Integrating the chronic-care model: implementation of shared medical appointments for patients with gestational diabetes

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Purpose

- The goal of this study is to develop and implement a Shared Medical Appointment (SMA) program for gestational diabetes patients.
- A group medical care model (SMA) is an important inter-disciplinary care delivery innovation to complement the individual medical visit.
- SMAs focus on education for patients on their chronic disease and enhancement of self-management skills.

Background and Significance

- The Chronic Care Model (CCM) of disease management provides a useful framework for establishing group shared medical appointments.

Methods

- A shared medical model is being implemented in a rural clinic.
- Inclusion criteria: target population includes pregnant patients diagnosed with type 2 diabetes mellitus, gestational diabetes and patients at risk of developing gestational diabetes.
- Exclusion criteria: include a diagnosis of cognitive impairment, a psychiatric diagnosis of schizophrenia/psychosis and/or any behavioral problem which might interfere with group participation and discussion.
- Session format: a 4-week curriculum (every other week) developed in collaboration with the healthcare provider and diabetes educator
  - Each session is 2-2.5 hours and includes a prenatal visit with the healthcare provider; healthy snacks included.
  - The team members involved in SMA include:
    - Healthcare provider (lead)
    - Program coordinator (diabetes educator)
    - Two health coaches to co-facilitate the group
    - A medical assistant to assist with documentation and charting
  - The invitation is sent two weeks prior to the SMA session.
  - HIPPA and voluntary disclosure of personal medical info in a group will be addressed in each session.
  - Billing will be done individually for each patient as a CPT level 3 (99213) or 4 (99214) depending on the complexity of the medical decision making (AAFP, 2017).

Format of Shared Medical Appointment

<table>
<thead>
<tr>
<th>Session</th>
<th>Curriculum</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>Introduction to gestational diabetes</td>
<td>Diabetic A1c visuals Fetal and placenta models</td>
</tr>
<tr>
<td>Session 2</td>
<td>Healthy eating in gestational diabetes</td>
<td>Reading food labels Sugar in beverages models</td>
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<tr>
<td>Session 3</td>
<td>Stress and exercise (short practice)</td>
<td>Types of physical exercises Breathing exercise</td>
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<tr>
<td>Session 4</td>
<td>After pregnancy</td>
<td>Measuring blood sugar Delivery activity</td>
</tr>
</tbody>
</table>

Summary/Implications

- SMA model implementation date: March 31, 2017
- Review of literature demonstrates that SMA is an innovative practice model that:
  - increased patient satisfaction,
  - improved clinical outcomes/health behaviors,
  - improved provider-patient relationships,
  - improved quality of life,
  - decreased emergency care visits,
  - decreased referrals to specialists,
  - improved medication adherence,
  - increased self-efficacy.

Outcomes to be measured:

- Clinical outcomes: blood sugar, blood pressure and weight gain
- Patient satisfaction and quality of life survey

Conclusion:

- It is anticipated that the SMA program will improve gestational diabetes-related clinical outcomes and quality of life and empower patients to learn how to better care for themselves.

References

- Millermaier et al., 2009

Acknowledgments

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