



Group Visits: Building a Healthy House

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Group visits are like well-built houses that once constructed, provide patients with physical comfort and emotional wellbeing. The entrance is the door to improved understanding of disease processes. The foundation is the belief that everyone has something to contribute. Peer support are the windows into patients' valuable experiences and self management is the mortar that binds everything together.

Ocean Park Health Center, a public health clinic affiliated with the San Francisco Department of Public Health began its group visit program two years ago as a way of leveraging its limited resources and improving access. This six month program which meets monthly has been offered 4 times, alternating between English and Cantonese. The clinic serves a multiethnic low income, mostly under/uninsured population with approximately 40% of patients being non-English speaking.

In designing this program, we incorporated three components into our group medical visits: education, nutrition counseling and self-management/psychosocial support. We quickly realized that many of our patients have little basic understanding of diabetes and nutrition, despite the fact that they have been diabetics for years. When one of our twenty year diabetic patients asked in a stricken tone if milk was a carbohydrate, we knew that this program was teaching others and dispelling long held myths. Patients' response to the group visits was very positive and A1C levels decreased by about 1.6 over the six month program. The staff who participated in the program also found it enjoyable, uplifting and revitalizing.

The following are 4 important concepts we learned from implementing this "house" program:

1. *Recruitment* can be an issue because providers are busy and having to discuss one more item in an agenda packed visit is just too difficult. We used our diabetes registry and enlisted not just providers but nurses and health care workers to recruit patients. Extended care staff are excellent referral resources because many of them have developed close connections with patients.
2. *Retention* of patients requires providers to develop a collaborative relationship with patients and more importantly to create a bond between patients. Providers make treatment decisions in partnership with patients. Having patients feel like they are not only learning and improving their health but also are helping others validates their experiences and increases their self-confidence.
3. *Peer Support* is essential to achieving long-term wellbeing. People are communal beings and thus need the support of their peers, their families and friends to make the lifestyle and behavioral changes necessary to manage their chronic disease. In group visits, patients share stories and wisdom learned: this is a key ingredient to healing. It is not surprising that those patients who experience this support thrive.
4. *Self Management* is the cornerstone of treatment of chronic illness. Patients typically see their provider once every couple of months and spend ninety-five percent of their time dealing or perhaps not dealing with their illness on their own. Group visits give patients the knowledge and problem solving skills crucial to taking charge of their health. These tools are essential for successful care of chronic conditions and cannot be accomplished in a fifteen minute individual visit. Self management empowers patients and ultimately sets them free from the burden of chronic disease.

We continue to fine tune our group visits program and will be implementing them in Russian next year. Hopefully in the future we will be offering these groups in Korean as well. We have discovered that after the program ends, many patients revert to old habits, as reflected by their health indicators such as A1Cs, LDL, etc. The educational component may have taught them skills to work with their diabetes but the peer support seems essential to maintaining their resolve. Knowledge is not enough, as many of us are realizing. Permanent behavioral change is difficult to sustain. As a result, we are considering some ongoing patient support groups for periodic "tune-ups".

As a physician of 15 years, group visits has been a renewing experience and an opportunity to participate in a program which has many benefits for all involved. I would encourage anyone who is interested in devising such a program to break ground and help your patients build a healthy house.