

Recovery circles:

Thank you for the opportunity to tell this audience about recovery circles: My name is Henk J Schers, I am a GP and general practitioner in the academic health center Thermion near Nijmegen, Netherlands, and I am chairing the Recovery Circles Foundation. We are an initiative of 3 parties: a small care group STIELO in Nijmegen, the knowledge institute Radboud University Medical Center, and the Health insurer Menzis.

This slide (and it is my only slide for today) tells you – in short and in Dutch – what we are. “Beter worden zonder dokter” “Getting better without a doctor”. We, from Recovery Circles are convinced that the origin of the medical condition Diabetes lies mainly within the societal context. And therefore, the problem must be solved also within this societal context. And doctors and nurses - by the way - are **not** societal context.

What are recovery circles? Recovery circles are cooperatives of 15-20 participants with type 2 diabetes who live in the same neighborhood. The GP practice recruits these participants during regular diabetes consultations, but it has no further role in the process of a recovery circle. Participants may or may not know each other on beforehand.

During a one-year period the participants work jointly on their own personal goals. These goals may concern self-management skills, working on self-confidence, and improving physical exercise, nutritional habits or relaxation skills. Each recovery circle starts with a meeting where also the partners and family members are invited. At the start, all participants sign a declaration of intent, and commit themselves to insert a small monthly fee.

Each circle is supported by two coaches. So, the coaches are not part of the medical system, but they work for the Recovery Circles Foundation. The coaches moderate the group sessions, and will provide individual coaching sessions which depend on the needs of the participants. The group is to a large extent responsible for their own program. Mostly, the group will meet every 6-8 weeks. This also may lead to the formation of sub-groups within the group, participants joining for example in smaller walking groups, in cooking activities, and in organizing sessions on diabetes-related topics, such as nutrition, medication or physical exercise. It may also lead to participation in the Diabetes Challenge for example.

The clinical responsibility for diabetes stays at the GP practice, but the participants are stimulated to substitute their 3 monthly consultations by the diabetes nurse by self-management and self-measuring of blood sugars and blood pressure, and they only visit a professional when they feel that it is necessary. They are free to change their medication in agreement with the GP or nurse.

After year one is finished, the group may continue in a less intensive program for 2 more years: one or two individual coaching sessions and some collaborative activities with mixed groups. When the program ends, after year three, participants can stay an active member of the cooperative and can take part every now and then in joint activities. The ultimate goal is that participants regain responsibility for their own diabetes and that they feel self-confident and empowered to recover within their own societal context. So, these, in short, are the building stones of Recovery Circles.

And where are we now at the beginning of 20.20? We started the recovery circles with a first group in 20.16, a second group in 20.17, and we have expanded gradually. Until now 15 groups have started. And this year, 20.20, our ambition is to start another 15 groups. And when we double like this each year, we will have started 1000 groups in 20.25.

Group dynamics are not very often applied in primary care in the Netherlands, so you may ask yourself why we chose the group format. The answer is that we started the project with a listening round with potential participants. What we heard is that people with diabetes often feel unsecure, they feel blamed and restricted by the medical system. They feel too little room and sometimes even suffocated by the system in which they are not able to be responsible for their own lives. And most - not surprisingly - told us that they lacked knowledge on diabetes. They were quite often attracted to the idea of joining a group, and certainly starting such a group in their own neighborhood.

Crucial is of course: does it work; do participants actually “get better”? We have followed the first group intensively. Everybody finished year one, and disasters did not happen. Our research shows that -in average- the weight of participants reduced significantly (3 in 4 lost weight after 1 year); the other clinical indicators stayed stable, HDL cholesterol improved significantly. One in three participants were able to reduce diabetes drugs, and 1 in 5 could even stop their medication (including insulin). Participants’ self-efficacy improved significantly.

What we also found was that most participants felt that their knowledge of diabetes had improved substantially, and they were more conscious of the meaning of diabetes in their own lives. They felt that Recovery Circles fueled their self-management skills, actually by means of a growing perception of own responsibility, by a stronger awareness of having diabetes, and by increased self-confidence. And for most participants it really was an eye-opener that they could be more self-responsible.

Of course, this only was a small group of 20. In the last few months we have been studying the first 10 groups. The results have not been published yet, but we see the same patterns: participants losing weight, improving HDL cholesterol, and better scores on self-management surveys. So, it looks like recovery circles are effective after 1 year. We have not studied the long-term outcomes yet, but we are planning to do this with a 3 year follow-up of all participants.

Considering this modest success, what might be the active ingredients of recovery circles? Actually, to be honest, we don’t know exactly yet. But, of course we have thought about it and we asked participants:

In the first place, we think that the coaches are effective in focusing more on life force than on life style. Participants regain their self-confidence and self-efficacy, and they “recover”. The fact that the coach is not a medical professional prevents dependency behavior, and it gives room to go to the origin of the life style problems, which is – sometimes - grief, mourning, and feeling depressed, and yes that may even be more important than the insulin-resistance itself. We think this works.

Second: The group serves as a motivator, as a peer-supporter, and as a stick behind the door. Sharing experiences has proven to be a powerful way for recognition and copying behavior.

And Third. The recovery circles are carried out in the societal context of the participants, the place where things went wrong, and where they also may recover. This works positive on sustainable behavioral change.

But are we a panacea for the diabetes epidemic? Certainly not, recovery circles suit a selected group, we think about 30% of the people with diabetes, but still, we are talking then about up to half a million people in the Netherlands in the near future.

So, in conclusion. In Recovery Circles we focus ..

- 1 On Group dynamics in the societal context of the participants
- 2 On individual coaching
- 3 On working outside, but in strong collaboration with the medical system

And that, to put it in Dutch, will get a lot of patients better better without a doctor.

Thank You!