AUGUST 2026

Patient Perspectives Resource 3:
What Patients Want Health Care Teams to Know

Shared Medical Appointments

Developed May 2024 with input from members of the NEO QI Hub Patient Advisory Council to help health care teams provide more patient-centered diabetes care.

Purpose and Approach

Try This:

- Designing shared medical appointments as patient-centered group visits
- Emphasizing connection, shared learning, and peer support
- Reinforcing that group visits complement—not replace—individual care
- Creating a welcoming environment where patients feel safe, respected, and heard

Instead of This:

- Treating shared appointments as lecture-style sessions
- Replacing individual clinical care with group visits alone
- Assuming group care works without intentional facilitation

Education Content

Try This:

- Covering core diabetes topics in plain language, including:
  - Understanding diabetes and pre-diabetes
  - Blood glucose monitoring (e.g., continuous glucose monitoring [CGM], finger-stick, target ranges)
  - Nutrition and meal planning (e.g., labels, portions, cooking skills)
  - Physical activity and safe exercise
  - Medications and insulin management
  - Preventing complications
  - Lifestyle, stress, and mental health
- Focusing on practical, real-life skills patients can use immediately

Instead of This:

- Overloading sessions with technical or overly clinical information
- Assuming prior knowledge of diabetes concepts

Engagement and Learning Style

Try This:

- Making learning interactive and enjoyable, including:
  - Games, trivia, and activities (e.g., Blood Sugar Bingo)
  - Storytelling and patient success stories
  - Visual aids, videos, and culturally sensitive materials
  - Role-playing (e.g., grocery shopping, insulin use, cooking demos)
- Using small-group activities to build accountability and support
- Including check-ins at the start and end of sessions for reflection and application

Instead of This:

- Relying solely on slides or one-way instruction
- Ignoring different learning styles or cultural contexts

Addressing Patient Questions and Needs

Try This:

- Creating space for common patient questions, such as:
  - Meal planning and label reading
  - How medications work
  - Interpreting blood sugar readings
  - Managing stress or emergencies
  - Finding community or support resources
- Encouraging peer discussion and shared problem-solving

Instead of This:

- Rushing through questions or discouraging discussion
- Dismissing concerns as too basic or repetitive

Teaching Team and Support

Try This:

- Using a multidisciplinary teaching team, including:
  - Physicians, nurses, dietitians, diabetes educators
  - Community health workers and peer mentors
  - Mental health professionals for emotional support
- Ensuring staff are empathetic, engaged, and prepared

Instead of This:

- Limiting facilitation to one discipline
- Assigning disengaged or untrained staff to lead groups

Class Logistics and Accessibility

Try This:

- Offering sessions that are:
  - 1.5–2 hours in length
  - Available at multiple times (e.g., morning, afternoon, evening)
  - Limited to 8–12 participants for meaningful interaction
- Using hybrid formats (e.g., in-person at community sites and virtual)
- Ensuring locations are accessible, comfortable, and private
- Clearly communicating expectations and confidentiality guidelines

Instead of This:

- Scheduling sessions at only one time or location
- Overcrowding groups or compromising privacy
- Assuming all patients can attend in-person

Program Goals

Try This:

- Aiming to:
  - Improve understanding of diabetes management
  - Build confidence and self-management skills
  - Strengthen peer motivation and support

Instead of This:

- Measuring success only by attendance
- Ignoring patient-reported confidence and engagement

The Northeast Ohio Quality Improvement Hub is funded by the Ohio Department of Medicaid and administered by the Ohio Colleges of Medicine Government Resource Center. The views expressed in this website are solely those of the authors and do not represent the views of the state of Ohio or federal Medicaid programs.