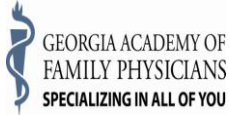




## **GO! Diabetes**

A Georgia &  
Oklahoma Family  
Medicine Residency  
Education Project



# GO! Diabetes

## **Faculty**

Dustin Baylor, MD  
Enid, OK

Matt Dowell, DO,  
FAAFP  
Oklahoma City, OK

Alice Aumann House,  
MD, FFAFP  
Macon, GA

Saria Carter Saccocio,  
MD  
Rome, GA

Amparo Gonzalez,  
RN, BSN, CDE  
Atlanta, GA

# *Preliminary Results December 2009*

## Background

In 2008, the Georgia and Oklahoma Chapters (GO!) of the American Academy of Family Physicians launched a unique pilot project to educate family medicine residents (physicians in training) on best practices related to diabetes. The focus was to improve how diabetic patients are educated on appropriate insulin therapy and self management for diabetic patients.

Survey data through the AAFP METRIC program was collected during the education cycle and reported back to participants to show practice changes. Eight Oklahoma and nine Georgia family medicine residency programs conducted training sessions for the family medicine residents. Georgia had 197 family medicine residents and Oklahoma had 174 family medicine residents who received the GO! Diabetes training.

Over 300 additional family physicians participated in one of the many GO! Diabetes training programs for a total of over 670 family physicians and residents who were touched by this innovative project.

In May 2009, a grant request by the Georgia and Oklahoma Chapters of the American Academy of Family Physicians was approved to allow an expansion of our pilot project to family physician residents and faculty at family medicine residencies in the following 16 mid-south and southeastern states: Alabama, Arkansas, Florida, Georgia, Kansas, Kentucky, Louisiana, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.

This practice improvement project was developed, marketed, implemented and evaluated and included fifty-four live events, 7 conference calls, two sets of chart abstractions (the first set completed by 512 physicians with a total of 4609 patient charts – as of December 5, 2009) and a self-determined practice change to improve care of diabetic patients and additionally a research poster competition and GO! Diabetes Summit to review best practices.

### **Phase One: GO! Diabetes Program Lead Faculty Workshop**

The 2008 GO! Diabetes lead faculty, experts in diabetes management and educating family physicians, met on April 25, 2009 in Atlanta, GA to review the GO! Diabetes curricula presented in 2008. This all-day conference (see agenda in addendum A) resulted in a strong collaboration among the faculty with several suggested improvements to the 2008 educational presentations. A nationally recognized diabetes educator was also added to the faculty to emphasize the importance of a team approach to diabetes care and group visits and patient self management tools.

Additional improvements include standardizing the PowerPoint presentations, and adding case studies and small group breakout sessions for specific topics such as

## Phase One (continued)

Group Visits, Using METRIC and Registries. Once the Train the Trainer presentations were standardized; the PowerPoint presentations were consolidated into one and three hour versions for the sessions at local residency programs. The faculty agreed on the format and teaching assignments for each Train the Trainer sessions to be held throughout the southeast.

### Lead Faculty:

Dustin Baylor, MD  
C.E. Williams Scholar for Excellence in Endocrinology  
Family Medicine Private Practice  
Enid, OK

Matt Dowell, DO, FAAFP  
Faculty and Osteopathic Program Director  
St. Anthony Family Medicine Residency Program  
Oklahoma City, OK

Amparo Gonzalez, RN, BSN, CDE  
Immediate Past President, American Association of Diabetes Educators  
Director, Georgia Latino Diabetes Education Program  
Atlanta, GA

Alice Aumann House, MD, FAAFP  
Assistant Professor Family Medicine  
Senior Clerkship Director  
Mercer University School of Medicine  
Macon, GA

Saria Carter Saccocio, MD  
Associate Director  
Floyd Family Medicine Residency Program  
Rome, GA

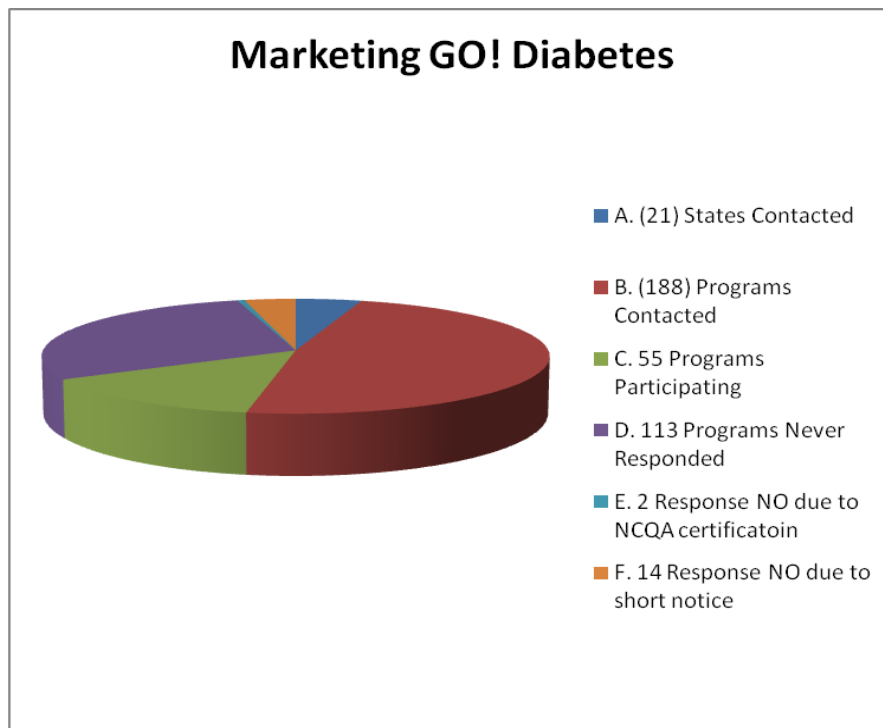
## Phase Two: GO! Diabetes Multi-State Train the Trainer (TTT) Live Workshops

### Marketing Activities:

Both the Georgia and the Oklahoma staff began marketing for the Train the Trainer (TTT) Workshops in May. Our initial steps were outreach to each AAFP chapter state executive asking for their support for us to market the project to their residency programs. After determining the best marketing methods with each state executive, e-mail and letters were sent to the individual Residency Program Directors and Coordinators or to the state executive to e-mail and send to each of their residency programs. (See Addendum B for marketing documents).

The messages and letters included a description of the program and a request to designate a resident and faculty from their program to attend a Train the Trainer workshop and become their program's change agent. About a week after the initial contacts were made, additional emails and then phone calls were made to program directors and program coordinators to answer questions, provide more details and to encourage participation.

Georgia and Oklahoma staff telephoned every residency program to ensure that the invitation letter was received. Based on those calls, letters were re-sent, faxed or e-mails re-routed to the appropriate contact with follow ups within 2 or 3 days. Many programs responded positively and were very enthusiastic about the concept of the project. The chart and table below shows the responses from our marketing efforts.



## Phase Two: Multi-State Train the Trainer Live Workshops (continued)

Due to the late finalization the grant funding – promotion of the Train The Trainer programs was delayed and the Hilton Head and Tulsa programs attendance was not what we had originally expected. We decided to increase marketing to the residency programs in the initially targeted 16 states plus we added Illinois and Michigan to the marketing plan for the July 30<sup>th</sup> program in Kansas City. Both Illinois and Michigan have a high prevalence of diabetes according to the CDC. The Residency programs in these two states were very excited about the TTT program which resulted in 10 programs from these states attending the July 30 TTT program in Kansas City. (Addendum C).



A total of **105** family medicine residents and faculty participated in a Train the Trainer session, representing **55** residency programs

Evaluations from the sessions were positive. Participants evaluated each session and presenter on a scale of 1 to 5 with 5 as the highest possible score along with other questions regarding course materials, coordination of workshop, food and meeting room quality. The evaluation also asked if their educational objectives were met, was it worth the time, to identify a specific change in their practice as a result of this workshop and comments about the speakers. All rated areas including meeting educational objectives, relevant to practice, increased knowledge, organization and presented clearly and audio visual and hand out were between 4.8 and 5.0. Every participant reported that the educational objectives were met and attendance was worth the time.

**100 percent stated they had the tools needed to give a GO! Diabetes lecture at their local residency program**

The consensus was that the speakers were well prepared, had an excellent presentation style, provided good handouts and PowerPoint presentations, were knowledgeable and shared their knowledge in an effective manner. Additionally, of those asked, 100 percent stated they had the tools needed to give a GO! Diabetes lecture at their program, 75 percent indicated absolute confidence about entering data into METRIC and 75 percent stated they were prepared to be a Diabetes Change Agent at their program.

**The list below includes the participating residencies by city and state:**

#	State	City	Family Medicine Residency Program
1	AR	Fort Smith	AHEC Fort Smith
2	FL	Daytona Beach	Halifax Medical Center
3	GA	Atlanta	Atlanta Medical Center
4	GA	Atlanta	Emory University
5	GA	Rome	Floyd Medical Center
6	GA	Macon	Medical Center of Central GA (Mercer Univ.)
7	GA	Augusta	Medical College of Georgia
8	GA	Atlanta	Morehouse School of Medicine
9	GA	Waycross	Satilla Regional
10	GA	Savannah	Savannah
11	GA	Albany	Southwest Georgia
12	GA	Columbus	The Medical Center
13	IL	Hinsdale	Adventist Hinsdale Hospital
14	IL	Urbana	Carle Foundation Hospital
15	IL	Chicago	Mount Sinai
16	IL	Aurora	Rush Copley
17	IL	Decatur	SIU Decatur
18	IL	Chicago	UIC/Illinois Masonic
19	KS	Kansas City	University of Kansas Medical Center
20	KY	Morehead	St. Claire Rural Training Track
21	LA	Metairie	East Jefferson General Hospital
22	LA	Lafayette	LSU Medical Center
23	LA	Bogalusa	LSU Rural (Bogalusa)
24	LA	Alexandria	LSUHSC-S
25	MI	Pontiac	Oakland Physicians Medical Center
26	MI	Saginaw	Saginaw
27	MI	Rochester	Wayne State University - Crittenton
28	MS	Jackson	University of Mississippi Medical Center
29	MO	Springfield	Cox Family Practice
30	MO	Kansas City	Research
31	MO	Kansas City	University of Missouri
32	NC	Greenville	Pitt County Memorial Hospital/East Carolina Univ.
33	OK	Oklahoma City	Great Plains
34	OK	Tulsa	In His Image
35	OK	Tulsa	OU - Tulsa
36	OK	Ramona	OU Rural - Ramona

## Participating residencies by city and state (continued):

37	OK	Lawton	Southwest Oklahoma
38	OK	Oklahoma City	St. Anthony
39	SC	Greenwood	Greenwood
40	SC	Spartanburg	Spartanburg Regional Healthcare System
41	TN	Memphis	University of Tennessee - Saint Francis
42	TX	Houston	Baylor College of Medicine / Kelsey-Seybold
43	TX	Houston	Baylor College of Medicine
44	TX	Garland	Baylor at Garland
45	TX	Bryan	Brazos
46	TX	San Antonio	Christus Santa Rosa Health Care
47	TX	Fort Worth	John Peter Smith
48	TX	Houston	Memorial
49	TX	Dallas	Methodist Health Systems
50	TX	Houston	Methodist Hospital (Houston)
51	TX	Odessa	Texas Tech University (Odessa)
52	TX	Tyler	University of Texas Health Center at Tyler
53	TX	Galveston	University of Texas Medical Branch
54	TX	San Antonio	Univ. of Texas Health Science Ctr at San Antonio
55	VA	Portsmouth	Eastern Virginia (Portsmouth) Medical School

## Phase Two (continued)

### Extending the Education with the GO! Diabetes website

The GO! Diabetes website became active in July with all of the presentations and forms on the website along with the report from the 2008 pilot. Visit [www.gaftp.org](http://www.gaftp.org) and click on GO! Diabetes to view the information.

History: In 2008 the Georgia and Oklahoma Chapters of the American Academy of Family Physicians conducted a year long continuous outreach and diabetes education activity for family physician residents in their states. The goal was to improve the education of diabetic patients regarding appropriate insulin therapy and behavioral changes leading to self-management. This project was sponsored, in part, by an educational grant from sanofi-aventis.

For a summary of the 2008 results - [http://www.gaftp.org/documents/GO\\_diabetes2009/Wrap-Up-Go-Diabetes-Project.doc](http://www.gaftp.org/documents/GO_diabetes2009/Wrap-Up-Go-Diabetes-Project.doc)

In 2009, the Chapters will expand their pilot program from two states to the family physician residents and faculty at family medicine residencies in 16 mid-south and southeastern states: Alabama, Arkansas, Florida, Georgia, Kansas, Kentucky, Louisiana, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.

## Learning Objectives:

At the conclusion of this activity, learners should be able to:

- Describe new approaches to educating diabetic patients on appropriate insulin therapy and medical interventions.
- List three methods of educating the diabetic patient.
- Compare the different tools to promote behavioral health change of the diabetic patient.
- Engage in a self assessment review of treating diabetic patients and make a practice change related to improving diabetic care.

## Phase One: Train the Trainer

These daylong workshops on diabetes will be taught by physician educators. The participants are nominated faculty and resident leaders from each residency program and they will receive the information and tools to teach their colleagues the stated learning objectives. Upon completion of the workshops, the attendees will be identified as the Diabetes Change Agent of their residency program.

### Train the Trainer Workshop Schedule:

#### **Sunday, May 31, 2009**

Hilton Head, SC in conjunction with the Georgia Academy of Family Physicians Summer Meeting

#### **Thursday, June 18, 2009**

Tulsa, OK in conjunction with the Oklahoma Academy of Family Physicians Annual Meeting

#### **Friday, July 17, 2009**

Arlington, TX in conjunction with the Texas Academy of Family Physicians CME Meeting

#### **Sunday, July 19, 2009**

Destin, FL in conjunction with the Mississippi Academy of Family Physicians Annual Meeting

**Thursday, July 30, 2009** Kansas City, MO in conjunction with the AAFP National Conference for Family Medicine Residents

To review the Train the Trainer Power Point presentations, [Click here](#)

## Phase Two: Onsite Residency Training – Extending the Education

Once the Diabetes Change Agents return to their program, they will teach an educational session for the family medicine residents and faculty. Diabetes Change Agent will receive a stipend and reimbursement of expenses related to the training.

### View the Power Point presentations

[GO! Diabetes 1 Hour Presentation](#)

[GO! Diabetes 3 Hour Presentation](#)

[2009 Guidelines for Diabetes Care](#)

[Sign in sheet for residency session](#)

## Phase Three: AAFP METRIC – Chart Review

The chart review data of both pre and post education intervention will be compiled with the METRIC system. METRIC stands for Measuring, Evaluating and Translating Research Into Care. The METRIC program guides you through a step-by-step process that will include a short questionnaire, reviewing patient charts, assessing your performance, building and implementing your action plan and reassessing your progress.

Each resident will be asked to conduct a chart review (5 for those in the Oklahoma program and 10 for those in Georgia) of randomly-selected diabetic patients who have been seen by the resident no more than 3 months prior to his/her attendance at the training session. Faculty participants who wish to complete the MC-FP Part IV requirement and earn 20 Prescribed CME credits must review 10 charts. Ninety days following the workshop, participants will be asked to complete another chart review of an additional five/ten randomly-selected diabetic patients who have been seen by the resident sometime within 3 months after his/her attendance at the training session.

[AAFP Metric Instructions](#)

[Residency Group Enrollment Form](#)

## Phase Four: Poster Competition – Evaluating Change in Practice

Each resident and family physician faculty who complete the training and begins the METRIC program will be eligible to compete in the poster competition. The competition will take place in November and focus on current assessment of improvements that have been identified through the METRIC program. The top three winners in both the resident and faculty category will be asked to place their poster in a national poster competition (AAFP, ADA) and will receive a travel stipend to attend the 2010 meeting if the poster is accepted.

For more detailed information click on the poster competition information for your state.

[GO! Diabetes Research Poster Information](#)

[GO! Diabetes Abstract Form](#)

## Train the Trainer Workshop Presentations

[GO! Diabetes TTT Case Study Compilation](#)  
[GO! Diabetes TTT Part 1- Better Disease mgmt](#)  
[GO! Diabetes TTT Part 2-Diabetes Educator](#)  
[GO! Diabetes TTT Part 3-Detection and Lifestyle Monitoring](#)  
[GO! Diabetes TTT Part 4 -Glycemic Control-Oral Agents](#)  
[GO! Diabetes TTT Part 5-Glycemic Control-Injectable Agents](#)  
[GO! Diabetes TTT Part 6-CV Disease](#)  
[GO! Diabetes TTT Part 7-Practice Improvement & METRIC](#)

## Additional Resources

[Click here](#) for the American Diabetes Association

[Click here](#) for NIH's National Diabetes Clearinghouse

[Click here](#) for patient resources from the American Academy of Family Physicians

[Click here](#) to find a diabetes educator in your community

[Click here](#) or [here](#) for patient education tools in multiple languages

[Click Here](#) for best practices, calculators, aides to self-management, videos and risk assessment tool.  
[Click here](#) for an index page of websites - geared to patients  
[Click here](#) on information on foot care for the diabetic

[Click here](#) for the best clinical evidence

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## Phase Three: Onsite Residency Training – Extending the Education

As soon as possible after their attendance at a Train the Trainer Workshop, Diabetes Change Agents were encouraged to schedule a GO! Diabetes live training session for the family medicine residents and appropriate faculty at a location convenient to each residency program. The Diabetes Change Agents conducted the sessions and facilitated METRIC enrollment and initial chart entry.

49 Programs held their local GO! Diabetes sessions which were attended by 1,070 residents and faculty



## Phase Four: Chart Abstraction and Practice Change

Following the session, the residents and faculty were asked to conduct a chart review of five (5) or ten (10) self-selected patients who are diabetic and who were seen by the family physician resident or faculty sometime within 3 months prior to his/her attendance at the training session. Ninety days following the workshop, participants will be asked to complete another chart review of five (5) or ten (10) self-selected patients who are diabetic and who have been seen by the residents and faculty sometime within 3 months after his/her attendance at the training session.

The chart review data of both pre and post education intervention will be compiled on the American Academy of Family Physician's METRIC system. METRIC stands for Measuring, Evaluating and Translating Research Into Care. The METRIC program guides you through a step-by-step process that will include a short questionnaire, reviewing patient charts, assessing performance, building and implementing the action plan and reassessing progress.



Additionally, we recruited two control groups

Our control groups are family medicine residency programs from the South and the Midwest and neither of the programs participated in the GO! Diabetes Train the Trainer educational efforts or METRIC. They pulled 50 charts of diabetic patients seen in April, May and June 2009 and then again in August, September and October 2009. We used a web-based tool, Survey Monkey to collect their responses to the same questions asked in METRIC. (Addendum D) Below is more of a comparison of the GO! Diabetes participants versus the Control Groups.



As of December 5, 2009, a total of 819 residents and faculty logged into the METRIC database and began the data entry process. Out of the 819 physicians, 512 or 63 percent entered the required number of charts, reviewed the data from their chart abstracts and chose an action plan to improve patient care. Those 512 physicians' added data from 4,609 diabetic patient charts who were seen in their clinic in May, June and July 2009.

After 90 days, they are be asked to enter a second set of data from patients seen in August, September and October 2009 to determine how their practice improvement plan changed patient outcomes.

**Our baseline includes data from a total of 4,609 patient charts.**

The METRIC program asks each participant to choose two or three practice changes in the following areas:

- Build a patient registry
- Put Diabetes Care Guidelines in practice
- Incorporate flow sheets into practice
- Planned visits and patient/staff reminders
- Smoking Cessation education
- Negotiated goal-setting
- Group visits
- Build a Diabetes Care Team
- Vaccinations
- Increase the use of self-management tools
- Increase patient follow-up
- Volunteer at a Diabetes Camp
- Improve sensitivity to cross-cultural issues in Diabetes Care
- Become a community leader in Diabetes Education
- Improve communication with other providers
- Shared Care plan

Of the 16 practice change options offered as a choice for the METRIC participants, the **top three choices** were (participants may choose more than one intervention):

***Three top choices of practice changes to implement:***

***1. Putting guidelines into practice***

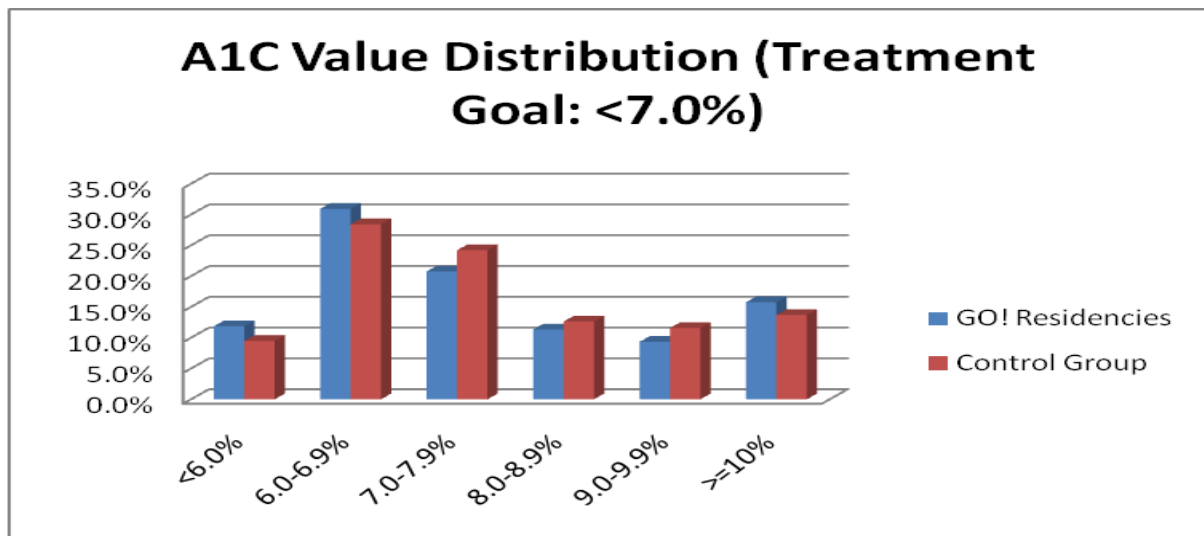
***2. Incorporate flow sheets into practice***

***3. Build a patient registry***

**Phase Four: Chart Baseline Data (continued)**

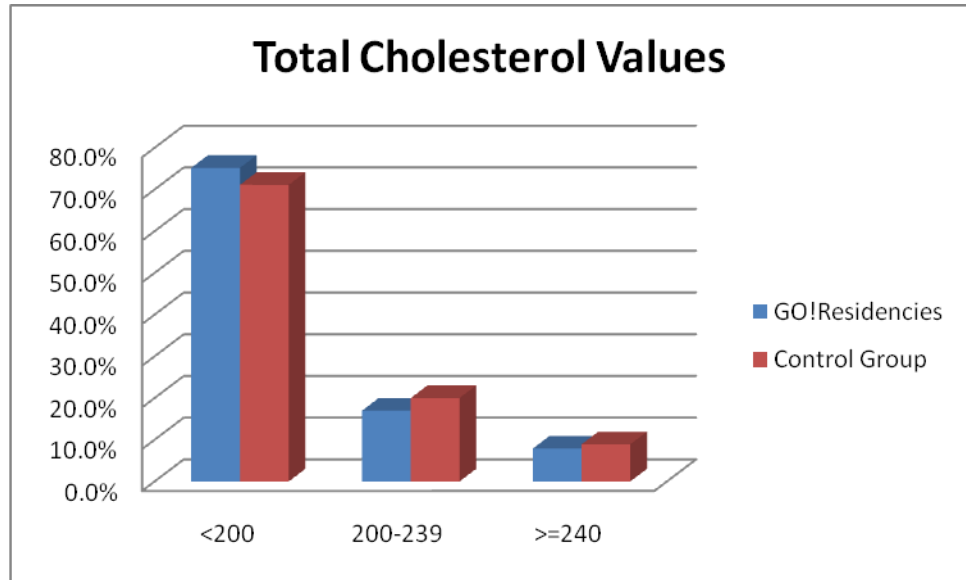
The following charts reflect the baseline data collected by the control groups and the GO! Diabetes residency programs. In our final report we will compare and contrast the baseline results with the follow up results collected after the educational interventions and implementation of the practice changes.

1. A Hemoglobin A1C was done and documented within the past 12 months in 92.6 percent of the GO! Diabetes participating residencies and 91.3 percent of the control group charts. Collected data reflects that 37.9 percent of the GO! residencies and 37.9 percent of the control groups have patients meeting their A1C treatment goal of <7.0 percent.

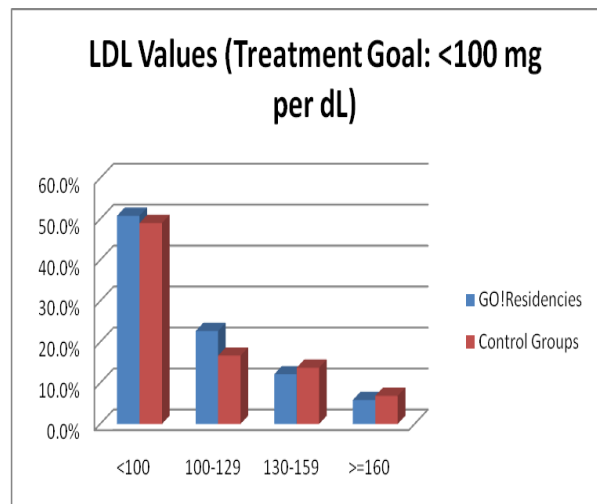
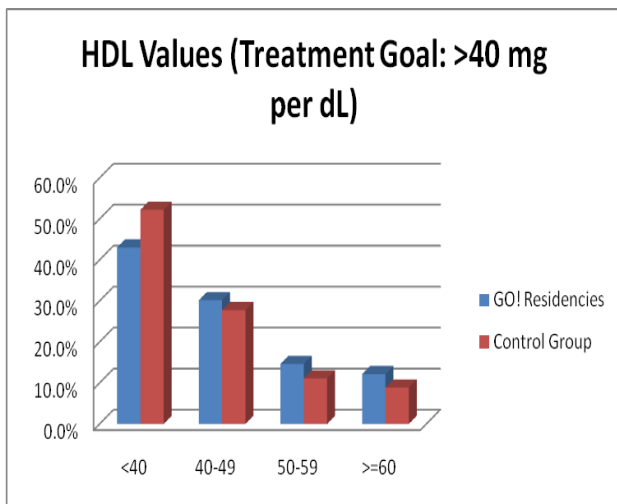


2. Urine microalbumin protein screens in the past 12 months were reported in 60.9 percent of the GO! residency charts and 46.2 percent of the control groups' charts.

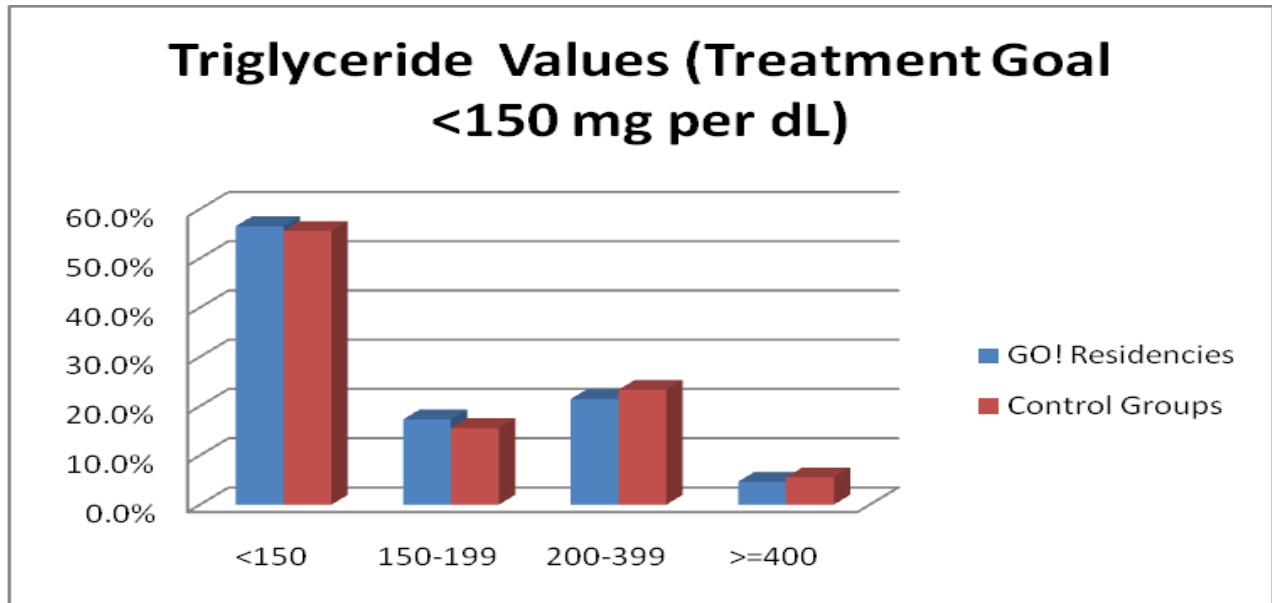
3. Lipid profiles in the past 12 months were charted on 86.1 percent of the GO! residency charts and 86.5 percent of the control groups' charts. Collected data reflects that 75.2 percent of the GO! residencies and 71.1 percent of the control group have patients with a total cholesterol under 200.



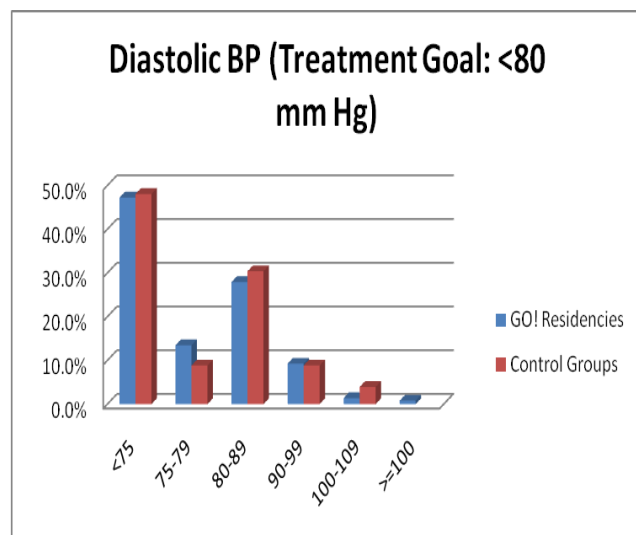
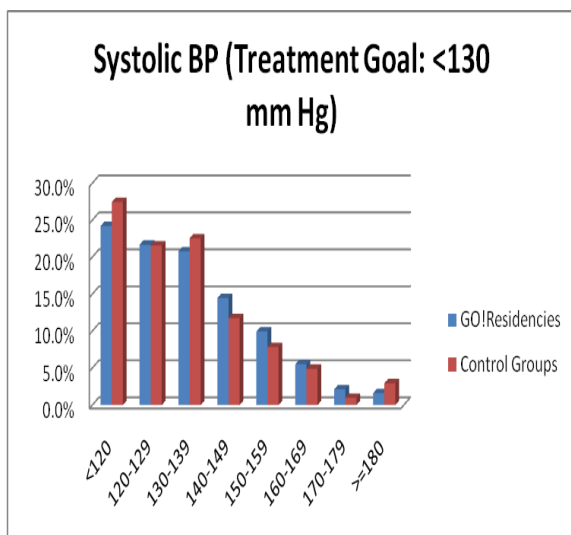
4. Diabetic patients' LDL and HDL were documented and 50.8 percent of the GO! residencies and 49 percent of the control groups have patients meeting the LDL target of <100 mg. per dL. The HDL goal of 40 mg. per dL was met by 43 percent of the GO! residency and 52.2 percent of the control group residencies.



5. Just over 50 percent of the charts from both the GO! residencies and the control groups reflect their patients are at the triglyceride goal of <150 mg per dL.



6. Blood pressure was a fairly consistently documented measure, with 98.6 percent of the GO! residencies and 98.1 percent of the control groups' charts reflecting that a blood pressure (BP) was taken in the past 12 months. However neither group had even half of their patients meeting systolic BP goals (45.9 percent GO! residencies and 49.1 percent control groups). The diastolic goal of <80 mm Hg was met by 60.7 percent of the GO! residency charts and 56.8 percent of the control groups' charts.



## Phase Four: Chart Baseline Data-Preventive Care

7. The chart review revealed that 39.7 percent of the GO! residency patients and 28.8 percent of the control groups' patients had documentation of a dilated retinal exam in the past 12 months.
8. Documentation of a complete foot exam (by visual inspection, monofilament and pulse exam) within the past 12 months was found in 66.9 percent of the GO! residencies and only 28.8 percent of the control groups.
9. GO! residencies' charts revealed 41.5 percent of their patients received a flu vaccine in the past 12 months versus 21.2 percent of the control groups' patients.
10. A recommendation for aspirin therapy was documented in over half of the charts (59.2 percent for GO! residencies and 57.4 percent of the control groups).
11. Documentation of smoking status of a diabetic patient was found in 96.7 percent of the GO! residencies and 100 percent of the control group charts.
12. For the patients who are currently smokers (20 percent in the GO! residencies and 26.9 percent in the control groups); counseling to stop smoking was documented on 17.8 percent of the GO! residencies' patients and 19.4 percent of the control groups' patients.

## Phase Four: Continued Patient Registry



One of our areas of focus for practice change is the Diabetes Master Clinician Program. The Georgia and Oklahoma Chapters have partnered with the Florida Academy of Family Physicians Foundation to incorporate our GO! Diabetes program into a current diabetes registry (**FAPFP Master Clinician Diabetes Program**) that automatically produces report cards for both the patients and the clinician.

We marketed this opportunity to all of the residency programs participating in GO! Diabetes and five expressed interest in participating; 2 from Texas, 1 each from Georgia, Oklahoma and Tennessee. By the deadline two programs (one in Oklahoma and one in Tennessee) submitted letters of interest.

Dr. Edward Shahady, the medical director of the program is in the process of vetting each program with an application form and phone interviews and selected the following programs to receive the education and hands-on training to implement the registry in their programs: University of Oklahoma – Tulsa and University of Tennessee – St. Francis (Memphis). The initial training will begin in Tulsa in January 2010.

Dr. Saria Carter Saccocio, one of the lead GO! Diabetes faculty made a presentation at the Georgia Academy of Family Physicians Annual Scientific Assembly on the impact of using a patient registry for the care of the Floyd Family Medicine Residency Program diabetic patients. This residency program participated in the pilot 2008 GO! Diabetes project and then expanded their initiative to participate in the Florida Foundation Master Clinician Diabetes Program. Dr. Saccocio reported the following measurable improvements in patient care:

### Diabetes Registry Impact

Values	All Clinics	Start 9/08	Now 10/09
Weight	211	228	224
BMI	34	39	36
BP	132/77	144/80	135/78
A1C	7.3	8.1	8.2
Total cholesterol	179	168	167
LDL	100	94	87
HDL	45	41	45
Triglycerides	174	165	180

### Diabetes Registry Impact

Values	All Clinics	Start 9/08	Now 10/09
Group visits	3%	0%	14%
Eye exams	19%	22%	44%
Foot exams	31%	16%	58%
Microalbumin	28%	16%	51%
Pneumovax	30%	0%	64%
Flu vaccine	19%	32%	43%
Aspirin use	47%	29%	52%

## Phase Five: Continued Group Learning – Conference Calls

The conference calls series continues for all participants in the GO! Diabetes program. (See Addendum A for the follow up notes offered after each call.



Call #	Date/ Time	Topic	Faculty
1	July 22 11 am CDT noon EDT	Using METRIC	TerriLynn Miller, AAFP
2	August 5 Noon CDT 1 pm EDT	Nutrition/exercise/self-management counseling in the REAL WORLD (not just textbook and theoretical but how do we get everyday people practicing realistic nutrition/exercise)	Alice House, MD
3	August 26 11 am CDT Noon EDT	Transition from po meds to insulin (long-acting vs. intermediate; maintaining po meds with insulin; byetta vs. symlin with long-acting; all other forms of insulin)	Matt Dowell, DO
4	September 16 Noon CDT 1 pm EDT	Preparing a poster for GO! Diabetes, tips, essentials, what to expect...	Neeru Chopra, MD (GO! Diabetes poster accepted for the 2009 AAFP meeting)
5	October 7 11 am CDT Noon EDT	Using ancillary staff (how to utilize your MA's, RN's, etc AND improve the medical staff morale by doing so)	Saria Carter Saccocio, MD
6	October 28 Noon CDT 1 pm EDT	Diabetes Educators- group visits	Amparo Gonzalez, RN, BSN, CDE
7	November 18 11 am CST Noon EST	Smoking Cessation/SHS exposure, New tips or pearls	Dustin Baylor, MD

## Phase Six: Research Poster Competition

On November 13th, the GO! Diabetes Summit and Research Poster Competition was held in Atlanta, Georgia. There were 8 abstracts submitted and reviewed by the abstract review committee. The Review Committee was made up of the 4 lead GO! Diabetes physician faculty. Seven abstracts were accepted from the following residency programs:

- The Medical Center Family Medicine Residency Program in Columbus, GA
- Floyd Medical Center Family Medicine Residency Program in Rome, GA
- Memorial Family Medicine Residency Program in Sugar Land, TX
- Morehouse School of Medicine Family Medicine Residency Program in Atlanta
- Mount Sinai Family Medicine Residency Program in Chicago, IL
- Portsmouth Family Medicine Residency Program in Portsmouth, VA

Posters were accepted in two categories (1) family medicine residents, and (2) family medicine faculty. (See Addendum F)

Faculty category:

1. *Is My Patient Sugar Free? Resident Perception of DM Care*
2. *Implementation of a Multidisciplinary Approach to Improve the Outcomes of Diabetes Markers*

Resident category:

1. *Utilization of Diabetic Flow Sheets and ADA Clinical Practice Guidelines to Improve Outcomes in Diabetics*
2. *Improving Diabetic Eye Care in a Family Medicine Residency Clinic*
3. *Together We Can See: Partnerships for Sight*
4. *Seeing Is Believing*
5. *Promoting the Change*



The posters were prominently displayed during the Georgia Academy of Family Physicians annual meeting with over 630 attendees.



The Research Poster Competition was judged by three nationally known physicians using the following criteria:

1. Value to family medicine
2. Scientific/Informational content
3. Not promotional in nature
4. Ethical
5. Consistent with AAFP policy
6. Appropriate exhibit design



David Ellington, MD  
Family Physician  
AAFP Board Member  
Virginia



Ed Shahady, MD  
Family Physician  
Medical Director, Diabetes  
Master Clinician Program  
Florida Academy of  
Family Physicians Foundation



Mark Stoler, MD  
Family Physician  
Chicago, IL

## Winning posters for the faculty category were:

*~Is My Patient Sugar Free? Resident Perception of DM Care*

*~Implementation of a Multidisciplinary Approach to Improve the Outcomes of Diabetes Markers*

## There were three resident winners:

*~Improving Diabetic Eye Care in a Family Medicine Residency Clinic*

*~Seeing Is Believing*

*~Promoting the Change*

Copies of the posters can be found in Addendum B. Each of these authors will receive travel funding to present their posters at either the 2010 AAFP Annual Scientific Assembly or the 2010 American Diabetes Association Annual Meeting.

## Phase Six: Research Poster Competition - Update from 2008 Project

Neeru Chopra, a third-year resident in the Floyd Family Medicine Residency program, recently won third place and an honorable mention award for her presentation at the National American Academy of Family Physicians Scientific Assembly.

“Patients as Change Agents: The New Era” detailed the re-engineering of the Family Medicine Residency Clinic to enhance diabetic care. The presentation focuses on the success of a patient-centered home care model for chronic diabetes through the use of a free, online chronic disease registry and physician-based interventions.

“Through system change and redesign, with the patient’s needs at the core of our purpose, we have been able to demonstrate cost savings by focusing on value-based care. With the adaptation of this diabetic registry, patients will get comprehensive, up-to-date diabetic care, which is so important today,” said Chopra.

Chopra was also awarded first place and a grand prize of \$10,000 for the project in the 2008 GO! Diabetes research competition. She earned the Family Medicine Resident Award for Scholarship from the Association of Family Medicine Residency Directors, the North American Primary Care Research Group and the College of Family Physicians of Canada, developed to recognize resident scholarly activity and promote increased family medicine research.



## Phase Six: GO! Diabetes Summit



Invitations to the GO! Diabetes Summit were emailed to every Diabetes Change Agent as well as every faculty or resident who completed their initial five or ten chart entries into the METRIC system. We had attendees register from 10 states (Florida, Georgia, Illinois, Kentucky, Louisiana,

Michigan, Missouri, Oklahoma, Texas and Virginia).

The session started with an overview of the project by Dr. Leonard Reeves, a GAFP leader and GAFP President-Elect. Then each attendee was asked to share their “Ah ha” moment with this project. The one thing they learned that was a surprise or disappointment or an important lesson.

# Ah Ha!

**The GO! Diabetes Summit participants were asked to share their “Ah Ha” moment with this project. Their comments are listed below:**

- We can establish a registry, even just using a spreadsheet
- A registry will show peers a way to improve
- We had to search charts for foot and eye exams, we re-did the chart form to improve documentation
- Residents were not seeing enough diabetic patients for chronic care so we changed their patient mix, and we are considering group visits
- We increased the emphasis on existing flow sheets and are using a diabetes educator for group visits
- We learned that the EMR is not as helpful as we expected
- Our EMR is good for diabetic care but didn't have aspirin on the med list since it is an OTC. We improved our documentation
- Patients are excited about using a checklist
- We learned it is easy to do METRIC
- We learned what diabetes educators can do and what resources they have
- Physicians need to use staff more to improve care of chronic patients
- We were giving the care but not documenting it
- We are looking at systems within our residency to improve care
- Watching the system work!
- Chart reviews revealed patient compliance issues so we started contacting patients to increase their visits
- METRIC revealed our greatest weakness in managing patients-eye exams so we set up a process to increase cooperation and communication with eye care professionals
- Finding a source for free monofilaments from one of the conference calls!

Then certificates were presented to recognize the attendees. (certificates will be mailed to everyone who could not attend).

### Participation Awards

were given to every Diabetes Change Agent who attended a GO! Diabetes Train the Trainer session and then returned to their local residency program and gave a local GO! Diabetes program to their colleagues.



### Excellence Awards

were given to each Diabetic Change agent who attended a GO! Diabetes Train the Trainer session and then returned to their local residency program and gave a local GO! Diabetes program to their colleagues **and** then recruited at least 75 percent of their colleagues to enroll in the METRIC system and enter the required number of patient charts for baseline data.

We also took the time to recognize the American Academy of Family Physicians staff person who manages the METRIC program and who has provided exceptional customer service and assisted so many of those physicians who were learning how to use the METRIC program.



## 2009 GO! Diabetes Patient Advocate Award

Fay Brown, Executive Vice President of the Georgia Academy of Family Physicians and Sam Blackstock, Executive Vice President of the Oklahoma Chapter of the American Academy of Family Physicians presented a surprise award. Sanofi-aventis was presented with the 2009 GO! Diabetes Patient Advocate Award.

The GO! Diabetes project has allowed a paradigm shift to occur in how over 50 residency programs care for their diabetic patients. This education would not have been possible without the strong leadership of sanofi-aventis.

The family medicine community applauds, the ongoing efforts to battle this devastating chronic illness and appreciate sanofi-aventis' working with family physicians who see so many patients affected by diabetes. The award was accepted by Amy Soto, representative from sanofi-aventis.



*Evaluations from the Summit attendees*

1. Rate the overall GO! Diabetes project ~ 83 percent excellent, 17 percent very good
2. Rate the METRIC component of the GO! Diabetes project:
  - a. ease of use ~ 67 percent excellent, 33 percent very good
  - b. data entry ~ 50 percent excellent, 50 percent very good
  - c. customer support ~ 100 percent excellent,
3. Rate the usefulness of the information you received in:
  - a. Train the Trainer ~67 percent excellent, 33 percent very good
  - b. Continued Learning Calls ~ 33 percent excellent, 67 percent very good
  - c. Follow up communications by staff ~67 percent excellent, 33 percent very good

**100 percent of the respondents stated they changed the way they managed diabetic patients**

4. What did you change?

- Attention to feet, eye exam documentation.
- Better data input into EMR.
- The action of plan was a guide to provide high quality diabetes care.
- Adjusted resident chronic diabetic patient numbers.
- Tighten SBP, increase foot care and microalb surveillance
- We did a system redesign

5. What barriers/challenges did you face with this project?

- EMR is not as helpful as we thought regarding creating a patient registry.  
Short timeframe July-August
- Getting everyone to participate
  - Lack of program support to motivate and encourage residents to participate.
  - System based-(motivating efficiency/timely responses)
  - Working with Hispanics

## **Project Challenges/Lessons Learned:**

Some residency programs reported while wanting to participate, time and resource limitations prevented them from including any additional activities to their curriculum. Others requested notice to participate at the beginning of the calendar year so they could incorporate the activity into their calendar.

More marketing was needed to confirm the programs' participation as the launch of the project directly coincided with residency program graduation (June) and the new interns/ first year residents (July) beginning their first rotations.

Maintaining the momentum of this project requires frequent interaction with the change agents after they returned to the many demands of patient care and residency program activities. They required emails from the project managers several times a month to keep them on track and to ensure deadlines were met.

Additionally many of the residency learning sessions/rounds are scheduled months ahead, so getting time on the conference schedule for the local GO! Diabetes program has been difficult for some.

## **Successes to date:**

There has been overwhelming enthusiasm and genuine excitement from the change agents who attend the Train the Trainer sessions. Many experienced faculty have embraced the project wholeheartedly and are encouraging their resident change agents and programs to participate fully.

Anecdotal comments heard at the Train the Trainer sessions:

“I’m calling a staff meeting on Monday; the only data in our charts is a blood pressure that the nurse takes!”

“I plan to call this patient with an A1C of 11 back into my office as soon as I return.”

“I have a much better understanding of why managing hypertension is so important with my diabetic patients.”

“Residents dread taking care of the program’s diabetic patients, with this program, they will begin to embrace the total care of the patient and start working with them to find slow but steady improvements in their health.”

The enthusiasm for this project built over the year. Here are some quotes from participants:



“We are going to do the training on Sept 16th. We should have the pre-registration in by the end of the week. The faculty is very excited about it and we are looking forward to presenting.”

“Regarding the practice improvement ... are proceeding with a practice improvement initiative to increase the pneumonia vaccination documentation rates.”

“This is exactly what I was hoping for. The intervention which I would like to start based on initial Metric assessment is a Diabetes Registry, and the Master Clinician Program management system includes that and so much more. I would love to have demonstration materials to present to our faculty.”

“Again, we are excited about the project and its potential for enhancing our own performance, along with patient outcomes.”

## **Summary:**

This project has had a dramatic impact on the care of diabetic patients seen in family residency programs throughout the south and mid west. With just the additional training on the most current guidelines for managing diabetic patients, 1,070 residents and physicians are more aware of the best way to care for patients with this chronic condition.

Additionally, reviews of 4,609 patient charts resulted in a database with data on several critical elements required to monitor health status. The follow up chart reviews will reflect the results in patient outcomes from the changes in physician practice.

An Executive Summary will be sent compiling final METRIC numbers by January 5, 2010.