



**ASSOCIATES IN PRIMARY CARE
MEDICINE, INC.**

LOWERING A1C THROUGH GROUP VISITS

LEARNING OBJECTIVES

- ❖ **UTILIZE A POPULATION HEALTH/PERFORMANCE IMPROVEMENT FRAMEWORK AND TEAM APPROACH TO SUCCESSFULLY IDENTIFY PATIENTS WITH BEHAVIORAL HEALTH NEEDS AND INTEGRATE STRATEGIES THAT WILL IMPROVE FINANCIAL AND CLINICAL OUTCOMES**
- ❖ **APPLY LESSONS LEARNED BASED ON EXPERIENCES FROM A PRACTICE TEAM THAT FOCUSED ON PATIENTS WITH DIABETES WHO SCORED HIGH ON DIABETES DISTRESS SCREENS**
- ❖ **SUCCESSFULLY MEASURE OUTCOMES THAT SUPPORT SUSTAINABILITY OF THE IBH MODEL OF CARE**

PLANNED INTERVENTION

- ❖ **PLAN:** IDENTIFY PATIENTS WITH DISTRESS REGARDING THEIR CHRONIC DISEASE, DIABETES
- ❖ **ACTION:** OUTREACH AND INVITE IDENTIFIED PATIENTS TO ATTEND A INTERDISCIPLINARY GROUP VISIT
- ❖ **FOLLOW UP:** COLLECT PRE/POST MEASURES ON ALL IDENTIFIED PATIENTS REGARDLESS OF THEIR PARTICIPATION IN A GROUP VISIT USING A MEASURE OF A1C AND THE DDS

DIABETES DISTRESS SCALE

WHAT IS THE DDS: “THE DDS IS A 17-ITEM SCALE THAT CAPTURES CRITICAL DIMENSIONS OF DISTRESS. FIRST PUBLISHED IN 2005, IT HAS BEEN USED WIDELY AROUND THE WORLD AS A CLINICAL INSTRUMENT FOR OPENING CONVERSATION WITH ONE’S PATIENTS AS WELL AS A CRITICAL OUTCOME MEASURES IN NUMEROUS STUDIES.”

4 SUBCATEGORIES OF THE DDS:

EMOTIONAL BURDEN

PHYSICIAN DISTRESS

REGIMEN DISTRESS

INTERPERSONAL DISTRESS

FOUR SUBCATEGORIES

EMOTIONAL BURDEN

- **FEELING THAT DIABETES IS TAKING UP TOO MUCH OF MY MENTAL AND PHYSICAL ENERGY EVERY DAY.**
- **FEELING ANGRY, SCARED AND/OR DEPRESSED WHEN I THINK ABOUT LIVING WITH DIABETES.**
- **FEELING THAT I WILL END UP WITH SERIOUS LONG-TERM COMPLICATIONS, NO MATTER WHAT I DO.**
- **FEELING THAT DIABETES CONTROLS MY LIFE.**
- **FEELING OVERWHELMED BY THE DEMANDS OF LIVING WITH DIABETES.**

PHYSICIAN DISTRESS

- **FEELING THAT MY DOCTOR DOESN'T KNOW ENOUGH ABOUT DIABETES AND DIABETES CARE.**
- **FEELING THAT MY DOCTOR DOESN'T GIVE ME CLEAR ENOUGH DIRECTIONS ON HOW TO MANAGE MY DIABETES.**
- **FEELING THAT MY DOCTOR DOESN'T TAKE MY CONCERNS SERIOUSLY ENOUGH.**
- **FEELING THAT I DON'T HAVE A DOCTOR WHO I CAN SEE REGULARLY ENOUGH ABOUT MY DIABETES.**

FOUR SUBCATEGORIES CONT.

REGIMEN DISTRESS:

- NOT FEELING CONFIDENT IN MY DAY-TO-DAY ABILITY TO MANAGE DIABETES.
- FEELING THAT I AM NOT TESTING MY BLOOD SUGARS FREQUENTLY ENOUGH.
- FEELING THAT I AM OFTEN FAILING WITH MY DIABETES ROUTINE.
- FEELING THAT I AM NOT STICKING CLOSELY ENOUGH TO A GOOD MEAL PLAN.
- NOT FEELING MOTIVATED TO KEEP UP MY DIABETES SELF MANAGEMENT.

INTERPERSONAL DISTRESS:

- FEELING THAT FRIENDS OR FAMILY ARE NOT SUPPORTIVE ENOUGH OF SELF-CARE EFFORTS (E.G. PLANNING
- ACTIVITIES THAT CONFLICT WITH MY SCHEDULE, ENCOURAGING ME TO EAT THE "WRONG" FOODS).
- FEELING THAT FRIENDS OR FAMILY DON'T APPRECIATE HOW DIFFICULT LIVING WITH DIABETES CAN BE.
- FEELING THAT FRIENDS OR FAMILY DON'T GIVE ME THE EMOTIONAL SUPPORT THAT I WOULD LIKE.

DIABETES DISTRESS GROUP VISIT GOALS

- ❖ UNDERSTAND WHAT IS DIABETES DISTRESS
- ❖ REVIEW BEHAVIORAL FACTORS TO HELP REDUCE DISTRESS
- ❖ UNDERSTAND ASSERTIVENESS AND HOW TO USE IT
- ❖ EXPLAIN THE MIND-BODY CONNECTION

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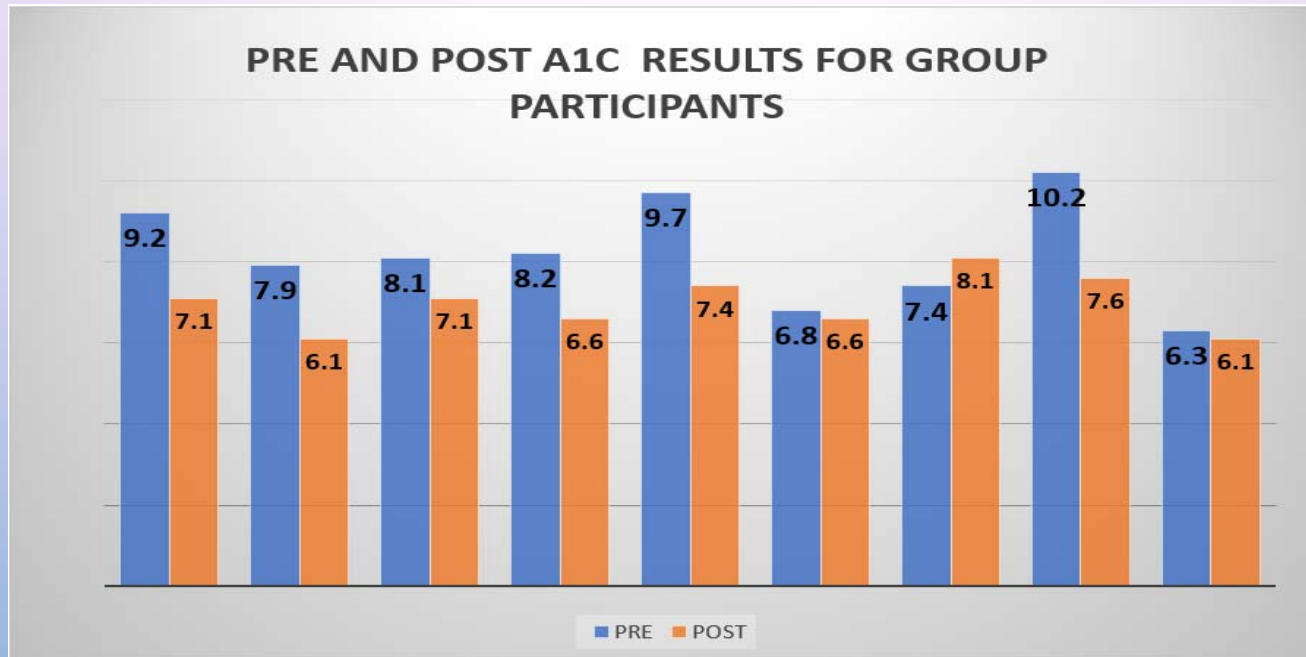
DIABETES DISTRESS SCREEN

	Not a Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
Feeling the diabetes is taking up too much of my mental and physical energy every day	1	2	3	4	5	6
Feeling that my doctor doesn't know enough about diabetes and diabetes care	1	2	3	4	5	6
Feeling angry, scared and/or depressed when I think about living with diabetes	1	2	3	4	5	6
Feeling that my doctor doesn't give me clear enough directions on how to manage my diabetes	1	2	3	4	5	6
Feeling that I am not testing my blood sugars frequently enough	1	2	3	4	5	6
Feeling that I am often failing with my diabetes routine	1	2	3	4	5	6
Feeling that friends or family are not supportive enough of self-care efforts (e.g. planning activities that conflict with my schedule, encouraging me to eat the "wrong" foods)	1	2	3	4	5	6
Feeling that diabetes controls my life	1	2	3	4	5	6
Feeling that my doctor doesn't take my concerns seriously enough	1	2	3	4	5	6
Not feeling confident in my day-to-day ability to manage diabetes	1	2	3	4	5	6
Feeling that I will end up with serious long-term complications, no matter what I do	1	2	3	4	5	6
Feeling that I am not sticking closely enough to a good meal plan	1	2	3	4	5	6
Feeling that friends or family don't appreciate how difficult living with diabetes can be	1	2	3	4	5	6
Feeling overwhelmed by the demands of living with diabetes	1	2	3	4	5	6
Feeling that I don't have a doctor, who I can see regularly enough about my diabetes	1	2	3	4	5	6
Not feeling motivated to keep up my diabetes self management	1	2	3	4	5	6
Feeling that friends or family don't give me the emotional support that I would like	1	2	3	4	5	6

RESULTS

- ❖ **15 PATIENTS IDENTIFIED DIABETES DISTRESS, AS EVIDENCED BY THEIR DDS, AT A SIGNIFICANT LEVEL AND QUALIFIED FOR THE GROUP VISIT.**
- ❖ **9 OF THE 15 PATIENTS IDENTIFIED ATTENDED THE GROUP VISIT**
- ❖ **8 OF THE 9 PATIENTS WHO ATTENDED THE GROUP LOWERED THEIR A1C**
- ❖ **9 OF THE 9 PATIENTS WHO ATTENDED THE GROUP LOWERED THEIR DIABETES DISTRESS, AS EVIDENCED BY THEIR DDS SCORES.**

PRE/POST A1C RESULTS FOR PATIENTS WHO ATTENDED



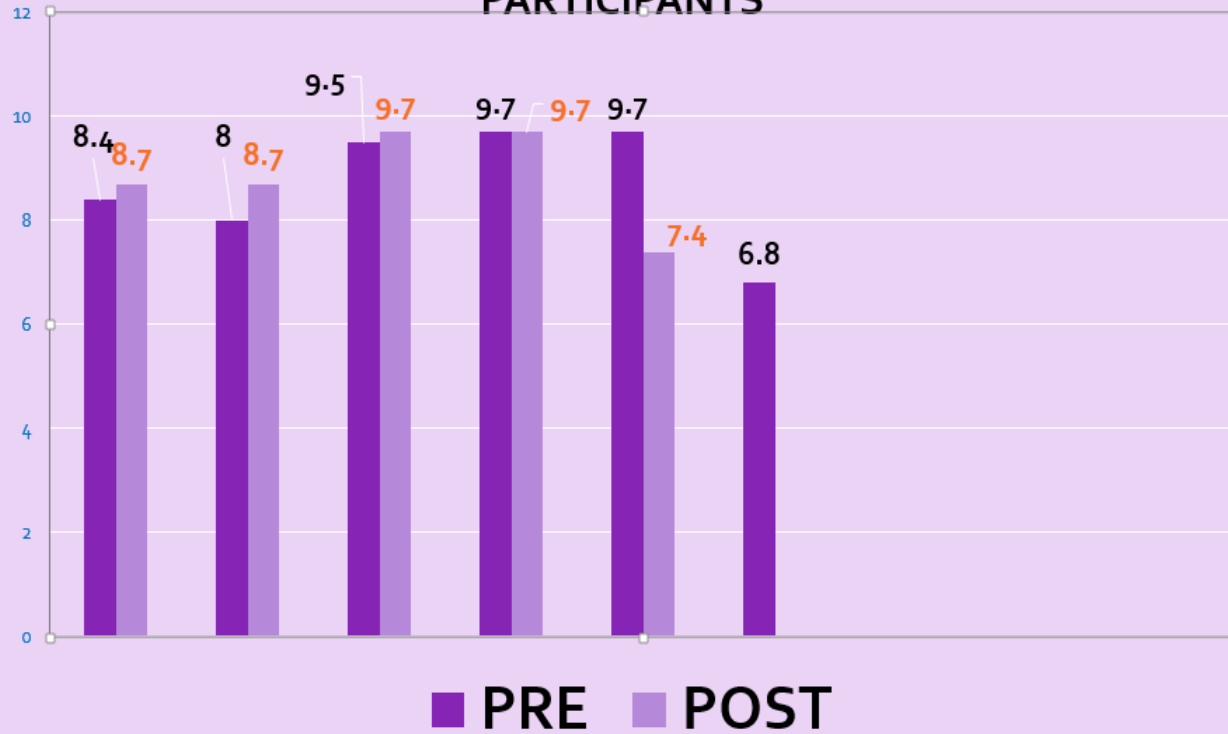
PATIENTS WHO DECLINED

OF THE 6 PATIENTS WHO DIDN'T ATTEND THE GROUP

- ❖ 3 PATIENTS HAD AN INCREASE IN THEIR A1C**
- ❖ 2 PATIENTS HAD NO CHANGE IN A1C**
- ❖ 1 PATIENT DECREASED THEIR A1C**
- ❖ 1 PATIENT DIDN'T HAVE REPEAT A1C DONE**

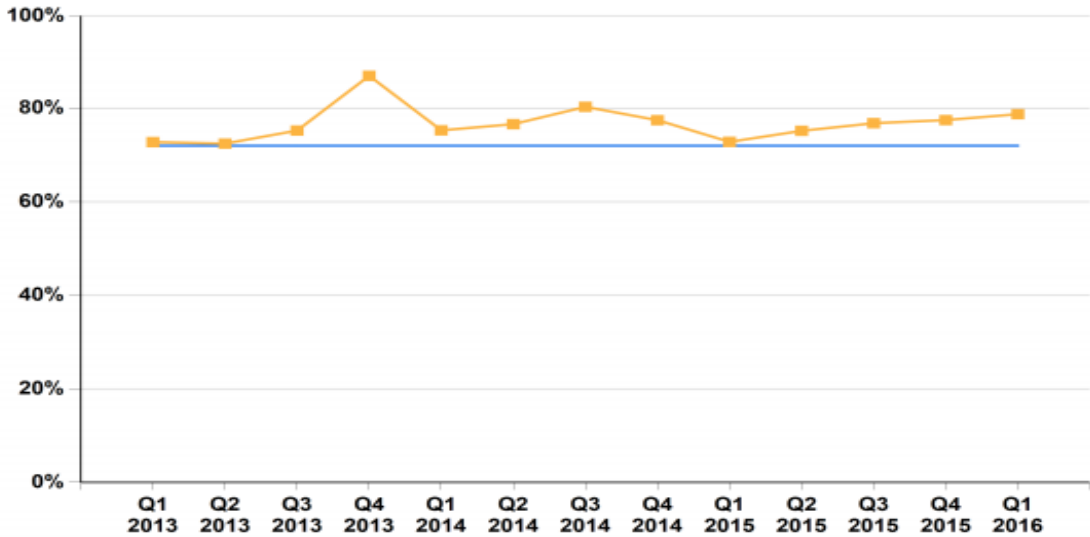
WE DO NOT HAVE DDS RE-SCREEN RESULTS FOR THESE 6 PATIENTS

PRE AND POST A1C RESULTS FOR NON-GROUP PARTICIPANTS



DM A1c Good Control - Associates in Primary Care

— Target = 72%



DDS17 STATEMENTS WITH SIGNIFICANT IMPROVEMENT FOR GROUP PARTICIPANTS

THE FOLLOWING STATEMENTS SCORES WENT FROM A MODERATE PROBLEM TO NOT A PROBLEM:

- ❖ FEELING THAT DIABETES CONTROLS MY LIFE**
- ❖ FEELING THAT I AM NOT STICKING CLOSELY ENOUGH TO A GOOD MEAL PLAN**
- ❖ NOT FEELING CONFIDENT IN MY DAY-TO-DAY ABILITY TO MANAGE DIABETES**
- ❖ FEELING OVERWHELMED BY THE DEMANDS OF LIVING WITH DIABETES**

MOVING FORWARD

- ❖ **WE WILL CONTINUE TO SCREEN DIABETIC PATIENTS USING THE DDS17, PARTICULARLY FOR NEW DIABETICS OR DIABETICS WITH AN A1C ABOVE 8.0**
- ❖ **DIABETES DISTRESS GROUPS ARE SCHEDULED EVERY OTHER MONTH THROUGHOUT THE YEAR**
- ❖ **SIGNAGE AND INFORMATION IS AVAILABLE IN OUR OFFICE AND ON OUR WEBSITE**

FEEDBACK

“I ENJOY THE GROUP VISITS AND I ALWAYS LEARN SOMETHING.”

“ATTENDING THE GROUP VISITS GIVES ME THE ABILITY TO TAKE CONTROL OF MY BLOOD SUGARS.”



OVERCOMING STIGMA WITH A NAME CHANGE

OUR DIABETIC GROUP VISITS WERE ORIGINALLY ENTITLED DIABETES DISTRESS GROUP VISITS. AFTER THE POSITIVE RECEPTION TO A GROUP ENTITLED “THE POWER OF POSITIVE THINKING,” WE REEVALUATED OUR GROUP VISIT TITLE STRATEGY AND CAME TO CALL THESE “DIABETES EMPOWERMENT VISITS” TO INVOKE A MORE POSITIVE, SUPPORTIVE CONNOTATION.

The background features a vertical gradient from light purple at the top to light blue at the bottom. Several realistic water droplets of various sizes are scattered across the surface, with some in the top-left and bottom-right corners. The text "THANK YOU" is centered in the middle of the image.

THANK YOU