educator

- Improve teaching time of the diabetes language jargon (A1c)
- Improvement with education promoting self-empowerment
- Increase time with hands-on demonstrations such as
  - Reading food labels
  - Counting carbohydrates/calories
  - Reviewing self-monitoring

Advantages: Provider

- Less isolation
- Increase satisfaction
- Patient retention
- Fewer ER visits/admissions
- Improve quality of care

The 4 W's in Planning a Group Shared Medical Appointments

Who, What, When, Where
Planning the 4 W’s of SMA

1) Develop the patient list
2) Gather data: prior A1C, LDL, weight, BMI, BP
3) Review roles and responsibilities
4) Establish timeline

What: SMA Educational Format

- First, participants undergo a brief physical exam that focuses on the key body sites that diabetes attacks.
  - Weight
  - Height
  - BMI
  - Pulse
  - Blood Pressure
- Brief exam: heart, lung, peripheral vascular exam, microfilament testing
- Prior lab test information obtained (HbA1c, and Lipid Panel)

Who: Patients

- The number of patients range between 4-20 with most literature supporting 10-15 patients.

What: SMA Educational Format

- Second, participants are directed to the educational center where a chef will have a diabetic-friendly meal prepared for their enjoyment.
- It will also serve as an example that diabetic food choices can be extremely tasty.

Who: Participating HCPs

- Medical Doctor
- Nurse Practitioner
- Certified Diabetes Educator
- Medical assistant
- Administrator

What: SMA Educational Format

- Third, participants will be given a 30 minute power point presentation
- Participants learn the basics about diabetes in clear and simple terms. Learn some of the terminology and test results that are used during office visits.
• Fourth, participants will be counseled by a certified diabetic educator to help understand why some foods are bad for diabetes and how to select healthier choices.
• Learn how to read food labels, calculate calories and sodium in the foods eaten.

• Lastly, participants undergo a review of glucose home monitoring by a certified diabetes educator.
• Methods of testing blood glucose
  – how to record results in a daily log and
  – how to interpret glucose results.
  – For those needing it, insulin administration will also be reviewed and taught.

Where?: SMA

- Room size
- Room location

Evidence Based Research
Clinical Outcomes: SMA

When?: SMA

- Weekly
- Monthly
- Quarterly
- Before, during, after office hours
- Scheduling of staff
- Scheduling of regular patients

Culturally Tailored Group Medical Appointments for Diabetic Black Americans

Olivea J. Knowlley, DNP, FNP-BC, and Deborah C. Gray, DNP, FNP-C

ABSTRACT
Evidence will be complicated departmentally affect the Black America community requiring new institutional strategies for achieving glucose control. In this study we evaluate the effectiveness of culturally tailored group medical appointments on improving diabetes outcomes in Black America. A randomized controlled clinical trial was conducted to determine if a culturally tailored shared medical appointment model improves outcomes among Black America with diabetes. Both culturally tailored and conventional appointments had a positive overall impact on glucose control. The culturally tailored group medical appointments have the potential to improve glucose control.
Research Study Purpose

- To determine whether culturally tailored shared medical appointments within a primary care setting are an effective method of education and care as it relates to clinical outcome goals approved by the ADA for AA diabetic patients.

Research Questions

1. Is there a pre and post significant difference in clinical measures (including HbA1c, total cholesterol, blood pressure (BP) and body mass index (BMI)) in a group of African American patients with type 2 diabetes that participated in a culturally tailored SMA program?

2. Is there a significant difference in clinical measures (including HbA1c, total cholesterol, blood pressure (BP) and BMI) outcomes between African American patients with type 2 diabetes that participated in a culturally tailored SMA program as compared to those that receive usual (office) care?
A shared medical appointment model explicitly tailored for the African American patient that addresses cultural beliefs, language, norms, and behavioral patterns, can potentially help in reducing ethnic and racial health disparities related to diabetes.