Decreased Hemoglobin A1c Levels in VA Patients with Diabetes using Guided Conversation Group Visits

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Objectives

- How changing the educational experience improves the patient engagement and consistency of the attendance

- Tools and strategies used to create the conversational experience

- Self reported pre and post surveys may not always reflect the observed learning experience and increased confidence level

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Goal

- Decrease mean A1c level by 10%

- Patient identify own problem areas in DM management

The Beginning

2008

Patient Hemoglobin A1c's (HgbA1c)
and Diabetes (DM) Education practices were reviewed

20% of the diabetics I case manage had HgbA1c ≤9

Traditional VA educational methods were used

Traditional VA Methods

- During a regular provider visit

- Single 2-hour didactic presentation

- Individual telephone or clinic appointment with Nurse Care Manager

- And then there's the "drive-by" education

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The Plan and the Pilot

– Cohort of 5-8 patients

– Each class 2 hours, one per month for four months(16wk total)

– Targeted patients with HgbA1c ≥9 and high-risk DM patients

– Each class session of the cohort covered different topic

Conclusion

- Very difficult to recruit patients

- Limited patient participation – very dependent on the make-up of the group

- Patients did not attend consistently

- While there was a slight drop in the mean HgbA1c's, it was decided to suspend the classes and re-evaluate at a later time. C

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Why Try a Different Approach?

- Simple – the old approach wasn't working well, ….. but the Pilot had shown some promise

- DM was still impacting our patients'
  - Quality of life
  - Personal productivity
  - Taking Financial and human toll

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Teaching or Just Talking?

The VA focuses on patient driven care, and we needed to bring our education process to align with this.

We needed to go beyond the "Teaching/Talking" and involve the patient, encourage him to lead, and give him the tools to do so.

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2010 The New Beginning

- Diabetes group appointments reinstituted

- Modifications made
  - Meeting (class) intervals
  - Use of guided conversation and Motivational Interviewing techniques
  - "Stanford Self-Efficacy for Diabetes" confidence assessment tool

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No more Teaching & Talking

- DM Conversation Map

- Motivational Interviewing Techniques

- Health Coaching Techniques

DM Conversation Map

- Collaboration between ADA and Merck Pharmaceuticals Education Division

- Series of 4 maps and conversation cards to encourage discussions

- Our patients responded well

Motivational Interviewing

- Collaborative

- Person-centered

- Way to elicit and strengthen motivation for change

- Utilizes the 'stages of change'

Health Coaching

- Patient has right to choose

- Ask before telling

- Help pt set a goal -

- Create a plan

- Partnering

How they work together

- Conversation map as the "starter", the platform

- Understanding the patient's readiness for change and what it means to him

- Making the tools available for him to thoughtfully make choices for his life

- All a part of patient's sense of control and feelings of self-efficacy in managing his DM

Results of increased confidence, knowledge

- Twenty-three enrollees in for separate cohorts
- Seventeen "pre-tests" and five "post-tests" returned
- Greatest increased confidence in
  - When provider visit needed
  - Knowing how to manage hypoglycemia

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Stanford Patient Education Research Center – Self Efficacy for Diabetes

Patients rated themselves on their own level of confidence regarding each activity from 1 (not at all confident) to 10 (totally confident).

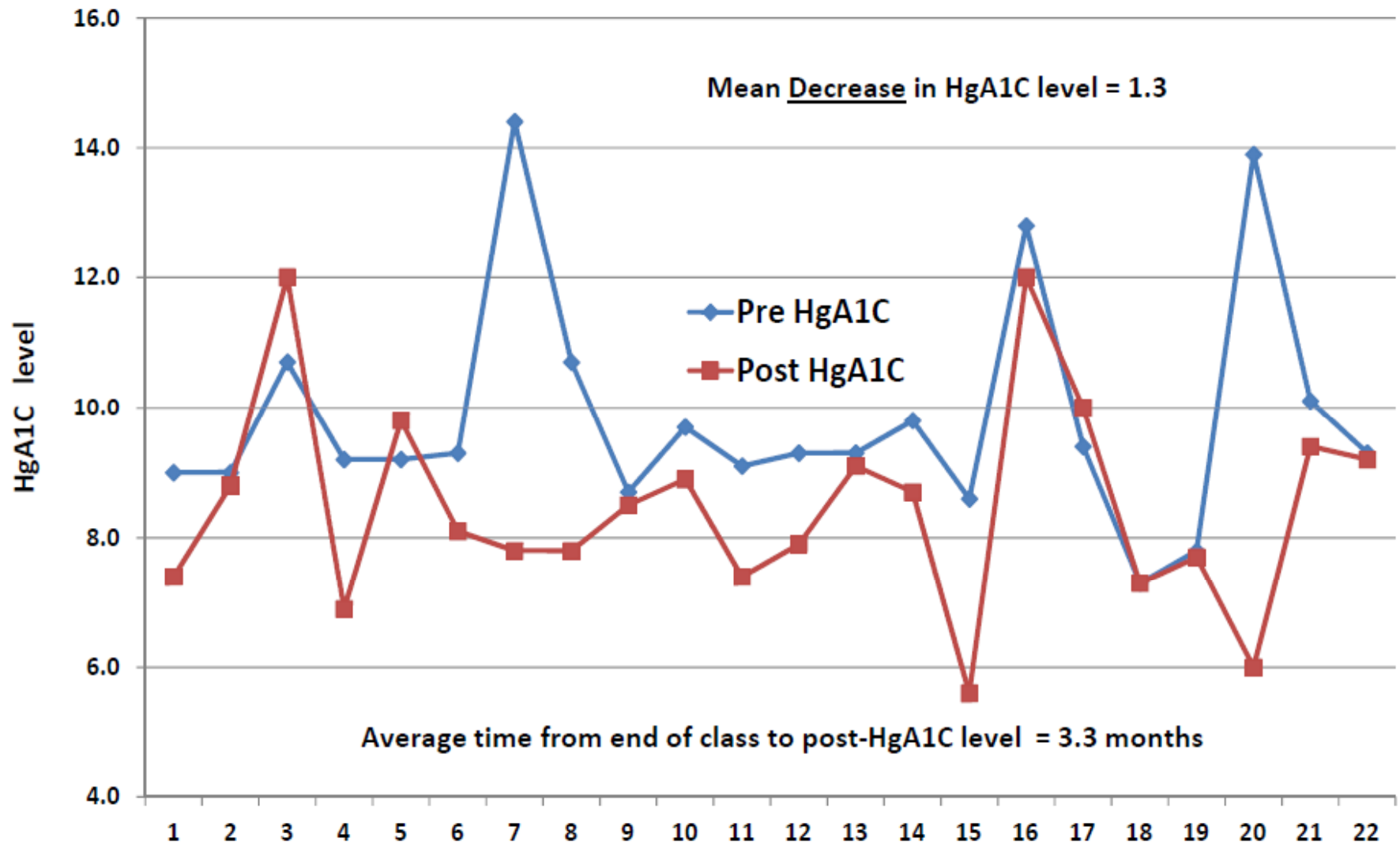|	Pretest N = 17	Posttest N = 5	Change
1. How confident do you feel that you can eat your meals every 4-5 hours every day, including breakfast every day?	7.2	7.8	+ 0.6
2. How confident do you feel that you can follow your diet when you have to prepare or share food with other people who do not have diabetes?	6.6	5.6	- 1.0
3. How confident do you feel that you can choose the appropriate foods to eat when you are hungry (for example, snacks)?	6.0	6.4	+ 0.4
4. How confident do you feel that you can exercise 15 to 30 minutes, 4 to 5 times a week?	5.2	5.2	0
5. How confident do you feel that you can do something to prevent your blood sugar level from dropping when you exercise?	7.0	7.0	0
6. How confident do you feel that you know what to do when your blood sugar level goes higher or lower than it should be?	7.4	9.0	+ 1.6
7. How confident do you feel that you can judge when the changes in your illness mean you should visit the doctor?	7.1	9.0	+ 1.9
8. How confident do you feel that you can control your diabetes so that it does not interfere with the things you want to do?	6.4	7.4	+ 1.0
Sum	52.9	57.4	
Mean	6.6	7.2	

Results of HgA1c testing

- HgbA1c's
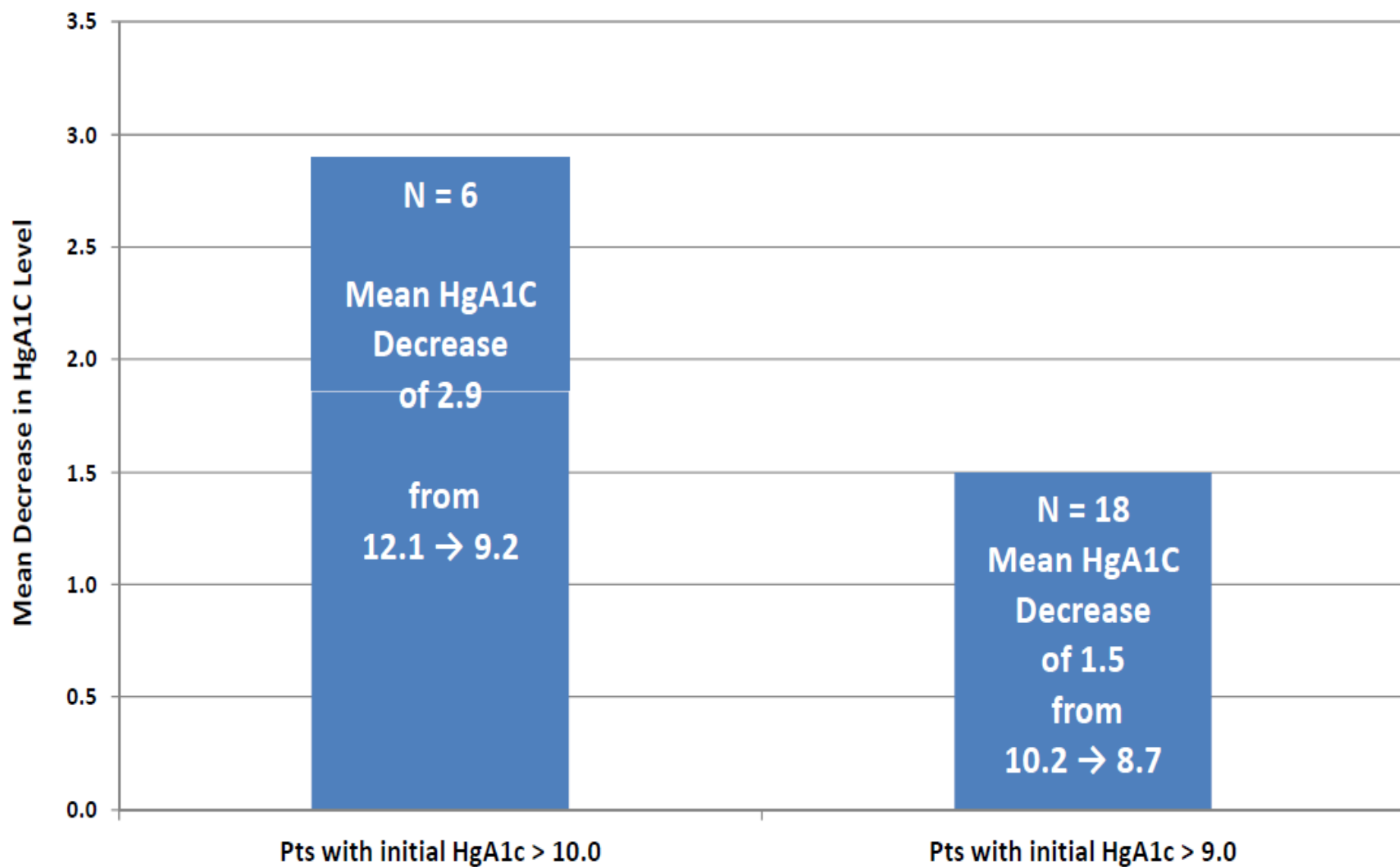 - within 1 mo prior to Session #1
  - 0-7.5 months following session #4

Twenty-two patients had both pre- and post- HgA1c's

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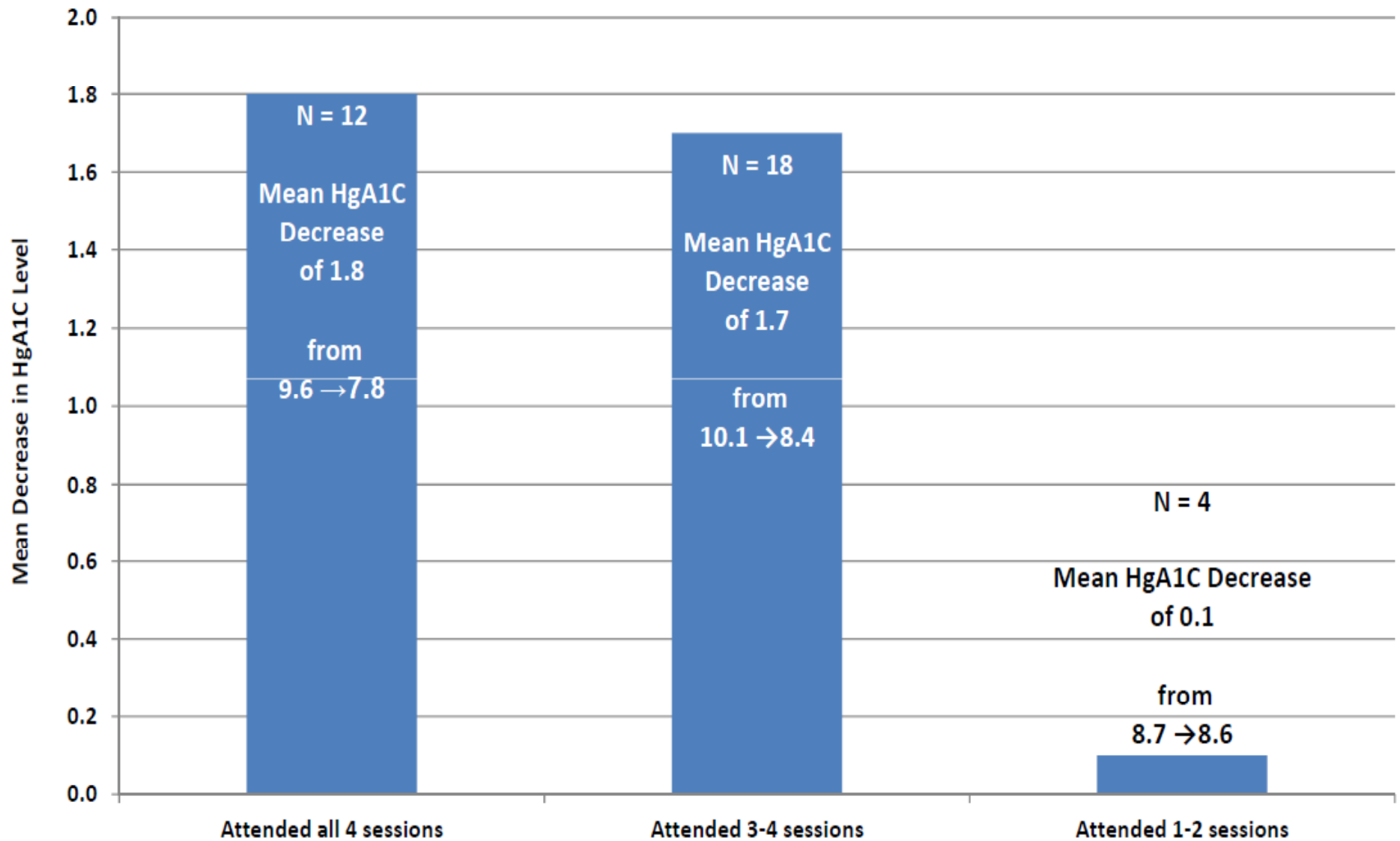Medical Center

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PVAMC Primary Care - Salem Clinic
Diabetes Conversation Map Group Visits
Individual Patient HgA1C Levels (N=22)
Jan -Sept 2011

Mean Decrease in HgA1C level = 1.3

Pre HgA1C
Post HgA1C

Average time from end of class to post-HgA1C level = 3.3 months

HgA1C level

PVAMC Primary Care - Salem Clinic
Diabetes Conversation Map Group Visits
Patients Grouped by Initial HgA1C Level (N=23)
Jan - Sept 2011

Mean Decrease in HgA1C Level

N = 6

Mean HgA1C
Decrease
of 2.9

from
12.1 → 9.2

N = 18
Mean HgA1C
Decrease
of 1.5
from
10.2 → 8.7

Pts with initial HgA1c > 10.0

Pts with initial HgA1c > 9.0

PVAMC Primary Care - Salem Clinic
Diabetes Conversation Map Group Visits
Session Attendance and HgA1C Levels (N=23)
Jan - Sept 2011

Mean Decrease in HgA1C Level

2.0
1.8
1.6
1.4
1.2
1.0
0.8
0.6
0.4
0.2
0.0

N = 12

Mean HgA1C
Decrease
of 1.8

from
9.6 →7.8

N = 18

Mean HgA1C
Decrease
of 1.7

from
10.1 →8.4

N = 4

Mean HgA1C Decrease
of 0.1

from
8.7 →8.6

Attended all 4 sessions   Attended 3-4 sessions   Attended 1-2 sessions

Summary

- **The beginning** –
  - In 2008, 20% of the panel of patients I case manage had HgbA1c's ≥ 9
  - Traditional education methods used

- **The journey** –
  - Targeted patients with HgA1c ≥ 9.0
  - Change the educational experience to encourage increased patient engagement

- **The destination** –
  - Increase self-management of DM using guided conversation
  resulting in decreased mean HgA1c of 10%

Lessons learned

- What has worked for us

- What else we would change

- What other factors/variables should be considered