

The Patient Voice: How Expert Nurses Support Diabetes Self Management on the Street



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Who We Are

CUPS Health and Education Centres is a multi-service community health centre serving Calgarians who live marginalized by poverty, addiction, mental health concerns and/or chronic disease/chronic illness issues.

CUPS Mission

Through integrated healthcare, education and housing services, CUPS empowers people to overcome the challenges of poverty and reach their full potential.

In this pursuit, we draw upon our spiritual roots honouring the dignity of every human being.



CUPS Vision for Health Care

Break down real and imagined barriers with all *persons* who engage with us. We use compassion, inclusiveness, collaboration, accountability, and respect as tools for engagement.

3 Main Pillars of Community Engagement

- ✓ Health
- ✓ Education, &
- ✓ Housing

Nursing interventions are crafted around the nurses' knowledge of participants physical and social determinants of health (e,g, PH&CS; food security) and



Diabetes Mellitus II at CUPS

Disease burden in the general population >> 4%

Disease burden in the homeless population >> 8-10%

- ✓ All patients are struggling with poverty and many of their social determinants of health generate significant risk (e.g. **housing, social exclusion**).
- ✓ Social support is one of the physical determinants which is hardest to address



Background: Group Medical Visits

First developed in the American HMO environment in the 1990's to “*make a physician's time more efficient*” (i.e., increase billings).

Brings together people, usually with the same disease process, with a physician and a nurse for approximately 2 hours per month.

During these visits participants have the opportunity to discuss challenges and successes, support each other, and brainstorm to overcome barriers.



Background: Group Nursing Visits

A broader scope of prevention information can be delivered in a shared group context where participants are encouraged to speak from their lived experience and context.

Engagement with others living similar experiences leads to greater attention to participants' psychosocial needs, which are known to drive a large percentage of group visits.

Group nursing visits create space for self care knowledge, medication refills or changes (NP) and routine labs and screening can be ordered



The GNV Team

The GNV team is comprised of ?

Well, participants from the community, both living with the organizing issue (ie DM II) and their supports.

Nurses, naturally 😊

- >> what scope of practice is indicated?**
- >> other indicated scopes of practice?**



The GNV Evaluation

A nine month evaluation of CUPS GNV program was undertaken; 11 patients provided qualitative feedback that informed review of utilization data available through the CUPS EMR, lit review, Netcare and MoH

- ✓ Convenience sample of 9 men, 46-62 yoa
- ✓ Social assistance (med disability)
- ✓ A naturalistic method of inquiry, content analysis of interviewee text, was undertaken to capture key phrases that were grouped into hierarchical categories.



Group Nursing Visits Outcomes

- ✓ 30% decrease in ER use; 20% decrease in hospital admissions
- ✓ Decreased visits to medical specialists; increased patient satisfaction
- ✓ Increased clinician satisfaction
- ✓ ***Increased social support***; Improved access to care
- ✓ Increased adherence with clinical practice guidelines re HgbA1c, SBGM, annual screens: eyes, feet & “in-between”
- ✓ More patient calls to nurses and less to physicians



Patient Voice

One of the more interesting findings from the USA studies was that participants in the group visits valued information gained from peers more than that gained from a medical professional (Miller, 2002).

- ✓ This was validated in the evaluation of our group nursing visits.
- ✓ Participants felt that information from someone who 'is in the same boat' was more valued.

Participants reported that often the information they gained in the hospital was discounted as it was not relevant to their lives.



Evaluation:

Group Cohesion

GNV lets participants to identify with others in the group

- ✓ Similar health issues, economic status, living conditions and being overweight

Groups fostered a sense of belonging, countering stigmas associated with homelessness, diabetes, and obesity

“Everybody understands, you know, if



Evaluation:

Relationships

Participants perceived group or peer support as enhancing the individual's capacity for diabetes management through group problem solving, modeling, the provision of information, emotional support, accountability, competition, and social comparison.

“As far as the group goes, hearing from other people that are in



Evaluation:

Behaviour Change

Participants in this study tended to describe diabetes management as a change process

“It’s a long drawn out complicated process of learning how to deal with what you’ve got, and slowly but surely I’ll get there...”^{P1}

“I started to learn that things work, you know. If you put your head to it and you follow through with



Lived Experience of DM on the Street

“I’ve had it long enough that I know what to do and when to do it. It’s just sometimes, you know, I kind of want a break. You know, like. I can’t explain it to anybody, its just sometimes I get so fed up with being diabetic, you know, and its unfair that the food industry charges more for diabetic foods than they do for food full of sugar, you know, and it’s not a special process, its just, don’t add the sugar, you know. So you think that the foods with sugar would be more expensive, but it’s not that way. Um, but sometimes it’s important to have somebody that understands what you’re going through. Like talking with another diabetic, um, talking with nurses and doctors and, if they don’t have it they don’t understand. They think they do, but they don’t”^{P9};



Discussion

Participant #9 states: “talking with nurses and doctors and, if they don’t have it they don’t understand. They think they do, but they don’t”.

- Have you nursed a homeless diabetic patient in acute care?
- How do you fold the patient voice INTO your early DM education? After repeated ER/AC admissions?
- What are the barriers to authentic patient-centered care? Are they real? Surmountable?



THANK YOU





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