Purpose: To implement Diabetes Self-Management Education (DSME) in primary care using the Chronic Care Model (CCM) and shared medical appointments (SMA) to provide evidence-based interventions to improve process and measure outcomes.

Methods: A Quality Improvement project using the Plan-Do-Check-Act cycle was implemented in a primary care setting in South Texas to provide DSME for adults. Biologic measures were evaluated in 70 patients at initiation of the project and thereafter based on current practice guidelines.

Results: The results of the project were consistent with the literature regarding the benefits, sustainability and viability of SMA. The patient population who participated in SMA had similar outcomes regarding improvement in A1C, self-management skills, and satisfaction compared to studies presented in the literature. SMA are an innovative system redesign concept with the potential to provide comprehensive and coordinated care for patients with multiple and chronic health conditions while still being an efficient, effective, financially viable and sustainable program.

Conclusions: As the incidence and prevalence of diabetes increases, innovative models of care can meet the growing demand for access and utilization of DSME programs. Programs focusing on chronic conditions to improve outcomes can be replicated by health care providers in primary care settings. SMA can increase revenue and productivity, improve disease management and increase provider and patient satisfaction.