

**AN INTEGRATIVE REVIEW OF FACTORS CONTRIBUTING TO
SUCCESSFUL SHARED MEDICAL APPOINTMENTS FOR
PATIENTS WITH TYPE 2 DIABETES**

Kurtis S. Crawford BSN, RN, DNP Candidate
Diane K. Boyle PhD, RN



UNIVERSITY OF WYOMING
Fay W. Whitney School of Nursing

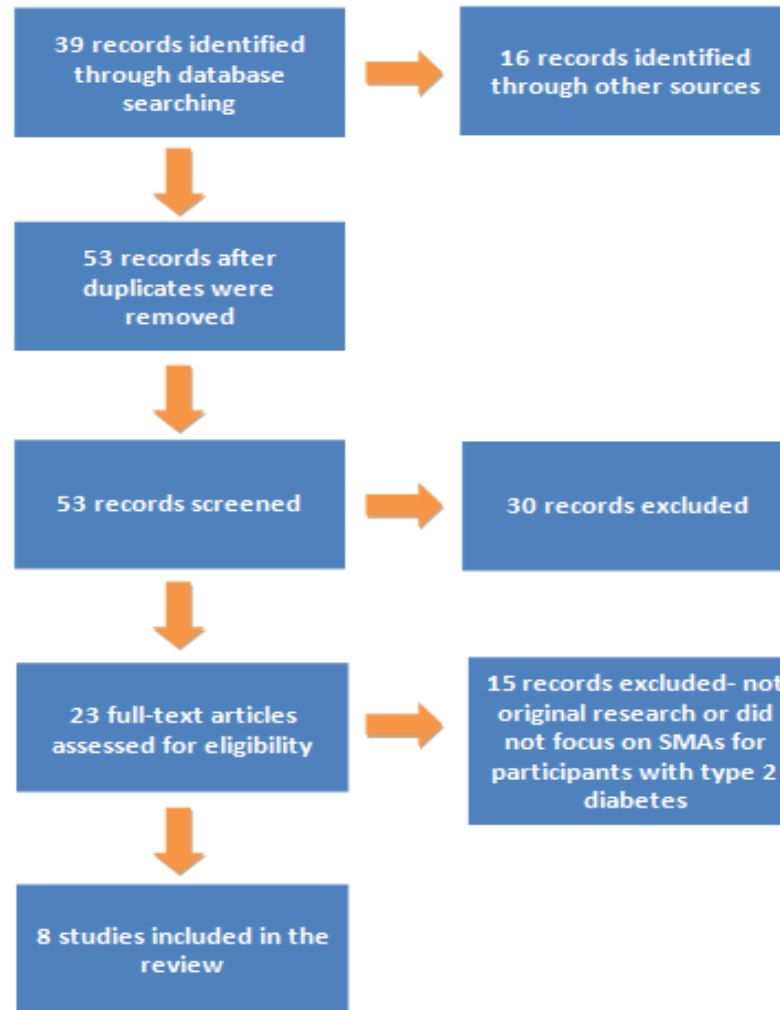
Introduction

- Shared medical appointments (SMAs)
 - Helpful intervention for patients diagnosed with type 2 diabetes
 - Allow patients with a similar diagnosis to be seen in a group setting by one provider
- This study evaluated the factors involved in successful SMAs to formulate a model for future SMAs for patients with type 2 diabetes.

Background

- Type 2 diabetes
- SMAs
- Importance of study

Methods



Methods

- Selected articles
- Factors reviewed
 - Size of group
 - Setting
 - Number of providers at meeting
 - Titles of providers present
 - Duration of meetings
 - Number of meetings
 - How often meetings were held

Results

Factor	
Setting	Clinic/Classroom
Number of providers at SMA	3-4
Size of group	6-9 patients
Duration of meetings	90-120 minutes
Number of SMAs	8
How often SMAs were held	Baseline, then every 5 weeks

Results

Providers Involved

- Primary Care Provider
- Pharmacist
- Clinical Diabetes Educator
- Physical Therapist
- Registered Nurse
- Medical Assistant
- Psychologist
- Dietician
- Nutritionist
- Social Worker
- Registration Clerk

Results

- Most studies included had similar factors for success in their SMA models
- Biggest discrepancies were number of SMAs and how often SMAs were held
- Outliers removed

Discussion

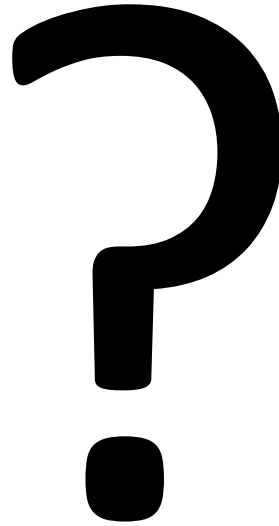
- **Conclusions**

- SMAs have been proven to be efficacious, and should be utilized more in the primary care setting for type 2 diabetes.
- Trends were identified for each factor of a successful SMA.
- Non-physician providers were found to produce positive results and are able to lead successful SMAs for patients with type 2 diabetes.

Discussion

- **Future Considerations**
 - More diverse patient population
 - Larger sample size

Questions



References

- Crude and age-adjusted rate per 100 of civilian, noninstitutionalized population with diagnosed diabetes, United States, 1980–2011 [article online], 2014. Available from <http://www.cdc.gov/diabetes/statistics/prev/national/figage.htm>. Accessed 16 November 2014.
- Centers for Disease Control and Prevention. *National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014*. Atlanta, GA: US Department of Health and Human Services; 2014.
- Hodorowicz MA: Reimbursement for shared medical appointments incorporating diabetes self-management education/training or diabetes medical nutrition therapy. *Diabetes Spectr* 25(2): 84, 2012.
- Heyworth L, Rozenblum R, Burgess JF, Baker E, Meterko M, Prescott D, Neuwirth Z, Simon SR: Influence of shared medical appointments on patient satisfaction: A retrospective 3-year study. *Ann Fam Med* 12: 324, 2014.
- Sanchez I: Implementation of a diabetes self-management education program in primary care for adults using shared medical appointments. *Diabetes Educ*, 37(3): 381-391, 2011.
- Bartley KB, Haney R: Shared medical appointments: Improving access, outcomes, and satisfaction for patients with chronic cardiac diseases. *J Cardiovasc Nurs* 25(1): 13-19, 2010.
- Cohen LB, Taveira TH, Khatana SA, Dooley AG, Pirraglia PA, Wu WC: Pharmacist-led shared medical appointments for multiple cardiovascular risk reduction in patients with type 2 diabetes. *The Diabetes Educ* 37(6): 801-812, 2011.
- Dickman K, Pintz C, Gold K, Kivlahan C: Behavior changes in patients with diabetes and hypertension after experiencing shared medical appointments. *J Am Acad Nurs Pract* 24(1): 43-51, 2012.



References

- Palaniappan LP, Muzaffar AL, Wang EJ, Wong EC, Orchard T J: Shared medical appointments: Promoting weight loss in a clinical setting. *J Am Board Fam Med* 24(3), 326-328, 2011.
- Guirguis AB, Lugovich J, Jay J, Sanders KA, Cioffi ST, Jeffery SM, Kravetz JD: Improving diabetes control using shared medical appointments. *Am J Med* 126(12): 1043, 2013.
- Ridge T: Shared medical appointments in diabetes care: A literature review. *Diabetes Spectrum* 25(2): 72, 2012.
- “Critical Appraisal Tools.” Centre for Evidence-Based Medicine: Nuffield Department of Primary Care Health Sciences. Last modified 2014. <http://www.cebm.net/critical-appraisal/>.
- Gutierrez N, Gimpel NE, Dallo FJ, Foster BM, Ohagi EJ: Shared medical appointments in a residency clinic: An exploratory study among Hispanics with diabetes. *Am J Manag Care*, 17(6): e212-e214, 2011.
- Riley SB: Improving diabetes outcomes by an innovative group visit model: A pilot study. *J Am Assoc Nurs Pract*, 25(9): 466-472, 2013.
- Edelman D, Fredrickson SK, Melnyk SD, Coffman CJ, Jeffreys AS, Datta S,... Weinberger M: Medical clinics versus usual care for patients with both diabetes and hypertension. *Ann Intern Med*, 152(11): 689-698, 2010.
- Crowley MJ, Jeffreys AS, Melnyk SD, Edelman D, Coffman CJ: Impact of baseline insulin regimen on glycemic response to a group medical clinic intervention. *Diabetes Care*, 36(7): 1954-1960, 2013.
- Taveira TH, Friedmann PD, Cohen LB, Dooley AG, Khatana SA, Pirraglia PA, Wu WC: Pharmacist-led group medical appointment model in type 2 diabetes. *Diabetes Educator*, 36(1): 109-117, 2010.



