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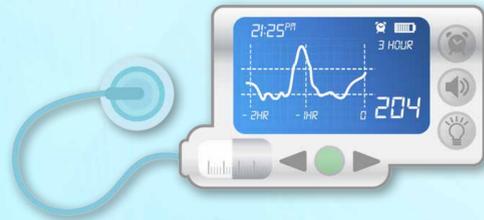
# A New Paradigm: Group Medical Appointments for Individuals with Diabetes Using Insulin Pumps

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## PROBLEM:

### Ineffective Outpatient Diabetes Care of Medicare Patients utilizing Insulin Pump Therapy:

- Access to care issues with adherence to Medicare mandated every 3 month visits, resulting in patients not receiving insulin pump supplies
- Inadequate Medicare coverage for education for diabetes/insulin pump individuals
- Little time for Education of disease process & diabetes self-management at office visit
- Lack of peer support with traditional individual office visits



## Group Medical Visits vs Traditional Office Visit:

### Group Medical Visit:

- An appealing, practical and a mutually beneficial alternative to traditional one on one provider driven medical care. By integrating a Nurse Practitioner, CDE and a RN, CDE insulin pump specialist, insulin pump patients are exposed to a strong educational component in a billable medical visit.

### Challenges of a Traditional Office Visit:

- Increasing diabetes population
- Shortage of endocrinologists/providers for insulin pump patients
- Difficulty accessing the provider for individual problems
- Increased need for diabetes education with complex pump patients
- Declining reimbursement increases pressure on providers for greater productivity in shorter medical visits

### Objectives:

#### To achieve

- Appropriate follow-up care within Medicare guidelines
- Better access to the endocrinologist/provider for diabetes care
- Decreased wait time for follow-up visits
- Reinforcement of diabetes education
- Equal or increased patient satisfaction
- Equal or increased quality of care



### We Found That Group Medical Visits Provide:

- The population targeted was a Medicare pumper population. The medical providers were struggling to provide every 3 months visits as mandated by Medicare. The limited education money available to this population resulted in inadequately educated individuals.
- The Group/Shared medical visit is a valuable asset to the practice, filling a dual need benefiting both medical providers and individuals with diabetes.
- We were able to optimize time spent in visit, chart preparation prior to the visit included insulin pump downloads. Visits generally included 5-10 patients per session. Patients were not required to remain in the group model for all of their visits; in fact, many alternated between conventional visits and group visits.

### Socialization



- Help and support from other patients
- Relaxed, personalized, & quality care

### Education



- Greater patient education
- More attention to psychosocial needs

### Prompt Access



- Improved access and growth
- Closer follow-up care
- An additional healthcare choice

### Innovation



- New way to see patients more efficiently

## CONCLUSION:

### We were able to achieve:

- Equal or increased patient satisfaction
- Reinforcement of diabetes, insulin pump and CGM education
- Equal or improved quality of care and clinical outcomes
- Lack of peer support with traditional individual office visits

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