

## Correspondence

### Re: Evaluation of an Ongoing Diabetes Group Medical Visit in a Family Medicine Practice

*To the Editor:* We want to share our experience with a similar patient demographic using diabetes shared medical appointments (SMAs). The report, by Cunningham et al.<sup>1</sup>, describes a series of four 2-hour sessions. One hour is dedicated to a traditional one-on-one medical appointment with additional time for goal setting, while hour two is group diabetes self-management education. These are two different components, not an SMA.

The traditional one-on-one medical visit does not work for the care of chronic medical conditions, as exemplified by the low number of people with diabetes meeting goals for HbA1c, blood pressure, and lipids. Our group has previously described a multidisciplinary SMA model that incorporates medical care (directed by an endocrinologist), patient support, and interactive group education with improved access to care and lower HbA1c levels.<sup>2</sup> The value of an SMA lies in patient education, empowerment, and engagement. The tagline for every SMA should be, "What happens in the group is good for everyone in the group." Over time, patients build relationships with staff and other patients that would be challenging to develop in a limited number of sessions.

We appreciate the work our colleagues across the Delaware River have done to improve the care of patients with diabetes. We would encourage them to continue their work while changing the model to promote more sharing of patient experiences.

We call for changes on a national level to develop SMA best practices to aid in further evaluation of this innovative care model, develop a national working group to share SMA models and experiences across disease states, and for medical associations to designate time at national conferences to new models of care delivery.

Valerie S. Ganetsky, PharmD, BCPS, Associate Professor of Clinical Pharmacy, University of the Sciences, Philadelphia College of Pharmacy, Research Fellow, University of Pennsylvania Perelman School of Medicine; Steven Kaufman, MD, Associate Professor of Medicine, Cooper Medical School of Rowan University., Medical Director, Urban Health Institute, Division Head, Endocrinology and Metabolism

#### References

1. Cunningham, AT, Delgado, DJ, Jackson, JD et al. Evaluation of an Ongoing Diabetes Group Medical Visit in a Family Medicine Practice. *J Am Board Fam Med.* 2018;31:279–85.
2. Ganetsky, V, Adams, R, Coolman, T, Brenner, J, Kaufman, S. Specialty diabetes group medical visits improve access to care and clinical outcomes at lower cost in an underserved

patient population. *Diabetes* 2016 Jun;65(Supplement 1):2308-Pub;582.

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The above letter was referred to the author of the article in question, who offers the following reply.

### Response: Re: Evaluation of an Ongoing Diabetes Group Medical Visit in a Family Medicine Practice

*To the Editor:* We thank Steven Kaufman, MD; and Valerie S. Ganetsky, PharmD, BCPS and for their response to our article<sup>1</sup> evaluating a diabetes group medical visit (GMV) and for sharing their experience implementing a diabetes shared medical appointment (SMA). We applaud their implementation of an ongoing diabetes SMA.

As the authors illustrate, the terminology for these types of group visits (GMV vs SMA) varies. However, the terms are ultimately interchangeable; both refer to group visits that incorporate medical care and group self-management education.<sup>2,3</sup> While our program has a different structure than that of Drs. Kaufman and Ganetsky, we do want to clarify that our participants have opportunities to interact and support 1 another during the diabetes self-management education component of our GMV. In fact, an earlier study of our diabetes GMV, consisting of interviews with former participants, showed that a substantial proportion of participants found that the program offered peer support and important opportunities to learn about diabetes self-management from their peers.<sup>4</sup>

In addition, we agree with the authors' call for national best practices for group visits, a national working group, and national conferences focused on group visits and other care delivery innovations. While diabetes group visits hold promise as a patient-centered approach to chronic disease management, more research is needed to identify the optimal group visit size, frequency, structure, and payment mechanisms<sup>5</sup> that will make these visits effective and sustainable in primary care practices.

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*To see this article online, please go to: <http://jabfm.org/content/31/5/828.full>.*

#### References

1. Cunningham AT, Delgado DJ, Jackson JD, et al. Evaluation of an ongoing diabetes group medical visit in a family medicine practice. *The Journal of the American Board of Family Medicine.* 2018;31:279–81.