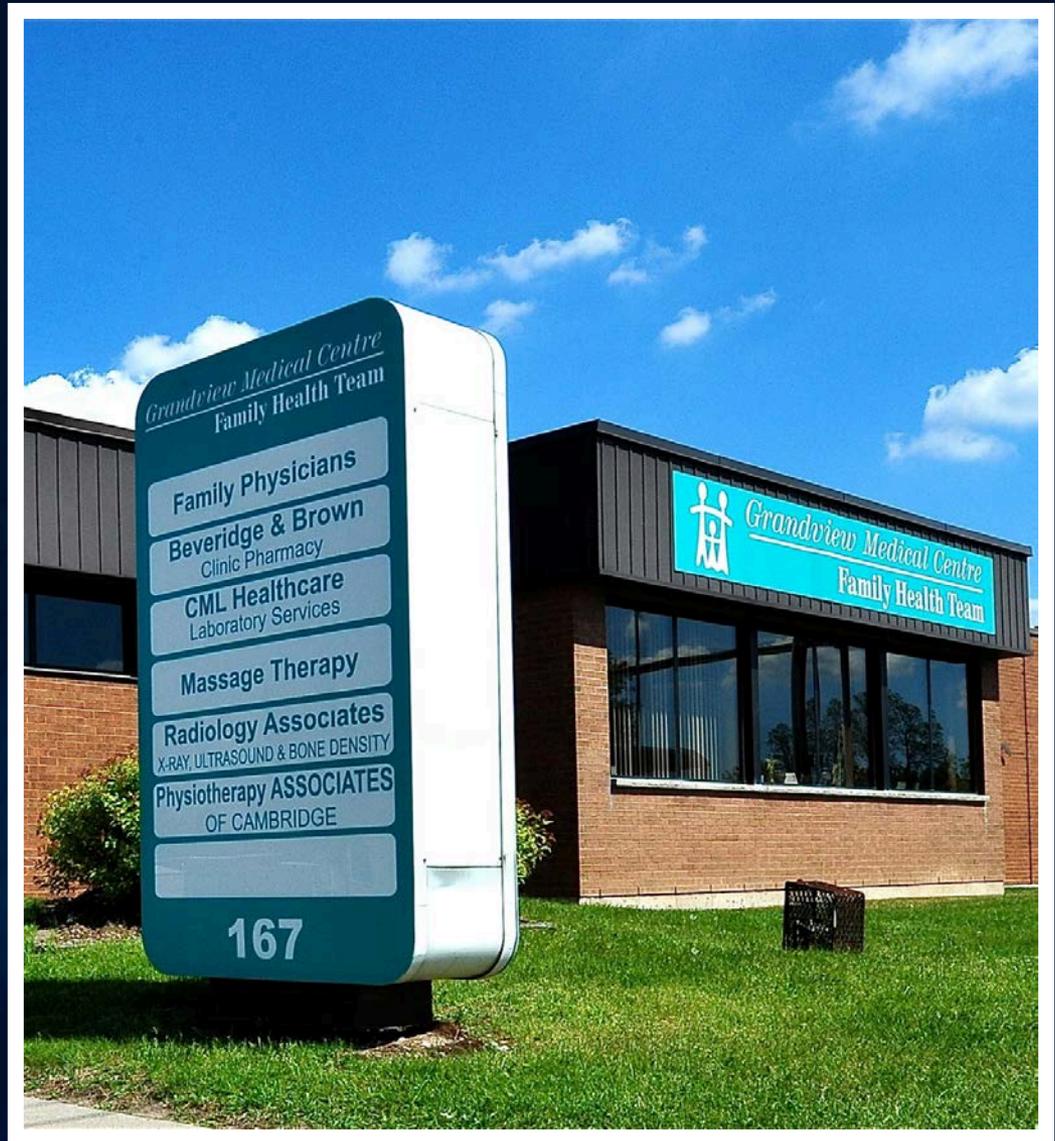


Group Medical Appointments

Diabetes Care 2.0

Dr Anil Maheshwari
Christine Paquin RN CDE
Grandview Medical Centre FHT



Presenter Disclosure

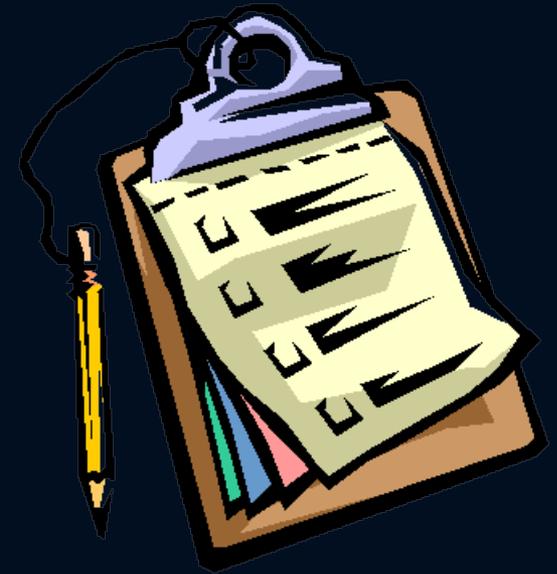
- **Presenters:**
Dr Anil Maheshwari and Christine Paquin RN CDE
- **Relationships with commercial interests:**
 - NOT APPLICABLE

Disclosure of Commercial Support

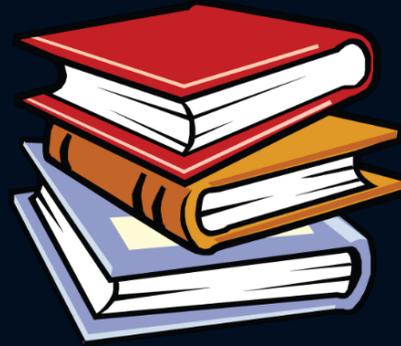
- NO COMMERCIAL SUPPORT
- Potential for conflict(s) of interest:
 - NOT APPLICABLE

Objectives for Today

- A Brief History
- A Day in the Life
- Patient Feedback
- Pearls and Pitfalls
- Preliminary Stats
- Review Billing
- Leave with a Basic Framework of how to run Group Medical Appointments



A Brief History



- Our first group was started in 2010 after attending an IHI Conference in Washington.
- The Trial lasted 1 year.
- From there we slowly began to grow.

NOW!



- 33 Groups
- 231 patients currently enrolled
- Average group size 6-8 patients
- Average of 2 groups per GP
- 15 of our 16 Doctors are running Diabetes groups!

Groups are Run:

- Same Day
- Same Time
- Every 3 Months
- Duration 1.5 hours



A Day in the Life



Arrival



10-15min early for:

BP

Weight

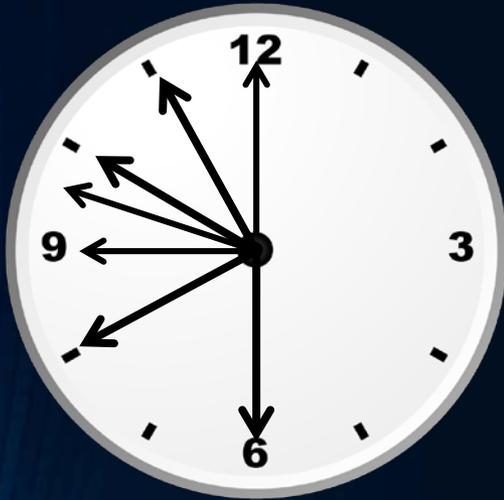
Foot Exams

Screening Items

Last Eye Exam

Coffee and Water

Education



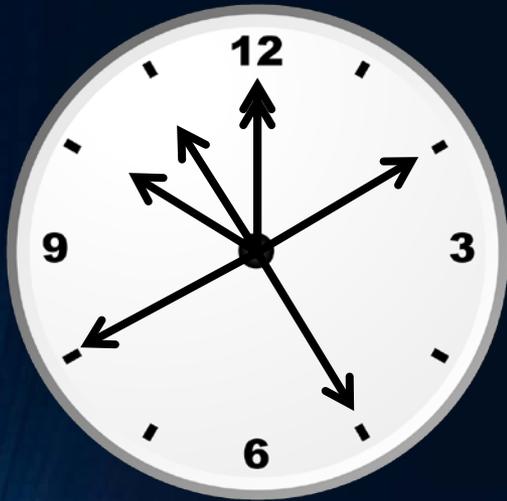
30 minutes

Discuss a Topic
(selected by the group)

Nurse, Dietitian, Pharmacist,
MSW or Psychologist

Once a year - Guest Speaker

Physician Portion



60 minutes

Lab Values are projected

Round Table Discussion

- Review Targets
- Answer Questions
- Adjust /Renew Meds
 - Review Goals
 - Encourage Goal Setting

Set Date, Pick Topic and Provide Requisition for Next Group

Patient Feedback



- 152 patient satisfaction surveys 2016/2017
- Question 1:
Would you recommend attending groups appointments to others?
 - YES - 95%
 - NO – 0%
 - NO ANSWER – 5%
- Question 2:
For future Diabetes appointments I would prefer Individual or Group?
 - GROUP - 72%
 - INDIVIDUAL – 2%
 - NO ANSWER – 26%

Patient Feedback: What they like

MOST COMMON RESPONSE:

- Peer support
- Sharing information
- Learning from others
- Hearing other people's questions

OTHER:

- Hearing others problems and how they cope
- It's nice not having to share weight and personal info
- Other people ask what I forget to ask
- Peer Pressure to attain goals, keeps me motivated
- Good discussions/conversations
 - "The GROUP "
 - Good to see the same people in the group
 - Variety of topics
 - "Don and Everyone!"



Patient Feedback: What they don't



- Taking time off work
- Not starting on time
- Too early in the morning
- Slow when reviewing each person's status
- Long sessions – Should be able to leave when you are done.
- No confidentiality in group setting-difficult to address personal things in a group
- Meeting new people and listening to their concerns
- Difficult to take time off work, big time commitment
- Group being cancelled at the last minute or too frequently (have to take time off work)

Patients leaving the group

In the last 6 years we have had 79 people leave groups for various reasons:

- 22% Work conflict
- 20% Too many no shows therefore discharged
- 15% Preferred 1:1
- 14% Change in health acuity
- 10% No longer interested
- 6% Deceased
- 6% Other time constraints
- 5% Moved away
- 1% Transportation difficulties

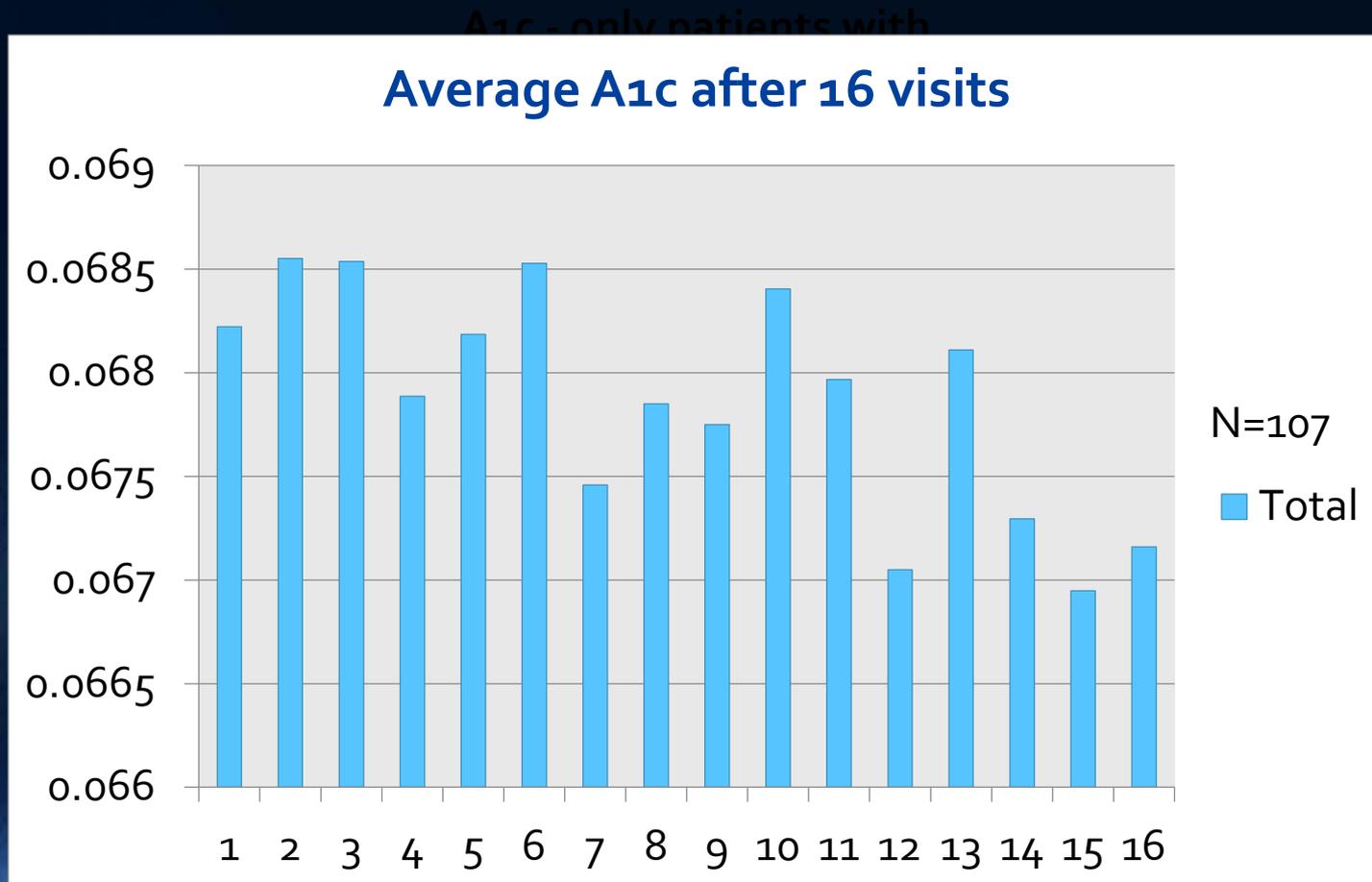
Preliminary Stats

Total Group Participants 231

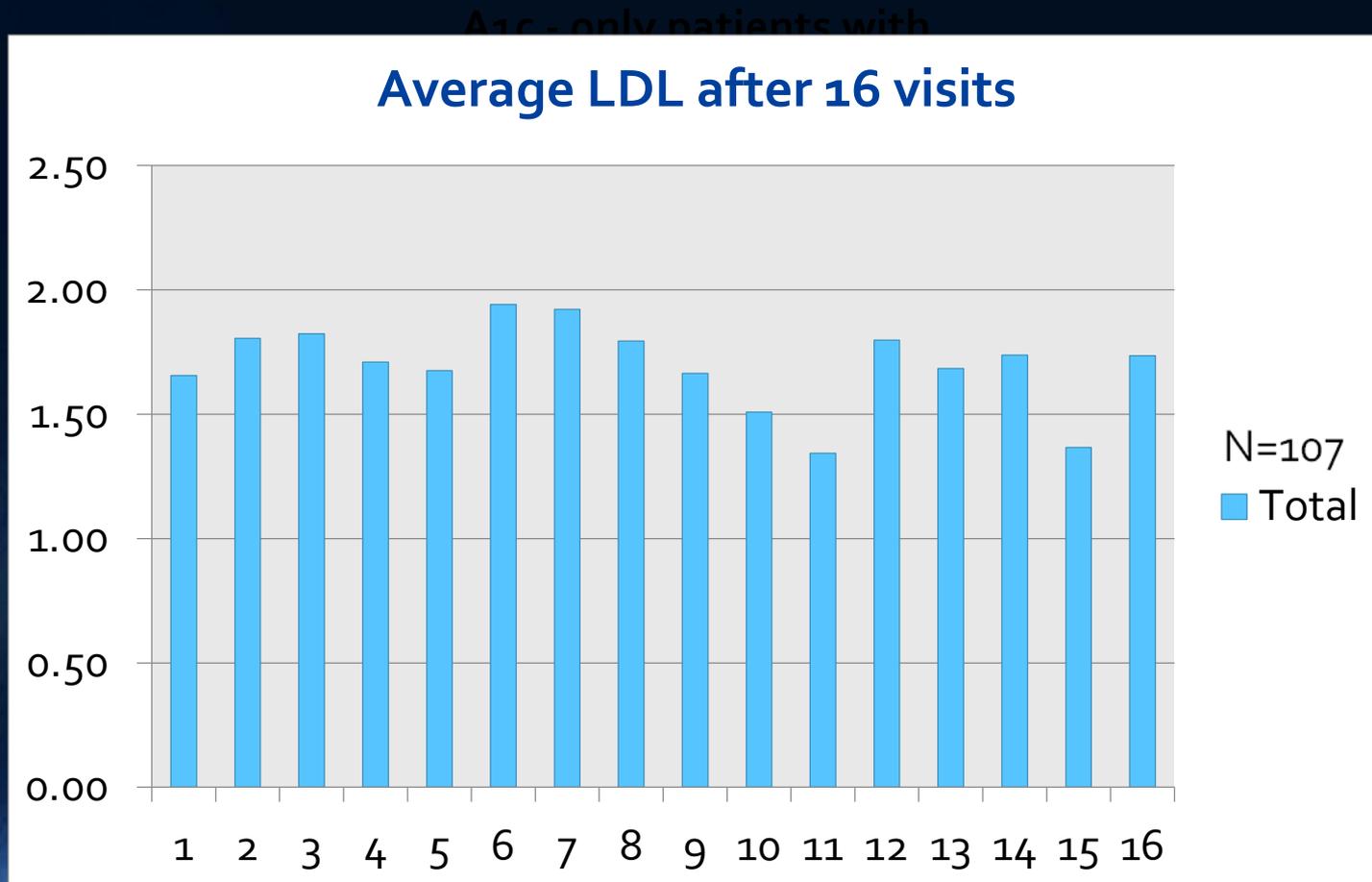
Groups have been running for 6years

We collected the average LDL, A1c, BP, eGFR, Weight for people who have been in groups for at least 16 visits(4 years) irrespective of when they first started in group (n = 107)

Preliminary Stats: Average HbA1c

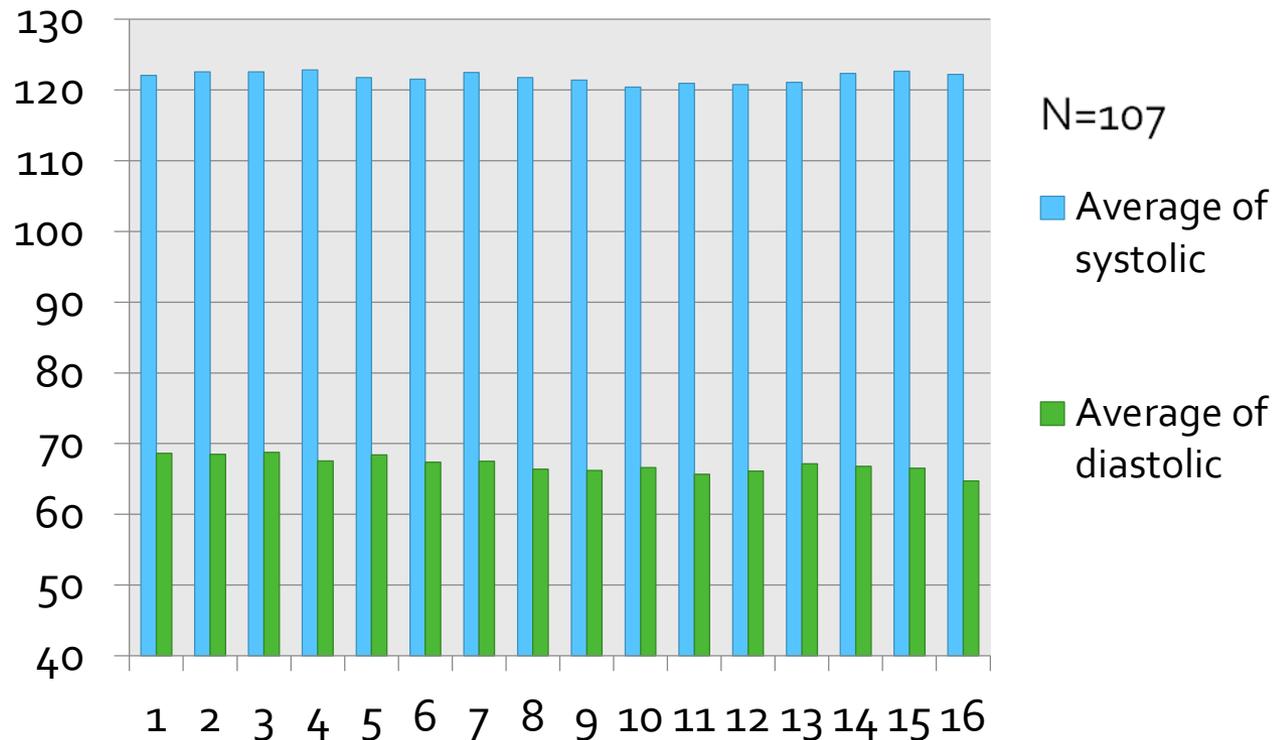


Preliminary Stats: Average LDL



Preliminary Stats: Average BP

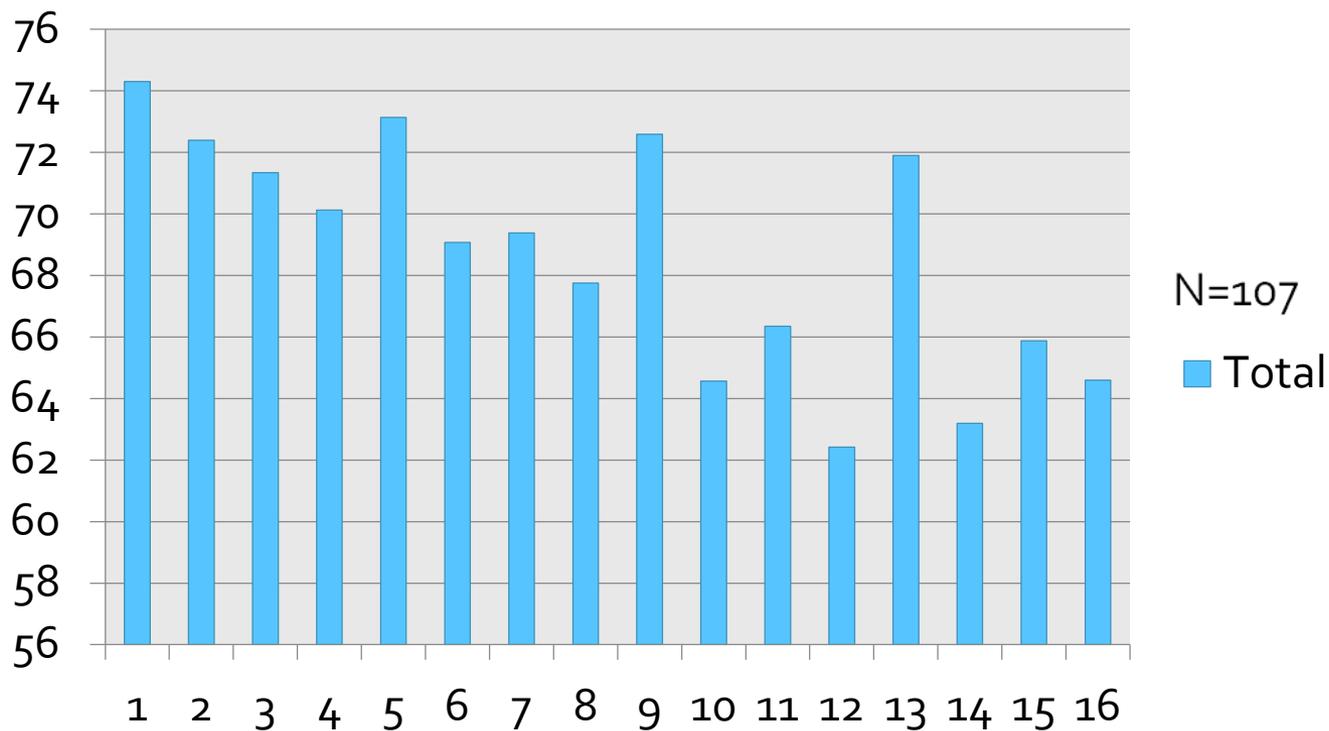
Average BP after 16 visits



Preliminary Stats: Average eGFR

A1c - only patients with

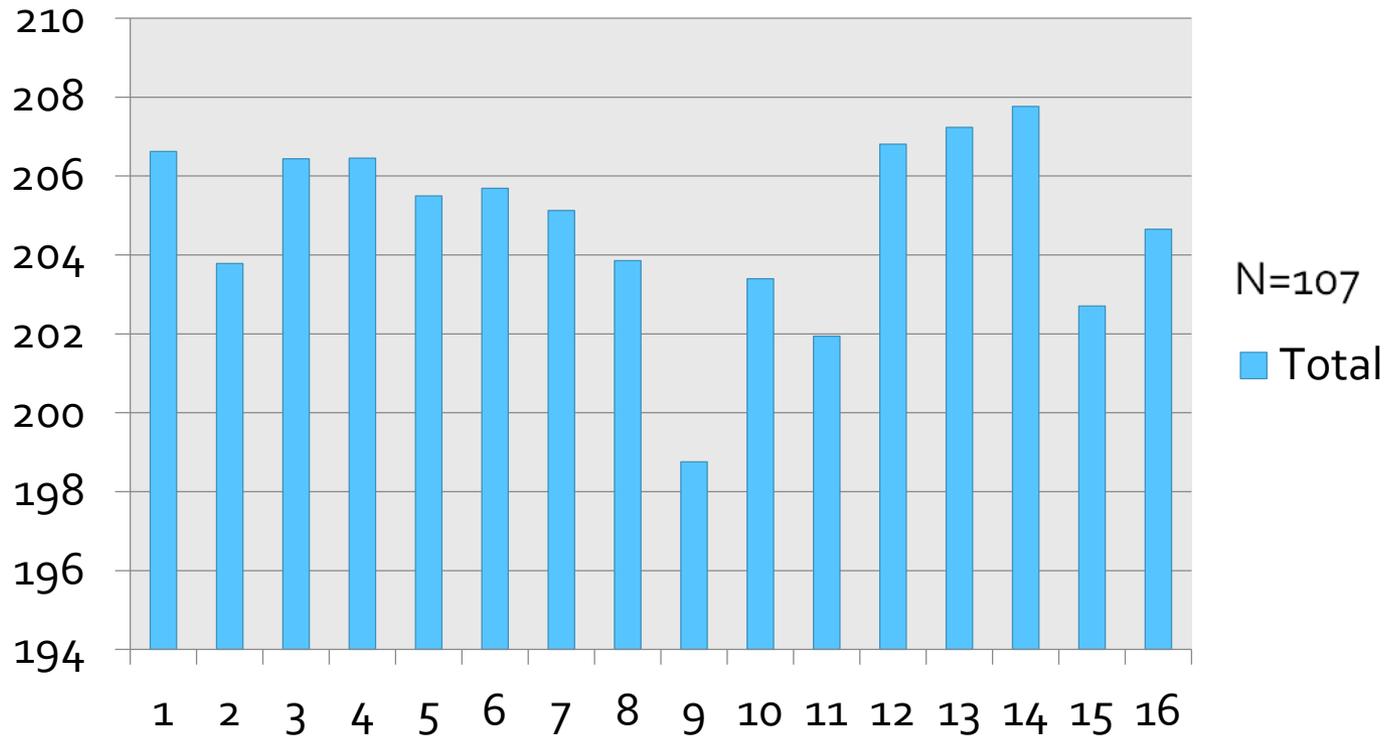
Average eGFR over 16 visits



Preliminary Stats: Average Weight

A1c - only patients with

Average Weight after 16 visits



How do Groups Compare with the rest of Canada?

Table 4

Temporal glyceemic, lipid and blood pressure control—from DICE to DRIVE to DM-SCAN

	DICE (2002–2003) N=2473	DRIVE (2005–2006) N=3002	DM-SCAN Nov–Dec 2012 N=5123
Women	46	41	46
Age at audit (years)*	63	64	64
Duration of type 2 diabetes (years)*	7.8	6.0	9.2
Body mass index (kg/m ²)*	31	30	31
On insulin	12	15	16
A1C (%)*	7.3	6.9	7.4
A1C <7.0% [†] or ≤7.0% [‡]	51 [†]	53 [¶]	50 [¶]
LDL-C (mmol/L)*	NA	2.2	2.1
LDL-C <2.5 mmol/L [†] or ≤2.0 mmol/L [‡]	NA	64 [†]	57 [†]
Blood pressure (mm Hg)*			
Systolic	NA	130	128
Diastolic	NA	78	75
Blood pressure ≤130/80 mm Hg [†] or <130/80 mm Hg [‡]	NA	54 [†]	36 [†]
Triple target achievement			
A1C ≤7.0%, LDL-C <2.5 mmol/L, BP ≤130/80 mm Hg	NA	19	ND
A1C ≤7.0%, LDL-C ≤2.0 mmol/L, BP <130/80 mm Hg	NA	ND	13

LDL-C, low-density lipoprotein cholesterol; NA, not available; ND, not determined. Data are presented as %.

* Mean for DICE and DM-SCAN, median for DRIVE.

^{†¶} Targets for DICE, DRIVE and DM-SCAN were different; symbols denote corresponding targets of the individual study.

(Canadian Journal of Diabetes April 2013 37 82-89 Type 2 Diabetes Mellitus Management in Canada: Is It Improving? Table 4 p87)

How do Groups Compare within Grandview Medical Centre FHT?

- Clinic Average A1c 7.2
- Clinic Average LDL 1.85
- Clinic Average BP 125 / 71
- Group Average A1c 6.7%
- Group Average LDL 1.71
- Group Average BP 122/67

Pearls

- GP should do the recruiting
- Address all Diabetes related concerns at group
- Have a date for the next group set
- Easy to track Screening Items, Vaccines, Eye Exams, Ft Exams
- IF extra time, deal with minor issues after class
- Support from appointment staff is a must
- Reminder calls 1 week ahead
- Keep charting template consistent for all the GP's
- Interaction with other community resources
- Consider environment when planning where to hold the group
- Great opportunity for discussion ie statin therapy, vaccines, etc



Pitfalls



- Cancelling scheduled DM group appts too often.
- Not considering the future acuity of groups
- Limited demographic- median age is 68.09
- Assuming a patient won't do well in group or won't come
- Drawing out the appointment if finished early
- Not setting expectations at the first group appointment (i.e. people missing repeatedly, cell phones, side discussions when the doctor is addressing a patient.)
- Randomly addressing the group's concerns – can become chaotic and confusing
- Mentioning ages or weights
- Difficult to assess for personal CV issues i.e. ED



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