Group Facilitation and Coach-Assisted Patient Engagement

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BACKGROUND

Diabetes affects over 30 million Americans, and in 2012 it generated 245 billion dollars in total estimated healthcare costs. For Hispanics and non-Hispanic blacks, the annual rates of diagnosed diabetes are 12.8% and 13.2%, respectively (1). Further, diabetes is the sixth leading cause of death in New Jersey, and it is responsible for 25 per 100,000 deaths in Camden County, New Jersey (2). The Urban Health Institute (UHI) of Cooper University Hospital works to reduce the impact of diabetes on its community through various methods including weekly diabetes group visits (DGVs).

Much like a traditional, one-hour medical appointment, patients in a diabetes group visit check in to their provider’s office; they wait to have their vital signs checked by allied health professionals; and then they wait again before meeting with their provider for treatment and care of their medical concerns. However, while traditional medical visits can be a solitary experience, group visits offer patients an opportunity to connect with others living with diabetes by replacing the waiting portions of their appointment with patient discourse and more interactive patient education. From fall 2016 through spring 2017, I dedicated my time to enhancing the group visit experience for UHI’s patients living with diabetes by targeting two of its components: patient education via group facilitation and the implementation of the Coach-Assisted Patient Engagement (CAPE) initiative.

As group facilitator, I presented a topic for discussion; I then asked patients to contribute to the discussion with questions, answers, thoughts, and experiences on said topic. Group facilitation topics were chosen based on an existing facilitation syllabus; however, changes were made as necessary. Example modifications included dancing demonstrations, white board talks, and group circle conversations.

At its core, CAPE is based on the principles of integrated health coaching and patient action planning. The action plans used with CAPE participants involved the use SMART (specific, measurable, agreed upon, realistic, time related) objectives for goal setting. Coach-Assisted Patient Engagement focuses on helping patients not only identify, but also increase ownership of their health behavior goals. A notable feature of the CAPE program is its emphasis on weekly patient engagement after the initial group visit. The intention behind the weekly follow-up encounters is to support patients in being active participants in their diabetes health beyond the medical visit.

OBJECTIVES

• Facilitate discussions pertaining to diabetes care and management including physical activity, dieting, and blood glucose surveillance among UHI diabetes group visit patients
• Recruit UHI diabetes group visit patients to participate in the CAPE program
• Evaluate the favorability of the CAPE program among the UHI patients to gauge their ability to adopt a new, positive diabetes health behavior

METHODS

• Six group facilitation topics took place from September 2016 to April 2017. Topic discussions were repeated between 4 and 6 weeks at a time in an effort to ensure patient participation.
• Every four weeks, 4th year CMSRU students rotated through the UHI as part of their Chronic Care Clerkship. In their first week, the students were trained on the recruitment of patients into the CAPE program as well as on the use of the CAPE Action Plan. In the subsequent weeks, I followed-up with the medical students to field questions and concerns regarding their progress with patients.
• By the end of the 4th week, surveys were administered to CAPE participants gauging their experience and satisfaction with their health action plan.

RESULTS

Facilitated Discussion Topics and Participants

<table>
<thead>
<tr>
<th>Topic</th>
<th>Approx. Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Activity and Chair Exercises</td>
<td>90</td>
</tr>
<tr>
<td>Surviving Thriving Over the Holidays</td>
<td>109</td>
</tr>
<tr>
<td>Sugary Drinks</td>
<td>70</td>
</tr>
<tr>
<td>Problem Solving with Diabetes</td>
<td>73</td>
</tr>
<tr>
<td>Strategies for a Healthier Plate</td>
<td>74</td>
</tr>
<tr>
<td>Checking Your Sugar</td>
<td>N/A</td>
</tr>
<tr>
<td>Total</td>
<td>416</td>
</tr>
</tbody>
</table>

CONCLUSIONS

• I facilitated discussions on diabetes to more than 400 patients who attended their UHI diabetes group visit appointments. In the future, there may be a desire to measure the effect of facilitation on diabetes knowledge and to measure the satisfaction of the topics discussed.
• Despite five CAPE participants, experiences were overall positive regarding the experience with the CAPE program. Most patients sited the continuous follow-up made by their CAPE coach after their medical appointment or group visit to be a helpful reminder of their diabetes health goal.
• Fourth year medical students expressed limited time to serve as CAPE coaches for group visit patients.
• Consider using health coaches for longer periods of time (more than 4 weeks) to help patients maintain their diabetes health goals.

REFERENCES


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