SERVE THE PEOPLE COMMUNITY HEALTH CENTER
GROUP MEDICAL VISITS

Diabetes Group Medical Visits Curriculum
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INTRODUCTION:

Group Medical Visits (GMV) initiated on the basis that facilitated group decisions, when done right, have a powerful effect in patient outcomes: better "buy-in," better decisions, and increased self-efficacy which improve patient's approach to health and wellness. This innovative approach in implementing GMV into Serve the People Community Health Center (STP) aligns with our mission and values as it provides a quality health care service which educates and empowers our patients and entire staff.
Group Medical Visits should implement the Serve the People Community Health Center mission, vision, and values at all times.

Serve the People Mission Statement

To provide the physical, mental, emotional, and mentoring needs of families and children of all ages. To serve people regardless of religion, ethnicity, race, or gender with love, compassion, and generosity.

Serve the People Vision Statement

Serve the People Community Health Center, working with private and public health partners, will seek to create a system of access to compassionate, high quality cost-effective primary and preventive health care for all residents of the community it serves. Serve the People Community Health Center strives to improve the health status within the community it serves, particularly for those residents who are economically or otherwise disadvantaged.

Serve the People Values Statement

- CARING AND COMPASSION: We treat those we serve and one another with concern, kindness and respect.
- HONESTY AND INTEGRITY: We act openly and truthfully in everything we do.
- TEAMWORK: We work together cooperatively, recognizing the power of our combined efforts exceeds what we can accomplish individually.
- COMMUNITY: We acknowledge our vital role in local communities, and we seek to understand and serve their needs.
- EXCELLENCE AND QUALITY: We are committed to quality and to adding value in every aspect of our work, and we strive to exceed the expectations of our customers.
- EDUCATION, TEACHING AND TRAINING: We strive to create an educational environment for our patients, and for our entire staff, including but not limited to health professionals.
- CULTURALLY COMPETENT ORGANIZATION: We strive to be a culturally competent organization that accepts and respects individual differences. Diversity within the organization provides The Center with a full range of perspectives and contributes to the ability to better meet the needs of the diverse community we serve.

GROUP MEDICAL VISIT STRUCTURE:

- Health Scholars are required to form a Standard of Procedure for group medical visits that will include the following: purpose, objectives, timeline, logistics, and curriculum.
- All Standard of Procedures will be approved by STP's GMV Project Lead
- All content will be found in STP's Cloud/sharing files
- All clinical content will be approved by Chief Medical Officer
- All health experts contracted for Group Medical Visits will be approved by CMO and booked by Project Lead
- Project Lead will work with CMO and Care Team to evaluate success

SERVE THE PEOPLE COMMUNITY HEALTH CENTER
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GMV: DIABETES
STANDARD OPERATING PROCEDURE

This guide will provide information about the mission and vision of the Diabetes Group Medical Visit and how the program is implemented. You will be able to replicate the program after reading this guide.

What is the Mission of the Diabetes Group Medical Visit?

The mission of the Diabetes Medical Group Visit is to create a unique, supportive, and interactive learning experience for diabetic patients. Patients will comfortably gain knowledge, skills, and emotional support that can be translated into sustainable behavior changes to confidently manage their diabetes and overall health.

What population does it target?

The Diabetes Medical Group Visit targets patients who are diabetic (H1AC >6.5). All diabetic patients are welcome but there is a substantial effort to recruit patients who have uncontrolled diabetes (H1AC>8).

What is the vision?

The vision of the Diabetes Medical Group Visit (DMGV) is to always provide an unparalleled learning experience for diabetic patients. Ultimately, the DMGV team will strive to continue implementing new and fun components to the visits in order to increase patient self-efficacy, enjoyment, and improve patient health outcomes.

Diabetes Group Medical Visit and Serve the People Community Health Center

The Diabetes Group Medical Visit aligns with Serve the People Community Health Center's mission and vision by providing diabetes health education to patients regardless of religion, ethnicity, race, or gender while also collaborating with private and public health partners to create a high-quality and unique patient learning experience to ultimately improve patient's overall health and wellness.

DIABETES GROUP MEDICAL VISIT PROTOCOL

A. Aim of the Program
To create a unique, supportive, and interactive learning experience for diabetic patients.

B. Team Members Involved

1. Facilitators (2)
    a. Responsible for:
        i. Planning every aspect of the group visit. This includes the yearly curriculum, patient recruitment, group visit structure, call scripts, topic presentations, health materials, outreach materials, activities, demonstrations, and booking guest speakers.
        ii. Communicating with health center to confirm group visit dates with the providers.
        iii. Creating evidence-based health materials such as topic presentations, recipes, activities, health logs, information sheets, etc. All evidence-based topic presentations are to be approved by Chief Medical Officer of the health center to ensure health information accuracy.
        iv. Recruiting patients. Facilitators should confirm at least 2x the number of patients in order to achieve the desired attendance goal. For example, if health center wants 15 patients to attend then facilitators need to confirm at least 30 patient attendees. When recruiting patients, facilitators are to follow their created phone script. Facilitators are also responsible for making reminder calls to patients the 1-2 day(s) before class.
        v. Keeping track of patient attendance and patient recruitment list. Facilitators must keep these important pieces of information secured, organized, and consistently updated.
        vi. Organizing patient health folders with patient's health logs, group visit materials, informational sheets, and group visit dates.
        vii. Facilitating group medical visits. Facilitators should follow the designed class flow sheet.
2. Provider
    a. Can be any licensed health provider such as a physician, physician's assistant, nurse practitioner, etc.
    b. Responsible for:
        i. Attending all scheduled group visits. Must communicate with facilitators and health center if provider's schedule changes.
        ii. Listening attentively to group visit discussions, answering any patient questions, and facilitating additional group discussions.

iii. Seeing patients one-on-one either before group visit, during group visit, or after group visit to give patients the opportunity to discuss private concerns with the provider.
iv. Working alongside the facilitators and assisting the facilitators with anything they may need for the group visit or patients.

3. Chief Medical Officer
   a. Responsible for:
      i. Approving the evidence-based health content on PowerPoint presentations or other materials.
      ii. Approving private or public health partners as guest speakers for the group visits.
      iii. Ensuring that facilitators have all the materials, equipment, and space needed to successfully do their job.

C. Program Logistics

- The health center will provide an adequate and comfortable space to host group medical visits.
- The time of the group medical visits will depend on provider's schedule.
- The number of sessions held depends on the health center's plan as well as on the schedule of the providers and facilitators. Typically, each provider has group medical visits scheduled once a month.
- Program materials are to be created by facilitators and can be found in their possession or in the DGMV folder at the health center.

<u>A GMV breakdown based on time:</u>

4:00-4:15PM- Check-in/Vitaling/ Giving enough time for patient arrival
4:15-4:20PM- 5-minute guided meditation
4:20-4:35PM- Explanation of Group Visit Rules and quick Patient Introduction
4:35-5:20PM Topic/Presentation *Optional: Activity/Exercise*
5:20-5:30PM- Questions

D. Program Curricula

Materials can be found in the possession of the facilitators or in a folder at the health center.

1st class – **Diabetes 101**
Patients will learn the dynamics of diabetes such as: what is diabetes, the differences between the two types of diabetes, what is insulin, HA1C, etc.

2nd & 3rd class - **Nutrition Basics**
Usually takes more than 1 class session to cover all of nutrition. The sessions will cover: MyPlate portion example, importance of portion control and examples/tips of how to portion, explain how to read a nutritional label, how to grocery shop

smart, explanations of the main food groups (carbs, fats, proteins), deeply emphasize the importance of fiber and consuming a diet high in vegetables, emphasize the importance of consuming lean proteins, explain plant-based protein, and emphasize consuming healthy fats.

Optional: If Facilitators decide to they can:

1. *Have a nutritionist/ chef guest speaker*
2. *Have a healthy recipe demonstration*
3. *Conduct an activity*

4th class- **Foods that can help lower blood sugar levels**
Present evidence-based findings on a list of foods that are claimed to help lower blood sugar levels that patients commonly ask about: chia seeds, cactus, aloe vera, cinnamon, moringa, quinoa.

5th class- **Medications**
Patients will learn about the purposes and side effects for common diabetes medications such as: insulin, metformin, and glipizide.

Optional: If Facilitators decide they can:

1. *Have an herbal remedies/herbal medicine guest speaker*

6th class- **Exercise**
Patients will learn the importance of physical activity not only for overall health and weight management but for the better management of their blood sugar levels. Patients will be encouraged to exercise 30 minutes a day at least 5 days out of the week. The importance of cardio and resistance training will be taught and emphasized.

Optional: If Facilitators decide they can:

1. *Have a Zumba instructor as guest speaker*
2. *Have a Personal Trainer as a guest speaker*
3. *Conduct Activity*

7th class- **Stress Management**
Patients will learn the importance of stress management not only for overall health and wellbeing but also for the control of diabetes. Patients will learn about the effects of stress hormones on blood sugar levels. Patients will learn about the Stress Response (long term vs. short term). Patients will acquire stress management techniques.

Optional: If Facilitators decide they can:

1. *Have a mind,body,stress reduction provider as guest speaker*
2. *Have a yoga instructor as guest speaker*
3. *Conduct Activity*

8th class- **Dental Care**
Patients will learn the importance of oral care for diabetics. Patients will also be encouraged to schedule regular dental check-ups.

Optional: If Facilitators decide they can:

1. *Have a dentist/ dental hygienist as guest speaker*
2. *Conduct activity*

9th class- **Eye Care**

Patients will learn the importance of monitoring their eye health and scheduling annual eye exams with their optometrists. Patients will learn the eye health complications that can arise from uncontrolled diabetes.

Optional: If Facilitators decide they can:

1. *Have an optometrist as guest speaker*
2. *Conduct activity*

10th class- **Foot Care**

Patients will learn about the foot health complications that can arise from uncontrolled diabetes. Patients will learn how to check their feet daily and the importance of asking their providers to check their feet during clinical examinations.

Optional: If Facilitators decide they can:

1. *Uncontrolled diabetic foot demonstration*

11th class- **Holiday Diet Tips**

Patients will acquire tips to get through the holidays such as exercising prior to parties, bringing their own healthy dish, portion control, etc.

12th class- **Jeopardy**

Patients will play a fun jeopardy game which will test their knowledge over the year's curriculum.

Optional: If Facilitators decide they can:

1. *Plan a Pot Luck*

E. Program Disclaimer

A. *Diabetes Group Medical Visit Patient Rules:*
   1. *Patients will be assured the anything that is shared during the group visits will be kept confidential so they can share anything openly and honestly.*
   2. *Patients will respect one another's opinions.*
   3. *Patients will refrain from having side conversations or talking over another patient so that all patients can hear what each other shares.*
   4. *Patients will ask questions if they do not understand a concept.*

F. Protocols for contacting members

Diabetes Group Medical Visit (DGMV) team members will maintain constant communication with one another through any channel of communication (email, text, calls, in-person). Scripts for contacting patients are in DGMV folder at the health center.

G. Timeline

Two Months Before Initiation of Program

- ☐ Confirm the location of where the GMV will be taking place and the setup of the room (tables, chairs, projector, screen...etc.), as well as the designated area where facilitators will have access to a computer, phone, copy/printer.
- ☐ Bring awareness about the class by posting/leaving flyers with information about the GMV around the clinic.
- ☐ Work with the clinic to obtain a list of the patients that will be targeted.
- ☐ Work on calling pitch.
- ☐ Start working on curriculum, creating topic presentations and other class materials.
- ☐ Construct a budget for any group visit materials such as food demonstrations, name tags, pens, printer ink, etc.

One Month Before Program Launch

- ☐ Have a set number of patients that will be targeted. The clinic will usually set that number according to the space.
- ☐ Start calling patients to invite them to the GMV and to see if they are interested/confirm.
- ☐ Keep a record of who is interested and who is not for future reference.
- ☐ Set appointments for patients that confirmed they will attend for that month.
- ☐ Have topic lecture and any activities set.
- ☐ Confirm any special guest(s) that will come to the GMV.

One WEEK Before Program Launch

- ☐ Have all materials that will be given to patients ready/printed. For example: folders, worksheets, health logs, presentations, etc.
- ☐ Make sure staff is aware of the flow of the GMV.
- ☐ Know who will be registering the patients.
- ☐ Know who will be vitaling the patients.
- ☐ Get any materials needed for activities/demonstrations ready.
- ☐ Make reminder calls. Usually 1-2 days before the day of the GMV.

DAY of Program Launch

- ☐ Arrive early to set up the room and make sure everything is in place.

TIPS FOR A SUCCESSFUL DIABETES GROUP MEDICAL VISIT

- Confirm double the patients because usually half the patients confirmed will show up.
- Plan activities or guest speakers to keep patients engaged and to provide a unique learning experience.
- Food demos can be a great way to share affordable, delicious, and healthy recipes. Always be sure to provide patients with the recipe.
- Try not to leave any questions unanswered. If the question cannot be answered during that GMV, let patient know that you will research the answer and follow-up during the next GMV.
- At the end of the visit, have patients write down a specific goal related to the topic of that month so they can work on it during the month. This will also help to start off the discussion for the next GMV.

FORMS AND PRESENTATIONS USED

Any materials and presentations can be found in the Diabetes Group Medical Visit Facilitation folder in the health center.

Group Visit Flow-Final

Group Visit Name:____ Continuity or Access

# and Type of Employees Needed	How Often Visit Occurs	Time Required in Visit	# of Slots Blocked in Schedule
# Clinician (PCP)			
# BHP			
# Case Manager			
# MAs			
# Nurse			
#Dental			
#Nutritionist			
#Pharmacist			
#Financial Screener			
#Front Office Staff			
Other			

Who coordinates the GV and what is the role of the management team?	

Which patients should be included in this GV?	

Number of patients scheduled for this GV?	

How long is the visit for the patient?	

Best timing: consider clinician and patient?	

How does a patient get identified, scheduled and confirmed for this GV?	

What information should be given to a patient prior to attending this GV?	

What gets entered in the EMR?	

Who enters what data and where it's entered into the EMR?	

What prep and set-up is needed in the GV room?	

What materials are needed to prep GV room for GV?	

How does patient get checked in for appointment?	

Visit Flow (Describe the flow from the time patient arrives until all post visit work is complete)	1.) 2.) 3.) 4.) 5.) 6.) 7.)
Role of the Financial Screener.	
Role of the MA and information covered.	
Role of the clinician (PCP) and information covered.	
Role of the Case Manager and information covered.	
Role of the Behavioral Health Professional and information covered.	
Role of the Nurse and information covered.	
Role of the Front Office Staff and information covered.	
Role of the Nutritionist and information covered.	
Role of the Dental Staff and information covered.	
Role of the Pharmacy and information covered.	
Role of Other Staff and information covered.	
Steps to clean up and restock the group visit room.	
What needs to be tracked/measured and how often?	
Who collects and reports the data? Where is data reported?	
Planning/Admin	

Reviewed and approved: ______________________________

Reviewed and approved: ______________________________

Attached: Group Visit Content Threads

Diabetes Group Visit Flow

Updated 12.28.2010

# and Type of Employees Needed	# of Patients Scheduled for Visit	How Often Visit Occurs	Time Required for Visit	# of Slots Blocked in Provider Schedule	Best Time for Provider to be Blocked for GV Appointment
1 Provider	Max 12	Min. every 3 mos **Can meet more frequently if provider desires*	Provider 100 min	5	Anytime **AM when fasting labs are needed. When all patients are not on the same fasting lab schedule mornings are best.*
1 Nurse			120 min		
2 MAs			120 min ea		
1 Case Manager			120 min		

Which patients should be included in this GV?	Any patient from the provider's Diabetes panel.

How does a patient get identified, scheduled and confirmed for this GV?	1) Diabetes Registries are printed and given to the provider. 2) Provider identifies Diabetes patients from their registry that would be a good group participant. 3) Case Manager calls the identified patients and invites them to come to the group. 4) Case Manager confirms and puts the patients into the provider's schedule 2 weeks before the group. 5) Front Desk makes confirmation calls 1 day before the GV. 6) If patient calls to cancel, call center attendant should schedule an individual appointment with the patient's PCP. 7) CM follows up with cancellations, make sure they are seen.

What information should be given to a patient prior to attending this GV?	1) This is not a one-on-one appt with the provider and care will be provided in a group session with other Diabetes patients, but it will be a visit with the provider. 2) You do NOT need to fast before the appointment. (Unless fasting labs will be done)

EXAMPLE

	3) The location of where the patient will check-in for the appointment 4) The approximate length of the appointment (2 hrs) 5) If possible, do not bring kids 6) Call and cancel appt if you are not going to make the appt 7) Take morning meds with plain water 8) Bring all meds with you to the group 9) Explain that there will be a foot exam, and the patient will need to remove his/her socks and shoes. 10) It is ok to bring snacks 11) Spouses are welcome.

Medical Record?	If the patient is an established patient and not yet in the EMR all data will be entered into the EMR. If the pt is established and still has paper chart, the chart should be pulled by Med Recs upon provider request or per site protocol.

What, where and who enters the data into the EMR?	MA: The day before the group, review patient charts and look at future labs, immunizations, last foot exam, last LDL, etc. and fill out Diabetes GV chart review spreadsheet. Go over the spreadsheet with the provider before the group. At the group open the Diabetes Flow Sheet and enter A1c, vitals, meds, finger stick, foot exam, immunizations and check status of aspirin, ACE inhibitor, and lipid lowering medications on the flow sheet. Enter brief HPI and make sure group visit box is checked. Nurse: Open a DM flow sheet and open the diagram of the feet and enter foot exam. The nurse does not document on education because they are piggybacking on what the CM covers. Provider: Documents HPI, Review of Systems, Physical exam, Assessment, and Plan. Case Manager: Create a separate encounter. Open Master IM (FP, office visit), and open Bh Home. Enter info in HPI note. Do a SOAP note. Open the Self Management IPN template and do a Self Management

EXAMPLE

	goal. If any psychosocial issues are identified, open the PHQ template and complete. Open another self management goal template for the PHQ. Concatenate and sign your note from the Bh Home template. If smoking cessation counseling was done go into the **provider's encounter**, open the Diabetes flow sheet and mark counseled for smoking. Save and close.

What materials/supplies are needed to prep GV room for GV?	Urine cups BP cuffs (Reg and Large) Scale Glucometer and supplies A1c machine and supplies Blood work supplies Culture tubes Thermometer Hemostat phlebotomy kit blood draw station sharps containers monofilament hand sanitizer immunizations, syringes and VIS Patient shadow charts name tags for patients Computer to check-in patient Printer (Make sure employees going group are set up to use Appointment cards pens clipboards tables and chairs Projector for presentations Retinal Camera and paper forms needed for Retinopathy exams.

How does patient get checked in for appointment?	OT checks patients in 20 min before the 1st blocked slot

Visit Flow (Describe the flow from the time patient arrives until all post visit work is complete)	1) Front desk checks patients in and collects co-pay 2) MAs take vitals and blood work 3) MAs document in EMR 4) MA concatenates the master document in the EMR for the provider doing the group 5) CM facilitates introductions, provides education/facilitates group activities, and assists with self-management goal setting.

EXAMPLE

	6) Nurse provides Diabetes education, foot exam, monitors staff, monitors flow of group and assists as needed. 7) Provider is called down to the group visit room by the MA 8) Provider reviews pt info in EMR, addresses each individual pt and deals with concerns/issues as needed. 9) Once visit is complete the CM and MA clean the room and prepare it for the next GV.

Role of the Financial Screener	N/A Established patients only

Role of the OT	Works the Diabetes Registry every month Makes confirmation calls the day before the group Checks patients in before the group Collects co-pay Prints labels (5)

Role of the MA and information covered by the MA	Huddle with Nurse and CM a week prior to the group to prepare. Review the charts 1-3 days before the visit, put in future labs (labs, immunizations, foot exam, eye exam) and fill out the chart review spreadsheet. (Review info with provider) Prepare shadow charts and nametags before the group visit Help set-up the room Perform vitals Perform UA and blood draw Assist patients with their self management records as necessary Enter information into the EMR Perform Retinal Exams as needed Collect shadow charts and put back in file cabinet Help clean the group visit room

Role of the nurse and information covered by the nurse.	Meet with case manager to decide topic and prepare activities for the group. (At least a week before the group) The nurse huddles with the provider at night before morning groups and mid-day for afternoon or evening groups to anticipate the providers needs (confirming medications with patient, possible medication teaching) Nurse provides Diabetes education, foot exam, monitors staff, monitors flow of group and assists as needed.

EXAMPLE

Role of the provider and information covered by the provider.	Meet with MA prior to the group to go over what needs to be done for each patient (i.e. lab work, immunizations, foot exam). Meet with CM before the group to discuss topic/activity to be covered. The provider is called down to the group visit when all patients have completed their vitals, blood draw, etc. Provider reviews pt info in EMR, does a basic physical exam addressing each individual pt and deals with concerns/issues as needed.

Role of the Case Manager and information covered by the CM.	Work the Diabetes registry every month, calling patients to remind them of the next group. (To avoid unwarranted individual visit being scheduled) Call and schedule patients two weeks before the group. Huddle with the nurse and MA a week before the group to prepare activities. The Case Manager comes down 20 minutes after patients arrive to welcome the patients and facilitate introductions. The Case Manager presents information and facilitates activities relevant to the topic (Retinopathy, Nutrition, Exercise, etc) Make a note of patients who no show and follow up with them. The case manager assists with the clean up of the room The case manager charts on each of the patients

What needs to be tracked/measured?	Diabetic Outcomes ▪ Self Management Goals ▪ Smoking Cessation Counseling ▪ HbA1c control ▪ Blood Pressure Control ▪ Cholesterol control ▪ Retinal exams ▪ Foot exams ▪ Nephropathy Screening Assessment

Who collects data for tracking/measuring? Who creates report results and how often is it reported?	Data is reported on the Diabetes Registries CMs responsible for SM Goal Setting and Tobacco Cessation Counseling

EXAMPLE

Planning/Admin	1) DM Groups are held at minimum every 3 months 2) The PCP can schedule more often than every 3 months if deemed necessary 3) The provider is blocked based on the number of pts in their group 4) If the group has 10 or more pts, consider splitting into 2 groups. 5) Never block more slots than you have pts in the group 6) Determine the providers DM GV schedule out permanently (e.g. the 3rd Thursday the first month of the quarter from 2:00-3:30) 7) Reserve room for group out permanently 8) Submit permanent blocking request 9) Inform pts at the first group what the schedule will be for future groups 10) Call the pt the week prior to the group visit to remind pt of the upcoming group visit 11) When calling the pt the week before the group, enter the appt into the appropriate appt slots in the providers schedule 12) When scheduling the pt for the group, remind the pt to fast, bring all meds and wear socks/shoes that are easy to remove. 13) Do a confirmation call the day before the group visit appt.

EXAMPLE

Reviewed and approved:

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Attached: Group Visit Content Threads