


Lucile Packard
Children's Hospital
Stanford

Application of the Group Visit Model in the Pediatric Heart Transplant Clinic

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APHA 142nd Annual Meeting & Expo | New Orleans,
November 18, 2014



Presenter Disclosures

Lan N. Doan

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Acknowledgements

- Seth Hollander, MD
- David Rosenthal, MD
- Nancy McDonald, CPNP
- Donna Lee, RN, CPNP
- Lindsay May, MD
- Beth Kaufman, MD
- Jane Anderson, MD
- Clinical staff in the Lucile Packard Children's Hospital Heart Center
- Funded by Lucile Packard Foundation for Children's Health



Background

- Alternative to traditional patient-doctor dyad
- Group visits are medical appointments with healthcare providers and a group of individuals with a common condition
- Benefits include more time with the provider, peer-support, and better use of resources



Rationale

- Group Visit Model (GVM) has primarily been applied to well-child visits
- Population of patients special health care needs is growing
- GVM as a solution



Objectives

- To examine the feasibility of the group visit model in a pediatric heart transplant clinic
- To examine the effectiveness in promoting medication compliance, anticipatory guidance retention, and health care utilization



Study Design

- Feasibility study to understand how acceptable the GVM was
 - Patient Satisfaction
 - Provider Satisfaction
 - Attendance



Measurable Outcomes

- **Patient and Provider Satisfaction**
- **Attendance**
- Average Clinic Time
- Health Care Utilization
- Medication Compliance
- Anticipatory Guidance Retention



Study Timeline

Study Setup (Jul-Sept 2013)



Patient Recruitment (Nov-Dec 2013)



Group Visit Intervention (Jan-Dec 2014)



Data Analysis and Manuscript (Oct 2014-Feb 2015)

Group Visit Facilitator Training

- Training for physicians, nurse practitioners, fellows, and coordinator
- Dr. Jane Anderson, UCSF Professor Emeritus of Pediatrics

Group Visit Planning

- Perceived Barriers
- Scheduling appointments
- Reserving rooms



Participant Eligibility

- Inclusion Criteria
 - Patients must have had a heart transplant
 - Caregivers must be the primary caregiver
 - Must speak English
- Exclusion Criteria
 - Do not speak English
 - Active rejection/medically unstable
 - Special health care needs



Study Arms

- Group 1:
 - Patients less than one year post-transplant
 - Met every month for six months
- Group 2:
 - Patients greater than one year post-transplant
 - Met every two months for six months

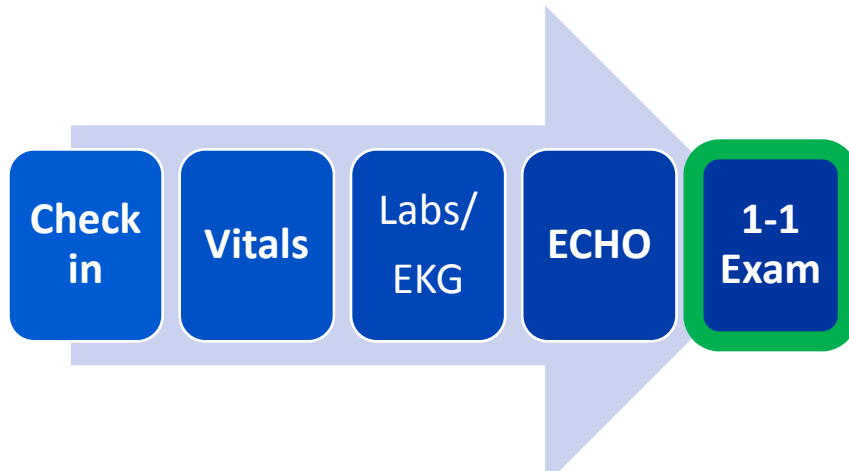


Participant Recruitment

- Recruited from Heart Center in Lucile Packard Children's Hospital
- Consent process
- \$50 incentive



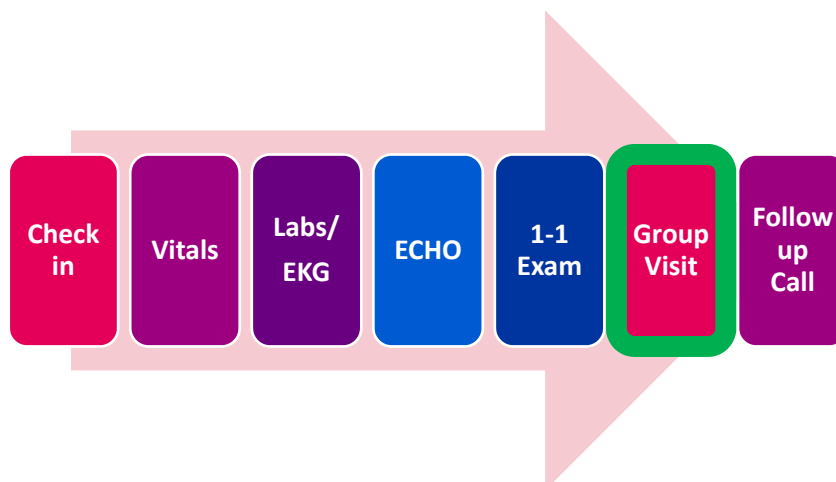
Traditional Clinic Visit Schedule



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Group Medical Visit Schedule



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Group Medical Visit Schedule

Check
in

Vitals

- Intake Survey
- Pre-test Survey

Group Medical Visit Schedule

Labs/
EKG

- Labs could be done before, during or after clinic visit
- Labs and/or EKG was not always required

Group Medical Visit Schedule

ECHO

- Four ECHO slots were blocked off for the group visit
- ECHOs were not always required
- ECHOs could be done before or during clinic visit

Group Medical Visit Schedule

1-1 Exam

- Approximately 10 minutes of private time
- Only standard of care treatment being withheld (traditional one-on-one)

Group Medical Visit Schedule

Group Visit

- Approximately 1 hour
- Pre-selected topics and patient initiated topics
- Group discussion
- Post-test
- Patient Satisfaction Survey

Group Medical Visit Schedule

Follow up Call

- A follow-up phone call from provider placed by end of the day
- Unanticipated clinical events were recorded

Data Collection Instruments

- Intake Survey
- Anticipatory Guidance Test
- **Patient Satisfaction**
- **Provider Satisfaction**
- **Attendance**
- Clinic Times
- Unanticipated calls and visits



Patient Satisfaction

- 5-point Likert scale
 - Strongly Agree, Somewhat Agree, Neutral, Somewhat Disagree, Not Applicable
 - Understood info discussed
 - Enough time during 1-on-1
 - Comfort communicating in the group
 - Recommend group visits to family or friends
- Overall satisfaction (Very good, Good, Fair, Poor)



Provider Satisfaction

- 5-point Likert scale
 - Group visits added to length of visits
 - Enough time during 1-on-1
 - Was able to address more concerns
 - Group visit supported preventative care
- Barriers to implementation
- Overall satisfaction (Very good, Good, Fair, Poor)



Results

- Patient Population
- Patient Satisfaction
- Provider Satisfaction
- Attendance



Results: Patient Population

- Group 1: *Less than 1-year post-transplant*
 - 3 patients and 4 caregivers
 - Patient ages 11 months to 17 years
- Group 2: *More than 1-year post-transplant*
 - 3 patients and 3 caregivers
 - Patient ages 7 to 15



Results: Patient Satisfaction

Question	Very Good (n=6)
What is your overall rating of the GVM?	100% (6/6)
	Strongly Agree
I would recommend group visits to my family or friends.	100% (6)
I felt comfortable communicating with the group about heart transplant issues.	100% (6)
I had enough time to ask my questions during the group visit.	100% (6)
I had enough time with the physician during the one-on-one exam.	100% (6)



Results: Provider Satisfaction

Question	Very Good (n=9)
What is your overall rating of the GVM?	100% (9)
	Yes
I would like to see the GVM implemented routinely at the clinic.	100% (9)

Results: Provider Satisfaction

- “Has made a huge difference in patient care.”
- “Very efficient use of space and staff in the outpatient setting.”
- “Great opportunity to learn what topics are important to families and how many of them cope with various concerns or issues.”

Results: Attendance

- 100% attendance in both groups
- No patient withdrawal

Highlights

- 100% attendance
- Participant retention
- Patients wanted to extend the group visit
- Director of the Heart Center asked for group visits to be continued

Challenges

- Study Design
- Patient Recruitment
- Room reservations
- Scheduling



Limitations

- Modest sample size
- Patient population did not have post-transplant complications
- ECHO scheduling blocks are atypical



Conclusion

- GVM can be applied to the pediatric heart transplantation population
- High patient and provider satisfaction
- Benefit of peer-support



Next Steps

- GVM needs to be evaluated in a larger sample size
- GVM needs to be expanded to care of other pediatric solid-organ transplant populations
- GVM needs to be expanded to other pediatric chronic conditions

