

# Clinician Perspectives on Group Medical Visits

## What are group medical visits?

Group medical visits or shared medical appointments bring a group of patients and their health care providers together for medical care, education and peer support.

- Medical visits may happen in the full group or clinicians may meet with patients one at a time.
- Commonly used for prenatal care (e.g. Centering Pregnancy), diabetes, and chronic pain, among other conditions.

## Background: Health outcomes

Group visits are associated with positive health outcomes & high levels of patient and provider satisfaction.

### Group prenatal care is associated with:



Pre-term birth, depression (Ickovics et. al. 2007)



Adequate prenatal care, breastfeeding, birth weight, satisfaction with care (Lathrop 2013)

### Group diabetes care is associated with:



Blood pressure, blood sugar (Hba1c), ER visits (Brennan et. al. 2011, Edelman et. al. 2012)



Health-related quality of life (Edelman et. al. 2012)

## Background: group visit providers

There is minimal literature on group visit clinicians & how this approach affects the ways they practice. Studies have found:

- Midwives' fears about the new model of care developed into confidence in facilitation skills (Teat et. al. 2012)
- Group care is challenging to implement in settings with limited resources (Baldwin and Phillips 2011)
- Midwives identified the need for ongoing training (Baldwin and Phillips 2011)
- Diabetes providers provided more lifestyle information and education than in standard care (Mejino et. al. 2012)

## Methods

Recruitment conducted by email using professional networks. Open-ended interviews (45-90 minutes long) were analysis used grounded theory methods including coding and memoing.

## Sample

- 3 MDs, 3 nurse-practitioners, work in 4 safety-net clinics and hospitals in the San Francisco Bay Area
- Types of group visits include chronic pain, prenatal care, general chronic illness groups, childhood obesity
- Care is provided in English, Spanish, SE Asian languages (with interpreter)



# Results

## **Theme 1: Clinician Roles: facilitator, guide, counselor**

- **Stepping back:** “Facilitating a group is completely different than clinic care and what I’ve always done as a medical provider....I’m sort of running the show. And when I realized that I didn’t have to do that, at first I was like oh no, then how do you take care of people? And then when I realized how beautifully it works to let the group run itself, such a joy. It’s like a weight off my shoulder....people know so much if you give ‘em a chance.”-P5
- **Counseling efficiently:** “I also think parents just need to, like, share their experiences with other parents. It’s also just so much more efficient, and I can get across, like if I had to do that...detailed counseling with each individual patient it would take forever, you know? So being able to do it in the group is efficient.” -P4
- **Shifting power dynamics:** “They just say something funny again and I have no idea what they’re saying, and then it gets translated to me later. And so it’s been interesting being in that role. *You have to delegate the control* to your interpreter really. And you know I think that’s what makes for more memorable sessions for everybody.” -P3



## **Theme 2: Clinicians see group care as better care**

- “...The data is so clear! If it were a drug it would have been standard of care like within weeks of the study coming out showing—and Medi-Cal would be required to reimburse it...There’s no such thing for care redesign that has better outcomes....Why doesn’t everybody just do this?” -Participant 2

## **Theme 3: Clinicians struggle with tension over what counts as medical care and supplies**

- “We end with...a healthy snack. So for a while we had the volunteer doing the snack. And then we’re in the midst of getting another volunteer, because it’s like a disaster. Because we have to bring the snacks as well....It’s been about \$25 per week.” -P4

## **Theme 4: Group care is both institutionalized and ad hoc**

- “. . . We can’t have food, we can’t have art, we can’t have volunteers, and we can’t watch the kids! All of which [laughs] you know, so we’re playing don’t ask don’t tell and we’re going ahead and doing all this stuff. But it’s not right. . . We shouldn’t have to worry about getting busted for doing the right thing.” -P2

# Conclusions

- Clinicians perceived group care as better than individual care for themselves and their patients, though they did not see all patients and clinicians as appropriate for group visits.
- There are significant tensions within organizations over what counts as medical care and supplies in group visits.
- Group visits may increase provider job satisfaction while providing quality care and increased social support.

**References:** Baldwin, Karen and Gail Phillips. 2011. “Voices Along the Journey: Midwives’ Perceptions of Implementing the CenteringPregnancy Model of Prenatal Care.” *The Journal of perinatal education* 20(4):210–17; Brennan, Julie, Do Hwang, and Kevin Phelps. 2011. “Group Visits and Chronic Disease Management in Adults: A Review.” *American Journal of Lifestyle Medicine* 5(1):69–84; Edelman, David et al. 2012. *Shared Medical Appointments for Chronic Medical Conditions: A Systematic Review*. Washington (DC): Department of Veterans Affairs (US); Ickovics, Jeannette R. et al. 2007. “Group Prenatal Care and Perinatal Outcomes: A Randomized Controlled Trial.” *Obstetrics and gynecology* 110(2 Pt 1):330–39; Lathrop, Breanna. 2013. “A Systematic Review Comparing Group Prenatal Care to Traditional Prenatal Care.” *Nursing for women’s health* 17(2):118–30; Mejino, Arlene, Janneke Noordman, and Sandra van Dulmen. 2012. “Shared Medical Appointments for Children and Adolescents with Type 1 Diabetes: Perspectives and Experiences of Patients, Parents, and Health Care Providers.” *Adolescent health, medicine and therapeutics* 3:75–83; Teate, Alison, Nicky Leap, and Caroline S. E. Homer. 2012. “Midwives’ Experiences of Becoming CenteringPregnancy Facilitators: A Pilot Study in Sydney, Australia.” *Women and birth: journal of the Australian College of Midwives*.

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