

# Expanding Group Medical Visits in Primary Care

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## **Background and Aim Statement**

Group Medical Visits (GMVs) are an effective, cost-effective, and satisfying why to manage and prevent chronic disease

It is challenging to scale the impact of GMVs because:

- Our primary care system is designed around individual visits
- Recruitment depends on many different people to make referrals
- Patients can be hesitant to try groups
- GMVs are not part of standard operations in terms of decision-making and planning
- Resources are not allocated to producing and sustaining high quality language- based groups at many of our sites

### Interventions

- Developed standard GMV models that are ready to scale and spread across sites
- Developed standard work and roles to support GMVs
- Implemented direct scheduling for drop-in GMV models
- Developed marketing materials, including an external-facing web site
- Joined Population Health meetings to integrate GMVs into strategies to meet system quality measures

#### **Results to Date**

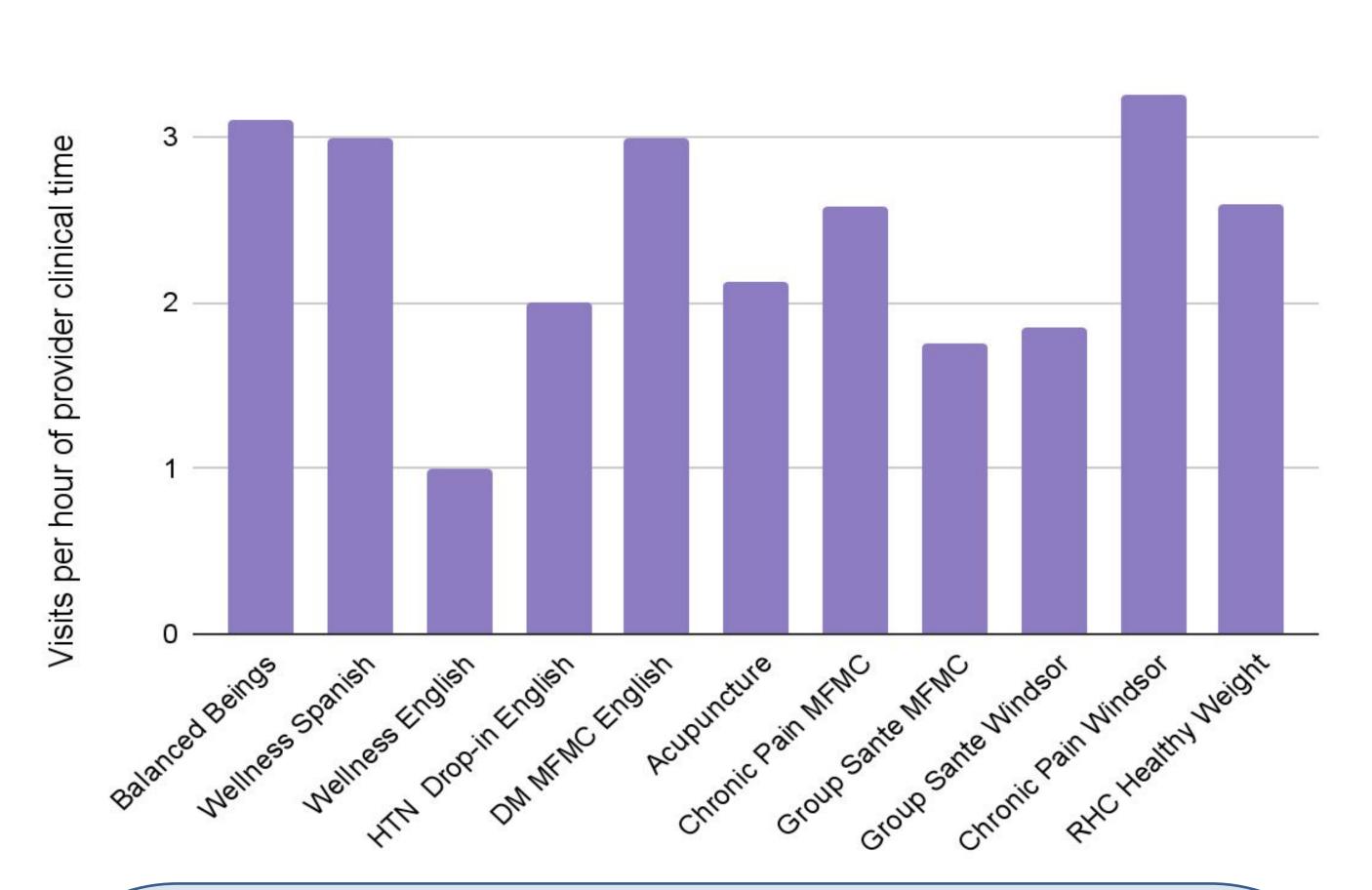
#### From October 2022 to March 2023:

- Expanded the number of GMVs from 4 to 12
- A total of 218 patients tried a GMV, with 141 attending three or more visits
- Successfully piloted direct scheduling into a hypertension drop-in group
- Trained staff to support GMVs at 4 of our PC sites
- Integrated the Group Visit Team into Population Health
  Strategy Meetings in order to align efforts

## Patient participation

Group	Referred	Accepted	Tried one	Attended 3 or more	Active
Balanced Beings	42	29	21	15	15
Wellness Spanish	32	11	7	5	5
Wellness English	90	31	12	4	6
HTN Drop-in English	39	X	29	X	Х
DM MFMC English	53	21	16	11	9
Acupuncture	320	57	51	51	51
Chronic Pain MFMC	59	27	18	15	12
Group Sante MFMC	6	23	21	18	21
RHC Healthy Weight	82	39	26	13	15
MTPC Dr. Adams	19	19	17	9	9
Totals	723	238	201	132	134

**GMV Productivity March 2023** 



"Since joining the group, I brought my A1c to 7.4 from 11....Some days it is difficult to get out of bed and keep on going with our daily activities. I come to the monthly group meeting to support the members with words of comfort and validate their feelings because they do the same for me. The group gives me the opportunity to deal with my issues without judgment. During the individual care with my providers, I am alone in dealing with whatever I am going through. In the group setting, there is another person who has had the same struggle...

The providers (Matt, Dr. Mintzer, Shante) are great at checking in with what's going on with me. They are quick to respond to any issues with prescriptions or insurance. I like all the different opportunities they bring, like healthy cooking and exercise. They help us keep track of preventive measures of vaccinations, lab draws, and appointments. I am so grateful for this group and feel blessed to have such caring people in my life."

Patient participant

## **Discussion and Next Steps**

#### **Elements of success:**

- Created a standard GMV start-up process
- Shifted asynchronous work from the site to a central team
- Attended central population health strategy meetings in order to understand competing demands on the system and how GMVs can be helpful to reach strategic goals

#### **Challenges:**

- There is great potential for co-facilitation of GMVs across departments such as nutrition, behavioral health and clinical pharmacy, yet barriers remain
- GMVs can be helpful to improve patient access if done thoughtfully. They can also limit access if they are not designed to replace individual visits

#### Next steps:

- Invite more participation from providers and staff
- Continue to build support from senior leadership and local sites
- Monitor productivity to ensure GMVs are meeting goal of 3 visits/hour
- Integrate patient recruitment into outreach and inreach protocols for chronic disease
- Break down barriers to co-facilitation across departments

# Our Learning as Gold Fellows

- Gained project management and performance improvement skills
- Learned how to tell a story with data
- Gained confidence to reach across organizational silos to create change
- Explored co-production as a way to shape the healthcare system in a way that's responsive to patient needs