

Team Clinic: An Innovative Group Care Model for Youth With Type 1 Diabetes—Engaging Patients and Meeting Educational Needs

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ABSTRACT

The purpose of this pilot was to implement an innovative group care model, “Team Clinic,” for adolescents with type 1 diabetes and assess patient and provider perspectives. Ninety-one intervention patients and 87 controls were enrolled. Ninety-six percent of intervention adolescents endorsed increased support and perceived connecting with peers as important. The medical providers and staff also provided positive feedback stating Team Clinic allowed for more creativity in education and a higher quality of care. Team Clinic may be a promising model to engage adolescents and incorporate education and support into clinic visits in a format valued by patients and providers.

Keywords: adolescents, clinical care model, group appointments, patient education, type 1 diabetes

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INTRODUCTION

Management of type 1 diabetes (T1DM) throughout adolescence and emerging adulthood is a major medical challenge.^{1,2} Glycemic control has been described as poor and provider adherence to clinical care guidelines is considered inadequate.³⁻⁵ The American Diabetes Association recommends providing continual education and social support to patients to help promote coping and positive diabetes management.^{6,7} Unfortunately, providing ongoing diabetes education and support to patients during routine clinic visits is difficult, especially in a manner engaging to adolescents.

There is a need for innovative clinical care models for adolescents that provide continuous education and support, give opportunities for peer interactions, and address psychosocial concerns. Group visits, also known as shared medical appointments (SMAs), provide an efficient avenue for ongoing diabetes support and education and have demonstrated success (ie, efficient, effective, financially sustainable models

with increased patient satisfaction) in multiple populations with chronic medical conditions, including diabetes.⁸⁻¹² Previous diabetes-specific group interventions have found short-term improvements in hemoglobin A_{1c} (HbA_{1c}), diabetes-related stress, and quality of life.¹² Based on the success of SMAs in diabetes and other conditions, the potential for group interventions to improve psychosocial and glycemic outcomes in adolescents with T1DM, and the desire to engage adolescents in their diabetes care, the “Team Clinic” model was developed to incorporate peer group support and education into routine diabetes care. The purpose of this report is to review feasibility and acceptability of the Team Clinic model as assessed by satisfaction questionnaires and follow-up surveys from patients and providers.

METHODS

Participants

Youth 14–18 years of age, with duration of T1DM > 6 months, were eligible for participation and

self-selected to participate in Team Clinic or to serve as controls for the intervention.

Procedures

A multidisciplinary team of pediatric diabetes providers participated in Team Clinic design and development. Clinic managers and schedulers were consulted regarding logistics of scheduling group appointments in a busy clinic. Institutional review board approval was obtained before recruitment. Recruitment occurred over a 6-month time period, and study duration was 10 months. Parents in both groups were consented and teens were assented per institutional review board protocol.

Overall Team Clinic Structure

For each patient, Team Clinic consisted of: (1) a one-on-one meeting with a diabetes medical provider—nurse practitioner, physician assistant, or medical doctor; (2) a group session including 4–6 teens facilitated by a diabetes educator; and (3) an appointment with the medical provider including the patient's parent(s). Four to 6 patients were scheduled for each clinic. All patients participating in Team Clinic arrived at the same time and completed check-in with medical assistants. Once check-in was completed, all families gathered in the Team Clinic room for orientation. Patients also completed a form ensuring group confidentiality. Appointments lasted approximately 2 hours.

One-on-One Adolescent-Provider Visit

After orientation to Team Clinic, adolescents met individually with their provider. During this meeting, a physical exam was completed, a discussion about high-risk activities with the youth alone occurred, and adolescents were able to discuss concerns without their parents. Two providers staffed every Team Clinic and were scheduled to see 2 or 3 patients each.

Team Clinic Group

Once all individual physical exams were completed, adolescents gathered for their group visit. The facilitators began the group with an icebreaker activity to encourage interaction and increase comfort. Facilitators used active listening strategies to guide

discussion around adolescent and diabetes-specific challenges. The facilitator also provided diabetes education when requested or necessary. Facilitators guided peer discussion around 5 different areas, based on the adolescents' interests, including: (1) diabetes myths and facts; (2) diabetes in school and social situations; (3) high-risk issues, such as drugs, alcohol, and driving; (4) diabetes management during exercise; and (5) balancing diabetes responsibilities with the desire for independence. Before the conclusion of the group portion, teens were asked to complete a strengths and goals worksheet based on constructs from positive psychology.¹³ The discussion lasted 45–60 minutes.

Medical Provider, Adolescent, and Parent Appointment

The Team Clinic visit concluded with each patient and parent having an individual appointment with the provider. During this time, the provider reviewed lab results and the patient's device downloads with the family, discussed patient-identified goal(s), reviewed diabetes management and barriers to optimal glycemic control, and provided individualized recommendations. In addition, the patient and parent had the opportunity to discuss any concerns with the provider. At the end of the visit, the clinician provided a written summary of the goals, a plan of care established by the parent, teen, and provider, and personalized recommendations.

Measures

Satisfaction surveys—patients. The patient satisfaction survey consisted of 6 statements comparing patient experiences in standard clinic versus Team Clinic, specifically focusing on support, information learned, comfort with the format, recommendation to others, and desire to attend again. Participants rated their level of agreement or disagreement to each statement on a 5-point Likert scale, ranging from 1 = strongly disagree to 5 = strongly agree.

Satisfaction surveys—providers. The provider satisfaction survey consisted of 8 statements comparing experiences in standard clinic versus Team Clinic, specifically focusing on quality of care, value of the model, delivery of education, desire to participate again, and overall assessment of the clinic.

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