

# DIABETES GROUP VISITS

MOVING BEYOND THE ONE ON ONE OFFICE VISIT

## Leader's Manual

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## INTRODUCTION

Group visits have been implemented in managed care settings and nationalized health care systems since the early 1990's. During short (10-20 minute) and often sporadic clinic visits, medical providers are limited in their ability to meet the large number of preventive and chronic care goals. They also have inadequate opportunity to effectively address lifestyle modification, which is a cornerstone of effective chronic care management (2,6,8,18).

Since February 2009, the University of Colorado (UCD) has instituted diabetes group visits. This began in the Internal Medicine Clinics and has now spread to Family Medicine. UCD is an academic, predominantly fee-for-service setting. Patients identify a single primary care provider, but often see other providers for care. The pilot year at UCD was successfully implemented and patients and providers seemed to like this type of health care delivery.

Group visits take place at the clinics where usual care is given with no special location or staffing. Up to 15 patient participants with type-2 diabetes are asked to attend a monthly visit for a 6 month time period to complete the course. Patients still see their normal primary care provider for other health care needs.

Overall, group visits are a dynamic and wonderful way to deliver health care- especially for chronic disease management. Although a curriculum and a general template of topics to cover can be developed---each group visit is **patient**-run. Meaning, each visit depends on who attends and what questions are asked. A group visit can get sidetracked easily and that is OK. Some participants may be loud, some others may be just absorbing information. Be prepared for anything! Most of all ENJOY!

### Frequently Asked Questions

#### **What does this manual include?**

*This is a diabetes group visit curriculum. It gives a suggested structure, format, and information to cover. It also gives useful information on how much staffing may be required, how to bill, how to incorporate medical students and residents. Useful handouts like tracking patient's outcomes, invitation letters, and consent forms are also included. Finally, suggested surveys are also included if you would like to see how successful your program is.*

*Again, this is just a SUGGESTED format. This curriculum and information must be appropriately adjusted to fit your clinic and institution's needs.*

#### **Who to invite to participate in diabetes group visits?**

*Adults 18≥ years with a hemoglobin A1C >6.5 who receive primary care at your institution. You may choose to focus on those who may have poorer control. However, you need a mix of well controlled and poorly controlled patients with diabetes for a good teaching dynamic. Exclusion criteria should include dementia, palliative disease, end stage cancer, and uncontrolled mental illness. Language should also be considered. Only patients should attend (no spouses, children, etc.) unless the group leader gives permission.*

### **How to invite patients to participate in diabetes group visits?**

*At the University of Colorado, we invite patients through the Center for Health Promotion, a data base of our patient population. This is through mailings and personal calls. This should be determined based on the unique outreach capabilities of your institution.*

### **What is the structure and format of a diabetes group visit?**

*This curriculum is a series of 6 visits over a 6 month time period, lead by a medical doctor. We designed it this way as patients must have accountability and momentum. Once the participant list is determined, the same patients must commit to attending the majority of classes.*

*Participants check-in as they would for any visit at the clinic. Typically, a dedicated medical assistant is assigned to the group visit for the entire morning or afternoon. Vitals are taken, the medication list is reviewed, and the medical assistant takes the participant to a conference room for the group visit. A normal evaluation and management (E&M) note is started. The first 90 minutes of the visit is the group portion and topics covered include the meaning of diabetes, grocery shopping, troubleshooting at home, eating at restaurants and coping with the diagnosis. Participants are seen individually if needed. This can be for medication titration, lab review, or even a separate complaint such as abdominal pain. This may vary depending on your particular clinic's flow, staffing, and documentation and should be formatted to fit your institution's format.*

### **How should your program be funded?**

*There likely will be some overhead to jumpstart the program. This includes buying the materials and possibly getting some administrative help at first to roll out the program (please see appendix A). This curriculum is only an outline and must be formatted for your particular institution.*

### **Additional things you may want to consider as you prepare to lead a diabetes group visit in your clinic.**

- Take Endocrine classes (ones that may be offered to patients with newly diagnosed diabetes at your institution) as a refresher and to ensure that all of the information provided to participants is consistent across the groups.
- Be an expert on diabetes, patients will ask many questions.
- Choose a location that is easy for participants to access and comfortable for them to sit in for an hour and a half to two hours (e.g. well ventilated, climate controlled, spacious).
- Ensure that exam rooms are easily accessible from the group room.
- See the References section to learn more about group visits.

## CONSIDERATIONS

### Visit Coding and Reimbursement

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No special coding mechanism currently exists for group visits so they are coded as regular E&M visits. Counseling modifiers cannot be used. Depending on what was done during the group visits and individual portion, code as you normally would.

- The vitals are taken by the medical assistant and reviewed by you at check-in, the medication list is reviewed at check-in, and review of systems is reviewed at check-in, during the group portion, and if you see a patient individually.
- If a participant is NOT seen individually, a provider can only bill a level I-III.
- If a participant is seen individually, depending on what portions of the physical exam are completed and what interventions are made, a provider can bill higher than level III.

## CONSIDERATIONS

### Medical Student and Resident Participation

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#### Medical Student

- At UCD a third year medical student participates as part of their ambulatory care rotation. Each provider must notify the medical student coordinator to organize this and make sure the students are scheduled to attend. The goal is to teach them about diabetes and the endpoints we care about (NCQA: A1c, cholesterol, hypertension, retinal exam, etc.). Their role is to participate in the group discussion. Depending on the provider and the participants, you can allow the medical student to see a participant individually if needed (i.e. a blood pressure re-check, discussion about mood etc.). Also, if any interesting topics come up, let them look up the unanswered question.

#### Resident

- At this time, medical residents are not given ACGME credit for participating in group visits. Depending on residents' availability and level of interest in the DGVs at UCD they have been recruited to participate. The goal is to teach them about this type of health care delivery, NCQA endpoints and why quality indicators matter. Their role is to participate in the group discussion and to see participants individually if needed. They can also help with documentation.

## CONSIDERATIONS

### Medical Assistant's Role

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A dedicated MA's participation is essential to the successful flow and completion of DGVs. It is suggested that they be encouraged to read through the materials that the participants will receive as well as the DGV manual so that they can be fully informed of their responsibilities as well as the purpose and goals of your clinic's participation in DGVs.

Ensure that the MA's schedule is blocked out for the entirety of the group as they will need to be available for any issues or needs that may arise (i.e., blood pressure re-check, immunizations to be given, lab draws, etc.).

## GROUP VISIT STRUCTURE

### Schedule Options

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#### Morning Visit

<u>7:45 AM – 8 AM</u>	Check-in, per normal clinic procedure ( <i>if needed and if time allows, participants can be seen individually prior to the group beginning</i> )
<u>8 AM – 9:30 AM</u>	Group discussion
<u>9:30 AM – Noon</u>	Participants seen individually if needed

#### Afternoon Visit

<u>12:45 PM – 1 PM</u>	Check-in, per normal clinic procedure ( <i>if needed and if time allows, participants can be seen individually prior to the group beginning</i> )
<u>1 PM – 2:30 PM</u>	Group discussion
<u>2:30 PM – Clinic close</u>	Participants seen individually if needed



## GROUP VISIT STRUCTURE

### Process

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#### **BEFORE THE FIRST AND LAST DGV:**

Be certain to have every patient complete their fasting labs before the first and last visit. We suggest obtaining a recent hemoglobin A1C, fasting lipid panel, comprehensive panel and microalbumin. This will help meet guideline adherence but also will track patient progress.

#### **BEFORE EVERY DGV:**

The Group Visit doctor will prepare and bring in a Recipe-of-the-Day or diabetic snack (see suggested cookbooks in Appendix A) along with bottled waters or sugar-free beverages, and any required utensils or paper-ware.

Participants will check-in per normal clinic process.

A designated Medical Assistant (MA) will be responsible at each group visit for:

- Calling participants back as they check-in (as would be done for a traditional visit).
- Giving each participant a Check-in Sheet (Appendix B) and ensuring both portions are completed before the group begins. The Check-in Sheets for each session are in the respective Materials Boxes.
- Taking vitals.
- Completing both vitals portions of the patients' Check-in Sheets. The Check-in Sheet - Chart Copy will be kept by the MA as a reference for the E&M notes. The Check-in Sheet - Participant Copy will be completed by the MA and returned immediately to the participant. This allows the participants to have a copy of their vitals for their Personal Tracking Sheets.
- Giving copies of any relevant lab reports or medication lists to the participants. (Participants will have completed fasting labs prior to the first and sixth DGV.)

*Note: **All reports should be handed out individually to protect their private health information.***

- Escorting participants to the DGV room.
- Passing all completed Check-in Sheet - Chart Copies to the doctor for review before the group begins and informing the doctor if there are any issues or concerns that should be addressed. The doctor will pass the forms back to the MA so they can begin E&M notes.
- Starting regular E&M notes.

*Note: To optimize clinic and DGV flow, all E&M notes should be started by the MA after participants have been checked-in and taken to the group room.*

- Coordinating the opportunities for individual doctor visits before the group begins, and getting participants into exam rooms.
- Being available for the entirety of the DGV to do diabetic foot checks, blood pressure re-checks, lab draws, immunizations and any other supplemental tasks which might arise.

- Joining the DGV as an observer after the E&M notes have been started.

The doctor can begin to see participants individually before the group begins discussion (during check-in, as participants arrive). The MA will coordinate the opportunities for pre-group individual doctor visits and getting participants into exam rooms.

Use the Attendance Sheet to track participant attendance and metabolic outcomes.

#### **DURING EVERY DGV:**

Each Group Visit's Curriculum includes a section on Topics to Cover and Materials to Hand Out. Each of the six sessions should have a designated material's box to make it easy for a provider to locate the handouts and booklets that are required for that particular session. These boxes should be pre-made before the 6 month curriculum to make sure enough materials are ordered.

The Topics to Cover are designed to guide your discussions. As the lead doctor, your role is to equally inform the participants and guide *their* discussion as they learn from each other and build relationships.

If facts are discussed that are incorrect, feel comfortable in correcting them but do so kindly.

If the topics shift from the lesson plan – that's ok – try to tune into what the needs are for that group, on that day.

Work to keep the conversation on the topic of living with diabetes.

Pay attention if someone looks like they want to say something but they haven't had the chance – they may want to just observe, or they may be shy about taking the chance to contribute.

Likewise, if someone appears to be dominating the conversation – it's your responsibility to politely redirect the conversation to another member and get their thoughts.

Providers can also track attendance, vitals, and metabolic endpoints on a pre made attendance sheet (Appendix B).

#### **AFTER EVERY DGV:**

Based on Check-in Sheets – Chart Copy, Medication Lists, and participant comments, begin to see participants individually as needed .

## GROUP VISIT CURRICULUM

### GROUP VISIT I – THE MEANING OF DIABETES

#### Topics to Cover

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1. Meet and Greet
  - Have the group introduce themselves and share a little bit about their diabetes, why they opted to join the group visit program, and a few personal goals.
2. **Consent Forms (\*MANDATORY\*)**
  - Each participant will have two copies of a consent form in their Portfolio. One copy is for them to sign and return to you for you to keep on record. One copy is for them to keep.
  - Have each participant to review the consent individually and ask any questions they may have. Review the guidelines of privacy as a group and ensure that all participants understand and agree. If anyone disagrees or refuses to sign the consent, explain that doing so will make them ineligible to participate.
  - Collect all of the signed Consent Forms. It is your responsibility to store them for the duration of the DGV session. (It is recommended that you scan them and keep electronic copies on a secured server.)
3. The Meaning of Diabetes
  - Definition of diabetes
  - Effects on body systems
  - Why is control important? Ask each participant why it's important to them, specifically.
4. Knowledge Survey
  - Complete individually and review as a group.
  - Collect and keep them to compare at the end of the DGV series.
5. Using Lab Reports and Check-in Sheets-Participant Copies have all participants read their own reports and fill-in their Personal Tracking Sheet for Month 1.
  - Use this as an educational opportunity to review the NCQA and ADA endpoints.
  - Great opportunity to teach participants how to read their charts (*encourage them to bring their Portfolio, Personal Tracking Sheet, and Goal Sheets to every meeting*).
  - Begin using the Attendance Sheet to track patient attendance and metabolic outcomes.
6. Pedometers
  - Have each participant familiarize themselves with the pedometers and the Step Tracking Sheets.
  - Discuss ways to increase daily step counts and encourage everyone to use the pedometer and Step Tracking Sheet every day.

7. Using Goal Sheets have the group develop personalized (realistic and attainable) 6-month goals for metabolic outcomes and be clear of the goal endpoints (BP, LDL, BMI, annual retinal check, non-smoking status, microalbumin check, foot check, dental check-ups).
  - Discuss things they can do to make real-life changes and facilitate goal accomplishment. Include big and small things like cutting back on soda pop, using their pedometers, etc.
  - Address barriers and discuss tactics for overcoming them.
8. ***Remind participants to bring their plastic portfolio with them next month!***

## Materials to Hand Out

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1. Plastic Portfolio including:
  - Goals Sheet (Appendix B)
  - Personal Tracking Sheet (for Metabolic Outcomes) (Appendix B)
  - Two copies of the Consent Form (one copy to be signed and returned to the doctor) (Appendix B)
  - Step Tracking Sheet (Appendix B)
2. Participant Info (to be added to their plastic portfolio):
  - Check-in Sheet with vitals – Participant Copy (completed by MA) (Appendix B)
  - Medication List (from MA)
  - Lab Reports drawn before first and sixth DGV (from MA)
3. Suggested Supplemental Materials (see Appendix A for suggested sources):
  - Knowledge Survey
  - Pedometer
  - Planning for a Healthy Life
  - Your Guide to Diabetes: Type 1 and Type 2
  - Living with Diabetes

## GROUP VISIT II – NUTRITION

### Topics to Cover

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1. Calorie and Carbohydrate Counting
2. Portion Control
3. Grocery Shopping
4. Cooking at Home
5. BMI Goals – Refer to Personal Tracking Sheet and Goal Sheet
6. Trouble Shooting
  - At a party (ex: eat beforehand, bring healthy snacks and water, etc.)
  - Eating healthy at a restaurant – Review menus
    - Two copies of the menus are in this session’s Materials Box – have the group pass them around as you discuss.
    - There is also a leader copy following this curriculum.
  - How to choose healthy selections – Ask participants what they currently do to try to eat healthily.
7. Using Vital Reports and Personal Tracking Sheets, have all participants read their own reports and fill-in their Tracking Sheet for Month 2.
8. Briefly review goals sheets. Ask if any new goals can be added based on today’s topic. If anyone has done well with working towards/keeping their goals – praise them as a group. If anyone has had trouble working towards/keeping their goals, work as a group to come up with solutions.

### Materials to Hand Out

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1. Participant Info (to be added to their laminated file):
  - Check-in Sheet with vitals (from MA)
  - Medication List (from MA)
  - Goals Sheet
2. Suggested Supplemental Materials (see Appendix A for suggested sources):
  - Restaurant Menus
  - What I need to know about Eating and Diabetes
  - Count Your Carbs
  - Reading Food Labels
  - Healthy Food Choices
  - Choose Your Foods
  - What Can I Eat?

## GROUP VISIT III – MOOD

### Topics to Cover

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1. Suggested: Have group members complete a depression screen (see Appendix A for suggested sources)
  - Have members complete and return their depression screen to doctor
  - Review and use as a screening tool to identify participants who may suffer from depression. Reference during individual visits if warranted.
2. Correlation Between Mood and Chronic Disease
  - If possible, guest psychologist will discuss topics 3-4.
  - If no guest speaker review remaining topics as a group.
3. Definition of Depression
4. Treatment Options and Coping Tools/Resources
5. Using Vital Reports and Personal Tracking Sheets, have all participants read their own reports and fill-in their Tracking Sheet for Month 3.
6. Briefly review goals sheets. Ask if any new goals can be added based on today's topic. If anyone has done well with working towards/keeping their goals – praise them as a group. If anyone has had trouble working towards/keeping their goals, work as a group to come up with solutions.

### Materials to Hand Out

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1. Participant Info (to be added to their laminated file):
  - Check-in Sheet with vitals (from MA)
  - Medication List (from MA)
  - Goals Sheet
  - PHQ-9 depression scale (to be returned to doctor once completed)
2. Suggested Supplemental Materials (see Appendix A for suggested sources):
  - Depression
  - Diabetes and Depression
  - Updating Your Coping Skills
  - Depression in Adults with Diabetes

## GROUP VISIT IV – EXERCISE

### Topics to Cover

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1. Suggested: As a group work through Chapters 12-16 of *The Complete Weight Loss Workbook*.
2. Discuss the Importance of Exercise
3. Discuss Overall and Personal Exercise Goals
4. Discuss Small Ways to Make a Difference
5. Briefly review goals sheets. Ask if any new goals can be added based on today's topic. If anyone has done well with working towards/keeping their goals – praise them as a group. If anyone has had trouble working towards/keeping their goals, work as a group to come up with solutions.
6. Using Vital Reports and Personal Tracking Sheets, have all participants read their own reports and fill-in their Tracking Sheet for Month 4.

### Materials to Hand Out

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1. Participant Info (to be added to their laminated file):
  - Check-in Sheet with vitals (from MA)
  - Medication List (from MA)
  - Goals Sheet
2. Suggested Supplemental Materials (see Appendix A for suggested sources):
  - Chapters 12-16 of *The Complete Weight Loss Workbook*
  - What I need to know about Physical Activity and Diabetes
  - Getting Motivated
  - Physical Activity
  - What is Exercise?
  - Overcoming Barriers
  - Be Active, But How?
  - Healthy Weight Loss
  - Types of Exercise
  - Walk Away a Winner

## GROUP VISIT V – MEDICATIONS & TROUBLESHOOTING

### Topics to Cover

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1. Low or High Blood Sugars
2. Lost Medications
3. Traveling with Medication
4. Using Medication at Work or in Public
5. Injury or Infection
6. When to Call Your Doctor or Go to the ER
7. Using Vital Reports and Personal Tracking Sheets, have all participants read their own reports and fill-in their Tracking Sheet for Month 5.
8. Briefly review goals sheets. Ask if any new goals can be added based on today's topic. If anyone has done well with working towards/keeping their goals – praise them as a group. If anyone has had trouble working towards/keeping their goals, work as a group to come up with solutions.

***\*Remind participants to have fasting labs done before the next DGV!\****

***We suggest obtaining a hemoglobin A1C, fasting lipid panel, and comprehensive panel to track their progress at the end of the 6 month series.***

### Materials to Hand Out

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1. Participant Info (to be added to their laminated file):
  - Check-in Sheet with vitals (from MA)
  - Medication List (from MA)
  - Goals Sheet
2. Suggested Supplemental Materials (see Appendix A for suggested sources):
  - What I need to know about Diabetes Medicines
  - Prevent Diabetes Problems: Keep your eyes healthy
  - Prevent Diabetes Problems: Keep your feet and skin healthy
  - Prevent Diabetes Problems: Keep your nervous system healthy
  - Prevent Diabetes Problems: Keep your teeth and gums healthy



## GROUP VISIT VI – TRIVIA GAME & WRAP-UP

### Topics to Cover

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1. Review Trivia!
  - A set of laminated trivia cards in this session's Materials Box. There is also an unlaminated set following this curriculum. See Appendix A for a listing of the questions.
2. Knowledge Survey
  - Complete individually and review as a group.
  - Collect to compare to the Knowledge Surveys completed during the first DGV session.
3. Using Vital Reports and Personal Tracking Sheets, have all participants read their own reports and fill-in their Tracking Sheet for Month 6.
4. Briefly review goals sheets. Celebrate (clap!) the goals that have been achieved and those who have consistently made progress!
5. Have them create their next 6-months goals and discuss how they will work towards them and maintain accountability.

### Materials to Hand Out

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1. Participant Info (to be added to their plastic portfolio):
  - Check-in Sheet with vitals (from MA)
  - Medication List (from MA)
  - Lab Reports from < first and sixth DGV (from MA)
  - Goals Sheet
  - Suggested: Knowledge Survey (see Appendix A for suggested sources)

## APPENDIX A: UNIVERSITY OF COLORADO GROUP VISIT LEADER RESOURCES

### Estimated Budget

Based on a DGV season with 20 participants.

	<u>Cost</u>	<u>Total Budget</u>
<b><u>Materials</u></b>		
Portfolios	\$11.99 / 10 pack x 2	\$23.98 <i>(before shipping and tax)</i>
ACP, ADA, NIH publications	*See Appendix A, Suggested Sources	\$283.90 <i>(before shipping and tax)</i>
Copies of other materials	~1800 pages ~\$0.02/page	\$36
Library Books	*See Appendix A, Suggested Sources	\$313.30
Pedometers	\$5.50 each *See Appendix A, Suggested Sources	\$110 <i>(before shipping and tax)</i>
<b><u>Snacks</u></b>		
Drinks	20 x 6 DGV sessions \$1 per drink	\$120
Snacks/ Recipe ingredients	\$15 x 6 DGV sessions	\$90
<b><u>Guest Speaker</u></b>	1 x per DGV season \$150/hour	\$150
<b><u>Man power</u></b>	1 individual (PRA) x 1 day (8 hours) per DGV season	\$225
Order and organize materials Order and prepare snacks		
		<b>TOTAL = \$1352.18</b> <i>(before shipping and tax)</i>

**Suggested Sources: Supplemental Materials, Library Books, and Cookbooks**

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**Library Books and Cookbooks**

<b><u>Title</u></b>	<b><u>Publisher</u></b>	<b><u>Vendor</u></b>	<b><u>List Price</u></b>
<b>American Diabetes Guide to Healthy Restaurant Eating</b>	ADA	Amazon.com	\$12 (varies)
<b>Complete Guide to Convenience Food Counts</b>	ADA	Amazon.com	\$16.95 (varies)
<b>Diabetes &amp; Heart Healthy Cookbook</b>	ADA/AHA	Amazon.com	\$16.95
<b>Diabetes Carbohydrate and Fat Gram Guide</b>	ADA	ADA	\$14.95
<b>Guide to Healthy Fast-Food Eating</b>	ADA	ADA	\$9.95
<b>Guide to Healthy Restaurant Eating</b>	ADA	ADA	\$17.95
<b>Health Calendar Diabetic Cooking</b>	ADA	Amazon.com	\$19.95
<b>Lickety-Split Diabetic Meals</b>	ADA	ADA	\$18.95
<b>Month of Meals: All-American Fare</b>	ADA	Amazon.com	\$24 (varies)
<b>Prevention's Fit and Fast Meals in Minutes: Over 175 Delicious, Healthy Recipes in 30 Minutes or Less</b>	Rodale	Amazon.com	\$17 (varies)
<b>Quick &amp; Healthy Recipes and Ideas</b>	Small Steps Press	Amazon.com	\$13 (varies)
<b>The 4-Ingredient Diabetes Cookbook</b>	ADA	ADA	\$16.95
<b>The All-Natural Diabetes Cookbook</b>	ADA	ADA	\$18.95
<b>The Big Book of Diabetic Desserts</b>	ADA	ADA	\$18.95
<b>The Complete Quick &amp; Hearty Diabetic Cookbook</b>	ADA	ADA	\$15.95
<b>The Complete Weight Loss Workbook: Proven Techniques for Controlling Weight-Related Health Problems</b>	ADA	Amazon.com	\$19.95
<b>The Diabetes Food &amp; Nutrition Bible</b>	ADA	ADA	\$18.95
<b>The Ultimate Diabetes Meal Planner</b>	ADA	ADA	\$21.95

## Other Suggested Sources for Supplemental Materials, by DGV Session

DGV Session	Agency/ Vendor	Material Type	Resource Title	Source	Cost
I	ACP	Print	Living with Diabetes (I)	<a href="https://www.acponline.org/atpro/timssnet/products/tnt_products.cfm">https://www.acponline.org/atpro/timssnet/products/tnt_products.cfm</a>	none
	ADA	Print	Planning for a Healthy Life (I)	<a href="http://store.diabetes.org/index.jsp?FOLDER%3C%3Efolder_id=2534374302023864&amp;bmUID=1275669682102">http://store.diabetes.org/index.jsp?FOLDER%3C%3Efolder_id=2534374302023864&amp;bmUID=1275669682102</a>	\$5 / 25
	America on the Move	Pedometer	Pedometer	AmericaOntheMove.org	\$5.50/ea.
		Survey / Web	Knowledge Survey - Diabetes Knowledge Questionnaire	Garcia and Associates for the diabetes self management project at Gateway Community Health Center, Inc. in Laredo, TX <a href="http://diabetesnpo.im.wustl.edu/resources/tools/documents/8-GATE-KNOWLEDGEQUESTIONAIREF.pdf">http://diabetesnpo.im.wustl.edu/resources/tools/documents/8-GATE-KNOWLEDGEQUESTIONAIREF.pdf</a>	none
	NIH	Print	Your Guide to Diabetes: Type 1 and Type 2 (I)	<a href="http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC">http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC</a>	\$10 / 25
II	ADA	Print	Count Your Carbs (II)	<a href="http://store.diabetes.org/index.jsp?FOLDER%3C%3Efolder_id=2534374302023864&amp;bmUID=1275669682102">http://store.diabetes.org/index.jsp?FOLDER%3C%3Efolder_id=2534374302023864&amp;bmUID=1275669682102</a>	\$14.50 / 10
	ADA	Print	Reading Food Labels (II)	<a href="http://store.diabetes.org/index.jsp?FOLDER%3C%3Efolder_id=2534374302023864&amp;bmUID=1275669682102">http://store.diabetes.org/index.jsp?FOLDER%3C%3Efolder_id=2534374302023864&amp;bmUID=1275669682102</a>	\$12.95 / 10
	ADA	Print	Healthy Food Choices (II)	<a href="http://store.diabetes.org/index.jsp?FOLDER%3C%3Efolder_id=2534374302023864&amp;bmUID=1275669682102">http://store.diabetes.org/index.jsp?FOLDER%3C%3Efolder_id=2534374302023864&amp;bmUID=1275669682102</a>	\$15 / 25
	ADA	Print	Choose Your Foods (II)	<a href="http://store.diabetes.org/index.jsp?FOLDER%3C%3Efolder_id=2534374302023864&amp;bmUID=1275669682102">http://store.diabetes.org/index.jsp?FOLDER%3C%3Efolder_id=2534374302023864&amp;bmUID=1275669682102</a>	\$73 / 25
	ADA	Print	What Can I Eat? (II)	<a href="http://store.diabetes.org/index.jsp?FOLDER%3C%3Efolder_id=2534374302023864&amp;bmUID=1275669682102">http://store.diabetes.org/index.jsp?FOLDER%3C%3Efolder_id=2534374302023864&amp;bmUID=1275669682102</a>	\$30 / 25
	NIH	Print	What I need to know about Eating and Diabetes (II)	<a href="http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC">http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC</a>	\$10 / 25
	Misc.	Web	Chipotle (II)	<a href="http://www.chipotle.com/ChipotleNutrition.pdf">http://www.chipotle.com/ChipotleNutrition.pdf</a>	none
	Misc.	Web	Macaroni Grill (II)	<a href="http://www.macaronigrill.com/PDFs/FoodBev/Nutritional.pdf">http://www.macaronigrill.com/PDFs/FoodBev/Nutritional.pdf</a>	none
	Misc.	Web	McDonalds (II)	<a href="http://nutrition.mcdonalds.com/nutritionexchange/nutritionfacts.pdf">http://nutrition.mcdonalds.com/nutritionexchange/nutritionfacts.pdf</a>	none
	Misc.	Web	Olive Garden (II)	<a href="http://www.olivegarden.com/menus/printable/NutritionInformation.pdf">http://www.olivegarden.com/menus/printable/NutritionInformation.pdf</a>	none
	Misc.	Web	Pizza Hutt (II)	<a href="http://www.pizzahut.com/Files/PDF/PH&amp;WSNationalBrochure4.13.10.pdf">http://www.pizzahut.com/Files/PDF/PH&amp;WSNationalBrochure4.13.10.pdf</a>	none
III	ADA	Web	Depression (III)	<a href="http://www.diabetes.org/living-with-diabetes/complications/mental-health/depression.html">http://www.diabetes.org/living-with-diabetes/complications/mental-health/depression.html</a>	none
	Misc.	Web	Depression in Adults with Diabetes (PsychiatricTimes.com) (III)	<a href="http://www.psychiatrictimes.com/binary_content_servlet">http://www.psychiatrictimes.com/binary_content_servlet</a> , or <a href="http://www.psychiatrictimes.com/print/article/10168/47911?printable=true">http://www.psychiatrictimes.com/print/article/10168/47911?printable=true</a>	(registration required, no cost)
	Misc.	Web	Diabetes and Depression (dlife.com) (III)	<a href="http://www.dlife.com/diabetes/information/daily_living/depression_and_coping/i">http://www.dlife.com/diabetes/information/daily_living/depression_and_coping/i</a>	none

				ndex.html	
	<b>Misc.</b>	Web	Updating Your Coping Skills (DiabetesSelfManagement.com) (III)	<a href="http://www.diabetesselfmanagement.com/articles/emotional-health/updating_your_coping_skills/print/">http://www.diabetesselfmanagement.com/articles/emotional-health/updating_your_coping_skills/print/</a>	<b>none</b>
<b>IV</b>	<b>ADA</b>	Web	Getting Motivated (IV)	<a href="http://www.diabetes.org/assets/pdfs/2-getting-motivated.pdf">http://www.diabetes.org/assets/pdfs/2-getting-motivated.pdf</a>	<b>none</b>
	<b>ADA</b>	Web	Physical Activity (IV)	<a href="http://www.diabetes.org/diabetes-basics/prevention/checkup-america/activity.html">http://www.diabetes.org/diabetes-basics/prevention/checkup-america/activity.html</a>	<b>none</b>
	<b>ADA</b>	Web	What is Exercise? (IV)	<a href="http://www.diabetes.org/food-and-fitness/fitness/fitness-management/what-is-exercise.html">http://www.diabetes.org/food-and-fitness/fitness/fitness-management/what-is-exercise.html</a>	<b>none</b>
	<b>ADA</b>	Web	Overcoming Barriers (IV)	<a href="http://www.diabetes.org/food-and-fitness/fitness/getting-motivated/overcoming-barriers.html">http://www.diabetes.org/food-and-fitness/fitness/getting-motivated/overcoming-barriers.html</a>	<b>none</b>
	<b>ADA</b>	Web	Be Active, But How? (IV)	<a href="http://www.diabetes.org/food-and-fitness/fitness/fitness-management/be-active-but-how.html">http://www.diabetes.org/food-and-fitness/fitness/fitness-management/be-active-but-how.html</a>	<b>none</b>
	<b>ADA</b>	Web	Healthy Weight Loss (IV)	<a href="http://www.diabetes.org/food-and-fitness/fitness/weight-loss/healthy-weight-loss.html">http://www.diabetes.org/food-and-fitness/fitness/weight-loss/healthy-weight-loss.html</a>	<b>none</b>
	<b>ADA</b>	Web	Types of Exercise (IV)	<a href="http://www.diabetes.org/food-and-fitness/fitness/ideas-for-exercise/types-of-exercise.html">http://www.diabetes.org/food-and-fitness/fitness/ideas-for-exercise/types-of-exercise.html</a>	<b>none</b>
	<b>ADA</b>	Web	Walk Away a Winner (IV)	<a href="http://www.diabetes.org/food-and-fitness/fitness/fitness-management/walk-away-a-winner.html">http://www.diabetes.org/food-and-fitness/fitness/fitness-management/walk-away-a-winner.html</a>	<b>none</b>
	<b>NIH</b>	Print	What I need to know about Physical Activity and Diabetes (IV)	<a href="http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC">http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC</a>	<b>\$10 / 25</b>
	<b>Misc.</b>	Print	The Complete Weight Loss Workbook: Proven Techniques for Controlling Weight-Related Health Problems (Paperback), Chapters 12-16 (IV). Author: Wylie-Rosett, Judith Publisher: ADA, 2 <sup>nd</sup> ed. Year: 2007 ISBN-10: 1580402569	No longer available on diabetes.org. Available on Amazon.com.	\$19.95 (varies)
<b>V</b>	<b>NIH</b>	Print	What I need to know about Diabetes Medicines (V)	<a href="http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC">http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC</a>	<b>\$10 / 25</b>
	<b>NIH</b>	Print	Prevent Diabetes Problems: Keep your eyes healthy (V)	<a href="http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC">http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC</a>	<b>\$10 / 25</b>
	<b>NIH</b>	Print	Prevent Diabetes Problems: Keep your feet and skin healthy (V)	<a href="http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC">http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC</a>	<b>\$10 / 25</b>
	<b>NIH</b>	Print	Prevent Diabetes Problems: Keep your nervous system healthy (V)	<a href="http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC">http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC</a>	<b>\$10 / 25</b>
	<b>NIH</b>	Print	Prevent Diabetes Problems: Keep your teeth and gums healthy (V)	<a href="http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC">http://catalog.niddk.nih.gov/materials.cfm?CH=NDIC</a>	<b>\$10 / 25</b>
<b>VI</b>	Survey / Web	Knowledge Survey - Diabetes Knowledge Questionnaire	Garcia and Associates for the diabetes self management project at Gateway Community Health Center, Inc. in Laredo, TX <a href="http://diabetesnpo.im.wustl.edu/resources/tools/documents/8-GATE-KNOWLEDGEQUESTIONNAIRE.pdf">http://diabetesnpo.im.wustl.edu/resources/tools/documents/8-GATE-KNOWLEDGEQUESTIONNAIRE.pdf</a>	<b>none</b>	

## APPENDIX B: UNIVERSITY OF COLORADO PARTICIPANT INFO FORMS

### Invitation Letter

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PatientName  
PatientAddress  
PatientCityStateZip

Date

Dear PatientSalutation,

Across the country, diabetic patients have found group visits to be an especially enjoyable and informative way of staying healthy. PrimaryCarePhysicianName feels you would benefit and may enjoy this program. Starting StartDate, we will be offering group visits for our patients with diabetes. In a group visit, up to 14 patients receive diabetes education from a doctor. Examples of topics for discussion include tips for grocery shopping, eating at restaurants, staying active, and coping with daily living. Also, patients can share experiences, concerns, and questions with each other about managing their diabetes.

Each patient who participates will sign a privacy agreement so that group visit discussions remain confidential. The only cost to you will be two sets of fasting laboratory fees, which are usually covered by your insurance plan. Please contact your insurance carrier for any questions regarding lab fees.

The group visits will take place at the same location as your regular medical visits. Group visit sessions will last 90 minutes. Following each group visit session there will also be time for individual visits with a doctor. If you take part, we ask that you commit to the 6 month program, planning on attending the majority of visits.

Visit #	Date	Time	Location
1	Monday, April 4 <sup>th</sup> , 2011	1:00pm-3:00pm	University Medicine – Lowry
2	Monday, May 2 <sup>nd</sup> , 2011	1:00pm-3:00pm	University Medicine – Lowry
3	Monday, June 13 <sup>th</sup> , 2011	1:00pm-3:00pm	University Medicine – Lowry
4	Monday, July 11 <sup>th</sup> , 2011	1:00pm-3:00pm	University Medicine – Lowry
5	Monday, August 1 <sup>st</sup> , 2011	1:00pm-3:00pm	University Medicine – Lowry
6	Monday, September 12 <sup>th</sup> , 2011	1:00pm-3:00pm	University Medicine – Lowry

Please call my assistant AssistantName at AssistantPhone if you are interested in participating. She would be happy to explain more about the program and answer any questions. If you like, you may also let us know your preferences by returning the enclosed, postage-paid postcard. We look forward to learning with you!

Thank you,

DrSalutation

## Consent

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The Federal Government has recently implemented legislation passed in 1996 called the Health Insurance Portability and Accountability Act. Part of this legislation deals with confidentiality of medical information.

You have been invited to a new model of medical care, Diabetes Group Visits. This is a two to three hour session with your physician and up to 15 other patients. The first hour and a half will be in a group setting during which there will be some time for socialization, education, question and answer, and physician-patient interaction for relatively minor medical decisions. This will be followed by time for brief individual visits with the physician as needed. We have found that perhaps the greatest benefits of the group sessions is learning from each other about the day to day management of different conditions; learning that we are not alone with having the opportunity to help someone else in living with their medical conditions.

During the group portion of the clinical visit we may ask you to participate in a discussion involving some of your medical issues. The group as a whole will be asked to keep those discussions private. If there are any matters you would prefer not to discuss within the group portion of the visit there will always be individual time available with your physician after the group. Due to the Privacy regulation requirements, we must ask you to sign below that you understand the nature of the group and that you are participating voluntarily.

By signing below, you also agree that the University of Colorado Hospital and the physician shall not be liable for any financial or other damages resulting from any breach of confidentiality committed by members of the group.

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I understand that I may revoke this consent and cease to participate at any time. I also understand that revoking this consent will not apply to information shared in the group setting prior to the revocation.

I understand my insurance company will be billed for my participation in this appointment and that I am responsible for any co-pays or other costs for services provided in the course of the visit that my insurance does not cover.

University of Colorado Hospital cannot condition a patient's treatment on his or her willingness to participate in a group setting.

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Patient Name (Please print)

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Date

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Patient Signature

# Attendance Sheet

Participant (MRN)	DGV	Attendance	Microalbumin	Pneumococcal	Foot Check	Eye Exam	A1c	Weight	BP	LDL
		(-/Yes)	(date)	(date)	(date)	(date)	(Enter values)			
	1									
	2									
	3									
	4									
	5									
	6									
	1									
	2									
	3									
	4									
	5									
	6									
	1									
	2									
	3									
	4									
	5									
	6									
	1									
	2									
	3									
	4									
	5									
	6									



**Diabetes Group Visit  
Check-in Sheet – Chart Copy**

(Please complete and return to the MA.)

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Have any of your medications changed since the last Diabetes Group Visit?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you visited the hospital or an urgent care clinic since the Diabetes Group Visit?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any individual concerns you wish to discuss at this visit?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**VITALS - to be completed by Medical Assistant:**

Weight: \_\_\_\_\_

Temperature: \_\_\_\_\_

BP: \_\_\_\_\_

Pulse: \_\_\_\_\_

**Diabetes Group Visit  
Check-in Sheet – Participant Copy**

---

(Please keep this sheet for your records and to use for your Personal Tracking Sheet.)

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

.....  
**VITALS - to be completed by Medical Assistant:**

Weight: \_\_\_\_\_

Temperature: \_\_\_\_\_

BP: \_\_\_\_\_

Pulse: \_\_\_\_\_

## Diabetes Group Visit Goals Sheet

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Date: \_\_\_\_\_

Goals achieved:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

Goals set:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

Personal Tracking Sheet

Diabetes Group Visit

Personal Tracking Sheet – Metabolic Outcomes

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

	Frequency	Date:	Date:	Date:	Date:	Date:	Date:	Date:	6-Month Goal	Target Value
<b>Physical Findings</b>										
Blood Pressure	Every DGV									
Weight	Every DGV									
Eye Exam (y/n)	Annually									
Foot Exam (y/n)	Every DGV									
<b>Laboratory Tests</b>										
A1c	Quarterly									
Urine Test	Annually									
LDL	Annually									
Triglycerides	Annually									
<b>Management Plan</b>										
Monitor Meds (y/n)	Every DGV									
<b>Prevention/Lifestyle</b>										
Pneumonia Vaccine (y/n)	Once									
Flu Shot (y/n)	Annually									
Smoker (y/n)	Every DGV									



## Trivia Questions

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1. What are symptoms of low blood sugars?
2. You are on an airplane on vacation. They are late bringing lunch. You start to feel shaky, sweaty and begin to shake. You are not with any family members or friends. What do you think is the reason for this and what do you do?
3. What are causes of low blood sugar?
4. What are causes of high blood sugar?
5. You wake up with head congestion, fever and cough. You realize your blood sugars in the morning were in the 300 range, by evening they are undetectable. You are not on insulin regularly. What could possibly be causing this and what do you do?
6. You have been working closely with your primary care physician on diabetes management. One of the primary goals is weight loss. Over the past month you have been busy at work and the holiday season is in full force. You have not been sticking to a diabetic diet and in fact have gained weight. You have an upcoming appointment in a week. Which option do you choose:
  - a. Skip the appointment, no point to going, you know you have been bad and you know what to do
  - b. Skip the appointment, and make a follow up appointment in 3 months when you think you will be back on track
  - c. Keep the appointment and discuss why you may have fallen off track
7. You are going to a cocktail party for an engagement party for a friend. You know there will be delicious food and high sugar drinks. How do you troubleshoot before the party knowing there will be many tempting opportunities?
8. This is a tough one: What types of insulin pills can cause hypoglycemia?
9. Your blood glucose meter appears to not be working. It is reading higher numbers than usual. How can you troubleshoot to see if your blood glucose monitor is working before you assume your blood sugars are high?
10. What are symptoms of hyperglycemia?
11. What are ways to motivate yourself to exercise more?
12. How have the diabetes group visit sessions been beneficial? If they have not been beneficial, why?
13. You are out to dinner with family and friends. You are at an Italian restaurant known for its rich foods and breads. How do you proceed?
14. It is almost the end of the month and you have run out of insulin. The pharmacy indicates you cannot refill your insulin for 5 more days. You are told you will have to pay an extra \$200 to get 5 days of insulin. What do you do?
15. You cut your foot gardening. You notice it is getting red and there is some drainage. What do you do?
  - a. Don't worry, it will heal by itself
  - b. Put a bit of Neosporin and place a Band-aid on it
  - c. Clean it, wash it daily, watch it daily- if it worsens go to the doctor
  - d. Immediately go to the doctor

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