Bridget Michelle Smith (Summer 2014)

“TRANSITIONING TRADITIONAL ACUTE-Episodic PRIMARY CARE VISITS TO GROUP VISITS: AN EVIDENCE-BASED APPROACH TO DIABETES CARE”

Abstract

Diabetes is a national problem that has extended epidemic magnitudes. Its management difficulty impends to overwhelm acute-episodic healthcare systems and challenges the resources of current and future individual primary care providers. According to the Centers for Disease Control and Prevention (CDC) (2012), there are 25.8 million people in the United States or 8.3% of the population who have diabetes. Mississippi ranks second in the nation in the prevalence of diabetes and has the highest percentage of overweight and obese adults in the nation (CDC, 2012). In an effort to bridge the gap with delivery of quality care to patients with diabetes, different methods of medical visits for these patients must be explored. Healthcare systems and healthcare providers must consider other options than the traditional acute-episodic visits currently being used in the healthcare delivery system. Chronic care management with group visits is a delivery option which values approaches that educate, sensitize, care, and assist to cultivate an activated patient and prepared proactive healthcare team.

The role of the doctoral prepared advocate/consultant in this project is to translate and disseminate evidence-based research findings regarding the effectiveness of group visits to healthcare administrators, healthcare providers, and healthcare professionals. The goal for this project was to provide healthcare providers with comprehensive instructions on how to construct group visits. The author/consultant provided education and evidence-based research that would enable such a model. Group visits in contrast to traditional-episodic visits offer the potential to increase clinical outcomes and promote better quality, time, and effective care for patients and healthcare providers.