MY EXPERIENCE IMPLEMENTING GROUP MEDICAL APPOINTMENTS IN NORTHERN CALIFORNIA KAISER PERMANENTE

MALCOLM GORDON, M.D., THE PERMANENTE MEDICAL GROUP, INC., SAN JOSE, CA

In the mid 1990's I became involved in the administration of a large primary care department in addition to continuing to manage a large primary care panel of my own patients. One of the areas of the department that came under my responsibility was the Behavioral Medicine Division which was staffed by several clinical health psychologists and which did work with patients with stress, depression, anxiety, chronic pain, chronic headaches, insomnia and other behavioral issues impinging on the patients' general health and well-being. Group visits were a mainstay of clinical care in this division in the tradition of mental health in which the psychologists were trained. In discussing the challenges of managing my large and aging primary care patient panel with the lead psychologists, she suggested that I develop group appointments for some common chronic medical diagnoses of my patients. She posited that group appointments would be an efficient way to see patients, that an ample amount of time could be spent in reviewing and reinforcing the basic knowledge that patients need to better self-manage their condition, that patients could learn from each other and that this format would foster the patients taking more personal responsibility for their chronic disease control and outcome.

About this same time period Northern California Kaiser Permanente embarked on a daring project to revamp the way adult primary care was provided. Part of this redesign project was the recommendation that departments include other medical professionals in patient care in the primary clinics besides physicians, nurse practitioners and nurses to help address the common reasons patients are seen. Clinical psychologists or other mental health professionals, health educators and physical therapists were added to the primary care teams. At that point health professionals with different or complimentary skills and knowledge than the traditional physician-centric care were available in the clinics to enable new and different paradigms of care. Having someone with a background in doing group encounters and managing group process was now available to many primary care practitioners in our system.

Rising to the challenge of my Behavioral Medicine colleague, I collaborated with her and we developed and co-lead group medical appointments for my patients with hypertension and diabetes mellitus. After prototyping these groups, we solicited other physicians to try co-leading group medical appointments for their patients and we were happy to have many takers. Soon group appointments were being done in primary care for the two chronic diagnoses I chose as well as for general medical follow-up appointments, asthma, irritable bowel syndrome and chronic pain. Also, some of the groups began to be co-lead by health educators as well as or instead of a clinical psychologist. As Chronic Conditions Management programs were implemented at our medical center, group appointments were utilized to provide a large part of the direct patient care. The next development was group appointments for sub-specialty areas including Nephrology, Neurology, Oncology, and Rheumatology. And the final innovation conceived by

another of our psychologists was introducing the concept of drop-in group appointments that were held on a predictable schedule and the patients were invited to attend whenever they felt the need.

Needless to say our experience with group medical appointments was shared with our colleagues around the Northern California region, many whom had been experimenting with them on their own, and this became a common way to provide patient care for many chronic medical diagnoses in many settings.

Now, almost ten years later, what have we learned from providing care in group medical appointments? First, the positives: ample time is available to educate and reinforce appropriate behavioral choices of the group members, the co-leaders bring different and usually synergistic care perspectives to the group, patient acceptance has been high and we have been surprised to learn the degree of personal and intimate revelations patients are willing to share in the groups, patient satisfaction when formally measured has been very high, patients do learn from each other and the power of hearing from a fellow patient how to adhere to the behavioral changes necessary to control most chronic medical conditions is tremendous, the group often "norms" aberrant behaviors of its members and encourages self-efficacy, in multiple group settings for various clinical diagnoses formal outcomes assessment has shown improvement in clinical measures, group appointments may improve access (our Neurology Department uses drop-in group appointments for almost all return visits and in doing so eliminated their appointment backlog down from several months with excellent patient acceptance), physicians usually enjoy co-leading group appointments as they provide a break from the usual 1:1 doctor office visit schedule and allow the physician to interact in a less formal way with the patients.

What are the challenges or drawbacks of group medical appointments? They include: a significant amount of planning and set-up work is necessary, choosing an appropriate co-leader is very important, securing the appropriate amount of support staff assistance is vital, reserving satisfactory meeting room space to hold the group may be hard, recruiting patients to attend may be time-consuming and difficult, patient registration and fee collection may be challenging, keeping the patient census up for a given group over time has become a major hurdle.

In Northern California Kaiser Permanente for over ten years we have successfully implemented group medical appointments as one of our tools for working with our patients. We have been impressed with the benefits to our patients, to our medical care providers and to the system. This tool is especially useful in treating patients with chronic medical conditions, and both the methodology and the co-leadership team combine to ensure the success of this model of care.