


Group medical visits/shared medical appointments

▶ Intervention in brief

<p>Rising risk:</p>	<p>Group medical visits/shared medical appointments are most commonly used for patients dealing with a chronic illness such as diabetes. Appointments often include designated one-on-one time for each patient to see the physician, as well as group education time. The goal is for patients to learn how best to manage their disease and develop support networks through shared experience.</p>
<p>Strength of evidence</p>	 <p>High</p>
<p>Impact</p>	<ul style="list-style-type: none"> • Decreased cost: 47-49% decrease in ED-related expenditures; \$13-15 decrease in per-member-per-month costs; 30% decrease in total costs; \$2.1M in savings due to prevention • Decreased utilization: 33-57% decrease in ED visits from 6-24 months; 24% decrease in specialty visits per year; 33% decrease in re-hospitalization after one year • Improved quality, clinical outcomes: 0.46-1.19 percentage point reduction in HbA1c; 39% increased domestic violence screening; 30% postpartum depression screening • Increased access: Not demonstrated • Improved stakeholder satisfaction: Improvement in patient satisfaction, quality of life, quality of care, self-efficacy, condition-specific knowledge, and self-management; 85% of patients elected to continued group visits
<p>How to succeed</p>	<p>To develop an effective group medical visit model:</p> <ul style="list-style-type: none"> • Focus groups on common chronic conditions • Customize groups to specific topics or disease states to foster peer support and deliver a well-tailored curriculum • Engage different members of the care team to ensure top-of-license work and free up clinician time, leveraging non-physician roles to deliver critical patient education <p>To learn more about the implementation and utilization of group visits, request information by emailing PHA@advisory.com.</p>

▶ Demonstrated impact

Literature review summary

Title: Group Visits: A Qualitative Review of Current Research
Publication: Journal of the American Board of Family Medicine
Date: 2006
Type: Systematic review
Study population: Patients diagnosed with a chronic illness, with diabetes being the most commonly-studied.
Major findings:

- Lower ED-related costs (46.7%) and per-member-per-month costs (\$12.50-14.79)
- Reduced ED utilization over a period of 6-24 months (33-57%)
- Positive results on the impact of group medical visits on patient satisfaction (four out of seven studies reported significance using the SF-36 and other measures)

Source: Full article [here](#).

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Title: Do Diabetes Group Visits Lead to Lower Medical Care Charges?

Publication: American Journal of Managed Care

Date: 2008

Type: Randomized controlled trial

Study population: 186 adults with uncontrolled type II diabetes mellitus (HbA1c > 8.0%) at the Adult Primary Care Center at the Medical University of South Carolina.

Major findings: Appointments included one hour of group time and one hour of individual appointments. Patients participating in two-hour group medical visits monthly for 12 months experienced, in the following year:

- Lower ED expenditures (49%)
- Lower total costs of care (30%)
- Higher outpatient costs (35%)

Source: Full article [here](#).

Title: Restructuring Care in a Federally Qualified Health Center to Better Meet Patients' Needs

Publication: Health Affairs

Date: 2011

Type: Cohort study

Study population: Low-income adults with diabetes, chronic pain, ADHD, asthma, or that were pregnant and attended Clinica Family Health Services in Denver, Colorado.

Major findings:

- Participation in two-hour group medical visits quarterly during pregnancy prevented pre-term births, yielding considerable cost savings in 2010 (\$2.1M)
- The vast majority of participants elected to continue participating in group visits (85%)

Source: Full article [here](#).

Title: Nurse-led Multidisciplinary Heart Failure Group Clinic Appointments

Publication: Journal of Cardiovascular Nursing Managed Care

Date: 2016

Type: Randomized controlled trial

Study population: 198 Patients recently hospitalized due to heart failure.

Major findings: Decreased re-hospitalization due to heart failure for patients participating in up to five two-hour group medical visits with four to eight other patients after one year (33%)

Source: Full article [here](#).

Title: Reducing Avoidable Emergency Department Use

Publication: Advisory Board

Date: 2014

Type: Cohort study

Study population: Participants in group medical visits across a range of conditions at Group Health Cooperative in Washington and Idaho.

Major findings:

- Patients participating in shared medical visits had fewer ED visits compared to non-participants: 50%
- Participants also had fewer specialty visits per year compared to non-participants (24%)

Source: Full article [here](#).

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Title: Effectiveness of Group Medical Visits for Improving Diabetes Care: A Systematic Review and Meta-Analysis

Publication: Canadian Medical Association Journal

Date: 2013

Type: Systematic review and meta-analysis

Study population: Patients ages 16-80 with type I or II diabetes mellitus. The review/analysis included 13 randomized controlled trials.

Major findings: Decreased HbA1c levels compared to control groups: mean of -0.46 percentage points; range of 0.00-1.70 percentage points

Source: Full article [here](#).

Title: Group-based Training for Self-Management Strategies in People with Type II Diabetes Mellitus

Publication: The Cochrane Library

Date: 2009

Type: Meta-analysis

Study population: 1,152 patients with type II diabetes. The analysis examined 14 publications about 11 studies.

Major findings: Decreased HbA1c levels compared to control groups: -1.4 percentage points at 4-6 months, -0.8 percentage points at 12-14 months, -1.0 percentage point at 24 months.

Source: Full article [here](#).

Title: Shared Medical Appointments in a Residency Clinic: An Exploratory Study Among Hispanics With Diabetes

Publication: American Journal of Managed Care

Date: 2011

Type: Randomized controlled trial

Study population: Hispanic adults with type II diabetes with HbA1c levels at or above 7% attending a specific but unnamed family medicine clinic.

Major findings:

- Patients participating in group medical visits experienced reduced HbA1c levels compared to control groups: 1.19 percentage points versus 0.67 percentage points over a mean of 9.5 months post-intervention.
- Improvement in patient satisfaction (3.67/4 on the Likert scale), particularly as it pertains to quality of life (increase of 5 on the Diabetes Quality of Life Brief Clinical Inventory) and diabetes-related knowledge (increase of 1.5 on the Diabetes Knowledge Questionnaire).

Source: Full article [here](#).

Title: Effects of Self-Management Support on Structure, Process, and Outcomes Among Vulnerable Patients with Diabetes: A Three-Arm Practical Clinical Trial

Publication: Diabetes Care

Date: 2009

Type: Randomized controlled trial

Study population: 339 Adult type II diabetics in the Community Health Network of San Francisco. All patients spoke English, Spanish, or Cantonese, had at least one primary care visit in the year leading up to the study, and had an HbA1c level at or above 8.0%.

Major findings: Patients who participated in group medical visits saw greater improvement in self-management (effect size 0.30-0.62 as measured by a validated instrument) and diabetes-specific self-efficacy (effect size 0.41 as measured by the Diabetes Quality Improvement Program) than the control group.

Source: Full article [here](#).

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Title: Redesigning Primary Care Well Child Visits: A Group Model

Publication: Pediatrics

Date: 2018

Type: Retrospective study

Study population: Infants and parents in the Ambulatory Care Network of NewYork-Presbyterian Hospital participating in group visits as well as traditional care

Major findings: Interactive, discussion-based group visits based on APP guidelines led by pediatric faculty and residents resulted in:

- Increased screening for domestic violence (100% vs. 61%) and postpartum depression (100% VS. 70%)
- Unchanged patient satisfaction, attendance rates, and length of visits

Source: Full article [here](#).

Title: Group Visits Hold Great Potential for Improving Diabetes Care and Outcomes, but Best Practices Must Be Developed

Publication: Health Affairs

Date: 2012

Type: Systematic review

Study population: Diabetes patients that attended group visits ranging from 3-30 patients, meeting for 60-180 minutes weekly, monthly, or quarterly. Different measures were used to evaluate impact, including the SF-36 for quality of life and patient surveys about satisfaction metrics, disease-specific knowledge and self-efficacy.

Major findings: Patients who participated in group medical visits experienced improved patient satisfaction especially in terms of quality of care, convenience of care, quality of life, diabetes -specific knowledge, and self-efficacy.

Source: Full article [here](#).

Title: Influence of Shared Medical Appointments on Patient Satisfaction: A Retrospective 3-Year Study

Publication: Annals of Family Medicine

Date: 2014

Type: Cross-sectional study

Study population: Primary care patients from Harvard Vanguard Medical Associates multispecialty group.

Major findings: Patients who participated in shared medical appointments, which were 90 minutes long and included approximately 10 patients and a multidisciplinary care team, were more likely to:

- Rate their satisfaction as “very good” compared to usual care patients: Odds ratio (OR) 1.26
- Rate their care more sensitive to their needs: OR 1.34
- Rate their care more convenient in terms of hours of accessibility: OR 1.22

Source: Full article [here](#).

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Appendix

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