Your Clinical Practice

Making Our Diabetes Patients' Office Visits More Productive

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I am sitting at my desk on one of those rare slow days at the office, thinking about the things we do in practice every day to make our patients' lives better. So many days it is a mad rush from patient … to phone call … to computer … to the next pressing issue. It is really nice to have a little time to think.

We do a lot of health care in a short period of time when our patients come in for their diabetes visits. We update histories, check medications, go over current problems, download meters and pumps, check glycosylated hemoglobin (A1C) values, order laboratory tests and diagnostics, do physical examinations, teach and/or review self-management skills, and plan for the future. It is a real privilege to be part of a health care team that makes all of these things happen in such a short period of time.

While this is all good, I wonder what my team and I can adjust or move around to get even more value out of our patients' visits.

ENCOURAGE PATIENT PARTICIPATION

Ideally, it starts with a patient who comes to the visit motivated to participate and engage in continuous improvement of his or her care. Unfortunately, it is a rare patient who presents in this manner…de novo; rather, this is a concept that we might be able to introduce, encourage, and teach. We might start by allowing time during the visit to encourage our patients to ask questions. Yet asking questions does not come easily for many patients. They may be fearful that any questions they ask will reveal weakness or a lack of knowledge, or they may be concerned that the disease is getting worse. They may have felt rushed during office visits in the past and asking questions may not have been encouraged, or even considered. It is important, therefore, to encourage our patients to ask questions. We can invite them to make a list of questions for their office visits that we can review together. We might be surprised by what we learn from the questions they ask.

It is helpful to ask our patients questions, too. For example, we might ask our patients what "diabetes success" would look like to them. For many patients, this is not a well-formed thought. It is something they probably envision as "good," but it is vague and somewhere off in the distance. To help them formulate this concept, we might ask each patient to consider some specifics; for example, would the patient exercise more, eat a more balanced diet, or keep blood sugar levels better controlled. We can use whatever our patients suggest to help them set reasonable short-term goals that will begin the process of achieving their overall goals. We might help our patients understand that small steps make a big difference. As the results of these small steps begin to accumulate, they will see that their larger, overall goals can be attained.

Many patients may be hesitant to participate during their office visits, as they may have been negatively affected by previous experiences with their diabetes care. There is this state I call the "Beaten Diabetes Syndrome," where patients have heard and internalized any and all negativity surrounding their behavior and self-care and little of the praise or encouragement they may have received. Therefore, we must be careful to avoid negative statements. We must let patients know that it is safe to ask questions, and it is safe to discuss their frustrations and failures. It is during these discussions that the opportunities for learning and behavior change can occur. If patients find their diabetes-focused visits to be positive, hopeful experiences, they may begin to ask questions, and they may become open to behavior change both in their diabetes care and in their approach to the office visit.

These changes will not happen in just a few office visits but likely will occur over time. If we can take these steps, however, our patients may be able to evolve into engaged and proactive patients and partners in their care.

THE TEAM MANAGEMENT APPROACH

In my practice, we use a team management approach to improve our health care procedures. Every member of the team—receptionist, nurse, medical assistant, diabetes educator, associate physician—brings their talents, gifts, and knowledge base to the table. We realize that leveraging the value of each team member can enhance the care experience for our patients.

We set aside time as a team to discuss our current procedures and ideas for change. We think through a typical office visit and consider the procedures the patient encounters. We ask several questions: Are the procedures efficient? Do we

get all of the information we need? Are unnecessary things being done? Are our procedures and practices meeting the clinical practice guidelines of the American Diabetes Association and/or the American Association of Clinical Endocrinologists?

Our practice teams can be invaluable in helping us review our health care procedures against the accepted diabetes guidelines. If we put these guidelines on the table for review and discussion, and encourage our staff to brainstorm, each team member may see these guidelines from a different perspective and be able to suggest reasonable and effective changes.

Another part of improving our health care procedures involves self-reflection. Are we contributing to the team atmosphere in our practices? Are we encouraging that critical team mindset? And what value are we adding to the overall patient experience?

I will give you some examples of how we have used this team mindset in my office. For our diabetes patients, we download meters/pumps/sensors at each office visit. My receptionist noticed this and at her suggestion we put a stack of small plastic baskets at the sign-in area for patients to place their devices in. She puts a patient identification sticker with the basket and brings the basket back to the computer station. Whoever sees the basket there—a physician, nurse, or medical assistant—plugs the device in and starts the download process, and then moves on to the next task. This simple change noticeably speeds up our care process. Someone else suggested that we view A1C as a vital sign. A1C is now placed in the header with other presenting information. Our nurse educator gets a standing order signed for A1C testing with the initial referral for diabetes education. If it is time, the A1C test is done. This step significantly adds to the value of the office visit.

We are now thinking about removing all of the posters/messages from the office walls and laying them out in the conference room to see if they are meeting our current needs for our patients. Those posters that are useful will go back up in a different location with an expiration date in the corner, and those that are not meeting our needs will be discarded. I look forward to this process with my team, as we always get something better than we imagined when we started.

OUR BEHAVIOR CAN AFFECT OUR PATIENTS' BEHAVIOR

Another aspect to consider is how our behavior can affect our patients' behavior. When we meet a patient, do we shake hands and make eye contact? Does our demeanor show confidence and caring? When we discuss a new medication, do we present a calm and optimistic attitude? Our attitude and demeanor will transmit to the patient and may be the key that encourages the patient to try something that he or she might not otherwise be willing to do. When it is time to make a change in our patients' treatment regimens, do we tell them what to do, or do we offer some options and ask patients what they are willing to do? This is a critical change in mindset. We move from being the "director" to being someone who is advising the patient and encouraging participation in his or her diabetes care.

DIABETES CARE REQUIRES CONSTANT LEARNING

Diabetes care is a rapidly evolving area of medical care. If we are practicing what we were taught in residency, even if it was only 5 years ago, we are likely obsolete. To be current, we must read current diabetes literature regularly, as well as the package inserts for any medications that are unfamiliar to us. We can also use the Internet. It is a valuable tool, as it gives us easy access to the medical literature and pertinent Web sites. By attending local, regional, and national meetings for diabetes care, we have access to the knowledge and experience of thought leaders in our field. We might also be able to learn from our patients' perspectives if we can take the time to listen to their concerns and questions, and maybe even view patient blogs. These are all wonderful opportunities to refresh and extend our knowledge of diabetes.

SUMMARY

Improving our health care procedures is ideally a collaborative and ongoing process, yet it takes time we may not feel we can easily afford. If we can consider how we might make even one change to improve our procedures, we might also be able to help improve not only the capabilities and skills of each member of our health care teams but also the ability of our patients to engage in effective diabetes self-care.