

CASE STUDY FOR QUALITY IMPROVEMENT

Improving Access and Quality of Care Through Diabetes Group Visits

HENRY FORD HOSPITAL

Organization Profile

Henry Ford Hospital is a 903-bed tertiary care hospital and education and research complex located in Detroit's New Center area.

The Henry Ford Medical Group is one of the nation's largest group practices, with more than 1,000 physicians and researchers in more than 40 specialties.

Project Summary

The Henry Ford Internal Medicine K-15 Intervention Group initiated a program for diabetes group visits (GV) to improve patient engagement and for patients with an A1C greater than 8.0%. Lead by a physician and nurse practitioners, diabetes patients with an A1C greater than 8.0% were identified from 3 IM physician panels. The patients were recruited for the GVs through a variety of methods, including letters, in-person invitations during office visits, and physician referral. The team had planned for a series of 6 sessions with a maximum of 10-15 patients per session. A total of 18 patients attended at least 1 session with 8 patients attending all 6 sessions. At the conclusion of the initial 6-month period, improvement for the participants was recorded in all but one measured area: there was no noted significant change in microalbuminuria.

Goals and Objectives

The goals of the GVs were to demonstrate greater patient engagement in managing their disease and improvement in several clinical measures, including HA1C, lipid profile, blood pressure, ASA use, urine microalbumin/Cr ratio, and immunization adherence.

Team Composition

The diabetes GVs utilized the expertise of the full spectrum of professionals to ensure comprehensive care for each patient. The team included

- Physician
- Nurse practitioners
- Dietitian/nutritionist
- Depression Nurse Practitioner
- Nephrology Nurse Practitioner
- Pharmacist
- Podiatrist
- Medical assistants
- CSRs

Project Details

The GV or shared medical appointment (SMA) is a tested modality for efficient service delivery to patients with chronic health problems. The first clinical applications of GV or SMA occurred in 2000-2001 at the Palo Alto Medical Center, where the originator, Edward Noffsinger, was Director of Clinical Access Improvement.

Patients were recruited through multiple methods including letter, follow-up phone calls, in-person invitations during office visits, physician referral, and patient requests for inclusion.

The GVs occurred from October 2008 to April 2009 and brought together multiple disciplines, including pharmacy, behavioral health, medical nutrition therapy, nephrology, and podiatry, to collaborate to improve outcomes. Empowering the patients toward self-management of their diabetes care was a large part of the intervention, as was exploring a means of maximizing use of physician time.

Measures used in monitoring patient progress were the national clinical standards used for goal setting from the ADA and the Healthcare Effectiveness Data and Information Set (HEDIS).

At the start of the GVs, the team collected baseline blood pressure, glycated hemoglobin levels, lipid profile, ASA use, presence of microalbuminuria, and immunization adherence data for each participant.

GV Structure and Team Responsibilities

Each GV included one-on-one consultations with the physician; measurement/data collection in the baseline categories above; and diabetes education/discussion session on selected relevant topics. Prior to the GV the NPs would review the patients' charts and note what labs were needed, along with immunizations and other preventive measures, review when they were last seen by such specialists as ophthalmology and podiatry, and recommend referrals if indicated. They would refill or change meds during GVs (the NPs are empowered to refill prescriptions, follow a protocol [available for diabetes and hypertension], as well as order new medications they deem necessary).

The team would prepare the patients prior to each visit, so when they checked in and got their vitals taken, a prepared sheet would inform the MA if labs or urine would need to be taken along with the vitals.

Physician: The physician performs a brief and private physician examination of each patient at the time of the GV.

Nurse Practitioners: Chart prep, pre-GV planning, medications, and management. Patients received a folder at the beginning of the GV containing all the information/handouts necessary for subsequent visits. They were asked to bring the folder to each visit but they often times did not, so additional copies were available. Additionally, any information guest speakers developed, such as PowerPoint slides, quizzes, and how to examine your feet, were included. The GV team also developed a flow chart for each patient to document his/her blood pressure, glucose levels, and glycated hemoglobin over the course of the visits.

Challenges

Several factors challenged the GV team's ability to populate and maintain participation for the groups:

Weather: The group visits were held from October to April. Thus, the bulk of monthly sessions were held during the winter months (average min. January temp in Detroit is 19 degrees) which served as a deterrent to consistent attendance.

Retention: Again, the time period was a factor as it included major holidays (Halloween, Thanksgiving, Chanukah, Christmas, Kwanzaa, and New Years). Project leaders found that once participants missed sessions, they were reluctant to return. In addition, although the sessions were scheduled for Saturday mornings from 9:30 am to 11:00 am, the time did not seem to serve as a motivator to attendance.

Recruitment: The project team was continuously recruiting in an attempt to maintain group size. 12 to 15 patients were estimated to cover the cost of the NP, MA, and physician for the 2 hours (90-minute visit and 30-minute prep time). If the patient had additional concerns not related to diabetes or required more extensive examination/evaluation, he/she met with the physician one-on-one. Henry Ford worked with their payer organizations regarding reimbursement in these circumstances.

Group Outcomes and Successes

Although attendance for the GVs varied from one session to the next—not all patients attended each session—participants did show improvement in most measures.

- The percentage of the change (decrease) in A1C was 1.1%.
- There was an overall improvement in LDL by 30 points.
- Initial blood pressure ranged from 125 to 148, systolic and 75 to 99, diastolic. The final blood pressure ranged from 116 to 134, systolic and 73 to 82, diastolic.
- Aspirin use and immunization rates increased, approaching nearly 100%.
- No significant change in microalbuminuria was noted.

Increased patient engagement and taking ownership in their care was an unmeasured yet recognized outcome.

Future Steps

Among the many changes and additions under consideration for future GVs are:

- To increase participant interest, and subsequently increase consistent attendance, there may be a need to narrow the focus of the topics for future sessions. One possibility being considered is to ask patients for topics of interest to increase their engagement.
- Medication compliance was not tracked other than through self-disclosure. Future sessions will include a methodology for tracking this component.
- Physician feedback suggested participant diabetes management is handled solely by the group physicians, suspending participant patient visits with their PCPs during the GV period.
- Many patients were recommended for the group visits by their physicians. The team may investigate inclusion of a self-enrollment model for future interventions.

Lessons Learned

Although an ambitious undertaking, the project confirmed that the GV is a viable method to improve patient outcomes.

- Because the GVs' identification and recruitment process was labor intensive, with ultimately only 10% patient participation, the team expects to explore more efficient strategies for recruitment and retention for future group visits.
- Time of year as well as weekly session schedule can impact participation.
- A control group comprising patients invited but who don't attend the GVs would be valuable in evaluating the group's achievements.