Supporting Social Justice and Health Balance using Group Medical Visits

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Learning Objectives:

- 1. participants will learn the different types of GMV used in underserved communities and a common language in the field.
- 2. participant will be able to identify strategies to support social justice and health balance in GMV
- 3. participants will learn and practice facilitation skills that can be used in group medical visits to support social justice, empowerment, and health balance.

Overview for this morning

- 10 minutes introduction / logistical (Geller)
- 30 minutes group check in activity (CHI)
- 30 minute introduction to the different types of group medical visits.
- 10 minutes video (centering) / break
- 30 minute group activity – (Geller)
- 40 minutes didactic different models for gmv – 15 minutes empowerment model, 15 minute chi model, 15 minute telemedicine model
- 20 minutes of telemedicine activity
- 30 minute facilitation activity
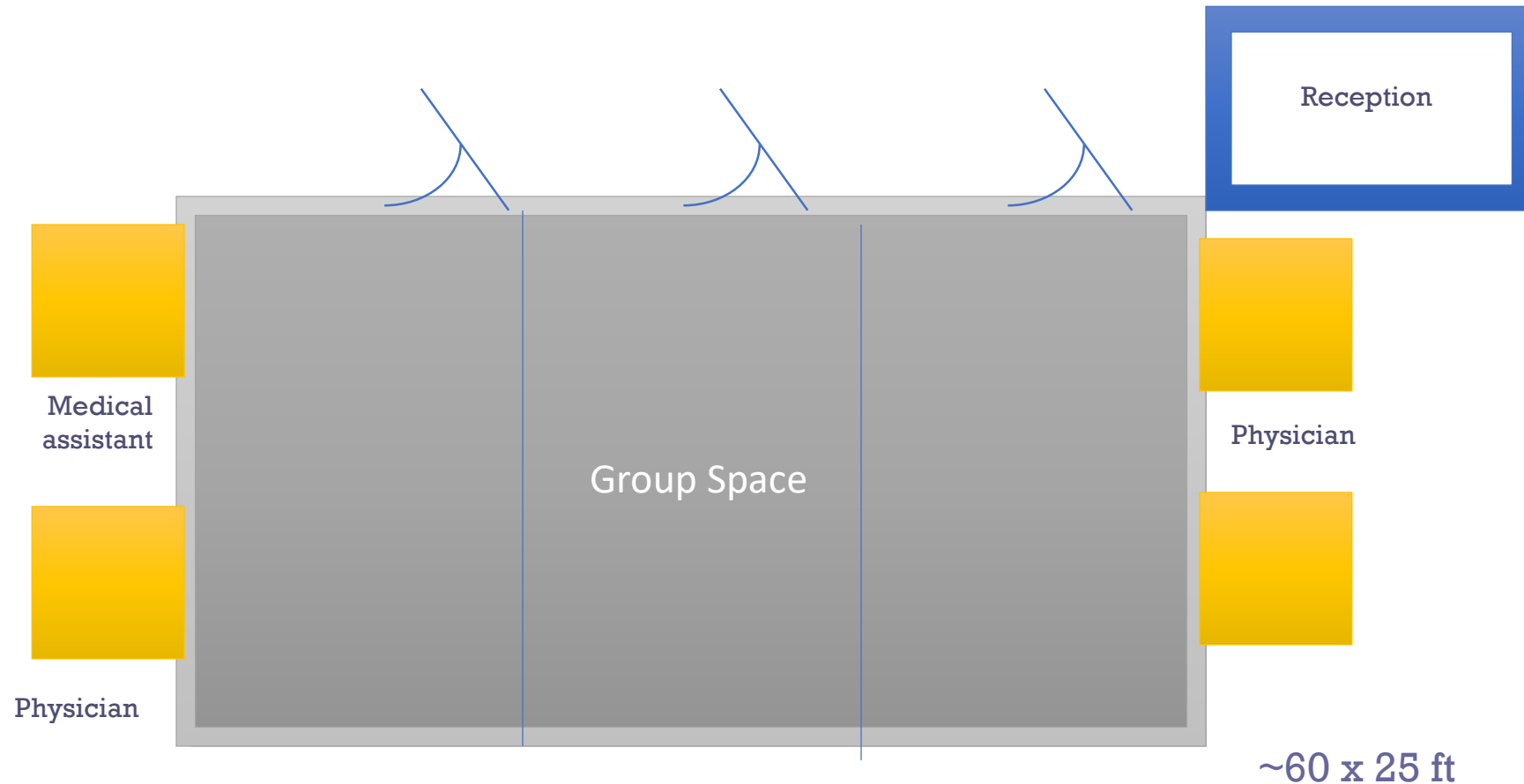- 10 minute questions

What are Group Medical Visits?
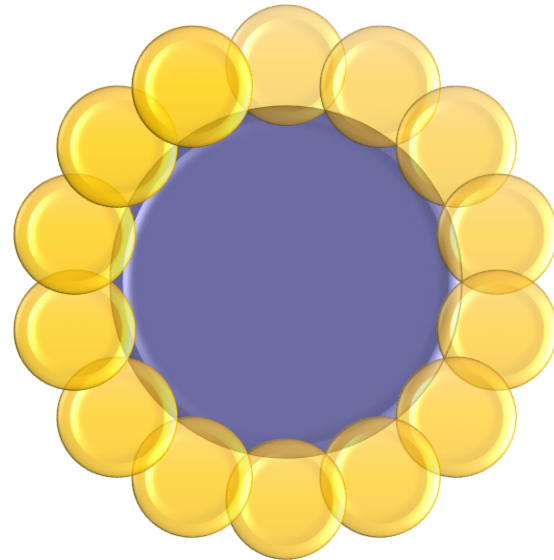
Anatomy of a group visit

- 4 – 40 participants
- Check-In
  - 5 to 60 minutes
- Activity
  - 30 to 60 minutes
- Billing encounters
- Closure
  - Project
  - Homework

Overview of Layout – use the space you have!

Reception

Medical assistant

Physician

Group Space

Physician

~60 x 25 ft

6 motivations for group visits

- Patient efficiency of care
  - i.e. Prenatal group, suboxone group, acupuncture, (financial advantage)
- Patient education
  - i.e. Asthma inhaler use, Nutrition class for diabetics
- Provide services / experiential opportunities.
  - Farmers market, yoga, exercise classes, acupuncture
- # Patient support
  - Living with chronic disease.
  - Loneliness / Depression / Anxiety undermines health.
- Empowerment
  - i.e Self Efficacy, Addressing the Social Determinants of Health
- Health provider training.

There are many barriers to good health!

- Economical
  - Do you have time to engage in a healthy lifestyle?
  - Are you limited by transportation to beautiful places? Healthy food?
  - Can you afford health care? Access to medicine / hospitals / Doctors?
- Social
  - Do you have positive role models?
  - Are there internal stereotypes?
  - Are you educated in best health practices?
- Cultural
  - Do you have cultural rules or limitations that are not consistent with best health?
- Physical
  - Is there access to parks and safe exercise areas?
  - Are you physically able to do the things you need to do?
- Mental
  - Do you believe that change is possible?
  - STRESS!!!!!!!!!
  - Abuse? Truama?

What do group visits offer to overcome these barriers?

- Patient efficiency of care = Improved access
  - i.e. Prenatal group, suboxone group, acupuncture
  - Integrative medicine / Stress Reduction / Mental Health
- Patient education = More time for teaching health longitudinally
  - i.e. Asthma inhaler use, Nutrition class for diabetics
- Provide services / experiential opportunities = overcome social barriers
  - Farmers market, yoga, exercise classes, acupuncture
- Patient support = Reduce the suffering / share best practices
  - Living with chronic disease.
  - Loneliness / Depression / Anxiety undermines health.
  - Support groups
- Patient empowerment = Hope and Self-efficacy
  - Groups for those with (dis) abilities
- Health provider training = Cultural competency
  - Learn about a whole community in the context of community

Key Basic Components to all group visits for success

- Comfortable environment
  - (dis-inhibition)
- Provision of a good Experience
- Clear Expectations / Goals / Reason
- **Consistency ***
- **Financial Stability**
- Accessibility

* Most important for recruitment. Without participants there is no financial stability

What motivates attendance and life change at a group visit?

- Meaning
  - The groups need to be relevant and fulfilling.
    - Build relationships and receive emotional support.
    - Deal with issues that are connected to emotion or passion
- Valuable
  - The groups need to provide services that are not otherwise available
    - Activities
    - Education
    - Coaching / Support
- Fun
  - Happiness is an emotion that draws people
    - Dis-inhibited through the creation of safe space and relationships
    - Building on the shared experiences of the group.

All group needs are made possible by good facilitation:

Ideas are better when generated from the group.

- Facilitation for Group decision making.
- **Keeping the shy and introverted engaged.**
- Empowerment.
- Creating a culturally competent and realistically helpful curriculum.
- Skills for tracking ideas
- Skills for group closure.

A Poem written by a patient

Welcoming exercise

Factors in Choosing your Group visit model:

- **What are you treating in the group**
  - A group with an ongoing chronic illness (diabetes)
  - A group with a common goal (substance use disorder)
  - A group with a remittent illness (asthma, IBS)
  - Primary care
- **Who are you treating in the group**
  - High resourced population versus low resourced population
  - A group with a common health barrier (disabled, deaf, ADHD, developmental delay)
- **What are your abilities and resources**
  - Locational constraints (space, sound, hours)
  - Staffing availability (after hours?, group facilitator available, instructors)
  - Your personality (introverted or extraverted?)

2 types of group visit model types

- Open ended Models (my favorite)
  - No end date
  - Rolling admission
  - No predetermined specific goals or curriculum
  - +/- Predetermined population / illness
  - Open access appointments

- Enclosed Models
  - Specific curriculum
  - Certain number of meetings or classes
  - Often specific predetermined goals / population / illness
  - More scheduled appointments, known participants.

Opened models

- Empowerment Model
  - Groups which need to overcome barriers and provide ongoing support.
    - Chronic Illness
      - Diabetes
      - Weight loss
      - Heart Disease
      - Loneliness / Depression
      - Anxiety
      - Chronic pain
    - Exercise, Yoga, Tai Chi, Food Groups

Group Check-In

Coordinator
Physician

- Welcoming new members
- Dis-inhibition activities
- Topics for discussion

Group Activities: *aerobics, lecture, cooking class, tai chi, yoga, art, gardening, flu vaccine, skill training*

Coordinator

Medical Asst.

Initial Assessment

Physician

Medical Visit

Enclosed models

- 6 week educational programs
  - Groups with fewer barriers and that require less support to live with chronic illness and do better with education
    - Diabetes / Hypertension / Cholesterol
    - Specific pain diagnosis (headache, arthritis, fibromyalgia)
- Centering Pregnancy
- Diabetes Self-Management Education (DSME)
- Service Groups (acupuncture)

In an enclosed model every participant is registered.
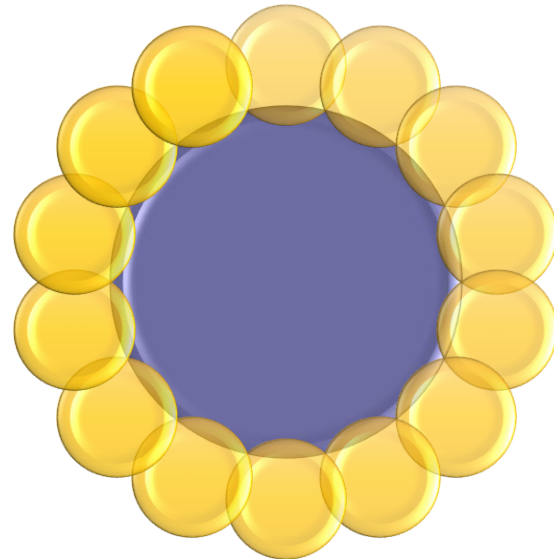
2 types of group visit models

- Open ended Models
  - Cardiac disease: HTN, High Cholesterol, DM   7
  - Obesity   4
  - Smoking cessation   1
  - Stress related illness   1
  - Chronic pain   3
  - Functional medicine   2
  - Developmental delay wellness   2
  - Pediatric Obesity   14
    - 3 Family, 1 Toddler, 9 Children 8-12yo, 1 children 13-18yo
- Enclosed Models
  - Acupuncture (6 spaces)   3
  - Prenatal   (centering with residency)   8+
  - Suboxone groups   6
  - Diabetes self management and education   2

Criteria for selecting type of group model

Open Model	Enclosed Model	Mixed Model
Patient driven curriculum	Provider driven curriculum	Both
Rolling admission	Specific start date	Specific start date
Ongoing visits	Specific end date or goal	Both
Consistent staffing	Invited lecturers / activities	Both
Participants self selected	Participants are selected-invited	Both
Skill based curriculum	Information based curriculum	Both
Introverted facilitator style	Extroverted facilitator style	Both

Groups that we offer for chronic pain

- Open
  - Chronic pain empowerment groups (2) - biweekly
    - 40-60 patients, support, low impact exercise
  - Functional medicine group (2) – bi-monthly
    - High health care utilizers, reduce narcotic use, complex health issues
  - Yoga/Meditation/Relaxation – weekly drop in.
- Enclosed
  - Suboxone groups (4)- weekly drop in.
  - OMT/Massage group(1) – weekly scheduled
  - Acupuncture group(4) – weekly drop in.
  - Yoga/Meditation group(1)- weekly

Group exercise: Hearing the voice of the group

- Strategies for facilitation of groups.

What are the 'Nuts and Bolts' of Empowerment based Group visits?

- Dis-inhibition and Group cohesion

- Keeping the shy and introverted engaged.

- Group decision making.

- Empowerment.

- Creating a culturally competent and realistically helpful curriculum.

Different types of group models in practice

- CHI
- Telemedicine
- Empowerment Model

Individuals make a group

And groups inspire individuals!

"I spent 7 years in a wheelchair...I am now able to walk around after attending the (chronic pain) exercise groups...I have better balance, my pain has diminished..."

The empowerment model

- Was derived as a treatment for loneliness.

- Revelation- our patients need to overcome barriers more than they need to receive health care advice.

  - Can't just say exercise more, or eat healthier if there is nowhere to exercise or means to reach healthy food.

- So…..Patients need to be empowered

The basic model

- 1 hour and 15 minutes.
  - 10-15 minutes check-in (group bonding)
  - 20-30 minutes activity (group fun / learning)
  - 20-30 minutes project (group problem solving)
  - 5 minutes check out and plan for next meeting
- Meetings weekly
- Rolling admission /recruitment
- 10-20 participants
- 5 minute individual physician visit

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Empowerment Model: working together

show that change is possible

- Patients see other patients getting better

- Sharing ideas

- Working on projects
  - Drug video
  - Wrote a book
  - Hiring an exercise instructor
  - Lead the class themselves

- Patients form a community to support one another
  - Lead there own check in.
  - Come to share importance

- Create a place to be themselves

What is empowerment?

It is the ability to try new things…..

If a person is failing in some aspect in life, then they probably <u>need to try something new</u>!
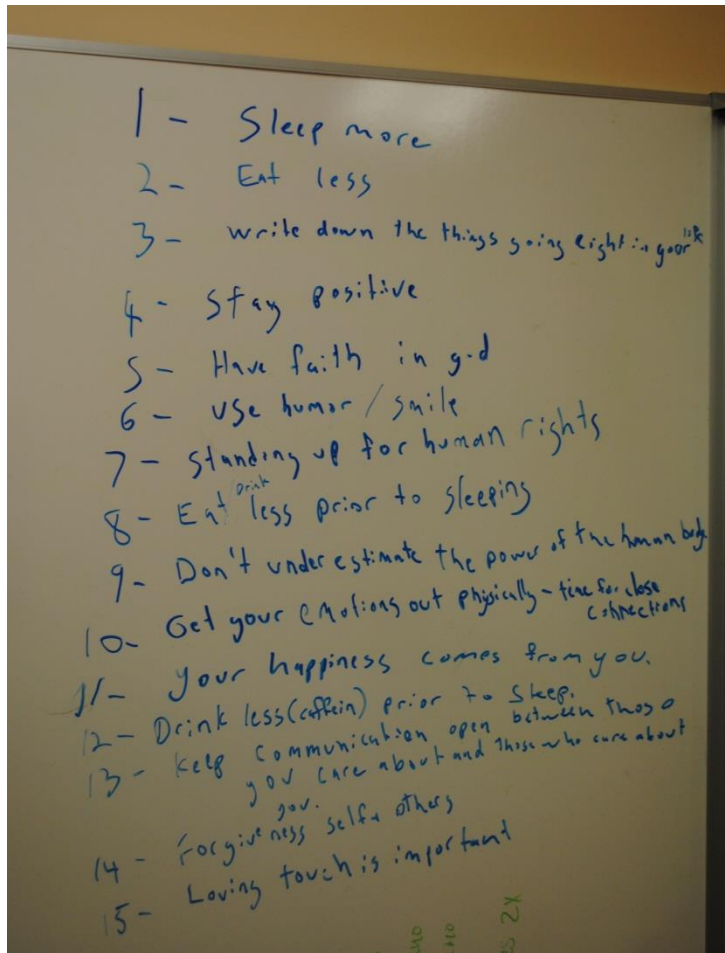
Empowerment Philosophy I

- Empowerment comes from meaningful relationships.
  - Having people around that inherently care about you.
    - Parents, siblings, teachers, community of similar people with similar goals

Building relationships

I have been looking for so long and have almost given up hope, so when my doctor invited me to this group which seeks to find answers to undiagnosed chronic health problems, I said 'I'm in'. I told my whole story without interruption and speaking my mind. I can't wait to find out what will happen"

An activity of brainstorming projects together further builds relationships

1 - Sleep more
2 - Eat less
3 - write down the things going right in your life
4 - Stay positive
5 - Have faith in g-d
6 - Use humor / smile
7 - Standing up for human rights
8 - Eat less prior to sleeping
9 - Don't underestimate the power of the human body
10 - Get your emotions out physically - time for close connections
11 - Your happiness comes from you.
12 - Drink less (caffein) prior to sleep.
13 - Keep communication open between those you care about and those who care about you. gov.
14 - Forgiveness self & others
15 - Loving touch is important

So activities are created with relationship built in.

- Make a name tag for someone else.

- Very little individually focused work, instead participants are grouped or paired.
  - Check each others blood sugar
  - Make food for each other

- You should be able to make any activity empowered……….

Empowerment Philosophy II

- Positive successful experiences lead to empowerment.
  - Having experiences that are perceived to be successful individually or as a group lead to willingness to try new experiences and make life changes.

    - Doing well at school / graduating / learning a trade
    - Making new friends
    - Reaching a goal
    - Exhibiting independence / job / living in own apartment
    - Having special relationship / marriage / children
    - **LONG TERM PROJECTS AND RELATIONSHIPS ARE BETTER THAN SHORT TERM!!!!**

Trying new things"
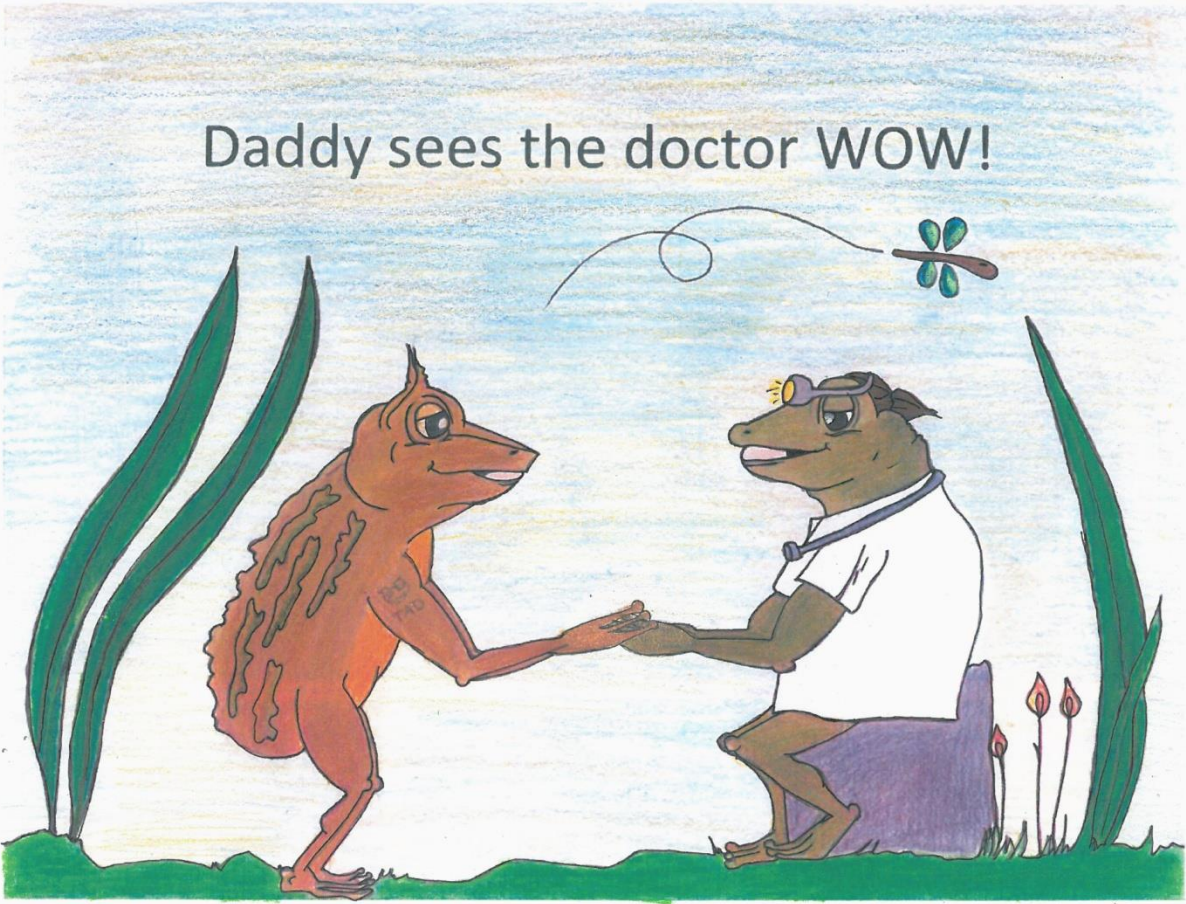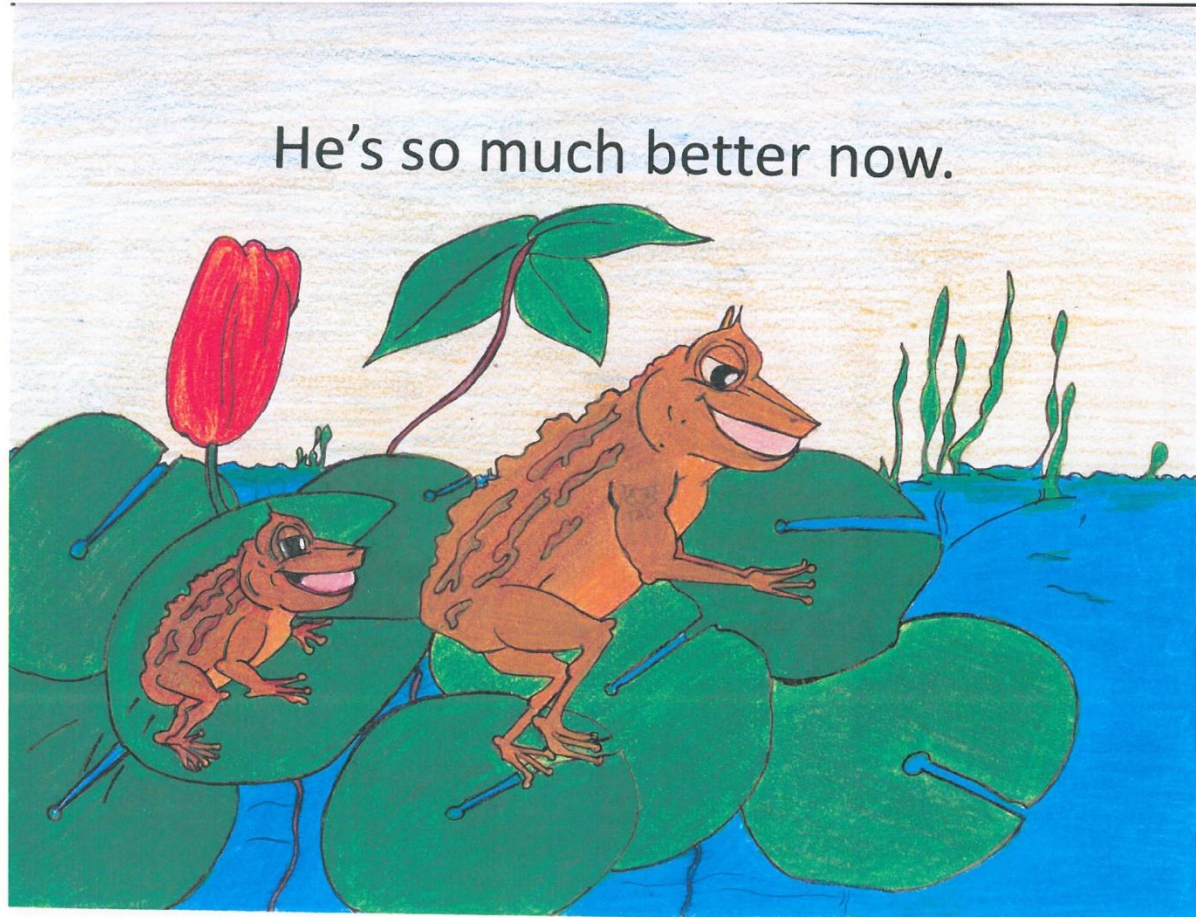## 'Really? Rotten food is good for you?'

3 PM Suboxone group
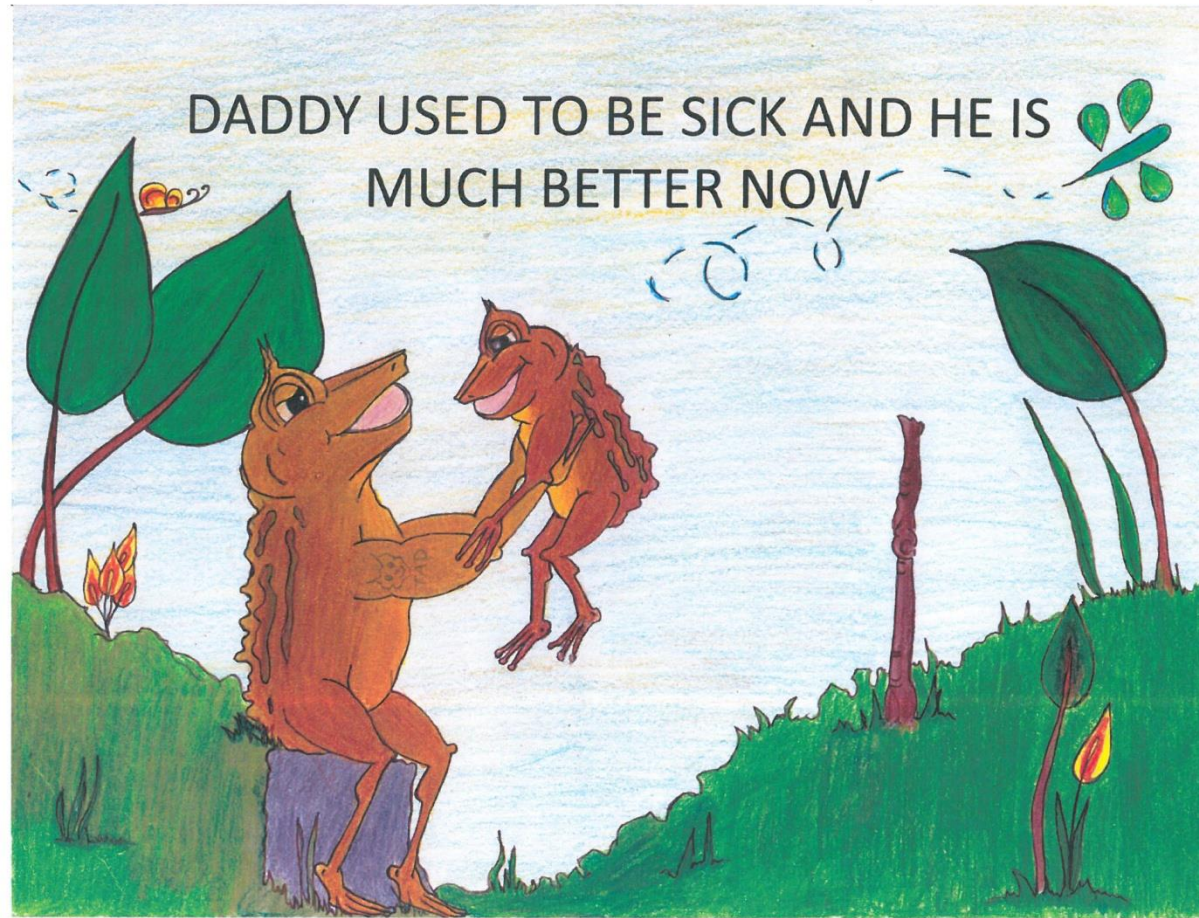
There was a time when he wasn't there. I used to think he didn't care.

He's so much better now.

Telemedicine activity

Group facilitation activity

questions

The Integrated Center for Group Medical Visits

IntegratedCenterforGMV@gmail.com

First Trainings offered September 14th and 14th 2019

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