PARTICIPATION

What motivated your practice site to participate in this initiative?
From inception, attending to the whole health and well-being of our patients has been Inner City Health Center’s principal objective. Being aware of the PCMH model, we were happy to participate in discussions that would not only encourage the promotion of the PCMH ideal, but that would also help shape its implementation.

CHANGES

Change One: Patient Satisfaction Survey
We established an on-going patient satisfaction survey to see if our patients are satisfied with the care they receive at Inner City Health Center and to identify areas for improvement.

• We are very excited about the establishment of this group and the possible effects it will have on our work and patient ownership at Inner City Health Center.

Our plan was to administer surveys using a bilingual volunteer in the waiting room in both English and Spanish.

• A Patient Advisory Council evaluated the survey questions and effectiveness.

Our Dental Director is evaluating the survey for appropriateness for dental patients with a plan to use in dental waiting room as well as medical.

• Our recommendation to others is to encourage feedback, leave room for comments (as suggested by our advisory council), and remember that this process takes time and may need frequent updates.

Change Two: Shared Medical Appointments
For over a year, we have been conducting 90-minute visits with 6-10 patients who have Type 2 Diabetes. Then PCP (MD or NP), the diabetes educator, and MA conduct the visit. They discuss successes and difficulties in dealing with diabetes and decide with their doctor whether they need to make adjustments to their treatment. Successes are then shared through the group dynamic: shared experience, empathy to one another’s plight, challenges and encouragements are another as well as interacting with the medical professional in a more relaxed, comfortable setting. Family members are encouraged to attend, healthy snacks are offered, and occasionally special guests such as podiatrists, physical therapists, or dentists present on topics pertinent to diabetes management.

• We began these visits to have an impact with our high percentage of patients who have Type 2 Diabetes not in good control.

• We studied the research and saw the effectiveness of group medical visits in other healthcare settings and believed that our patients could also benefit from the group dynamic and improve their over-all diabetes care.

• The implementation process included researching shared medical appointments, training from and observing others who had successfully used them, and shifting our messaging to show our philosophy and rationale for doing group medical appointments.

• Key take-aways: It takes a lot of time and willingness to re-evaluate and adapt to changing circumstances and the need for shared outcomes. Our patients are great encouragers of one another in dealing with diabetes. Working as a group, with some individuals included, the patients leave more satisfied, less isolated in dealing with chronic illness, and with a sense of empowerment to deal with their diabetes more effectively.

• Our recommendation to others is that group visits are worth the effort. We currently have 4-5 group meetings every 3 months with plans for more.

• Patient evaluations after the group visits are positive. The majority of people keep coming back every 3 months. People appear more motivated to improve in healthy eating, exercise and lab numbers when they can report them to the group.

• The staff satisfaction and level of engagement is remarkably improved.

Change Three: Patient Advisory Council
A patient advisory council consisting of registered patients who meet on a regular basis to give us feedback and insights into the needs and satisfaction of our patient population has been a goal for a long time. We strive to give our patients quality health care to our patients, but we also want to be sensitive and relevant to the real needs of the community we serve.

• We gathered a diverse group of staff recommended patients including:

  • Representatives from about 5 different ethnic backgrounds.

  • Patients who are physically disabled.

  • Patients living with a chronic illness.

  • Healthy patients.

  • Media and dental clinic patients.

• The initial meeting included the patient members, a representative from the Board of Directors, the CEO, and a staff representative. We accomplished:

  • Introductions and sharing stories of care at ICHC.

  • Discussion and suggested improvements to the patient satisfaction survey.

  • Identification of other volunteer activities which members requested; and

  • Creation of a support group for people which will be led by one of the advisory members and will begin in year 2.

• We are very excited about the establishment of this group and the possible effects it will have on our work and patient ownership at Inner City Health Center.

Group visits have been a very positive new way to give care to people with diabetes. Getting to know them in a more relaxed and friendly environment, seeing not only their problems but also their strengths, and also how they help one another live well with diabetes—has been a joy for me. — Medical Director

PATIENT IMPACT

At his long-time patient with Type 2 Diabetes. He took his oral medications but had a hard time changing his diet and exercise was difficult because of chronic knee problems. Both his physician and I, as diabetes educator had talked with JM about the importance of being active and not sitting for more than a few minutes at a time. Unfortunately, JM resisted and did not want to take that step. He began attending the shared medical appointments and brought his wife with him as we encourage family members to participate. On his second time there, as the patients were sharing their experiences, the emotional highs and lows of living with diabetes, the doctor asked another patient to share what it was like to begin using insulin and if it had made a difference in his life. This man shared how he didn’t want to begin, but that once he started, it really wasn’t so bad and that his diabetes was now in much more better control. One by one, other patients chimed in and shared their experiences in beginning and using insulin and encouraging JM that it would help him feel much better. By the end of the session, JM said he was ready to give insulin a try and scheduled a time to come in and begin insulin therapy.

In asking in the shared medical appointments, I have seen how patients have improved their HbA1c results. The patients encourage one another by sharing their A1C results and comparing if the numbers have gone up or down and always getting into friendly competition over it! They share recipes for healthier food and tips on cooking and in listening to others, improve their eating habits. — Medical Assistant

PROVIDER OR STAFF IMPACT

Some of the most positive impacts of our participation in the SNMHi:

• Improved horizon on the types of data and outcomes that can be tracked on diabetic patients.

• Improved awareness and desirability of new technology for gathering, reporting, and utilizing information as a tool in patient care.

• Afforded opportunity for broader discussion on diabetes management – beginning with diabetes but extending to other chronic diseases.

• Created an opportunity for broader staff involvement and volunteer assistance in the area of disease management.

Inner City Health Center, in Denver, CO, is a not-for-profit, faith-based health center offering medical services to individuals who are low-income and uninsured. One main location offers medical and dental care, with a satellite dental clinic at a second location.

Patient population: 25,000 patient visits annually serving a very ethnically diverse population.

SNMHi Team:
Kraig Burleson, CEO
Heather Custillo RN, CDE - SNMHi contact person/clinic coordinator
Robert Custillo MD, Medical Director
Claudia Baylon MA, Referral Coordinator and medical technical support coordinator

SNMHi Team:
Kraig Burleson, CEO
Heather Custillo RN, CDE - SNMHi contact person/clinic coordinator
Robert Custillo MD, Medical Director
Claudia Baylon MA, Referral Coordinator and medical technical support coordinator