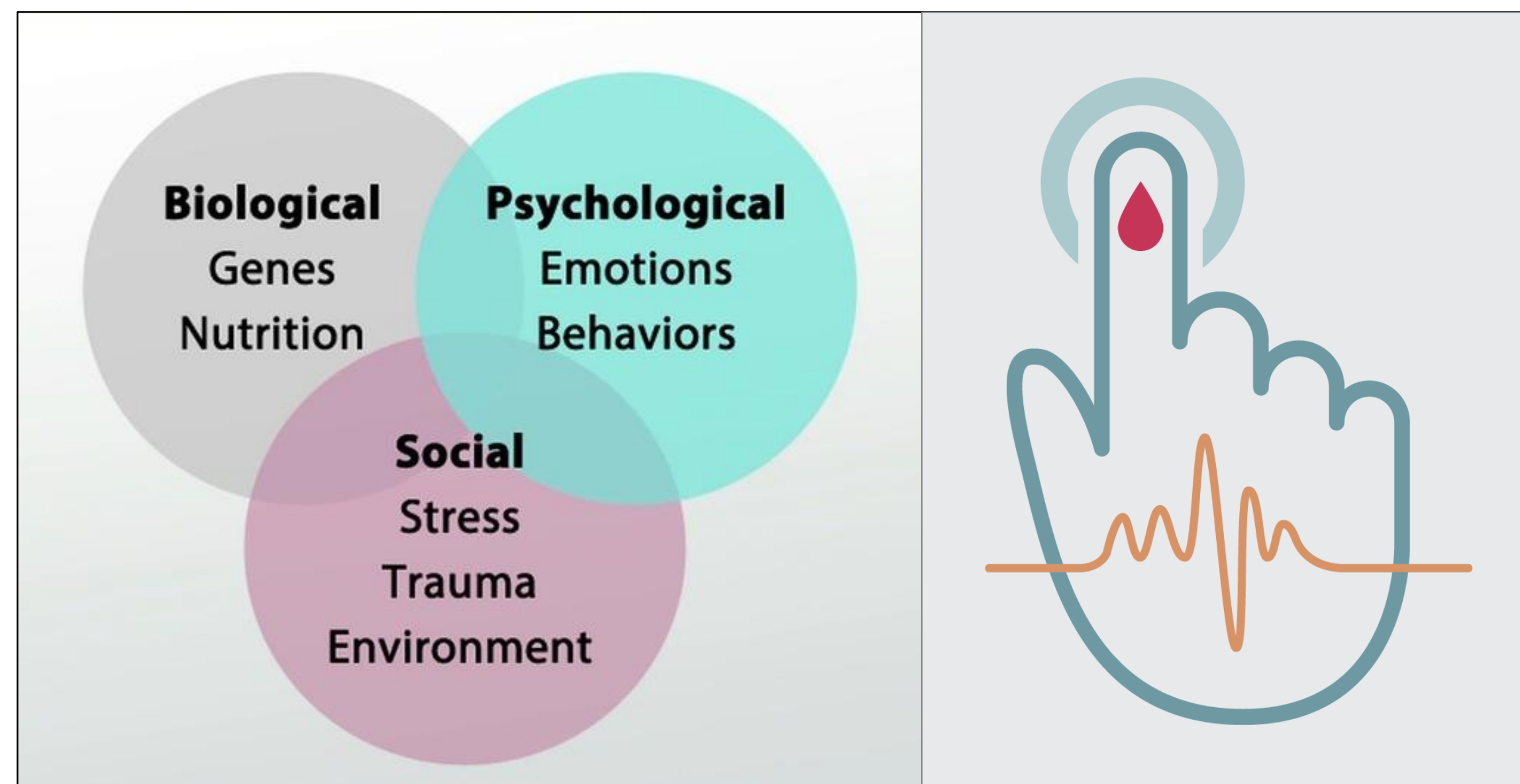


Integrated Direct Care Team Efforts toward Improving Diabetes Group Medical Visit Patient Outcomes

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INTRODUCTION

- Diabetes is a complex health condition that is challenging to manage given the interplay of biological, psychological, and environmental factors



- Diabetes is one of the most widespread diseases worldwide. In the United States:

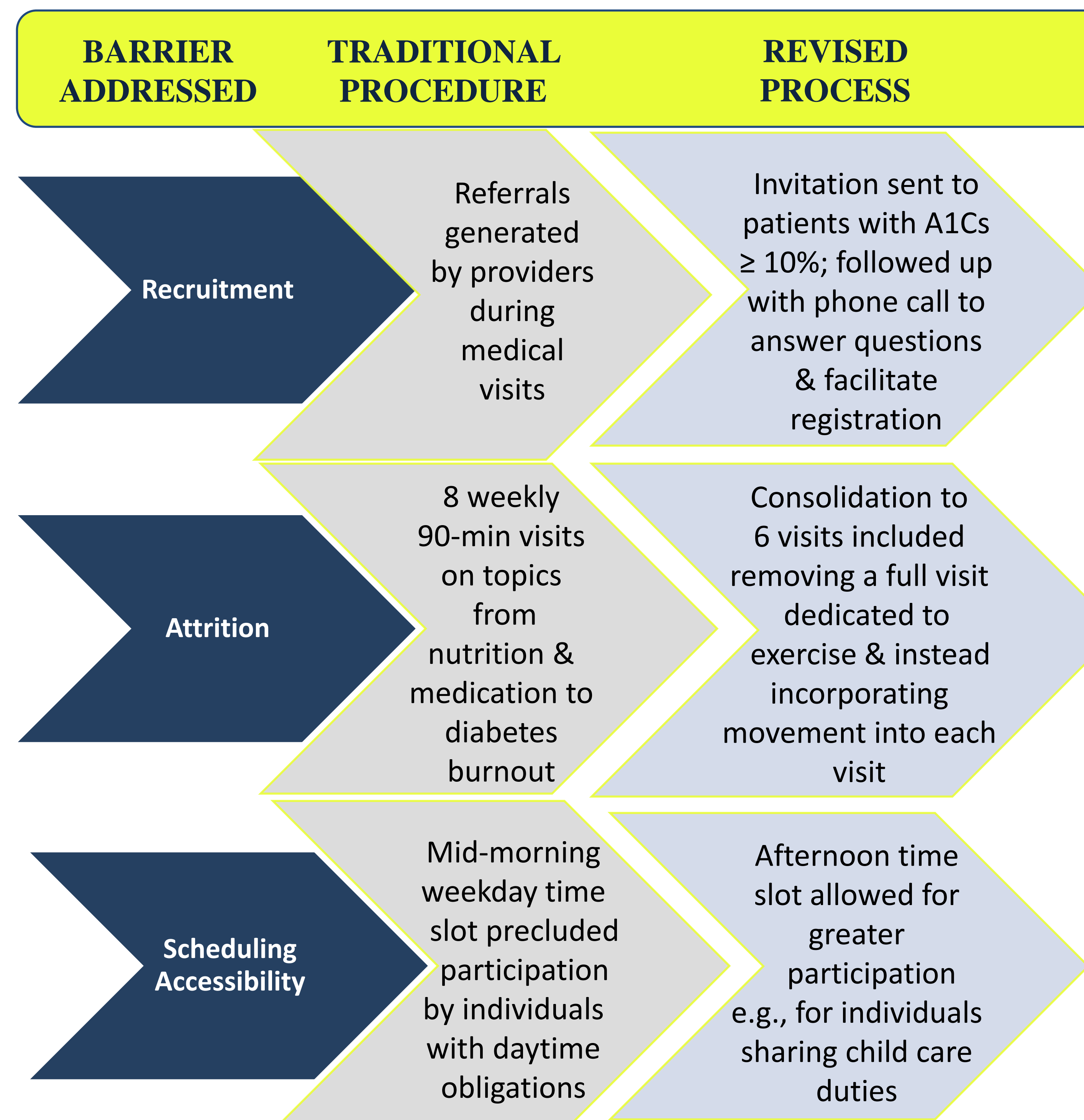


- Given the prevalence and complexity of diabetes, interdisciplinary group medical visits (GMVs) have been effective for **enhancing patient self-management and improving efficiency of service delivery**
- GMVs are facilitated by interdisciplinary primary care teams (e.g., physicians, behavioral health, nursing, social work, pharmacy) emphasizing **clinical care, health education, and peer support**
- Moreover, there is research to suggest that the structure of GMVs can **shift the power imbalance** inherent in patient-provider relationships, **particularly among marginalized groups, to disrupt healthcare inequities through patient empowerment**



METHOD

- Objective:** This study explored the effects of an integrated direct care team's (IDCT) efforts toward improving patient outcomes of diabetes GMVs at a family medicine residency training clinic
- Care Team:** The IDCT includes physicians, psychologists, RN case managers, patient health navigators, a social worker, and a pharmacist. Each provides a unique contribution to the complex realm of diabetes management
- Patients:** The majority of patients served by the safety-net clinic are enrolled in Medicaid, Medicare, or are Uninsured, and face complex medical presentations/psychosocial barriers
- Procedure:** The IDCT implemented targeted improvements to the existing clinic GMV curriculum and recruitment protocol to address common patient barriers:



RESULTS

Effects of Integrated Direct Care Team Efforts toward Improving Diabetes Group Medical Visit Outcomes

Sample Demographics (n=56)	Pre-intervention Spring 2019 GMV	Revised Fall 2020 GMV	Revised Spring 2020 GMV
Race/Ethnicity 41.1% White 32.1% API [†] 26.8% Other			
Gender 61% F 39% M			
Age M = 60yrs Range = 20-81yrs			
n	13	22	21
Mean Patients per Visit	2.62	13.83**	14.83**
Mean Visits Attended per Patient	1.61	3.77*	4.24**
Mode Visits	1	5	6
Median Visits	1	5	6
Attrition Rate	100%	44%	40%

*p < .01 ** p < .001 † = Asian or Pacific Islander

- One-way ANOVAs demonstrated significantly better outcomes associated with the Revised GMV
- Limitation:** The onset of COVID-19 made collecting post-intervention outcome data (i.e., patient A1Cs and weights) challenging, and results are still pending

DISCUSSION

- GMVs have strong support for positive outcomes for diabetes self-management – especially regarding **empowerment among marginalized populations**
- The IDCT helped improve recruitment, attendance, and attrition through revision of procedures and protocols
- With the onset of COVID-19, **care teams may adapt their GMV content to be delivered electronically** (e.g., Zoom)
- There are unique barriers to troubleshoot within a safety-net clinic serving a culturally and linguistically diverse patient population, many of whom experience **socioeconomic barriers including access to technology**