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)

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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.