

**Title:** Shared Medical Visits for Patients with Diabetes Using U-500 Regular Insulin in a Veterans Hospital Outpatient Diabetes Clinic

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**Background:** Some patients with Diabetes Mellitus Type 2 develop severe insulin resistance requiring a transition from U-100 regular insulin to U-500 regular insulin (Cochran & Gordon, 2008). Because there are a growing number of Veterans using U-500 insulin, the outpatient providers must be more efficient at educating and equipping these patients with self-management skills needed to meet individualized health-related goals.

**Purpose:** To implement and evaluate shared medical visits for patients with diabetes using U-500 insulin to: provide diabetes self-management education, assist patients in developing and achieving self-management goals, provide peer support and to improve access and quality of care to meet ADA guidelines

**Literature Review Findings** Clinical practice guidelines (VADoD, 2014) have very clear recommendations for interactive and collaborative self-management education, individual follow up and practices to improve patient adherence. They also suggest that to provide ongoing support, approaches like group visits be considered. Overall, research supports the use of group medical visits to improve measures of cardiovascular risk, patient self-management skills and peer support, increase access to care and adherence to guideline recommendations (Edelman, D., McDuffie, J., Oddone, E., Gierisch, J., Nagi, A. & Williams, J., 2012).

**Implementation Strategies:** Six patients participated in 8 Shared medical lead by a Nurse Practitioner, 2 RNs and a registered dietician. Biometric data and feelings of support were measured at baseline, program completion, and 3 months post program completion.

**Conclusion:** Consistent with prior studies, results of this shared medical visit quality improvement project demonstrated clinically significant changes in outcomes related to patients biometric data related to cardiovascular risk, participation in self- management activities, perceived level of support as well as provider productivity and cost effectiveness.