

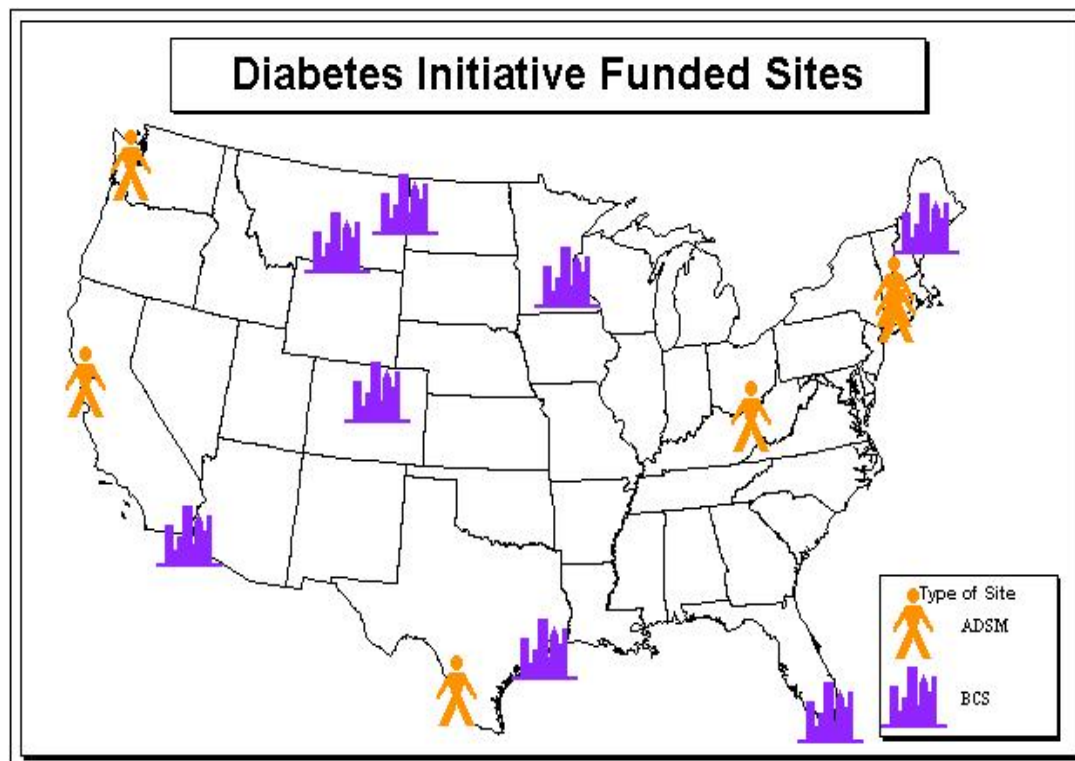
# RWJ DI ADSM SPFMRP

## *Four Steps to Patient Self-Management Support in Primary care: What we have learned*

RWJ Diabetes Initiative

Advancing Diabetes Self-Management

11-29-06



# Go Team SPANK!

- Newsletters
- Traditional group visits
- Walking clubs
- MA classes at Boldt
- MA planned visits
- Self-management classes for patients
- Focus groups
- Patient mentoring program
- Fish-bowel focus groups
- Provider visits- BBSWAR
- CDEMS registry
- Provider progress reports
- CDEMS run charts
- Radiant Communication plan
- Provider and group visit forms
- Elma spread
- Exercise video
- Patient survey's
- Resident SM curriculum
- SMG goal cycle
- Action planning/goal setting
- MA training curriculum
- Mini group visits
- Pedometer program
- Organization capacity matrix self-evaluation tool
- Project Innovation- with Orca and asthma project
- "Do-It-For-Me" drawing contest
- Exercise club- "Power 90" posters in the lobby
- Community outreach letter
- Restaurant guide
- Open-office sessions
- Monthly team SPANK staff meetings

# The Patient



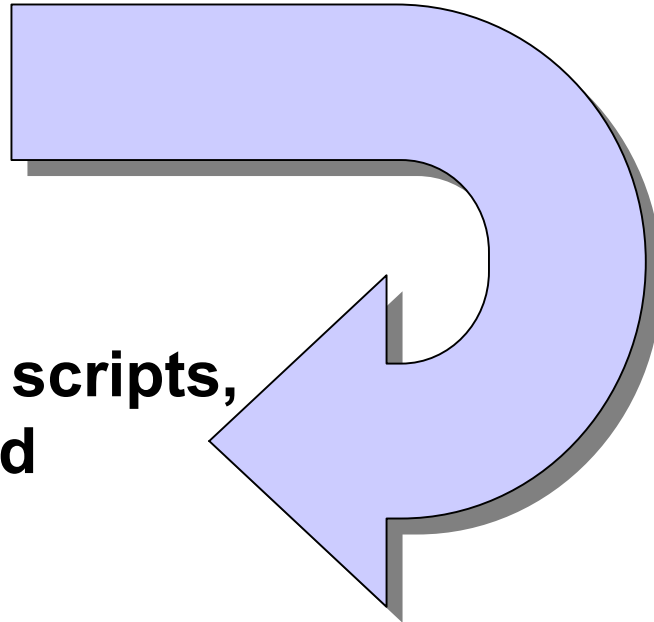
# The Medical Assistant



# The Provider



**Leaves with scripts,  
referrals, and  
instructions**



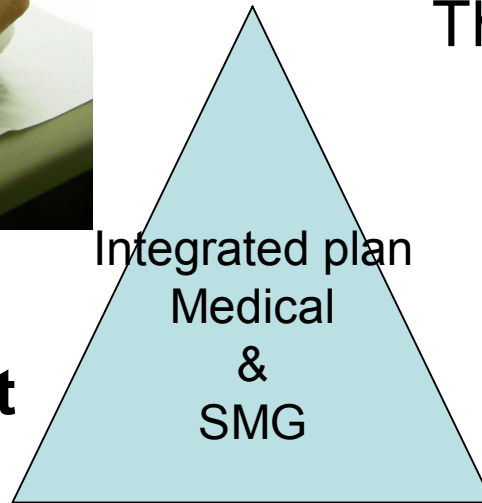


## Other Activated Patients

### The Patient

### The Non-Clinical Staff

### The Provider



### The Medical Assistant



# One...

Planning and preparation- **MA planned visits** and CDEMS/Centricity registry...includes action planning



# Two...

**The Provider-** learn how to negotiate a *medical plan* and integrate with a patient-oriented self-management *action plan* (SMG)



B  
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**NON-DIRECTIVE COUNSELLING**

# Three and Four...

## *Patients helping patients*

- 3) The MINI-group visit
- 4) The Open-Office Group visit
  - Both involve action planning
  - Stressors, depressed mood, barriers, difficulty coping ALWAYS covered
  - “Know your tripwires”



# What's different?

- MA:patient develop a closer relationship that the patient believes is MORE VALUABLE
- MA:provider partner with the patient to effect real behavior change
- Shared responsibilities begin to develop
- Provider perceives they have more time during their visit because of the pre-planning and preparation, and grouping of patients
- PATIENTS SELF-MANAGE
- Outcome and process measures improve

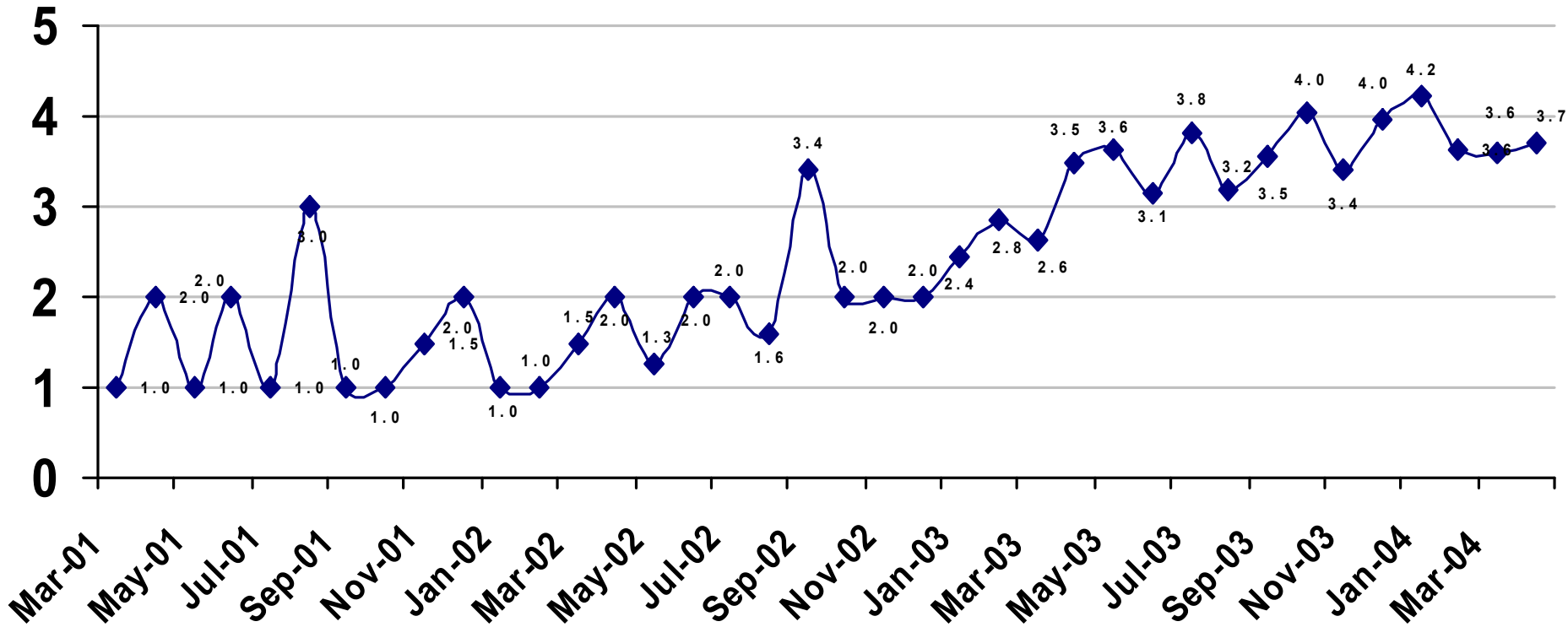


# By the numbers...

- Patient Self-Management Goals = 1781 made by 71.5% of our patients with range from 1 to 24 and average of 6
- Planned visits = 289 patients have had 1175 PV's (60.6% of total patients)
- Group Visits = 99 patients have attended 15 GV's (20% of patients) and 35 patients have participated in 18 mini-GV's (7.3%)

# Goal Quality Improvement, Phase I

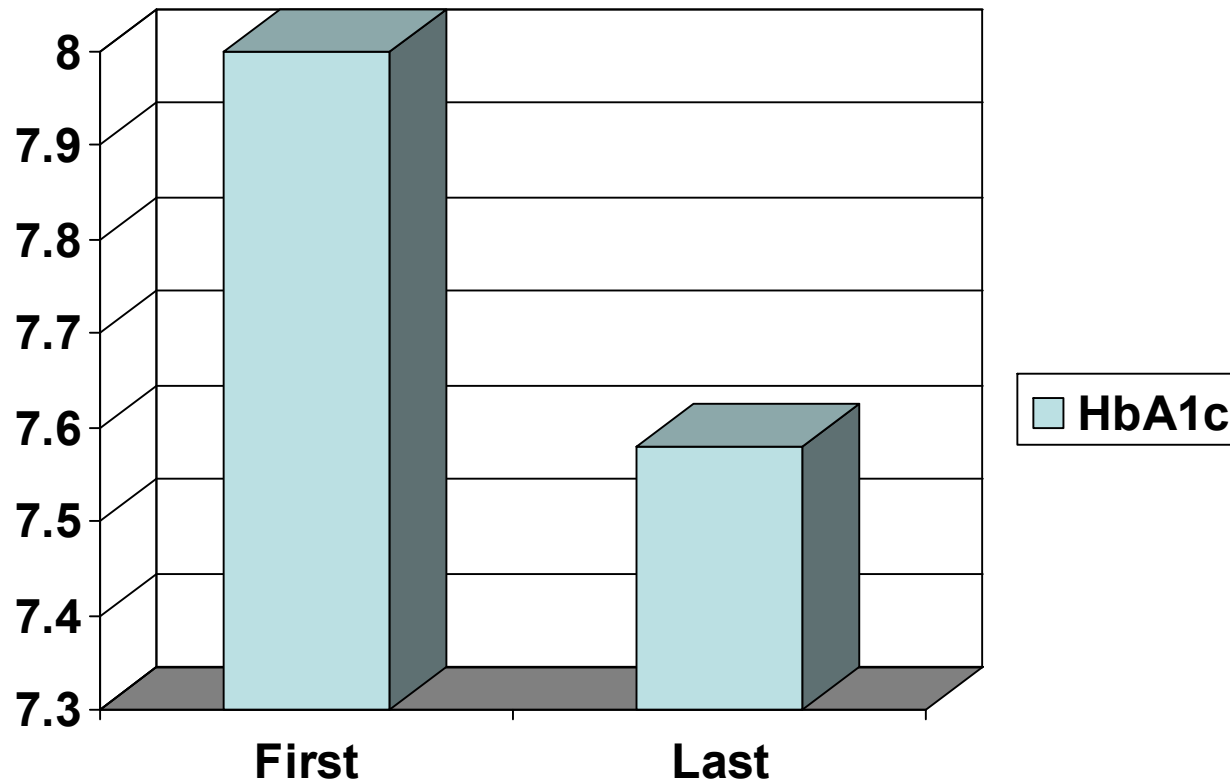
## Clinic SMG By Date



# Does it make a difference?

## The HbA1c...

- Phase I: The mean change = -0.42  
P-value = 0.0012

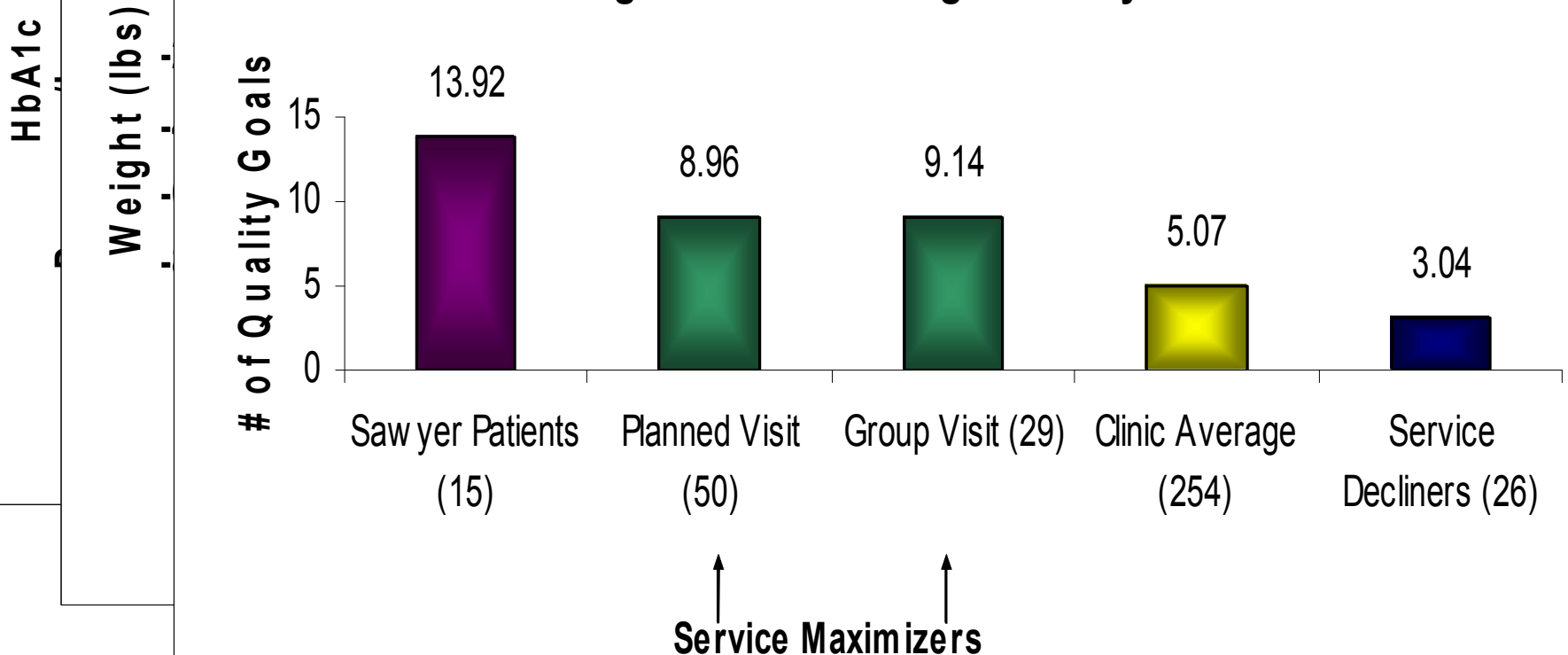


# Phase II “Snap Shot”...

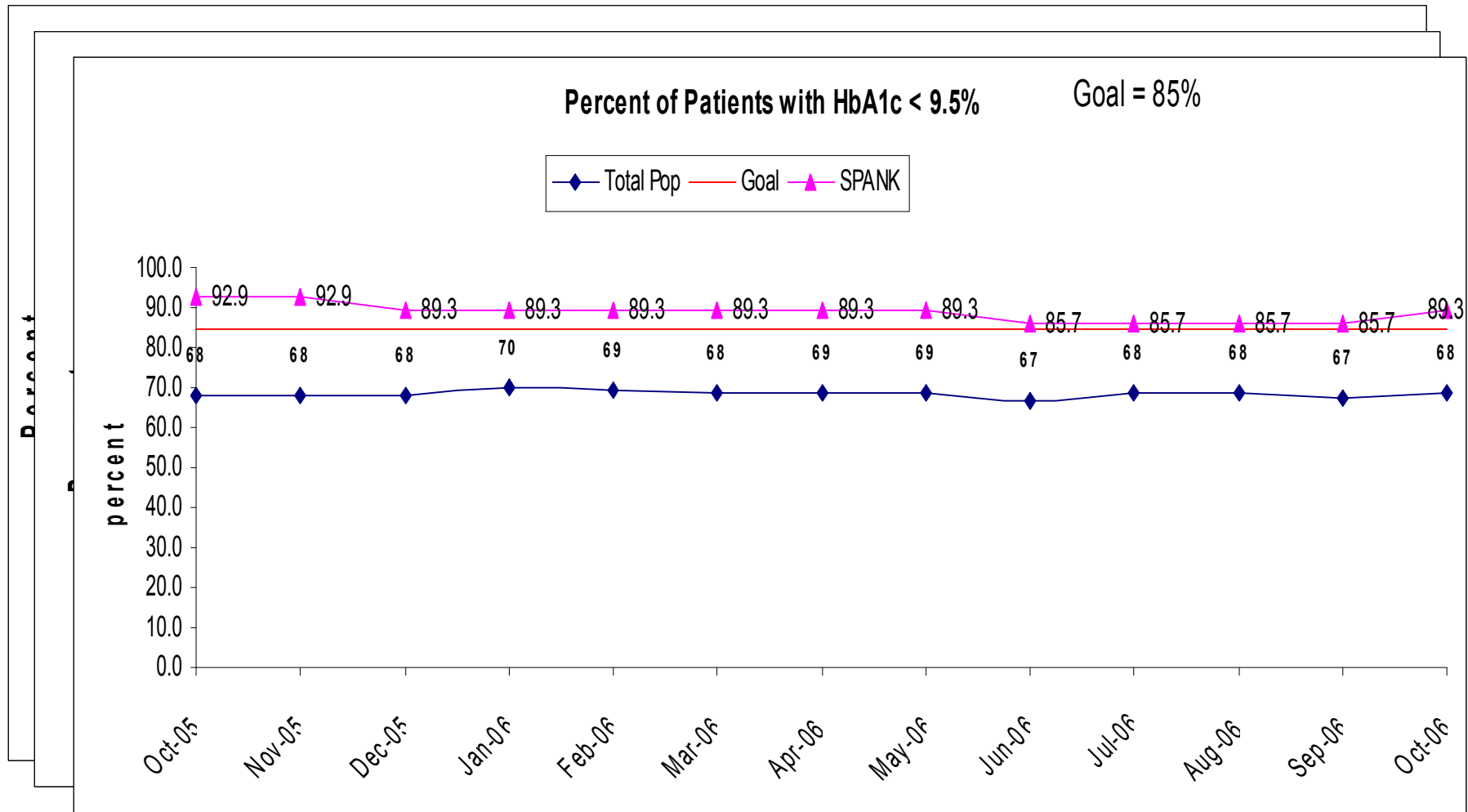
Average HbA1c Change by Population

Average Weight Change by Population

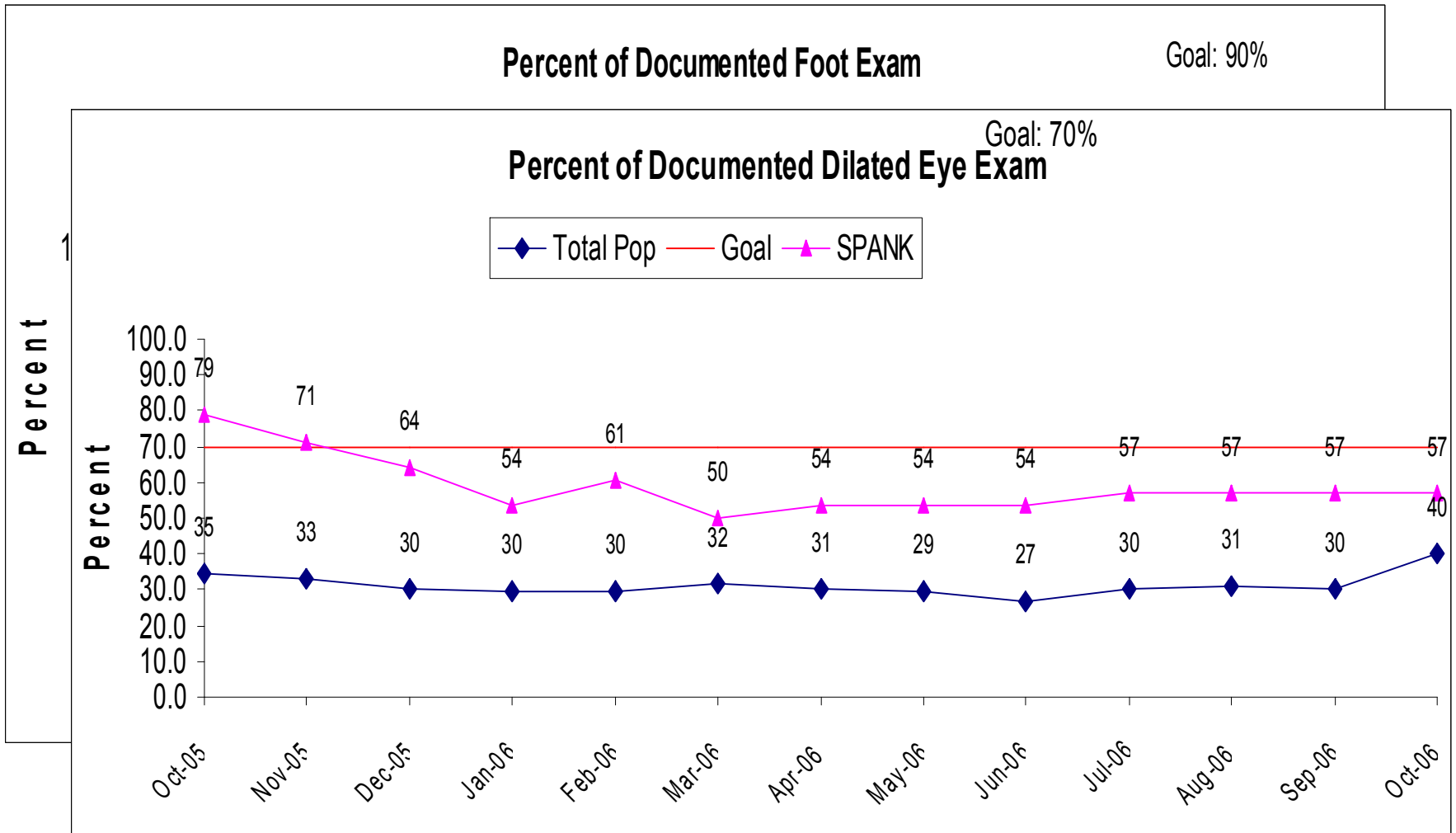
Average Number of High Quality Goals



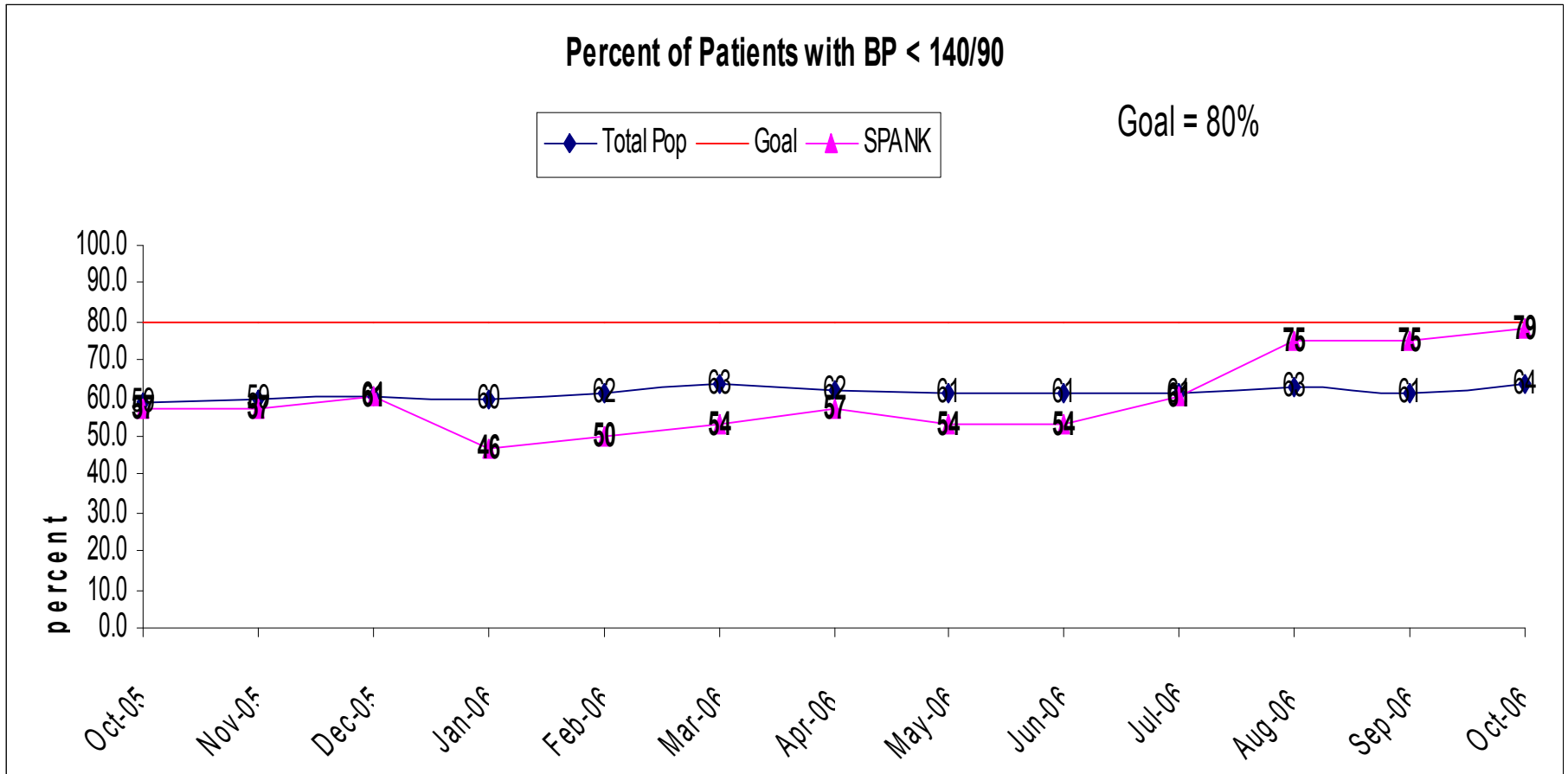
# End of Phase II: HbA1c



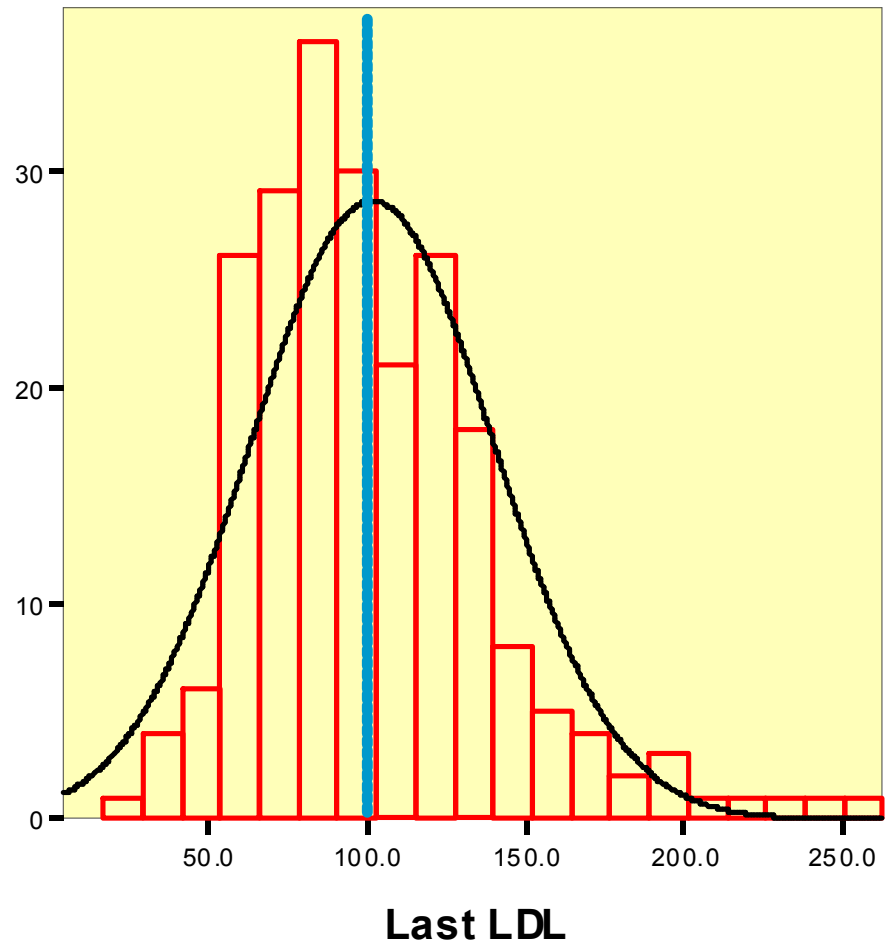
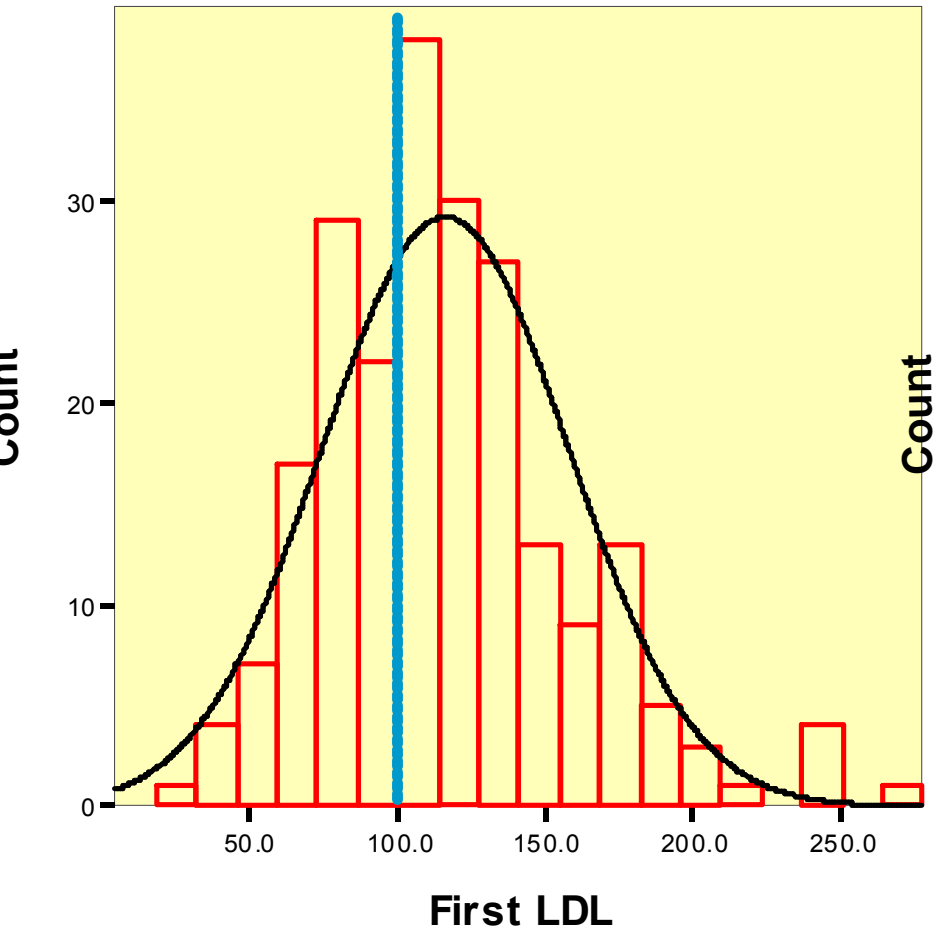
# Foot exam and eye referral...



# Blood Pressure



# LDL beginning to end...







# What is next...

- Centricity Registry (Kryptic?)
- SMG Centricity Forms
- MA training curriculum (Jan Wolfram)
- Independent Practitioner Planned Care Initiative, local collaborative
- P-4 grant for teaching the future of family medicine
- Institute of Health Care Improvement
- AADE Annual meeting
- STFM Annual meeting
- Research Triangle Institute International
- Manuscript and papers in progress
- ...and on and on and on...