

The Presentation Flow

- Overview & Background (Weeks)
- Exploration of Content (Burnett)
- Content/Research Issues (Chao)

Then 30 minutes Q&A



My Work/JACM

- 36 years in the field
- 25 years as chronicler-writer:
The Integrator Blog
News & Reports
- 3 years Editor-in-Chief: *JACM* (25 years in publication as indexed journal)



THE INTEGRATOR BLOG

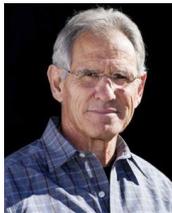
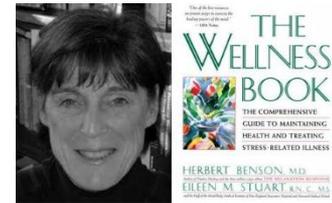


For the newsletter: <http://www.johnweeks-integrator.com/posts/>

Some Context for the JACM Decision



- Herbert Benson
“Relaxation Response”
(1977)



- Mindfulness-Based
Stress Reduction (1979)



- The Dean Ornish
program

What do each program have in common?

Some Context for the JACM Decision



- Disquieting comment from former NIH NCCIH director Briggs
- Paula Gardiner PCORI grant
- Yoga, Tai'chi, etc.
- IM4US advocates for groups
- Shout out to Ariana Thompson-Lastad, PhD

Reversing the Fields: The Logic for Groups #1



Addressing Chronic Conditions Most of our medical-economic challengers are with chronic conditions requiring central engagement with lifestyle changes—the behavioral determinants of health.

Efficient Delivery Face-to-face teaching and even video or web-based exchange of information about such conditions and how to make changes is most efficiently delivered in a group environment.

Synch with Adult Learning Styles learn better in interactive group environments than one on one.

Align with Integrative Practices Integrative practices re: behavioral determinants—meditation, mindfulness, cooking kitchens, yoga, T'ai chi, multimodality programs, experiencing nature, etc. -- are typically fostered with and through groups.

Reversing the Fields: Do Group-Delivered Services Belong Closer to the Center of a Transformed Health Care System? <https://www.liebertpub.com/doi/pdf/10.1089/acm.2019.29070.jjw>

Reversing the Fields: The Logic for Groups #2



Limit Disabling Influences Group environments limit disabling influences of transference in one-on-one expert-to-patient environments.

Address Social Isolation Evidence that social isolation is a significant contributor to chronic pain conditions.

Foster Community Action the extent that community centers can be the locus for change on social determinant that impact health, the use of these for group activities fosters connections to support such campaigns

Reversing the Fields: Do Group-Delivered Services Belong Closer to the Center of a Transformed Health Care System? <https://www.liebertpub.com/doi/pdf/10.1089/acm.2019.29070.jjw>

Building the Team

Special Issue Guest Editors

- **Paula Gardiner, MD, MPH** University of Massachusetts Medical School
- **Maria Chao, DrPH, MPA** University of California San Francisco
- **Marena Burnett** Centering Healthcare Institute



Special Issue Advisory Team

- **Darshan Mehta, MD, MPH**
Benson-Henry Institute-
MGH/Harvard Osher Center
- **Jeffrey Geller, MD, MPH**
Integrated Center for GMV,
Kronos Health
- **Stephanie Taylor, PhD, MPH**
Veterans Administration
- **Thomas Trompeter, MPA,**
Healthpoint (FQHC)



Special Issue Partners

Brief Commentaries on Their Commitments

- **Group Visits as a Path to Health Equity** Priscilla D. Abercrombie, Fasih A. Hameed
- **Making Health Care Accessible Through Group Visits** Marena Burnett, Angie Truesdale



Marena Burnett



The Issue



Call for Papers drew nearly 40 submissions. Issue includes:

- Editorials (2)
- Partner communications (2)
- Commentaries (4)
- Review articles (1)
- Original research (8)

Maria Chao, DrPH, MHA

University of California
San Francisco



Osher Center for
Integrative Medicine

JACM Special Issue on Innovation in Group Delivered Services

Perspectives on Methods & Frameworks

Maria T. Chao, DrPH, MPA
Associate Director of Research
UCSF Osher Center for Integrative Medicine

What we saw: Methods

- Systematic review of 55 studies
 - 9 RCTs, 46 observational
- Quality improvement/Program evaluation
 - Survivorship Wellness, cancer care (Cohen et al.)
 - Group acupuncture for oncology (Yaguda & Gentile)
 - Teaching kitchens (Kakareka et al.)
 - Integrative oncology (Thompson-Lastad et al.)

What we saw: Methods

- Mixed methods
 - Centering Parenting (Gullet et al.)
 - Smoking cessation (Charlot et al.)
 - Naturopathic education (Solomonian et al.)
- Qualitative: pain management (Bruns et al.)
- Randomized trial: ACT for nurses (O'Brien et al.)
- Non-inferiority pilot (Burnett-Zeigler et al.)

What we saw: Frameworks

- Trauma-informed care (Scharber, POCA Tech)
- Group inclusion effect (Geller)
- Biopsychosocial model (Bruns)
- Patient self-efficacy (many)
- Disparities, health equity, vulnerable populations (IM4US, Centering, many)

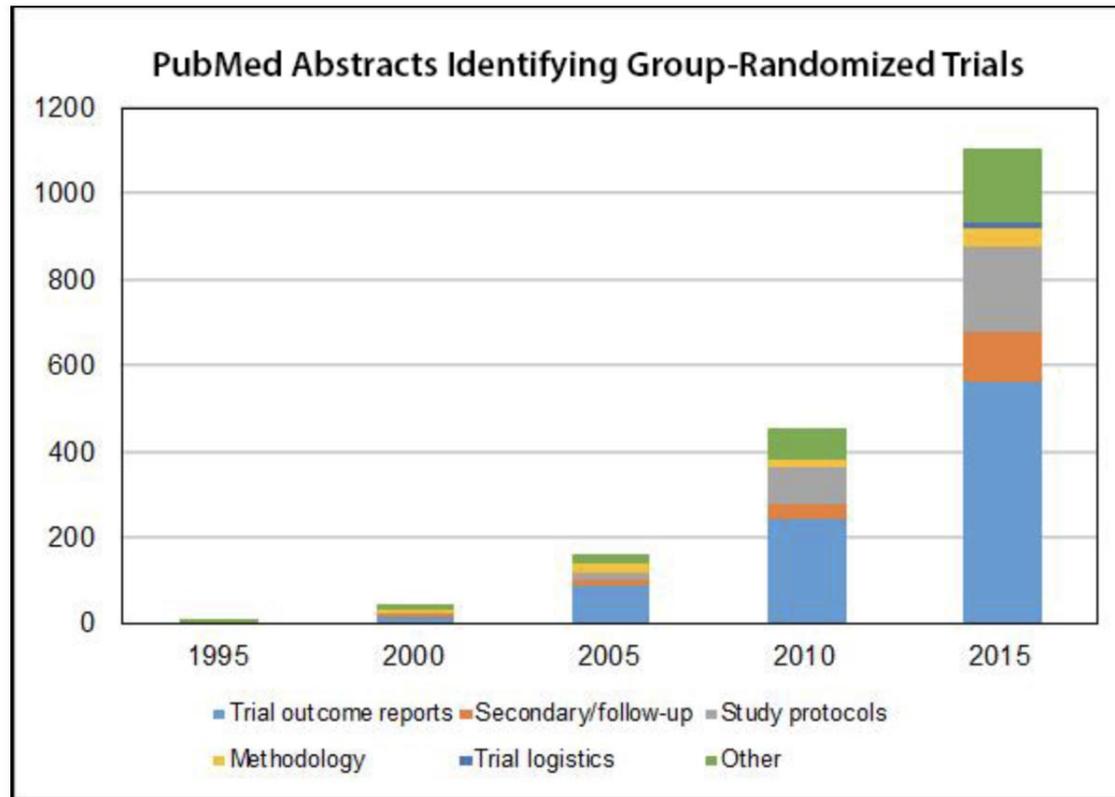
What we didn't see: Methods

- Patients with limited English proficiency
- Large scale studies
- Randomized clinical trials
- Long term outcomes
- Cost effectiveness analysis

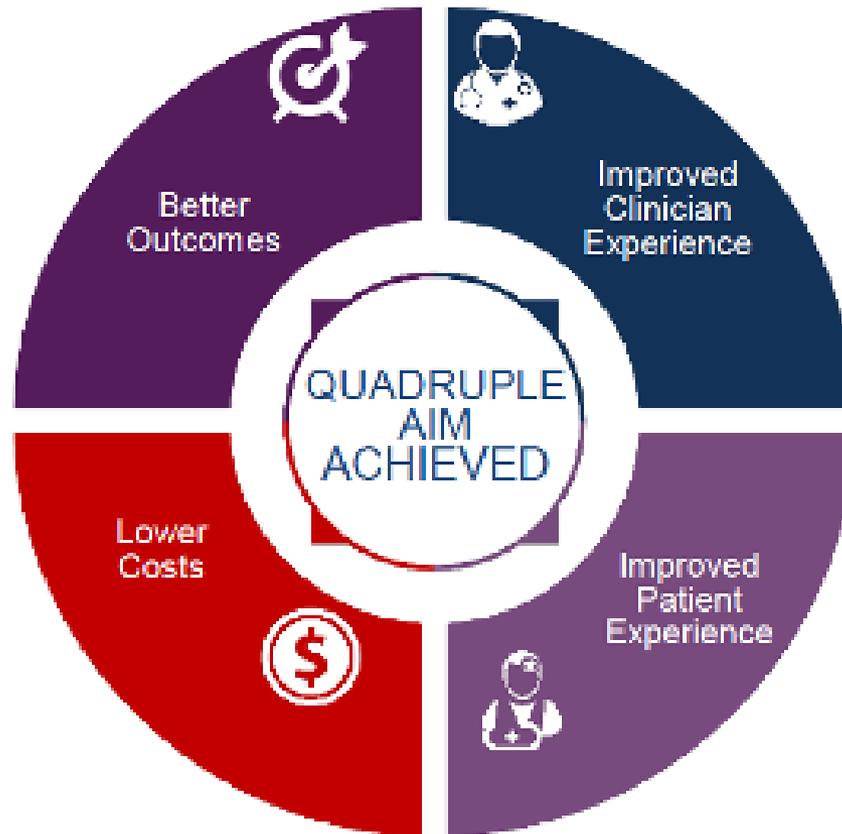
Future Research

- How to optimize group-based interventions?
- What components matter?
 - 'Dose'
 - Group cohesion
 - Emotional contagion
- How important is a 'good' facilitator?
- **Analytical methods specific for groups

Increase in group randomized trials



Quadruple Aim



Thank you!

Questions & Discussion