
Engaging Patients in Diabetes Education through Conversation Maps®

Henry Ford Medical Group, Detroit, Michigan

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In June 2007 the American Diabetes Association released the revised national standards for diabetes self-management education (DSME), requiring a shift from the traditional didactic teaching style to a more action-oriented, patient-centered method of education. The Henry Ford Medical Group's Diabetes Care Centers, which routinely offer the DSME program, subsequently adopted the Conversation Map® tool (Healthy Interactions, Inc., Chicago, IL) for integration with the DSME curriculum. This required a multistep process to learn and implement the new teaching style for engaging patients in education. The Diabetes Conversation Map is a large tabletop display engaging up to 10 patients, using printed cards with various diabetes discussion topics. In addition to training on the Maps, the educators underwent training in group facilitation techniques and motivational interviewing techniques. Henry Ford implemented the DSME Diabetes Conversation Map course at five Diabetes Care Centers across southeast Michigan in 2008. Results have shown gains in program completion rates, patient satisfaction scores, and interactivity of class sessions. The Diabetes Care Center programs, including the DSME Diabetes Conversation Map, remain unique in the integration of depression screening for Henry Ford patients. In 2009, the depression screening rate reached 70% of eligible patients with detection of possible depression in 20%.

Meeting the Challenge of Patient-Centered Care for Diabetes Education

<http://www.henryford.com/body.cfm?id=53039>

Aim

To develop a curriculum for the diabetes self-management education (DSME) program exemplifying the importance of action-oriented, behavioral goals and objectives delivered in a patient-centered method for learning.

Measures

- Patient satisfaction scores for the DSME program before and after implementing the Diabetes Conversation Map®.
- DSME course completion rates before and after implementing the program changes.

Changes

- We adopted the "Conversation Map®" (Healthy Interactions, Inc.) which serves as a facilitation tool for health care professionals to engage groups of patients in conversation around a topic such as diabetes.
- All diabetes educators attended a workshop on the introduction and use of the Diabetes Conversation Map in February 2008. Of the first groups attending this workshop, two educators embraced the new model and agreed to be early adopters. These staff participated in a meeting with the entire DSME staff to gain team acceptance of the new

teaching method and to develop a standardized curriculum integrating the DSME content into the Conversation Maps as the core curriculum. The standardized curriculum blended the best practices of the traditional DSME class content with the new education style. Depression screening was a core component of DSME that we wanted to maintain. After numerous iterations, depression screening was successfully incorporated in the initial assessment.

- Training in health literacy, a workshop on facilitation skills, and training on motivational interviewing were provided for the diabetes educators as well.
- The change process evolved over time and required a tiered learning approach for the diabetes educators with roll-out of the Diabetes Conversation Map program in the five Henry Ford Diabetes Care Centers over the course of 8 months in 2008.

Results

- Satisfaction scores remain excellent pre and post program changes.
- Class completion rates increased by 11% overall with some site to site fluctuation.
- A1C and lipid control for DSME graduates exceed the rates for the overall Henry Ford Medical Group diabetes population.
- Racial disparities are present in the diabetes population; DSME program data show that for certain measures we have overcome those disparities with diabetes education.
- Unique to our Diabetes Care Center programs, including the DSME program, is the integration of depression screening; results showed a screening rate of 70% in eligible patients with a detection of possible depression in 20%.

Next Steps/Lessons Learned

- Ensure that all staff members utilize the Conversation Map tool, standardized handouts, and curriculum throughout the Diabetes Care Centers.
- Track class completion rates to investigate trends for process improvement and share with DSME staff each month.
- Continue reviewing and responding to patient feedback from the class survey.
- Share our success story. "Meeting the Challenge of Patient-Centered Diabetes Education" was published in the *Group Practice Journal* of the American Medical Group Association in the July/August 2009 issue.
- Early adopting colleagues make the best trainers for the process.
- The Conversation Map environment allows patients to learn from each other and the patients show more enthusiasm with the information delivered.
- Teamwork is essential in providing quality patient care. Teamwork between nurses, dietitians, behavioral nurse practitioners, and management was essential to the development of appropriate evidence-based diabetes education curriculum.
- We will continue to monitor for sustained improvement in the clinical metrics and the reduction of health disparities.

For more information about this project, contact Pamela Milan, Henry Ford Diabetes Care Centers, pmilan1@hfhs.org.

Also available: Eis R, Milan P, Goffin J. Meeting the challenge of patient-centered diabetes education: Using diabetes conversation map education tools. *Group Practice Journal* 2009 (July/August): 34-38. Contact Robert Eis, reis1@hfhs.org.

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