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PLANNED, MINI-GROUP AND OPEN OFFICE GROUP VISITS AS SOLUTIONS TO CHRONIC CARE DELIVERY

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Introduction:

Because much of disease management depends on patient behaviors and skills, self management support is essential for long term success. Recent literature has shown that group visits are promising approaches to chronic care that may be as or more effective than traditional methods, and can incorporate patient self-management support. With adequate planning mini-group visits emerge as promising alternatives to chronic care management.

Planned Visits:

Are supplements to individual visits with a provider and occur one to two weeks before with a Medical Assistant. The MA follows a list of standard orders that include blood pressure, weight and foot checks, routine lab tests, immunizations and referrals to ophthalmology and for diabetes education. MAs also spend time discussing self management goal setting.



Mini-Group Medical Visits:

Are routine medical visits in which a provider meets with three patients at a time at regular intervals. The provider offers “choices” to the patient that lead to patients “owning” the medical plan. Patients share their challenges and successes with other patients and problem solve. By sharing they develop increased confidence to self-manage, feel more accountable, and feel proud to have played a role in the care of others. Patient self management goal setting is incorporated into each visit.



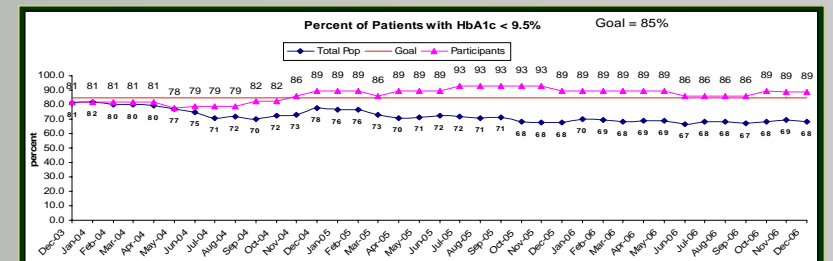
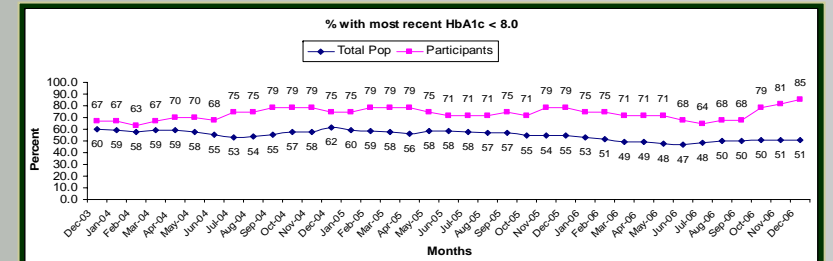
Open Office Group Visits:

Are supplemental to individual and mini-group medical visits. 7 to 15 patients attend a two-hour session facilitated by a physician. Patients determine how time is spent by their questions. Although the aim is to augment medical care, the visits help patients feel better supported and helps them problem solve with each other. Patients are empowered when they are able to share their stories, and are ultimately more accountable.



Discussion:

It is feasible to redesign the primary care setting to include planned, mini-group medical and open office group visits as alternatives to traditional medical visits. This concept can be replicated as long as the staff receives proper training, have clear roles, and are involved in each step of the way. Physician and staff satisfaction is greater, in large part because the relationship that develops with patient’s changes and the burden of managing the disease shifts from the provider to a team that includes the MA and the patient. Patient health outcomes, and patient empowerment and satisfaction, are better when there is a comprehensive program of care built around a proactive team in which patients have multiple opportunities to share their stories and explore solutions to their stressors.



Data:

Over a 3 year period patients that participated in planned or group medical visits and set goals had lower HbA1c’s than the clinic average and that difference increased over time. Participants were defined as any patient with 7 planned visits or 7 group visits, and 10 documented self-management goals. N (participants) = 40. N (total population) = ranged from 272 to 379. Cholesterol data is very encouraging with the clinic LDL average decreasing from first to last measure from 116 to 101.6.

