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#### Patient Reported Barriers And Limitations to Attending Diabetes Group Visits (Poster)

Beth Careyva MD

Lehigh Valley Health Network, beth \_a.careyva@lvhn.org

Melanie B. Johnson MPA
Lehigh Valley Health Network, Melanie\_B.Johnson@lvhn.org

Kyle Shaak BS Lehigh Valley Health Network, Kyle.Shaak@lvhn.org

Brian Stello MD

Lehigh Valley Health Network, Brian.Stello@lvhn.org

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# Patient Reported Barriers to Attending Diabetes Group Visits

Beth Careyva, MD, Melanie Johnson, MPA, Kyle Shaak, BS, Brian Stello, MD

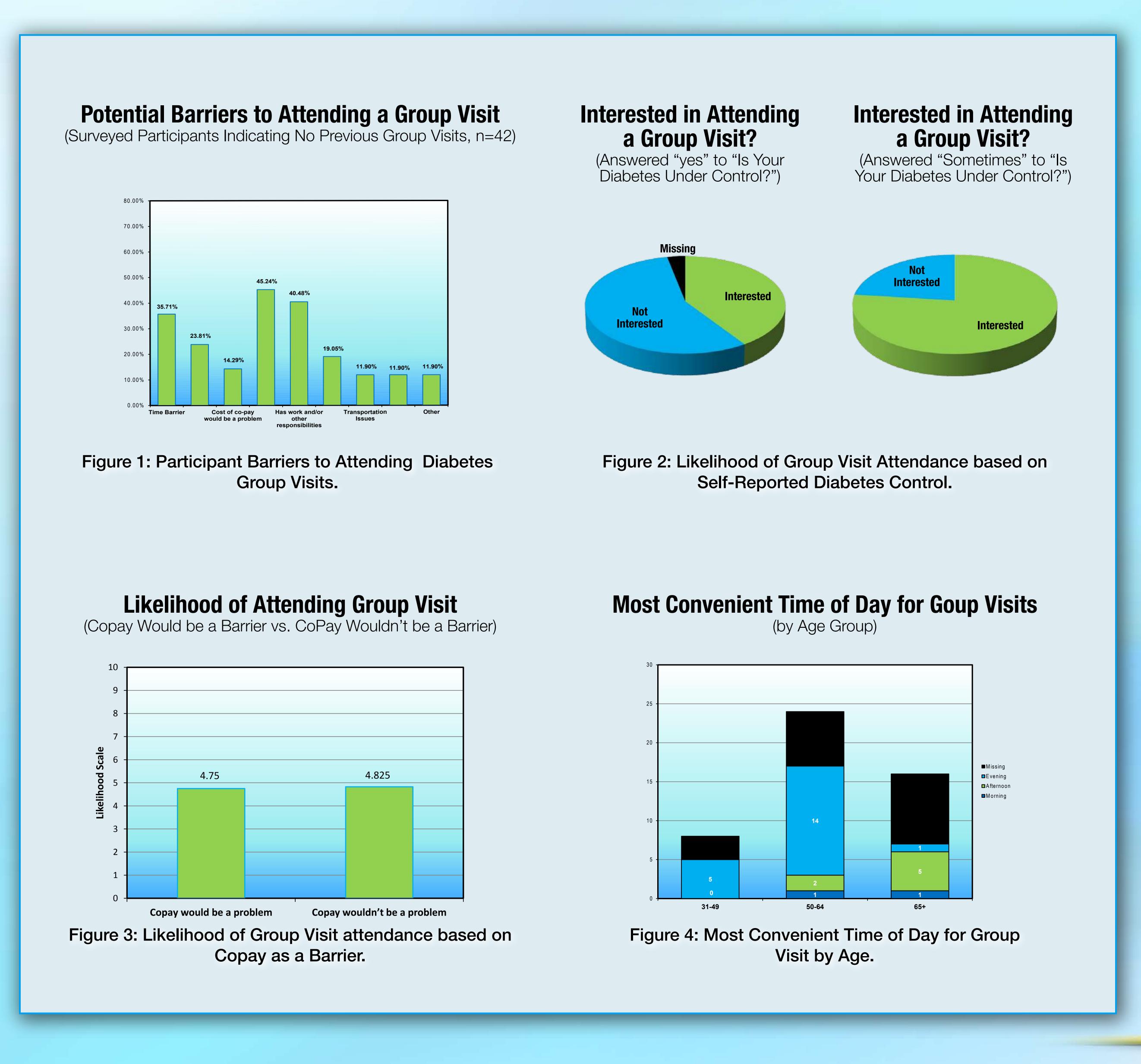
Lehigh Valley Health Network, Allentown, PA

# INTRODUCTION:

Type 2 Diabetes is a complex and progressive disease that impacts millions of individuals and families. Per the Centers for Disease Control, 11.3% of those over the age of 20 in the U.S. are currently living with diabetes. Diabetes Group Visits provide opportunities outside of the traditional patient visit to optimize adherence to diabetes standards of care and improve self management. Despite evidence that Diabetes Group Visits may improve satisfaction and key diabetes parameters, many patients do not engage in Group Visits when given the opportunity. This exploratory study aimed to delineate the motivators, concerns, and barriers that may prevent adult patients with Type 2 Diabetes from attending Diabetes Group Visits.

## METHOD:

A registry was created of adult patients with type 2 diabetes from a hospital owned, suburban family medicine practice in Eastern Pennsylvania. A cohort of 50 patients received the initial pilot survey to explore barriers to Group Visit attendance. Following revisions of the initial survey and accounting for mailing exclusions, 187 patients were invited to participate, and 48 patients returned completed surveys. Data was summarized with counts and percentages for nominal and ordinal data, and means and standard deviations for continuous data.



## DISCUSSION:

More than half of the patients surveyed (54%) were interested in participation in Diabetes Group Visits. A diverse number of barriers to attendance were selected. The most frequently cited reason to not attend was "diabetes under control." It is unclear if that is objectively correct for patients in this population. Work and/or other responsibilities and time restraint barriers may be addressed by providing classes at various time points and by utilizing technology to hold online classes that may be more conducive for younger working adults, who potentially have the most to benefit from improvement in diabetes self efficacy.

Most of the respondents, and particularly those under the age of 65 would prefer evening classes. This is noteworthy, given that younger patients were more interested in attending group visits than those over the age of 65. This study has clarified that there is no "one size fits all" Group Visit model that will work for all patients. While multiple barriers to attending group visits were identified, most patients surveyed stated that they would be interested in Diabetes Group Visits if available to them. Strategies to address the patient identified system barriers including time, transportation, and copays, may increase participation in Diabetes Group Visits.

#### References:

- 1. Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.
- 2. Holman H, Lorig K. Patients as partners in managing chronic disease. Partnership is a prerequisite for effective and efficient health care. BMJ 2000;320:526-7.
- 3. Burke RE, O'Grady ET. Group visits hold great potential for improving diabetes care and outcomes, but best practices must be developed. Health Affairs 2012:31(1):103-109.

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