



A CME Series in Practice Management

September 2005

*In this newsletter*

- Endo Group Visits ..... 3
- Tips for Motivating Staff .. 5
- CME Test and Evaluation .. 7

# Technology for DM

## New Tools Help Endos Enhance Care

by Bonnie Darves

Bonnie Darves, a freelance healthcare writer from Lake Oswego, Ore., first wrote about disease management (DM) in the May 2005 issue of The Patient-Centered Endocrinology Practice. Here, she explores in-depth some of the tools available to endocrinologists.

On a Tuesday afternoon in June, endocrinologist Charles Gegick, MD, makes a quick stop in his office between patient exams to pick up a status report on how his patients with diabetes are doing and, by extension, how he and his practice are doing in managing their care. Using a software program called *DiaTrends*, which he codeveloped, a few mouse clicks are all Gegick needs to generate a report that affords a near real-time snapshot of the 1,300 active patients in his Greensboro, N.C., practice.

The reports, which Gegick views as his professional report card, show average hemoglobin A<sub>1c</sub> levels, number of

patients on statins, and number of patients who've attained target LDL-cholesterol levels. The technology tool and the patient registry it creates have not only spurred patient-management improvements in the three-physician practice, they have also helped patients become more active participants in managing their diabetes. "It's well-known that what gets measured gets done — and since we started measuring how we are doing in managing our patients, we've become much more proactive about addressing risk factors," says Gegick, noting that patients, too, receive a computer-generated report that shows, for example, how

hA<sub>1c</sub> levels have changed since their last visit.

"We're goal-driven, and our patients know that. So they become part of the team," he says. If a patient's hA<sub>1c</sub> is higher than 8 percent, or cholesterol levels are worsening, he is asked to meet with the diabetes educator; he's also sent home with educational material that explains why the test results are a matter of concern.

### Benchmarking helps guide care

The main benefit of the technology-based tool is that it allows for a systematic approach to intensive, targeted diabetes

### Faculty Credentials

Bonnie Darves is a freelance healthcare writer from Lake Oswego, Ore. Lori Rogers-Stokes, PhD, is a freelance writer who specializes in education and healthcare. Elizabeth Woodcock, MBA, is an Atlanta-based speaker and author who focuses exclusively on the practice management field.

### Medium and Method of Participation

This CME activity consists of a newsletter of eight pages in length, a post-test, attestation, and evaluation, which must be completed and submitted to receive credit.

- Original Release Date ..... September 2, 2005
- Expiration Date for Submitting Test for Credit ..... August 31, 2006
- Estimated Time to Complete This Activity..... 1 hour

### Disclosure

As a provider accredited by the Accreditation Council for Continuing Medical Education (ACCME), Medical Education Solutions Group (MESG) requires faculty members, authors, planners, and managers who affect the content of a continuing medical education (CME) activity to disclose financial relationships, of any amount, they have with commercial interests associated with this CME activity over the past 12 months only.

The authors, editors (Laurie Hyland Robertson and Joanne Tetrault), project manager (Whitney Stevens), and director of CME (Judy V. Lum) have indicated no commercial interests associated with this CME activity.

### Learning Objectives

*Upon completion, participants should be able to:*

1. Describe the use of disease management tools to engage patients in self-management and improve their care.
2. Assess group-visit model benefits for patients in their practices.
3. Develop effective staffing processes and guidelines to ensure continuity of patient access.



### Sponsorship Statement

This continuing medical education (CME) activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) and is sponsored by Medical Education Solutions Group (MESG).

### Accreditation Statement

MESG is accredited by the ACCME to provide CME for physicians.

### Acknowledgment of Commercial Support

This activity is supported through an educational grant from sanofi-aventis.

### Endorsed by

The American Association of Clinical Endocrinologists.

### Series Overview/Statement of Need

Medical students, residents, and practicing physicians alike typically receive little training addressing the business and operational aspects of clinical practice. Ninety-eight percent of resident physicians report that they are "somewhat" or "totally" unprepared to handle the business aspects of their professional careers (*source*: "Survey of Final Year Medical Residents," Merritt, Hawkins & Associates). Other research reveals that physicians, on average, spend the equivalent of more than one day of each week managing the business of their practices; providers describe that time as "challenging" or "extremely challenging." Most physicians wish that they spent more time practicing medicine and less time running a business.

Effectively managing the business and operational dimensions of clinical practice can have a measurable and significant impact on the quality of patient care, and on patient satisfaction with that care, both individually and in aggregate. An effectively managed practice also nurtures professional satisfaction with work in clinical practice. The CME activities presented here seek to address the practicing physician's need for practice management education in pursuit of both improved patient care and professional satisfaction.

### Target Audience

This CME activity is intended for endocrinologists and other healthcare professionals with an interest in improving their medical practice in the field of endocrinology management.

### Credit Designation Statement

MESG designates this educational activity for a maximum of 1.0 category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

### Evidence-Based Content Statement

Educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently are consistent with the ACCME definition of CME. As an ACCME-accredited provider of continuing medical education, it is the policy of MESG to review and ensure that all content and any recommendations, treatments, and modes of practicing medicine presented in CME activities are scientifically based, valid, and relevant to the practice of medicine. MESG is responsible for validating the content of the CME activities it provides. Specifically, (1) all recommendations addressing the medical care of patients must be based on evidence that is scientifically sound and recognized as such within the profession; and (2) all scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to generally accepted standards of experimental design, data collection, and analysis.

### Unlabeled/Unapproved Use

The audience is advised that this material does not reference unlabeled or unapproved use of drugs or devices.

All material copyright © 2005 by Physicians Practice.

*The Patient-Centered Endocrinology Practice* newsletter is published by Physicians Practice, 5523 Research Park Drive, Suite 210, Baltimore, MD 21228.

Statements of fact or opinion are the responsibility of the authors alone and do not imply an opinion of the publishers or the officers of sponsoring organizations. Materials may not be reprinted without written consent from the publisher. For reprint or other information, call (800) 781-2211.

management. An embedded color-coded system shows the clinician which recommended tests, such as foot and eye exams, have been performed according to American Diabetes Association guidelines, and which are lacking or overdue. And because other practices using the *DiaTrends* system also enter de-identified patient data into the main database, endocrinologists can compare their statistics to those of their colleagues around the country. To date, 12,000 patients' data have been included in the registry.

Like Gegick, Joseph Prendergast, MD, is discovering that having diabetes patients' updated data readily available is changing his management style. "We all like to think that we're doing a good job managing our patients," says the Redwood City, Calif., endocrinologist. "But when you actually see your numbers, you realize there's room for improvement — and you become more aggressive about how you work with your patients."

### Empowered patients

Using the newly developed RemedyMD HouseCall disease management (DM) software and patient portal, which links to patients' medical records, Prendergast is involving patients in their own self-management. Patients are encouraged to keep a system-supported online journal in which they track their glucose levels, diet, and other issues. Patients can generate graphical reports of their own stats to show how they're progressing toward goals. The information can be communicated online through a secure system. When clinical indicators fall out of line with targets or the patient cites a concern, Prendergast can respond quickly.

"I just love this system. It's Web-based and easy to use, and it really helps put the physician back in control. I can run stats very quickly on an individual patient or my entire practice, while engaging patients in their own self-management," Prendergast says. "It also

allows me to get patients' records sent quickly to other doctors."

He also uses RemedyMD to manage prescribing activities through an application and associated database that enables him to check whether a prescription has been picked up or refilled, for example. "Your pharmacy management is always up-to-date, with the drug numbers and the pharmacy data," notes Prendergast.

Patients also have access to high-caliber, frequently updated educational materials and online discussion forums through the patient portal. Prendergast uses the RemedyMD secure messaging system to e-mail reminders to patients regarding needed testing or previously discussed recommended behavior modifications.

Recently, Prendergast began using the system to disseminate to patients short articles he's written about developments in diabetes treatment. "When new drugs or drug classes come onto the market, or a study turns up something interesting, I do a short write-up and send it to certain patients," says Prendergast, a recent recipient of the American Medical Association's Eliminating Health Disparities Award. "It's that idea of making patients 'experts' on their own condition, and I think that concept of patient empowerment is one of the most exciting things that's happened in medicine in recent years."

RemedyMD physician users also can participate in a hosted registry, OutcomeTrack, by entering de-identified patient data. That feature not only helps practices benchmark themselves, it may one day be a tool for helping patients choose a practice — endocrinologists can choose to publish their statistics through the system. "We think that's more advantageous to the doctor and the patient. The doctor will want to know how other practices were able to achieve such good statistics, and the patient will want to see which practices have good [outcomes] numbers," Prendergast says. "It's also more collegial."

### Tools encourage team approach

Although technology-enabled DM has been in place for about a decade, most programs are initiated by employers and offered through DM companies, without a direct connection to the physician's office. That concept is commendable in principle — any tools that can help patients better manage their own chronic conditions can improve quality of life and help reduce the burden of disease — but relatively few DM systems have directly linked doctors and patients. Products such as *DiaTrends* and *RemedyMD*, and others in development or newly on the market, are filling that gap.

Another technology-based product that transports physicians and patients from a static environment to more active, collaborative DM is *MediCompass*, developed by *iMetrikus*. The Web-based application not only enables endocrinologists and other physicians to collect automatically

uploaded patient data — through a computerized connection to various devices such as glucose monitors and insulin pumps — it also allows patients to tap into a secure shared patient record. Like *RemedyMD*, the system has the capability to issue prompts, alerts, and reminders.

Escondido, Calif., endocrinologist Timothy Bailey, MD, an assistant clinical professor at UC-San Diego, says that *iMetrikus* tools have vastly improved his communication and interaction with

patients, and fostered a team approach. He notes, "This system, especially the uploaded blood sugar data, enables our practice to be more proactive about patients' self-management efforts. ... It gives me objective measures and higher-quality, more real-time patient data, which enables me to make assessments more easily and to determine whether an intervention is needed." Such DM tools will doubtless continue to contribute to the evolution of endocrinology patient management for better care outcomes. ■

### Track Your Outcomes, Empower Your Patients

Resources for endocrinologists considering DM tools to manage their patients' care include:

- *DiaTrends*, Overlook Software, Inc. ([www.overlooksoftware.com](http://www.overlooksoftware.com); 336-274-0066)
- *iMetrikus* ([www.iMetrikus.com](http://www.iMetrikus.com); 760-804-8800)
- *RemedyMD* ([www.remedymd.com](http://www.remedymd.com); 877-736-3399)

# Good Group-Think

## Group Visits Improve Endo Outcomes

by Lori Rogers-Stokes, PhD

Lori Rogers-Stokes, PhD, is a freelance writer who specializes in education and healthcare.

Group medical visits: whether you know them as drop-in group medical appointments (DIGMAs) or shared medical appointments (SMAs), you definitely know about them by now. They've been gathering steam for nearly 15 years, since John Scott, MD, then with Kaiser Permanente, created the Cooperative Health Care Clinic (CHCC) model to manage his geriatric patient population. Maybe you know a colleague who conducts group visits, but you aren't convinced they're right for your patients or your practice. What's involved, and how do you get started?

### What's in a group?

The type of group visit discussed here, basically an SMA, focuses primarily on

follow-up care; it's an ideal format for providing support for chronic diseases like diabetes, which require patients to engage in intensive self-management.

Group visits usually involve a doctor, nurse, and facilitator. Each group has

patients with the same disease or condition and is usually made up of people roughly the same age — say, men over 50 who have recently been diagnosed with diabetes. The endocrinologist provides the medical information and one-on-one care. The nurse or

### Concerned About Patient Confidentiality?

Given all the attention the HIPAA regulations receive, patient confidentiality issues may be at the top of many endocrinologists' minds as they consider group visits. First, remember that the hands-on exams are conducted in private. Some experts recommend confidentiality waivers that let patients know they can take home information learned in the group but cannot identify anyone in it. And physicians who have implemented the group-visit model say they learn more about their patients in the group setting, which seems to encourage them to open up.

other staff member records vitals. The facilitator, who usually has a mental health background, is there to find out what questions and issues the group has before the session begins, hand out information to patients, and help the endocrinologist address patients' psychological and emotional needs. Most group visits run 90 minutes — a lot more time than a patient would likely get to spend with the endocrinologist during most traditional appointments — and follow roughly the same schedule:

- Patients gather in the group room (5 minutes).
- The endocrinologist, a nurse, or another staff member takes patients one at a time into a separate room to get their vitals. Patients waiting to be taken back learn about the topic of that day's visit — presented on a chalk- or whiteboard, an overhead, or by the doctor or facilitator (30 minutes).
- Once all patients are back in the group room, the endocrinologist provides education on the day's topic — for example, managing blood glucose levels

through diet — takes questions, and encourages group interaction (30-40 minutes).

- The endocrinologist or facilitator tells the group what the focus of the next visit will be (5 minutes).
- The endocrinologist meets with those patients who wish to have private, one-on-one time (20-30 minutes).

### The group goal

Why introduce group visits? Studies have shown that they increase both patient and doctor satisfaction. A two-year study funded by the Robert Wood Johnson Foundation showed that patients who take part in group medical visits experience several benefits, including a better understanding of their medical condition and a better relationship with and appreciation for their physician. Hospitalization rates went down 12 percent, and emergency room use decreased by 18 percent. Doctors felt greater satisfaction for all of these reasons.

Even though you may think of group visits primarily as a scheduling tool, their

true value is in patient education and support. They can actually mean more comprehensive care, too; a question asked by one patient in the group may not have occurred to another patient, who nevertheless benefits from the answer. A patient with a question about glucose monitors may get four answers from the group, each expressing a slightly different experience.

But is so much data overkill? Not at all, says Scott, now an associate professor of Medicine and Geriatrics at the University of Colorado Health Sciences Center in Denver. "You tap the wisdom of the group," says Scott. "Why do I take my insulin at 7:00 but Mildred over here takes hers at 10:00? 'I'm scared I might lose my foot; how does Jerry over there cope with having lost his foot?' And you put people who think they're all alone into a group where there are 15 other people with the same diagnosis. Without anything being said, they feel hope. They're not alone. Here are other people not just coping but succeeding. We call it the 'disconfirmation of uniqueness' — you're not the only one, you're not alone with your condition. There's no stigma."

Ed Millermaier, MD, internist and medical director for Pro-Med Health Care in Kalamazoo, Mich., agrees that the wealth of information shows patients they're not alone. It may also provide some surprising results through peer pressure.

"We did a little pilot study of diabetes group visits that we presented in March to the Institute for Healthcare Improvement," says Millermaier. "We took 60 patients with diabetes and put them into group care, and compared their outcomes with 60 diabetes patients in regular care. ... And virtually all parameters were improved for the group-visit patients, including blood pressure and cholesterol levels. They even had more flu vaccinations." It's important to note that, "[T]hese patients had the same doctors as the patients in regular care, making the same care decisions. So if the group patients had different outcomes, I have to conclude that the group is the factor." Millermaier adds, "The group helps

## Learn More — Complimentary CME Opportunities!

### View a Webcast:

#### Technology in the Endocrinology Practice

Beginning September 30, access the program and download the CME forms by visiting [www.PatientCenteredPractice.com](http://www.PatientCenteredPractice.com).

### Sign up for an Audioconference:

#### Technology in the Endocrinology Practice

Wednesday, October 19, 12:00 – 1:00 p.m. ET

#### Group Visits in Endocrinology

Thursday, December 15, 12:00 – 1:00 p.m. ET

Archived audioconferences are also available. To register, call toll-free (866) 858-7434, e-mail [info@physicianspractice.com](mailto:info@physicianspractice.com), or sign up online at [www.PatientCenteredPractice.com](http://www.PatientCenteredPractice.com).

facilitate better patient decision-making. It's peer pressure: patients interacted with other people in the group who were successfully ... getting to their goal, and it didn't seem so impossible anymore."

The interactive nature of the groups means the endocrinologist doesn't have to feel like he's addressing a conference hall, giving a lecture — or being a stand-up performer. Says Millermaier, "I'm there to keep the discussion going and to provide sound data. What I would emphasize is that we're very traditional ... here and we've put this together and had successful outcomes with patients."

### Group benefits

Dr. Randy Linde's endocrinology practice at the Palo Alto Medical Clinic, in

Palo Alto, Calif., saw group visits going on all around them before they took the plunge. "Other departments around us were having group visits," says Pat Anderson, RN. "But we were afraid that the time, workload, and number of patients would be too much for [90 minutes]. We weren't having any scheduling backlog, so we thought maybe we didn't need it. But then Dr. Linde read several studies indicating that group-based education for hyperlipidemia and diabetes patients improved outcomes. So we got interested in doing group visits."

Linde holds hyperlipidemia groups on the first, third, and fifth Fridays of the month, type 2 diabetes groups on the second and fourth Fridays, and a prediabetes referral group every Thursday

morning. Anderson says they had to cap membership at 12 after 20 people signed up for each group. A facilitator takes individualized notes for each patient to create a review sheet on medications and other issues.

Linde and Anderson are impressed with the results. "The level of patient education and learning is amazing," says Anderson. Linde is considering adding group visits for thyroid patients in the next few months.

And Anderson sees a benefit for herself, too. "Often I get all the vitals entered into the computer in time to go sit in on the group. It makes it more interesting for me — I learn a lot!" And better educated staff — and patients — mean better outcomes. ■

---

# Motivating Staff

## Develop a Strong Patient Care Team

by Elizabeth Woodcock, MBA

*Elizabeth Woodcock, MBA, is an Atlanta-based speaker and author who focuses exclusively on the practice management field.*

In a busy endocrinology practice, it's not unusual for annual staff turnover to exceed 25 percent. Although your endocrinology practice may have simply learned to adapt, the turnover can easily affect patient care.

Staff turnover is sometimes due to salary concerns, but human resources experts point out that the work environment is often the real culprit. A poor work environment also causes a morale problem. Unhappy employees are not only hard to work with, they're not as productive as happy ones. And patient access to the endocrinology practice — a crucial issue given an aging population and ballooning diabetes rates — may ultimately be impeded by excessive staff turnover.

### Hire right

Taking the time to hire the right person for the job is critical to the ongoing success of the employee who will fill it. This step is

often overlooked out of desperation — telephones must be answered and patients' blood sugar checked. Most endocrinologists are busy all day, every day, leaving little time for careful hiring.

Invest the time. After all, telephone operators make your practice's first impression, and clinical staff often spend more time with your patients than you do.

Start with a job description; outline the employee's function and your expectations. Evaluate market wages through sites like salary.com or the U.S. Department of Labor's Bureau of Labor Statistics (<http://stats.bls.gov/>). Create an advertisement from your job description. Ask current employees to recommend candidates to you, and involve them in the interviews.

In the interview, in addition to seeking background information, ask the candidate about the job for which she's

applying. If it's the telephone operator, ask her whether she likes answering the phones. You'll be surprised how many candidates admit that they don't want to do the work required; they're just "looking for a job."

John Interlandi, MD, a solo practitioner in Hermitage, Tenn., and his office manager, Lee Miller, RN, take it one step further: during the interview, they ask candidates to perform duties related to the job for which they're applying. For example, clinical staff are asked to perform an EKG on Miller, and administrative staff are asked to type a letter on the computer and search for some information on an insurance company's Web site. Interlandi confirms, "This always works to screen out people who overstate their experience." Weed out problem candidates early, looking for energetic, task-oriented team players instead.

## Set expectations

To reward employees for a job well done, it's important to first set clear expectations. In addition to the job description, designate the employee's supervisor or manager. The supervisor may be the endocrinologist, but this person needs to be someone who has the opportunity to observe the employee's performance directly.

A staff handbook is another essential, as this is the opportunity to define what the practice expects — from maintaining confidentiality to reporting to work on time. In addition to spelling out policies and procedures, this document can help protect the practice against liability concerns. Templates available online can be a good starting point.

With a job description, manager, and handbook in place, use performance evaluations to analyze the employee — and communicate feedback to him. Conduct a performance evaluation at a minimum of 90 days, with informal feedback prior to that. From that time forward, perform evaluations at least annually.

Interlandi raises another important point: communicate to employees that change is inevitable. "Employees don't like their jobs to be changed, so we are constantly emphasizing that they have to change along with the world if they want to keep their jobs." Change is much easier to accept when you've set the expectation that it will indeed happen. Finally, outlining expectations for teamwork and cooperation is critical.

## Don't burn out your best

Most endocrinology practices have more patients than they can handle in a typical

eight-hour workday. Many begin the day before 8 a.m. — and often answer calls and see patients well after the posted closing. This means long hours for staff — and frustration with a job that spills over into family or personal time.

Moreover, it's human nature to give more work to your best employees. Medical practice staffing expert Deborah Walker Keegan, PhD, of Medical Practice Dimensions in Surfside, Calif., points out, "We tend to depend on the best and brightest employee to stay late and take on additional projects, essentially rewarding positive behavior with negative consequences." Don't burn out your best employees with high expectations that only increase. Even a 20-year employee takes pride in being appreciated — and that includes a reasonable amount of work.

In addition to easing the workload of your best employees, consider revised staff scheduling. Models deployed by endocrinology practices include four 10-hour days; four and a half days equaling 40 hours; or nine weekdays on (80 hours), one weekday off. Interlandi's employees work from 7 a.m. to 5 p.m., with every Friday off.

Although such scheduling requires time to coordinate, the payoff is enormous. Staff appreciate your acknowledging the long hours, and they love the flexibility. In turn, you enjoy the benefit of less absenteeism — improving patient access to your practice — and a motivated workforce.

## Staff incentives

Revised staff scheduling acknowledges the long hours of an endocrinology prac-

tice, but there are other ways to motivate employees.

Send flowers to employees' homes on their first day of work with a note that reads, "We're really glad you joined our team!" Give out instant lottery tickets following a hard day. Read letters from satisfied patients at staff meetings. Write a note of thanks to employees who have gone above and beyond.

However, be careful about tangible rewards. It's important that a reward be given as an acknowledgment of performance. "If not," emphasizes Keegan, "it becomes an expectation rather than a reward." She notes that holiday bonuses have become entitlements rather than achievement incentives in most practices.

The concern about rewards is confounded by the fact that many physicians make decisions about them based on what they see. Of course, an endocrinologist is more apt to be able to witness firsthand a nurse doing a great job than a telephone operator. It's important to consider the expectations you've set for each job — and reward staff for exceeding them.

North Atlanta Endocrinology makes fun a key part of its staff incentive plan with monthly theme gatherings, like Mardi Gras in February. Employees and physicians bring in food related to the theme, and everyone enjoys a delicious lunch. Diversity is celebrated in December, as employees decorate each physician's pod in the theme of their culture or religion. Leslie Leighton, the practice administrator, reveals that employees enjoy this opportunity, and patients love seeing the results.

Although motivating staff will continue to be challenging for busy endocrinology practices, the task is not impossible. Hire right, set expectations upon hiring and throughout employees' tenures, avoid burning out your best staff, and use creativity for incentives. If managed well, employees will reward you with their hard work and dedication, and patients will reap the benefits. ■



## The Right Environment — Key for Patients *and* Staff

Perhaps surprisingly, salary considerations may not be the cause of excessive staff turnover in an endocrinology practice. It's no secret that physicians value quality-of-life measures like flexible scheduling quite highly, but they have great worth for other staff as well. Acknowledging — and making a concerted effort to address — considerations related to the work environment in your practice can go a long way toward building a dedicated staff who will help you provide uninterrupted care for your patients.

# CME Test and Evaluation

To earn CME credit, complete the quiz and evaluation, answering 70 percent of the quiz questions correctly, and claim the number of credits that you actually spent on the activity. Select the best answer and circle it on the answer form on page 8. Please use all capital letters and neatly fill in your name, address, and information requested below. Keep a copy of the completed answer and evaluation forms for your own files and send the original answer and evaluation forms to Medical Education Solutions Group (MESG), 5523 Research Park Drive, Suite 220, Baltimore, MD 21228, or fax to (443) 543-5210 by **August 31, 2006**. For more information, call (800) 887-4509. Please print your name and address clearly. Allow six to eight weeks from receipt of quiz for delivery of certificate.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City/St/ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Profession (please check):  MD  DO  Other \_\_\_\_\_

I claim  .5  1.0 AMA category 1 CME credit (up to a maximum of 1.0 credit).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**1. On a scale of 1 to 5, with 5 = “completely” and 1 = “not at all,” please rate the extent to which you achieved the learning objectives:**

	5	4	3	2	1
1. Describe DM tools to engage patients in self-management and improve care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assess group-visit model benefits for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Develop effective staffing processes and guidelines to ensure continuity of patient access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Please indicate the degree to which you agree or disagree with the following:**

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Activity was effective in meeting identified needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Format of activity enhanced achievement of learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Activity was balanced and free of commercial bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Activity will assist me in improving my professional effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. How do you rank this educational activity overall on a scale of 1 to 5, with 5 being the highest?**

5  4  3  2  1

**4. As a result of meeting the learning objectives of this educational activity, will you be changing your practice behavior in a manner that improves patient care?**  Yes  No

Please explain: \_\_\_\_\_

**5. May we use your e-mail address to notify you of future continuing medical education activities?**  Yes  No

**6. What other practice management topics would you like to see discussed in future CME activities?**

\_\_\_\_\_

**7. What clinical topics would you like to see discussed in future CME activities?**

\_\_\_\_\_

**8. As part of our ongoing quality improvement effort, we conduct three-month post-activity follow-up surveys to assess the impact of our CME activities on your professional practice. Would you be willing to participate in such a survey?**  Yes  No

**9. Would you be willing to participate in a phone call or in-person discussion exploring ways to improve our CME activities?**  Yes  No

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

- 1 Which of the following pieces of information might a disease management system NOT offer an endocrinology practice?
  - A. Average hA<sub>1c</sub> levels for all diabetes patients
  - B. Number of patients who achieve target cholesterol levels
  - C. Average outstanding collections per month
  - D. Number of the practice's patients on statins
- 2 Some disease management systems allow patients access to:
  - A. Educational materials
  - B. Online discussion forums
  - C. Both A and B
  - D. Neither A nor B
- 3 About how many patients' data have been entered into the DiaTrends disease management system's main database?
  - A. 12,000
  - B. 13,000
  - C. 14,000
  - D. 15,000
- 4 Which of the following tasks can a disease management tool handle for endocrinologists?
  - A. Provide alerts for needed patient tests
  - B. Facilitate sending of patients' records to other physicians
  - C. Benchmarking of outcomes data against that of other endocrinologists
  - D. All of the above
- 5 How long are most group medical visits?
  - A. 30 minutes
  - B. 45 minutes
  - C. 60 minutes
  - D. 90 minutes
- 6 Which of the following is/are a benefit of group-visit medical appointments?
  - A. Patients get to spend more time with the physician
  - B. Patients feel a sense of community
  - C. Objective outcome measures can improve
  - D. All of the above
- 7 The group-visit model works best for outgoing, naturally gregarious physicians.
  - A. True
  - B. False
- 8 What is a realistic estimation of yearly staff turnover in an endocrinology practice?
  - A. 15 percent
  - B. 20 percent
  - C. 25 percent
  - D. 30 percent
- 9 Which of the following is/are a common staffing pitfall?
  - A. Listing expectations too explicitly
  - B. "Rewarding" good employees with more work
  - C. Not providing enough tangible rewards
  - D. All of the above
- 10 Which of the following is/are an effective way of ensuring the right hire for your practice?
  - A. Ask candidates to perform actual job duties during the interview
  - B. Make sure you have a specific job description in place from the beginning
  - C. Obtain recommendations from current staff
  - D. All of the above

RETURN SERVICE REQUESTED

Physicians Practice  
5523 Research Park Drive, Suite 210  
Baltimore, MD 21228

PRSRPT STD  
U.S. POSTAGE  
PAID  
PERMIT 7499  
BALTIMORE, MD