Implementing Shared Medical Visits for High-Risk Diabetic Patients

Kyra Munzenmaier

USF MCOM- LVHN Campus

Follow this and additional works at: http://scholarlyworks.lvhn.org/select-program

Part of the Medical Education Commons

Published In/Presented At


This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Implementing Shared Medical Visits for High-Risk Diabetic Patients

Kyra Munzenmaier, USF Morsani College of Medicine
Lehigh Valley Physicians Practice

Introduction

As the number of Americans diagnosed with Type 2 Diabetes Mellitus (DM) skyrocketed, increased pressure is put on providers to improve access, increase quality, and decrease the cost of medical care associated with the management of this chronic condition. One proposed solution is the shared medical visit (SMV) model. Under this model, patients meet with their healthcare providers for at least one hour, during which time they not only receive their usual medical evaluation but also engage in interactive education with other diabetic patients in a small group setting.

Supported by over 30 years of clinical research, SMVs have been shown to improve patients’ glycemic control, medication compliance, feelings of self-efficacy, and satisfaction with their medical care, while decreasing patient hospitalizations, physician hours, and overall healthcare costs. In this way, SMVs can be considered an effective means of improving both individual health and population management in busy primary care practices.

Plan

Although the Lehigh Valley Physicians Practice (LVPP) in Allentown, PA is home to 12 residents and three nurse practitioners, caring for over 1200 DM patients in need of regular visits places a strain on their team. Standard three-month diabetic follow-up appointments last 40 minutes and must include physical assessment, lab review, medication adjustment, diabetic education, and assessment of acute problems such as pain. In order to improve the management of the DM population at LVPP, this project aimed to examine the implementation of the SMV model.

Our program focused on DM patients having a hemoglobin A1c value of 8.0% or higher. We designed the program such that groups of four to eight patients would be scheduled for each visit, with the hope that these groups would consistently return for three-month follow-up SMVs. After assembling a team consisting of a physician, nurse, certified diabetic educator, second-year medical student, and medical assistant, the LVPP’s electronic medical record (EMR) was used to generate a list of potential patients. We created a workflow for the SMV based on papers published online regarding SMV implementation, as well as an interactive, educational PowerPoint based on materials from current LVPP group education classes.

Literature Cited


Acknowledgements

A sincere thank you to the following for their contributions...

Dr. Cheryl Bloomfield, Dianne Chomko, Maria Dutan, Claudia Santiago, Teresa Benner, Bernice Kocher, and the LVPP staff.