

Exploring group checkups for diabetes, Parkinson's

May 2 2011, By LAURAN NEERGAARD , AP Medical Writer

(AP) -- Wait a minute, Doc. You want me to share my appointment with 10 other patients?

Group appointments aren't just for psychotherapy anymore. Put diabetes, [high blood pressure](#) and maybe even Parkinson's disease on the list.

Shared checkups aim to help [patients](#) who are battling certain chronic diseases, and they're far from the typical 15-minute office visit. They're stretched over 90 minutes or even two hours, offering more time to quiz the doctor about concerns, learn about managing the disease - and get tips from fellow patients.

What's in it for the doctor? A neurologist found he learned more about how his Parkinson's patients were faring by watching them interact with others than when he had them one-on-one.

"I can see if you're getting worse over the course of the visit, your ability to eat, to walk, to converse and to think," says Dr. Ray Dorsey, who led a pilot study of group checkups for Parkinson's patients at the University of Rochester Medical Center.

"This is a new way of delivering health care," adds Dorsey, now at Johns Hopkins University. "People are thirsting for better ways."

It's a small but slowly growing trend that promises to get more attention

with the tight supply of [primary care physicians](#), who find it hard to squeeze in time to teach their patients how to deal with complex chronic illnesses like diabetes. An American Academy of Family Physicians survey found more doctors trying the group approach - about 10 percent of its active members in 2009, up from fewer than 6 percent in 2005.

Peer pressure among patients helps, says family physician Dr. George Whiddon of Quincy, Fla. He has about 40 [diabetic patients](#) divided into groups for shared checkups at Tallahassee Memorial Family Medicine Quincy, and he wants to add more.

One woman with uncontrolled diabetes for years confessed to fellow patients that she'd ignored Whiddon's "eat better, take your meds" advice for too long.

"Now I only have one toe left. I should have listened," Whiddon recalls her saying. "That had more impact than anything I said all day."

Group appointments don't replace the patient's annual in-depth physical. But many people with [chronic illnesses](#), especially if they're not well-controlled, are supposed to have additional follow-up visits about every three months - an opportunity for shared checkups that stress patient education.

But how well do these group visits work? Evidence is mixed. An Italian study published last year found that diabetics who took part in them lowered their blood sugar, blood pressure and cholesterol more than similar patients who got regular individual office visits.

A separate study at two Veterans Affairs Medical Centers, in North Carolina and Virginia, tracked people with poorly controlled diabetes and blood pressure and also concluded shared appointments can improve care for some people. Those in group visits significantly improved their

blood pressure and needed less emergency care, but there was no difference in diabetes improvement between patients who had shared checkups or regular ones.

Parkinson's marks the newest attempt. Dorsey recruited 30 Parkinson's patients and assigned half of them to 90-minute group checkups, and the rest to regular private visits that lasted a generous half-hour. During group visits, everyone got a few minutes for private discussion with the doctor. Then Dorsey gave an educational talk about a Parkinson's topic the patients had previously requested - from the newest research, to why symptoms vary so widely, to how patients cope at work - and took group questions.

Medically, both sets of patients fared equally well during the year-long study, showing that group visits are a feasible to offer, Dorsey reported last week in the journal *Neurology*.

What the study couldn't measure, Dorsey says, was how he watched patients' interactions for subtle signs that they needed prescriptions adjusted, things like cognitive problems or if medications wore off too quickly. One meeting even devoted 45 minutes to the pros and cons of implanted brain stimulators to curb tremors.

"Many heads are better than one. They think of questions you wouldn't normally think of by yourself," says Jim Euken, a retired judge and Parkinson's patient from Belmont, NY. He began exercising on a bicycle after one of Dorsey's group visits discussed research showing some patients still can bike when they can barely walk, for unknown reasons.

Euken joined some fellow study participants who petitioned the hospital, unsuccessfully, to continue group visits when the study ended: "It's not that I don't get good care. I do. But I still think I learned more and I think the process was better doing it in a group format."

More research is needed to determine which patients fare better with group visits, plus they take a lot of doctor preparation, cautions study co-author Dr. Kevin Biglan of the University of Rochester.

Medicare will reimburse the doctor for each patient in a shared checkup with proper documentation that the visit includes certain elements, says Florida's Whiddon. For his office, that means breaking even, as long as at least six people show up for his two-hour diabetes groups.

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