

Clinician Reported Barriers to Diabetes Group Visits

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Published In/Presented At

Careyva, B., Johnson, M., Shaak, K. & Stello, B. (2014, November, 21). *Clinician Reported Barriers to Diabetes Group Visits*. Poster session presented at the North American Primary Care Research Group, New York, NY.

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Clinician Reported Barriers to Diabetes Group Visits

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Introduction

Diabetes Group Visits have been shown to improve key diabetes biomarkers and patient and clinician satisfaction¹, yet many clinicians have not had an opportunity to incorporate group visits into chronic disease management support.² Understanding the barriers and practice dynamics that may preclude clinicians from initiating Diabetes Group Visits will allow for strategies to address these obstacles and create more Group Visit opportunities for primary care patients. This group completed a study evaluating patient-reported motivators and barriers to group visit participation, including system and individual barriers. We now aim to identify clinician-reported barriers that may inhibit the dissemination of group visits into practice.

Methods

The study team developed a survey assessing clinicians' experience with and barriers to group visit participation, including knowledge, interest, motivation, time, facilities, reimbursement, and adequacies of staff. This survey was mailed to all 246 Family and Internal Medicine clinician members of the Lehigh Valley Practice-Based Research Network (LVPBRN) of Lehigh Valley Health Network. Survey data were analyzed and summarized with counts, percentages for nominal and ordinal data and with means and standard deviations for continuous data. There were 107 responses from the eligible participant count, with a 44% response rate.

Results

Figure 1: Factors to Prevent Physicians from Including Group Visits in Practice.

What Factors Might Prevent You from Incorporating Group Visits in Your Practice?
(With Group Visits Experience vs. No Experience)

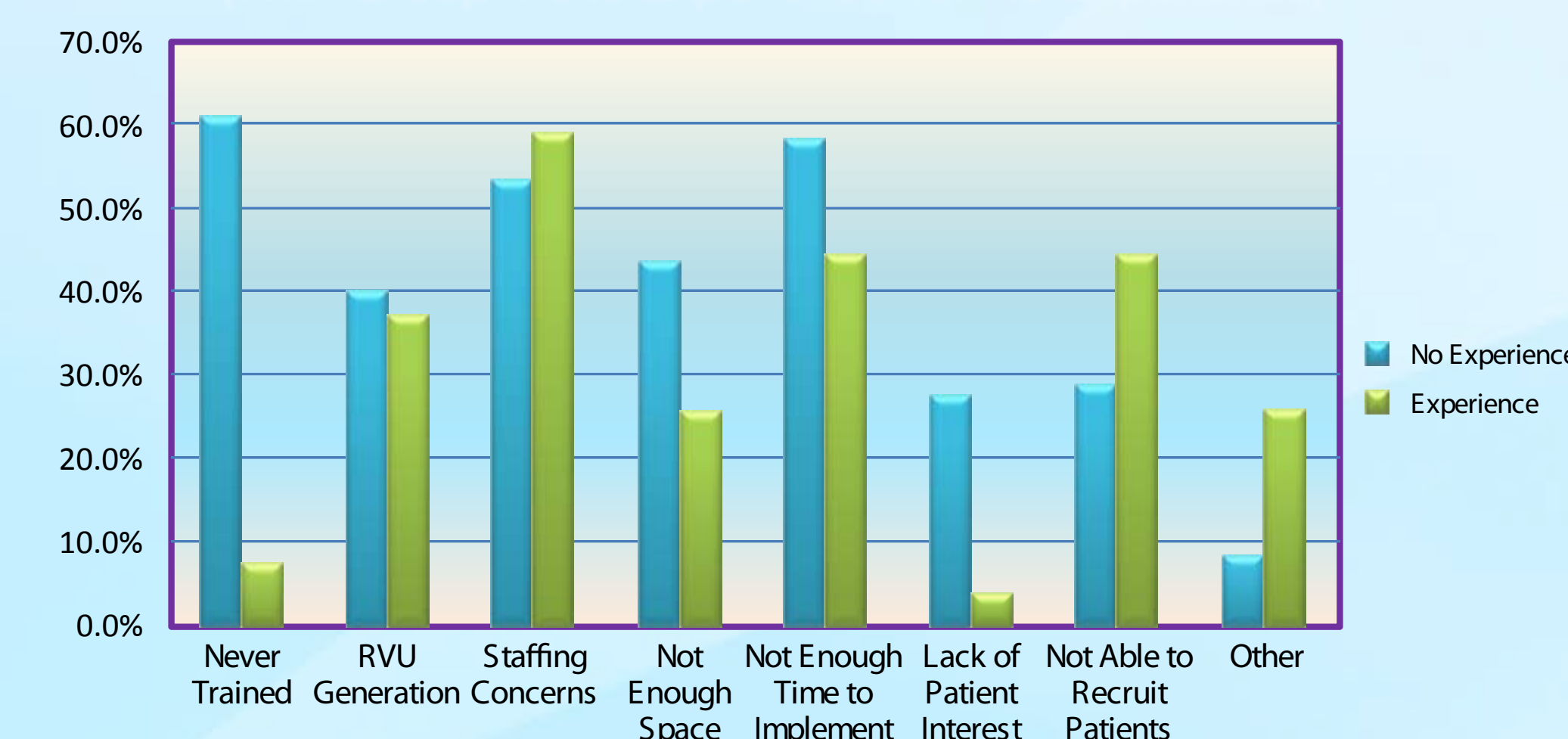


Figure 2: Practice Needs for Group Visit Implementation

What Would Your Practice Need to Implement Group Visits?

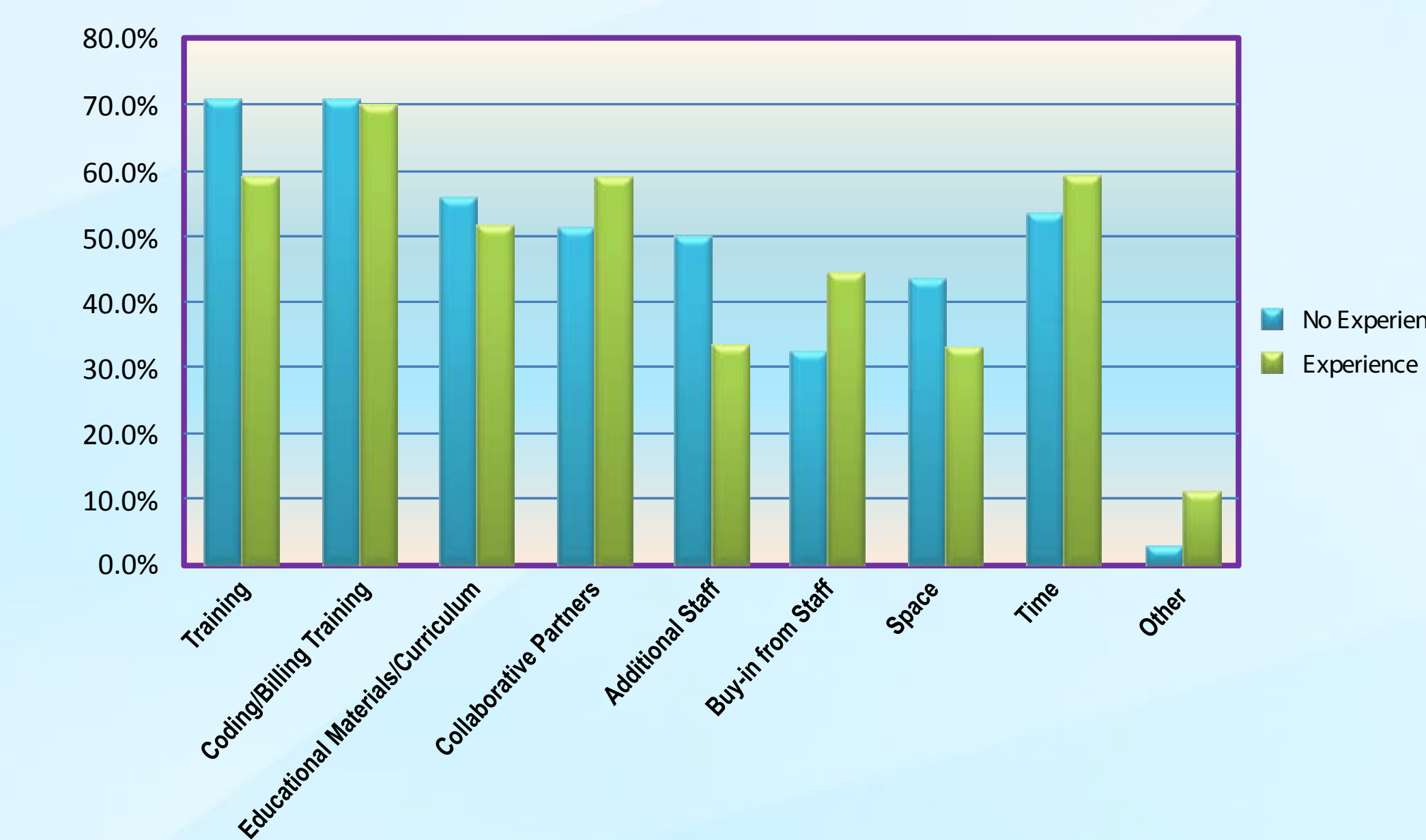


Figure 3: Training to Conduct Group Visits

Have You Received Adequate Training on How to Conduct Group Visits?

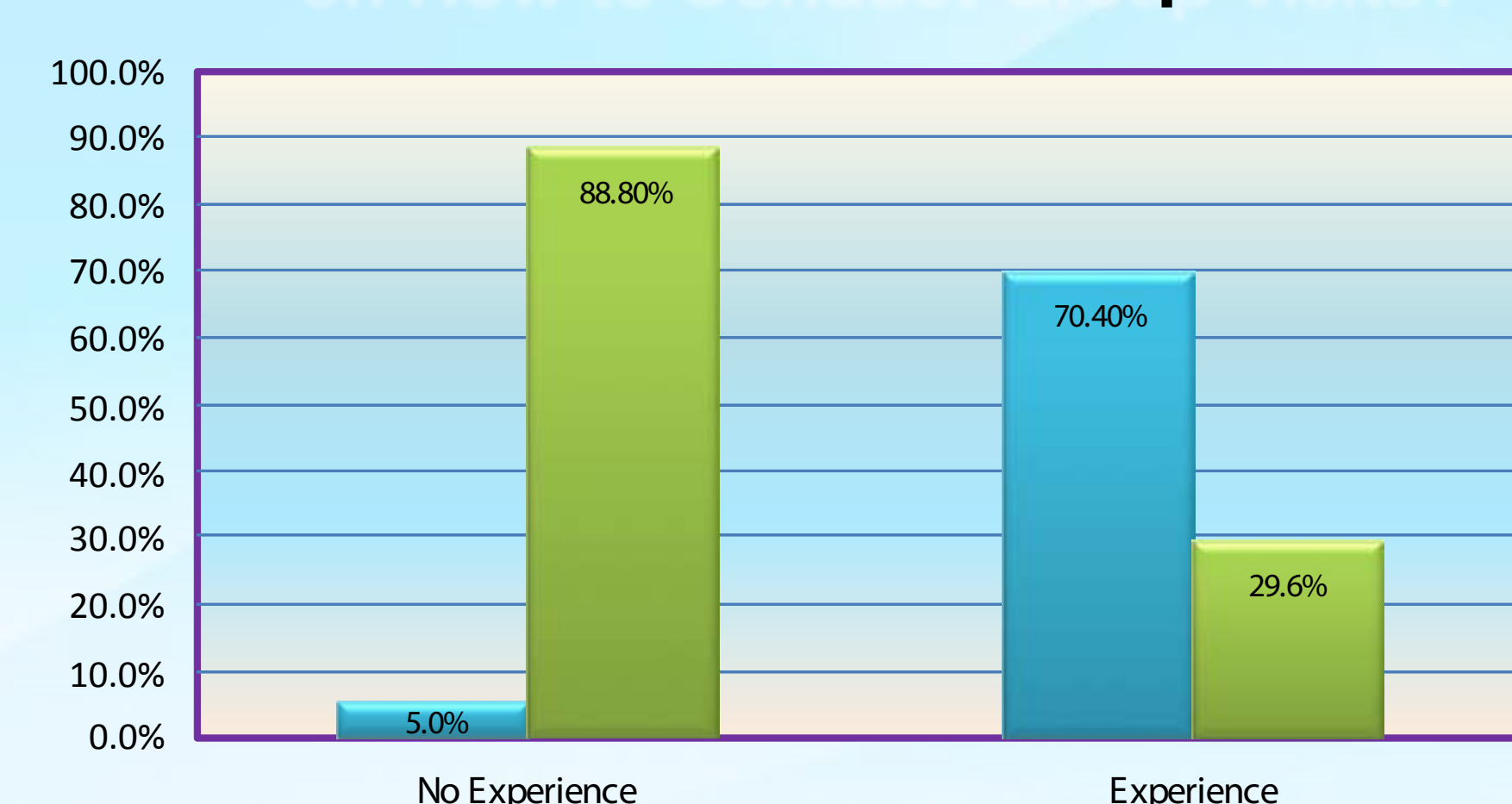
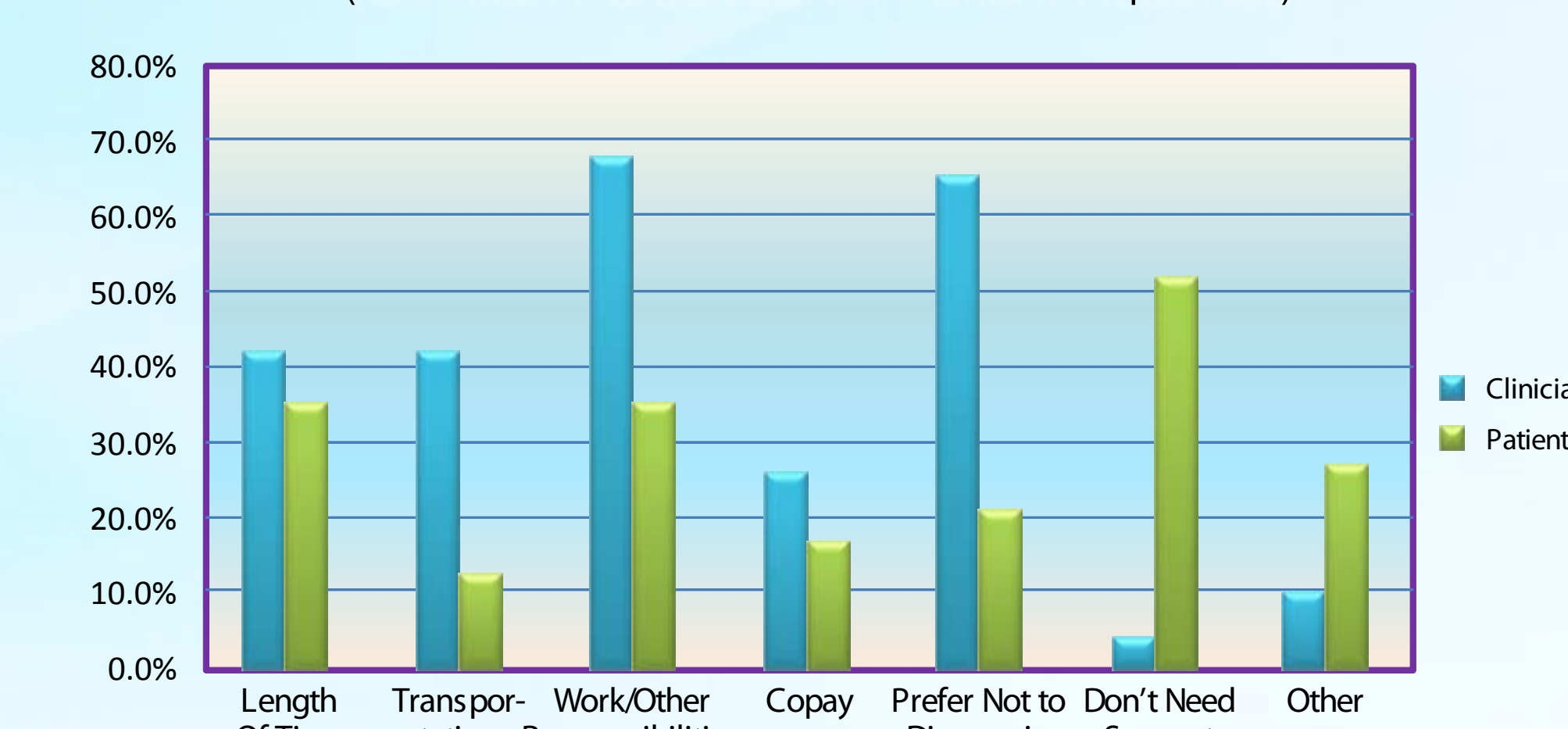


Figure 4: Patient Barriers to Group Visits Attendance

Patient Barriers to Attending Group Visits
(Clinician Perceived vs. Patient Reported)



References:

1. Riley SB, Marshall ES. Group visits in diabetes care: a systematic review. Diabetes Educ.2010;36:963-944.
2. Burke RE, O'Grady ET. Group visits hold great potential for improving diabetes care and outcomes, but best practices must be developed. Health Affairs 2012;31(1):103-109.
3. Institute for Healthcare Improvement. IHI Triple Aim Initiative. 2014. Available at <http://www.ihl.org/Engage/Initiatives/TripleAim/pages/default.aspx>. Accessed September 29, 2014.

Discussion

- Lack of prior training was cited as the most common reason to not include group visits in practice.
- There was variation in perceived barriers to group visit implementation depending on prior experience. Those without experience had greater concerns about needs for adequate staff and space than those who had experience conducting group visits.
- Of those with group visit experience, patient recruitment was the most frequently cited modifiable barrier to group visit implementation.
- There were differences in clinician-perceived and patient-reported barriers to group visit attendance, with clinicians being more likely to view time, transportation, work, and copays as barriers to attendance.

Next Directions

- Determine modalities to train clinicians in group visit implementation and group visit coding and billing.
- Consider how implementation of group visits may improve quality of care and decrease costs, consistent with the Triple Aim.³

Acknowledgements:

This study was funded by the Dorothy Rider Pool Health Care Trust.

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