A New Paradigm: Shared Medical Appointments in Diabetes

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Disclosures: Jose M. Cabral, MD, FACE

- **Research & Grant Support:**
  - Lilly
  - Astra-Zeneca

- **Speaker Bureau honoraria**
  - Amylin
  - Boehringer Ingelheim
  - Sanofi
Objectives:

- To understand what is a group medical visit
- Review the benefits of group medical visits in patients with diabetes
- Outline a practical approach for implementation in a busy diabetes practice
- Propose a way of how to integrate efficiently multiple diabetes team members during one visit.
Prevalence of Diabetes


Based on data from the National Health Interview Survey.
Predicted Increases in the Prevalence

Based on diabetes prevalence rates predicted from 1980-1998 trends from the National Health Interview Survey and predicted US Census Bureau's population projections.

Increased Demand and Need For Diabetes Management

**Physician frustration:**

- How to provide quality care when office visits are becoming shorter
- More items to cover during the visit
- Little time for
  - Education of disease process & self management
  - Management of comorbidities (i.e.: Lipids, HTN)
- Pay-for-performance
Welcome to Florida

We are here

Diabetes
Florida: Diabetes & Endocrinology

- Diabetes: ~ 1,000,000 (2002)
- Endocrinologists: 232 (members of AACE)
- 1 Endo: 70,340 population
- 1 Endo: 4,310 adult diabetics
- Average waiting time for new Endocrinology outpatient consultation in S. Fla.: ~ 3 mo.
Case Study 1

73 year-old male retired attorney from Boca Raton with well controlled type 2 diabetes and CHD for 15 years. He is treated with rosiglitazone, metformin and repaglinide. He saw in the news concerns about the potential for heart problems with some of his meds while traveling in a cruise. He is very anxious & wants to see you. His home BG levels ranged from 75 to 114 before meals. He stopped all his DM drugs. His BG levels are now in the 170-180s fasting.

PMH: CABG x 2 15 years ago, Normal LV function, hyperlipidemia, HTN, prostate CA (in remission).
Case Study 1

You review his chart. As of 2 months ago

Meds: Rosiglitazone 4 mg QAM, Metformin 850 mg BID, Repaglinide 2 mg AC TID, Simvastatin 40 mg QHS, Ramipril 5 mg daily, ASA 81 mg, Metoprolol 25 mg BID

Exam: BP: 90/62, P: 64/min, Wt: 200 lb., Ht: 5’10”, BMI 28

Labs: Creatinine: 0.7, GFR: > 60, Ur. Alb/Cr: 2, HbA1c: 6.4 %, TC: 147, TG: 91, HDL: 60, LDL: 69

You ask your assistant to set up an appointment for the patient. You are informed that the earliest available appointment is in 3 months. Other patients called with similar concerns.
Case Study 1

What would be your next step to address this patient’s hyperglycemia and his concerns?

A. Go to the hospital Emergency Department.
B. Tell him to continue his usual medications until he sees you. Ask your assistant to “double book” the patient before the end of the week.
C. Tell him to stop rosiglitazone and start pioglitazone 30 daily until his next appt. in 3 months
D. Ask him to come in to your next diabetes group medical appointment session next week.
E. Make an appointment with the nurse practitioner.
The patient decides to attend Dr. Cabral’s next SMA in a few days. He is greeted by the diabetic educator, the medical assistant. Nine other patients have been scheduled for their routine diabetes followup visit.

After much discussion in the group, he feels reassured and decides to continue his usual medications. He now prefers to see us in the group visits.
Traditional office visits

CHALLENGES

- Ever increasing diabetes population
- Shortage of endocrinologists
- Difficulty accessing the physician
- Greater need for diabetes education
- Declining reimbursement increases pressure on physicians for greater productivity
Diabetes: A lot to cover in 15 min visit!

- Glycemic control
  - Meter/logbook
  - Hypoglycemia
  - Insulin pump
- Microvascular screening
  - Eye exam
  - Neuro-monofilament
  - Foot exam/pulses
  - Urine albumin, Cr, GFR
- Lipid treatment
- Blood pressure treatment
- Antiplatelet treatment
- Smoking cessation screening/counseling
- Immunizations
- Malignancy screening
Increased Demand and Need For Chronic Disease Management

“The patient-provider model as it now exists in many settings is unrealistic in today’s practice.”

Stanford Health Partners
Journal of Ambulatory Care Management 2002
Objectives

- Access to the busiest services, especially for new patients
  - Decreasing wait time for follow-up patients and physicals
  - Leverage Resources to increase Productivity
  - Equal or increased patient satisfaction

- Introduced in Ohio 2002
  - Florida 2003
Objectives:

- Better access to the endocrinologist for diabetes care.
- Decrease wait time for follow-up patients.
- Reinforcement of diabetes education.
- Equal or increased patient satisfaction.
- Equal or increased quality of care.

Introduced at CCF Florida, Department of Endocrinology October 2003.
WHAT IS A SHARED MEDICAL APPOINTMENT?

- 90 minutes group visit of 9-12 established patients for the follow up care of diabetes and are staffed by
  - Endocrinologist
  - Diabetic Educator
  - Nurse

- Visit Type
  - follow-up appointments
Understanding SMA

- During the visit the physician perform a series of one-on-one patient encounters in a group setting and manage and advise each patient in front of the others.

- A behaviorist runs the discussion and educates when the physician is documenting or performing exams.

- **Behaviorist**: May be a CDE, ARNP, PA, Nutritionist, social worker or health psychologist.
What Group Visits Are

Socialization

Support

Education

Therapy

Clancy DE, Medical University of S. Carolina
Group Visits Are SO Much More

Clancy DE, Medical University of S. Carolina
Time Commitment

- **Began:**
  - October 2002, Ohio
  - October 2003, Florida

- **End Date:**
  - Ongoing
Departments Involved

- **Willoughby Hills FHC**
  - IM/Peds
- **Strongsville FHC**
  - OB GYN
- **Chagrin Falls FHC**
  - Internal Medicine
- **Lorain FHC**
  - Endocrinology
  - Internal Medicine
- **Westlake FHC**
  - Internal Medicine
  - Family Medicine
- **Florida**
  - Endocrinology
  - Bariatric Surgery
- **Solon FHC**
  - Internal Medicine
  - Rheumatology
- **Main Campus**
  - Bariatric Surgery
  - Women’s Health
  - Internal Medicine
  - Psychiatry
  - Neurology
- **Wooster FHC**
  - Pediatrics
  - Family Practice

**True Multidisciplinary Teams** - Teams involved Doctors, Nurses, Schedulers, Administrators, and Medical Assistants.
SMA’s Are Being conducted for:

- Diabetes
- Gastric Bypass & Banding Post-op Patients
- Thyroid
- Annual GYN Exams
- Asthma
- Panic Disorder

- Medical Weight Loss
- Women's Health
- Depression
- Gynecology
- Arthritis
- Osteoporosis
- Headache
- Annual Physicals
- Hypertension
SMA Statistics

- Through Jan. 2005 (20 months into Project)
  - 10,000 Patient Visits
  - 1300 Shared Medical Appointments
  - 35 Physicians have run SMA’s
  - 28 Physicians continue to do so
  - 40 SMA’s with over 300 patients each month
Organizations Pursuing Shared Medical Appointments

- Palo Alto Medical Foundation
- Dartmouth Hitchcock Medical Center
- University of Virginia
- Christus Medical Group
- University of Michigan
- Massachusetts General Hospital
- Medical University of S. Carolina
- Veteran’s Administration
- US Department of Defense
Shared Medical Appointments

Advantages

- Provides access to the busiest services, especially for new patients
- Dramatically decreases wait time for follow-up patients and physicals
- Provides patients enhanced condition-specific support and education

Process began at CCF in May 2002

- Florida: October 2003
Good Physician Candidates

- Heavily backlogged schedule
  - Wait period for new or established pt appts for many weeks or months

- Repetitive advice → Diabetes
Shared Medical Appointment: Behaviorist

- Manages confidentiality – reminds pts of rules and collects confidentiality forms
- Runs the discussion and educates when the physician is documenting or performing exams
- Makes sure that pts. Leave with referrals, prescriptions & appts for F/U visits
- Makes sure that no one dominates the conversation
Group Visits
Patient Benefits

- Prompt Access
- More time with own physician
- Relaxed, personalized, & quality care
- Greater patient education
- More attention to psychosocial needs
- Help and support from other patients
- Closer follow-up care
- An additional healthcare choice
Group Visits

Physician Benefits

- Improved access & productivity
- Better management of large practices
  - Optimize appointment mix
  - Referral of patient phone calls
- Opportunity to do something new & different
  - Physicians enjoy the process
- Reduced repetition of information
- Real help from entire SMA team
- Improved patient education
Confidentiality Waiver & Release Form

Name: ___________________________________________ Date: __________________
Home Address: ___________________________________________________________________
Date of Birth (mm/dd/yy) : ____________________ Home Tele. Number _________________
Physician: _______________________________________________________________________

What subject would you like to discuss during today’s visit? ____________________________
______________________________________________________________________________

Shared Medical Visit Waiver

Privacy is something almost everyone is concerned about when they come for shared visits. Information revealed during an individual appointment is normally considered confidential, but this confidentiality may be lost by revealing the same information in a group setting. Family members and others may be present during these shared visits.

During shared visits, you have the opportunity to listen to discussions between your doctors and other patients of theirs and to ask questions about your own medical condition. Medical information provided in response to another patient’s questions may not be appropriate for all patients. Your doctor will advise you about the recommended treatment for your condition.

By signing below you agree that The Cleveland Clinic Florida shall not be liable for any financial or other damages resulting from any breach of confidentiality committed by other members of the group. Along with The Cleveland Clinic Foundation’s commitment to maintain the privacy of its patients, you also agree to protect each other’s privacy by not identifying other patients or discussing their health problems outside of the group setting.

I understand that my insurance company will be billed for this appointment. I am aware of my responsibility to pay my co-pay and other costs my insurance does not cover for any services provided in the course of the visit.

Signed: ___________________________________________ Date: ______________
Support Person: ___________________________________________ Date: ______________

Cleveland Clinic Florida
How Confidentiality Is Addressed

- Cover in all promotional items
  - Discussed in the behaviorist’s introduction
  - All patients & support persons sign a release:
    - Before session starts
    - Drafted by attorneys
    - Made patient friendly by administration
  - “Your medical issues will be discussed in group”
  - “Don’t identify other patients outside of group”
  - “Don’t discuss others’ health problems after group”
- No problems to date
57 year-old male with diabetes type 2 x 16 yrs, HTN and hyperlipidemia. His DM is not well controlled.

Home BG: AM 110-130; Predinner 200s

He has been using bedtime Glargine insulin and oral agents with very good control until the last 6 months. He has attended diabetes education, medical nutrition therapy in the past. He is very resistant to use multiple daily injections of insulin.
Case Study 2

Meds:
Metformin 1000 mg BID, pioglitazone 30 mg QD, glipizide ER 20 mg QD, glargine 48 uts QHS, rosuvastatin 20 mg QD, ASA 81 mg QD, losartan/HCTZ 100/12.5 mg QD


Laboratory: HbA1c: 9.1%.
He asks you to give him “another chance” to improve his glucose without adding more insulin. You emphasize your commitment to help him improve his control. What would you do next?

A. Ask him to do the best he can and return in 3 months.

B. Ask him to meet with the diabetes educator and dietician.

C. Ask him to return to your diabetes group medical visit in 2-4 weeks.
Case Study 2

He asks you to give him “another chance” to improve his glucose without adding more insulin. You emphasize your commitment to help him improve his control. What would you do next?

A. Ask him to do the best he can and return in 3 months.

B. Ask him to meet with the diabetes educator and dietician.

C. Ask him to return to your diabetes group medical visit in 2-4 weeks.
Flow Of A Typical Shared Medical Follow-up Appointment

- 9-12 Pts register in physician’s office
- Nurse starts vitals 10 min. early
- Pts sit in a semicircle—Physician by behaviorist
- Behaviorist’s introduction starts on time
- Physician starts with Pts needing to leave early
- Physician then addresses rest of Pts individually
- Physician documents a chart note after each Pt
- Private exams & simple procedures last 10’
- Goal is to end on time with charting finished
- Behaviorist stays until Pts leave & straightens up
Shared Medical Appointment Overview

- **Billing:**
  - Bill as individual appointments
  - Coded according to level of care delivered & documented (established pt: 99213, 99214)
  - However, do not bill for:
    - counseling time
    - behaviorist (treat as overhead expense)

- **Confidentiality:**
  - All patients & support persons sign a release approved by Legal Department
  - Discussed in the behaviorist’s introduction
Shared Medical Appointments

- Secure support of your organization's administration.
- Establish the health care team that will smoothly navigate the shared medical appointment sessions.
- Establish a threshold for the minimum census for meeting.
- Recognize that shared medical appointments are not ideal for all patients. Customize the shared medical appointment sessions to each physician and his/her patient panel.
- Establish procedures for meeting.
- Realize that there is a focus on mind and body for these visits.
- Address billing and any other system issues before starting a shared medical appointment program. Because of the rapid
SMA: Nuts & Bolts

- Don’t skimp on personnel
- Insist on confidentiality
- Bill for level of care
Not Candidates for Group Medical Visit

- Severely hearing impaired
- Significant dementia
- Severe acute infectious illnesses
- Unscreened new patients
- Patients refusing a SMA
Planning an SMA Program in your Practice

**Initial Physician Meeting**
Discuss needs, expectations, concerns
Determine structure, personnel, frequency

**Team Operations Meeting**
Determine to do lists, roles for all team members, and timelines

**Scheduler’s Meeting**
Give scripts, train on how to describe to patient

**“Dry Run”**
A full SMA rehearsal complete with “fake” patients
Debrief, make adjustments to “Go Live”

**Go Live!**

Team Debriefings occur for first three months, and as needed after
Keys To Success:

“All programs must be carefully designed, adequately supported, & properly run”

- Administrative support
- Best possible champion
- Meeting targeted census
- Skilled & trained team
- Quality marketing materials
- Promote program well
- Maximize behaviorist’s role
- Expand nurse/MA’s role
- Use well-designed Pt packet
- Engage administrative staff
- Train support staff
- Solve operational problems
- Finish on time
- Get documentation support
Common Mistakes

- Not consistently meeting census
  - Not overbooking for “no-shows”
- Not securing required support
- Poor program design
  - Not using established models
- Cheap, not best, personnel
- Lack of training
- Inadequate facilities
- MD not fully delegating to team
- Not finishing charting in session
- No documentation support
- MD not succinct & focused
- Not finishing on time
- Behaviorist not pacing group
Group Visits Improve Metabolic Control in Type 2 Diabetes

- Clinical trial of 112 patients with non-insulin-treated Type II diabetes treated in group and control environment
- Quality of Life, knowledge of diabetes, and health behaviors
  - improved with group care \( (p<0.001) \)
  - Worsened with control group \( (p=0.004 \text{ to } p<0.001) \)
  - Dosage of hypoglycaemic agents decreased \( (p<0.001) \) in group patients
  - Retinopathy progressed less than among group pts \( (p<0.009) \)

University of Turin Diabetic Group Study

*Diabetologia*
Group Visits Improve Metabolic Control in Type 2 Diabetes

University of Turin Diabetic Group Study

Diabetologia
## Patient Expenditures

### Comparison of Means of Expenditures of Services

<table>
<thead>
<tr>
<th>Type of Expenditures</th>
<th>Type of Patient</th>
<th>Group Visit (n=96)</th>
<th>Usual Care (n=84)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED</td>
<td></td>
<td>$61.95 ($213.57)</td>
<td>$117.18 ($256.59)</td>
</tr>
<tr>
<td>Inpatient</td>
<td></td>
<td>$2,788 ($5,139.28)</td>
<td>$5,446.51 ($28,199.62)</td>
</tr>
<tr>
<td>Outpatient*</td>
<td></td>
<td>$3,652.54 ($2,876.37)</td>
<td>$2,662.89 ($2,300.23)</td>
</tr>
<tr>
<td>Total Expenditures*</td>
<td></td>
<td>$5,822.37 ($6000.20)</td>
<td>$8,246.58 ($28,473.25)</td>
</tr>
</tbody>
</table>

*Significance at p<0.05, Mann Whitney test  

ClancyDE, Medical U. of S. Carolina
Cleveland Clinic Florida: SMA Patient Satisfaction Survey - 2005

Would you recommend SMAs to other patients?
- Yes: 97%
- No: 3%

Would you choose SMA for your next appointment?
- Yes: 91%
- No: 9%

After an initial SMA, patients, when given the option of a individual or SMA for next visit, select SMA's at a rate of 91%.
Comparative Study of Shared Medical Appointments Vs Individual Appointments for Follow up Care of Patients with Type 2 Diabetes

Norma Gonzalez, MS, RD, CDE
Laura Byham-Gray, PhD, RD
Aarti Kanwar, MD
Jose M. Cabral, MD
Department of Endocrinology
Cleveland Clinic Florida
NEED FOR THE STUDY

This study examined whether individual visits can be replaced by interactive group visits as the main form of outpatient diabetes care.
CONCEPTUAL MODEL

(Demographics)
Age, Gender, Ethnicity, Smoking Habits, Alcohol Use
Length of time with DM and Type of Pharmacological Treatment Receiving

(Treatment)
Shared Medical Appointments (SMA) versus Individual Appointments (IA)

(Co-Morbidities/Severity of Illness)
Nephropathy, Neuropathy, Retinopathy, CAD, BMI, Depression, Metabolic Syndrome, BMI, Hypertension

Clinical Outcomes
HbA1C
Kidney function (GFR, CR)
Patient Related Outcomes
Satisfaction with care
## BASELINE VARIABLES

<table>
<thead>
<tr>
<th>Variables</th>
<th>SMA mean % (N=63)</th>
<th>IA mean % (N=63)</th>
<th>p Value b/w 2 groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>63.6 11.9</td>
<td>61.5 12.3</td>
<td>0.321</td>
</tr>
<tr>
<td>(Sex) Males</td>
<td>59.6%</td>
<td>62.9%</td>
<td>0.403</td>
</tr>
<tr>
<td>YEARS WITH DM</td>
<td>10.2 8.0</td>
<td>9.9 7.4</td>
<td>0.996</td>
</tr>
<tr>
<td>HTN</td>
<td>90.5%</td>
<td>74.2%</td>
<td>0.017</td>
</tr>
<tr>
<td>CAD</td>
<td>47.6%</td>
<td>29.0%</td>
<td>0.033</td>
</tr>
<tr>
<td>CKD</td>
<td>46.0%</td>
<td>40.3%</td>
<td>0.928</td>
</tr>
<tr>
<td>HYPERLIPIDEM IA</td>
<td>90.5%</td>
<td>74.2%</td>
<td>0.017</td>
</tr>
<tr>
<td>DEPRESSED</td>
<td>17.5%</td>
<td>24.2%</td>
<td>0.354</td>
</tr>
<tr>
<td>EMPLOYED</td>
<td>27.0%</td>
<td>38.7%</td>
<td>0.154</td>
</tr>
<tr>
<td></td>
<td>7.9%</td>
<td>9.7%</td>
<td>0.818</td>
</tr>
</tbody>
</table>
Results

- More patients in SMA group had CAD, HTN and hyperlipidemia then the IA group patients.
- Rest of the variables were equally distributed between both the groups at the baseline.
Diabetes Outcomes

HbA1C%

(p=0.005)

HbA1C Baseline

HbA1C 6 months

SMA

IA

Cleveland Clinic
Florida
Diabetes Outcomes

LDL (mg/dL)

*Ind Sample T-test
Diabetes Outcomes

Systolic Blood Pressure

Baseline 6 Months

SMA
IA

0.844*
0.520*

*Ind Sample T-test

Cleveland Clinic
Florida
Diabetes Outcomes

Diastolic Blood Pressure

Baseline 6 Months
SMA
IA

0.184*
0.296*

*Ind Sample T-test
# Shared (SMA) vs. Individual (IA) Diabetes Visits

**AMGA Patient Satisfaction Survey 2004-2005**

<table>
<thead>
<tr>
<th>Area</th>
<th>Type of visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling Experience</td>
<td></td>
</tr>
<tr>
<td>Satisfaction w/SMA Date</td>
<td></td>
</tr>
<tr>
<td>Satisfaction w/Clerical Staff</td>
<td></td>
</tr>
<tr>
<td>Satisfaction w/Nursing Staff</td>
<td></td>
</tr>
<tr>
<td>Satisfaction w/Room</td>
<td></td>
</tr>
<tr>
<td>Medical Needs &amp; Questions Addressed</td>
<td></td>
</tr>
<tr>
<td>Satisfaction w/Physician</td>
<td></td>
</tr>
<tr>
<td>Satisfaction w/ Privacy &amp; Confidentiality</td>
<td></td>
</tr>
<tr>
<td>Convenience w/Checking Out</td>
<td></td>
</tr>
<tr>
<td>Overall Experience</td>
<td></td>
</tr>
</tbody>
</table>

**Levels of Satisfaction on a 1 to 5 Scale**

- 1 = Poor
- 5 = Excellent

<table>
<thead>
<tr>
<th>Type of visit</th>
<th>SMA</th>
<th>IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>54.9</td>
<td>4.8</td>
<td>4.7</td>
</tr>
<tr>
<td>4.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**

- SMA: Shared Medical Appointment
- IA: Individual Appointment
<table>
<thead>
<tr>
<th>Measures</th>
<th>Criteria*</th>
<th>IA 1(^{st}) visit</th>
<th>IA 3(^{rd}) visit</th>
<th>SMA 1(^{st}) visit</th>
<th>SMA 3(^{rd}) visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c &lt;7%</td>
<td>40%</td>
<td>47%</td>
<td>50%</td>
<td>53%</td>
<td>50%</td>
</tr>
<tr>
<td>HbA1c &gt;9%</td>
<td>≤15%</td>
<td>9%</td>
<td>7%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>LDL &lt;100 mg/dl</td>
<td>36%</td>
<td>72%</td>
<td>74%</td>
<td>75%</td>
<td>89%</td>
</tr>
<tr>
<td>LDL &gt;130 mg/dl</td>
<td>≤37%</td>
<td>14%</td>
<td>11%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>BP &lt;130/80 mm Hg</td>
<td>25%</td>
<td>80%</td>
<td>86%</td>
<td>74%</td>
<td>75%</td>
</tr>
<tr>
<td>BP &gt;140/90 mm Hg</td>
<td>≤35%</td>
<td>11%</td>
<td>11%</td>
<td>15%</td>
<td>11%</td>
</tr>
</tbody>
</table>

*Threshold that meet criteria for Diabetes Physician Recognition Program
<table>
<thead>
<tr>
<th>Question</th>
<th>SMA</th>
<th>IA</th>
<th>p value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience scheduling appointment</td>
<td>4.65</td>
<td>4.39</td>
<td>0.001</td>
</tr>
<tr>
<td>Satisfaction with date offered</td>
<td>4.37</td>
<td>4.51</td>
<td>0.001</td>
</tr>
<tr>
<td>Helpfulness of clerical staff</td>
<td>4.79</td>
<td>4.64</td>
<td>0.001</td>
</tr>
<tr>
<td>Convenience checking out</td>
<td>4.51</td>
<td>4.43</td>
<td>0.004</td>
</tr>
<tr>
<td>Overall experience</td>
<td>4.64</td>
<td>4.50</td>
<td>0.002</td>
</tr>
<tr>
<td>Helpfulness with nursing staff</td>
<td>4.80</td>
<td>4.73</td>
<td>0.065</td>
</tr>
<tr>
<td>Comfort level with room size, location and noise</td>
<td>4.62</td>
<td>4.58</td>
<td>0.272</td>
</tr>
<tr>
<td>Medical needs and questions addressed</td>
<td>4.68</td>
<td>4.67</td>
<td>0.329</td>
</tr>
<tr>
<td>Time spent with physician</td>
<td>4.62</td>
<td>4.60</td>
<td>0.146</td>
</tr>
<tr>
<td>Comfort with Privacy and Confidentiality level</td>
<td>4.47</td>
<td>4.58</td>
<td>0.032</td>
</tr>
</tbody>
</table>

Likert Scale: 5: Excellent  4: Good  3: Average  2: Below average  1: Poor

*Independent t test
Third Available Individual Appointment Access was improved by 40 days on average for each physician participating.
Diabetes Multidisciplinary Team leads to improved glycemic control: Cleveland Clinic Florida - Endo

The HbA1C % at baseline & 6 months
2011: Highest survival in the US

2010: 3rd Highest survival in the US
- CMS - 3 yr cumulative data
Group Visits: Conclusions

- Group visits at the Cleveland Clinic Florida may be as effective as IA in controlling glycemia (as measured by HbA1c) and kidney disease progression (as measured by GFR), hyperlipidemia and hypertension in patients with Type 2 DM.

- Patient satisfaction is greater in the group visits given voluntary participation.

- Groups visits are well accepted by patients with type 2 DM and could be used as a viable alternative for chronic conditions management achieving similar clinical outcomes with the benefit that they are time and cost effective.

- Group visits may be an effective option for seeing more patients with DM while achieving a high level of patient satisfaction and similar clinical outcomes.
Summary

- SMAs can increase access and reduce backlog without increasing clinic time for patients with DM.
- SMAs are best for the hopelessly backlogged physician.
- SMAs can boost productivity and improve patient care.
- SMAs must be done correctly.
  - SMA’s are not a class.
  - Must be one on one interaction.
  - Must appropriately document.
- SMAs are not for every physician or patient.
SMAs Contribution

- Improved Access and Growth
- Improved Efficiency in the Care of the Chronically Ill
- Innovation
  - Look at your own areas for new ways to see patients more efficiently
Group Medical Visits

SATISFIED PATIENTS

HAPPY PHYSICIANS

Cleveland Clinic
Florida
Thank You!

Questions

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