

## PREVENTION

## Group medical clinics to manage diabetes and hypertension

In a randomized, controlled trial, David Edelman and colleagues compared the effectiveness of group medical clinics (GMCs) with usual care to manage comorbid diabetes and hypertension. “Most patients with these conditions are not at treatment target goals, which leads providers to try more intensive management approaches,” says Dr Edelman. GMCs have been successful in some settings, but there is little scientific evidence for the effectiveness of this method. “We wanted to rigorously test the group medical visit approach, and at the same time, see if we could comanage diabetes and hypertension,” he explains.

Patients with poorly controlled hypertension and diabetes, from two Veterans Affairs Medical Centers in the USA, were randomly assigned to either attend a GMC or receive usual care. The GMC group comprised 7–8 patients and a care team, who met every 2 months (seven visits over 12 months). At each

meeting, blood pressure was checked and home blood glucose readings were collated, followed by an educational session.

The primary outcome measures were hemoglobin A<sub>1c</sub> (HbA<sub>1c</sub>) levels and systolic blood pressure, measured at baseline, midpoint, and at the end of the study (median follow-up 12.8 months). Mean baseline values were 9.2% for HbA<sub>1c</sub> and 153 mmHg for systolic blood pressure. At the end of the study, blood pressure was significantly improved among patients in the GMC group compared with the usual care group (13.7 mmHg versus 6.4 mmHg, respectively). Mean HbA<sub>1c</sub> levels were only 0.33% lower in the GMC group than in the control group at study completion, which indicates that GMCs may not be the most appropriate strategy for improving HbA<sub>1c</sub> levels. However, control of blood pressure is more important than glycemic control for reducing cardiovascular outcomes among patients with diabetes. Also, patients in the GMC group reported fewer



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visits to the emergency department than patients who received usual care. “We are proceeding with cost-effectiveness analysis as this is important to the decision makers,” says Edelman. “If this intervention proves to be cost-effective or even cost-saving, we hope to work with practices to implement their own similar clinics.”

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