

Challenges of the Group Visit Model in Chronic Disease Management

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BACKGROUND

Chronic disease management encompasses the majority of a primary care provider's practice. There are a number of inherent challenges to office visits:

- Time to provide comprehensive patient education.
- Connecting patients with resources and support groups.
- Teaching and modeling self-management of chronic conditions.

New and innovative ways of improving chronic disease management are constantly being developed.

One modality thought to effectively manage chronic diseases is the group medical visit model. However, despite proven benefits for both patients and medical providers, creating a sustainable and supportive chronic disease group session can be challenging.

OBJECTIVE

This quality improvement study aimed to:

- Identify the challenges and benefits of developing and maintaining a group visit model in academic primary care clinics
- Gather the lessons learned from group visits in an urban underserved setting.

METHODS

- Semi-structured interviews with faculty and resident physicians, as well as ancillary staff with experience in group sessions for chronic disease management at two academic primary care clinics in Milwaukee, WI.
- Audio transcribed interviews were reviewed through the qualitative software *Dedoose 8.3.17* for thematic inductive analysis.
- Codes generated were integrated into a single codebook from which main themes and subthemes were extracted.

INTERVIEW QUESTIONS

What was your motivation to start group visits?
What benefits did you expect that your patients would experience? What benefits did you actually witness?
What challenges did you expect to face with group visits? What challenges did you actually face?
What challenges or barriers surprised you after conducting group visits?
Were residents involved in group visits? If so, can you explain the roles of the residents?
Did you overcome any specific challenges or barriers in the group visits?
Do you have any advice for future providers looking to conduct their own group visits?

RESULTS

A total of 9 semi-structured interviews were completed during 10/2018-3/2019.

Three overarching themes with sub-themes (and the number of times each sub-theme was mentioned throughout all interviews) were identified:

- (1) Major benefits of group visits
- (2) Major challenges of group visits
- (3) General advice for providers interested in conducting future group visits

(1) MAJOR BENEFITS OF GROUP VISITS:

- Overall patient and provider satisfaction - 12
- Providers establishing deeper emotional connections with patients - 5
- Providers and patients learning from the patient's experience - 1
- Providers learning from other providers during the group visits - 1
- Improvement in patient engagement/ empowerment and confidence in managing disease - 5
- Peer mentoring - 1
- Allowing for a multidisciplinary approach - 16

(2) MAJOR CHALLENGES OF GROUP VISITS:

- Recruitment and retention of patients - 17 / 31 respectively
- Scheduling of resident providers - 2
- Language barriers - 9
- Patient health literacy - 3
- Managing different personalities of patients in group visits - 6

(3) GENERAL ADVICE FOR PROVIDERS INTERESTED IN CONDUCTING FUTURE GROUP VISITS:

- Recruitment by a designated team member "champion" - 1
- Incentivize visits for patients - 3
- Ensure cooperation at clinic wide level - 9
- Develop well organized yet flexible curriculum - 2
- Have clear roles for providers - 7
- Establish patients goals - 1
- Understand the reimbursement aspect of group visits - 4
- Be an expert at your topic - 1
- Be passionate about your topic - 1



<https://consulted.clevelandclinic.org/wp-content/uploads/sites/2/2017/09/17-NUR-4107-Song-Hero-Image-650x450px.jpg>



Figure 1. Interviews main themes and subthemes: wordclouds.com

CONCLUSION

- Group medical visits have a variety of potential benefits, but also many barriers that need to be overcome in order to lead and sustain a successful group visit.
- Data from this study will be used to potentially improve care, tackle challenges, and allocate resources to better develop and maintain successful group visits in our academic family medicine clinics.

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