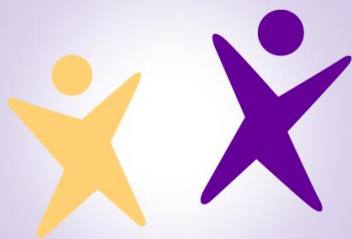


This product was developed by the Help Yourself: Chronic Disease Self Management Program at Marshall University School of Medicine in Huntington, WV and the New River Health Association in Scarbro, WV. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.



**DIABETES INITIATIVE**  
A National Program of The Robert Wood Johnson Foundation



*Ongoing Follow Up and  
Support in Diabetes Self  
Management*

[www.diabetesinitiative.org](http://www.diabetesinitiative.org)

**CDC Diabetes Translation Conference  
Atlanta, May, 2007**



**DIABETES INITIATIVE**  
A National Program of The Robert Wood Johnson Foundation



*Building Community Supports for  
Diabetes Care –  
Medical Group Visits:  
Much more than just a patient visit*

**CDC – Division of Diabetes Translation Conference**

**Sally Hurst**

**MARSHALL UNIVERSITY**

**Huntington, WV**

**May 2, 2007**



# *Almost Heaven West Virginia*

- Appalachian State
- Isolated rural communities
- System of rural primary care centers





# *Medical Group Visits at New River Health Association*



May 2001 - Began

- One team - Doctor, Nurse and Facilitator

June 2006 – 8 MGV teams

- Mental health (2)
- Black lung (1)
- Chronic pain -GOLS (1)
- Chronic care teams (3)
- Workers comp (1)







# *Teamwork*

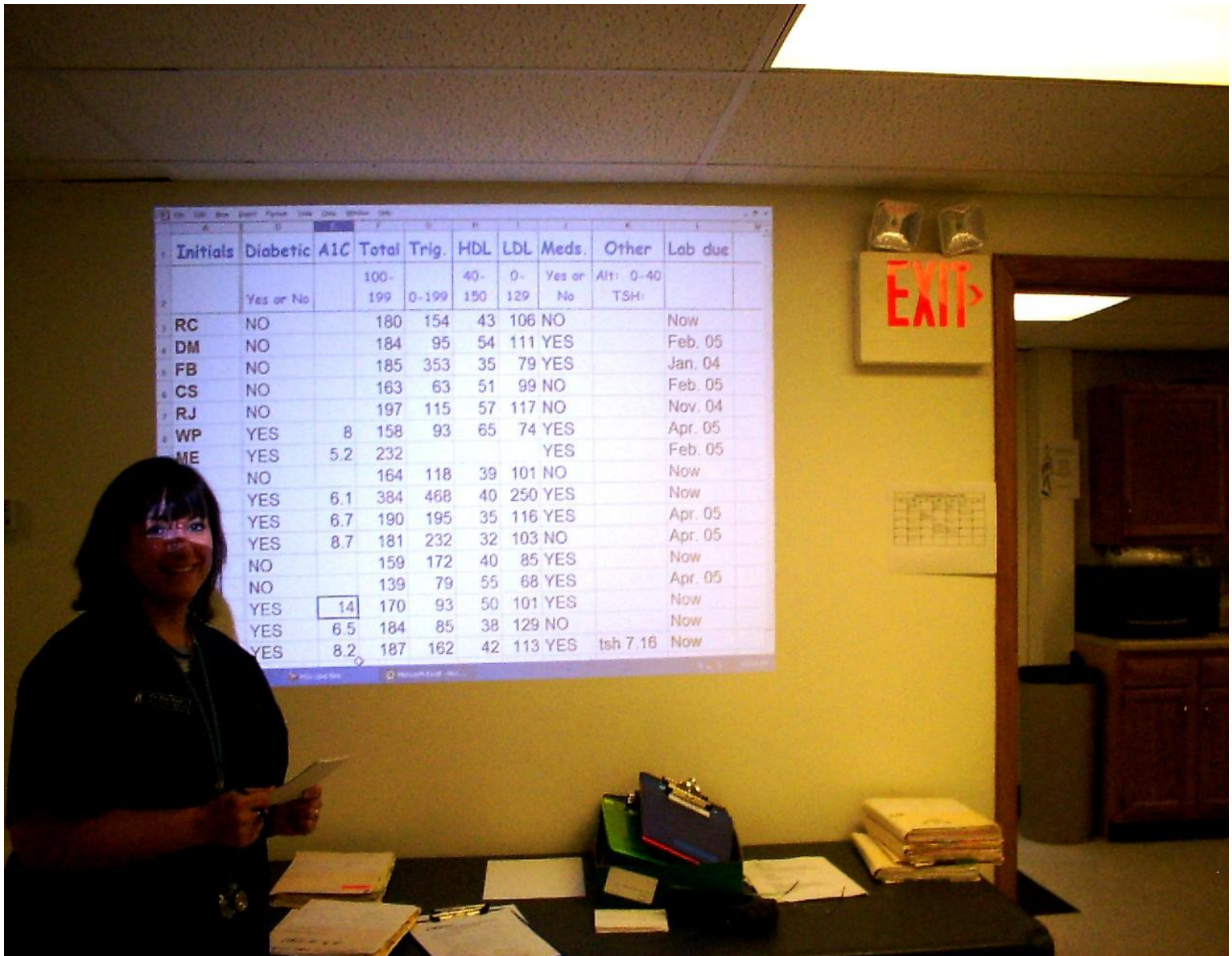
- a chance to focus on quality care and refine systems to make improvements;
- a break from the routine of individual patient care;
- team members have an opportunity to share ideas and perspectives about patient care;
- providers have more time to encourage patient self management because they get help with routine tasks;
- Patients are valued member of the team.



# *Teams share case management*

- each team member has a role and outlined tasks that are done to prepare for the group;
- lab results are reviewed and shared with team and patient, lab work that's needed is ordered;
- planning allows comprehensive quality focused; preventive standards are met.









# *Patients get more of what they need*

## Mechanism for referrals –

- Routine follow-up appointments are made;
- Referrals to specialists and preventive health referrals are made;
- Referrals to self management groups and community resources.



# *Patients are engaged*

- Patients are responsible for:
  - checking their med list
  - communicating trends in their health
  - understanding their labs
  - partnering to manage their care
  
- Individual goal are set and documented
- Patient/provider relationship shifts to more of a partnership and patients understand their role
- Group discussion gives opportunity for patients to give and get support from each other



# *Patients are supported to learn self management skills*

- Individual goal are set and documented
- Problem-solving occurs
- Patient/provider relationship shifts to more of a partnership and patients understand their role
- Group discussion gives opportunity for patients to give and get support from each other



# *Group Visits Benefit Patients*

- Almost no wait time for appointment
- More participation with medical team
- Discussion time/Q&A
- Patients learn from and support each other
- Patient centered visit
- High patient satisfaction
- Patients can schedule themselves
- Family members and support welcome





# *Maintenance and Support*

- Help Yourself Support Group
  - Patients can drop in as needed;
  - Providers and nurses can refer patients that need on going follow-up and support;
  - Informal structure allow the agenda to be defined by the group;
  - Goal setting at end of every visit



# *Conclusion*

Medical Group Visits are a strategy that provide on-going follow-up and support to patients AND the clinical team

Medical Group Visits have advanced the understanding of self-management skills and communication for both patients AND the clinical team

Medical Group Visits are fun for all