Group Power: Providing Innovative Care is the Future of Primary Care.

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Objectives

- Participants will understand differences between traditional care vs. group care
- Participants will describe effective components of group care
- Participants will describe barriers and facilitators to group care in primary care environments.

Why should we be researching innovative health care delivery models?
**Factors Affecting Innovations in Health Care**

- Medicaid Expansion will cover > 13 million uninsured Americans and another 24 million through the new federal or state health insurance exchanges. (CBO, 2014)
- Shortage and maldistribution of PCP’s impacting adequate access to care
- Providers are looking for innovations in health care delivery to address:
  - Complex health care needs
  - Access barriers to health care services.

**Clinical problem: Number of Pt.’s with CNMP**

- Chronic Pain
- Diabetes
- Cardiovascular Disease
- Cancer
- Stroke

**Factors Affecting Innovations in Health Care**
Quadruple Aim


Group Care

- **Patient driven focus and concerns**
- A medical appointment attended by 4-10 patients, their caregivers, nurse, and other members of the health care team
  - Appointments may last from 60-90 minutes
  - Medical care is delivered during visits
- Different from the traditional 1:1 model of patient and provider
- Different from Support or Educational Groups

Group Care Model

- Focus is on self-management skills
- Shared Learning
- Support from other patients with similar condition
- More time with provider
- Group Care: Patient Centered Care
Group Care: Most effective

- With < 8-10 patients at a time
- With patients < 65 years of age
- With patients with similar diagnosis
- Patient led groups
- When providers are familiar with Group Care:
  - Group dynamics
  - Communicate well
  - Model Team
  - Confidentiality is discussed

Why Group Care?

- Self-management is a central tenet of most group care models
- Primary care clinics using group care model report:
  - Patients have greater knowledge of self-care skills
  - Improvement in patient access to care
  - Increased time spent with each patient
  - Enhanced patient outcomes
  - Decreased emergency room visits
  - Increased patient and provider satisfaction

(Bendix & Brower, 2011; Bronson & Maxwell, 2004; Jaber et al., 2006; Kawasaki et al., 2007; Thacker, Maxwell)

Current Research involving Group Care

- Group care has been used with various chronic conditions:
  - Diabetes: Majority of research
- Variables that have been researched:
  - Primary Physiological indicators: A1C, weight, BP, BMI, Peak flow levels
  - Secondary indicators:
    - Hospitalization
    - ER admissions
    - Medication use
    - Frequency of services
    - Patient and provider satisfaction
Research Description

Cross-Sectional Survey for Providers:
- 23 Questions, Investigator designed
- Clinic Email: Survey Monkey link
- Sample size: 126 providers (MD, NP, PA, RN, LPN)
- 69 respondents or 55% response rate

Focus Group for Patients:
- One time meeting: 5 questions
- 11 women ages 41-78 diagnosed with CNMP for > 1 year, average 21 years

Experienced providers, mainly female

<table>
<thead>
<tr>
<th></th>
<th>Total # of Providers</th>
<th>Female Respond</th>
<th>Male Respond</th>
<th>Total # Respondents</th>
<th>Average Practice Years Respondents</th>
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<td>16</td>
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<td>16.40 (SD 17.1)</td>
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<td>NP/PA</td>
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<td>13.4 (SD 10.0)</td>
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<td>RN</td>
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<td>21.93 (SD 12.2)</td>
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<td>1</td>
<td>13 (100%)</td>
<td>14 (SD 11.5)</td>
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<tr>
<td>Total</td>
<td>126</td>
<td>54 (79%)</td>
<td>14 (21%)</td>
<td>69 (55%)</td>
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Providers want more education and interested in learning about Group Care

<table>
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<tr>
<th></th>
<th>Received Adequate Pain Educ. in school</th>
<th>Wants more Pain education</th>
<th>Benefit from Group Care for CNMP pt.'s</th>
<th>Wants to learn about Group Care</th>
<th>Want to participate in Group Care</th>
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<td>26 (65%)</td>
<td>26 (65%)</td>
<td>29 (73%)</td>
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<td>10 (25%)</td>
<td>1 (2.5%)</td>
<td>4 (10%)</td>
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<tr>
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<td>2 (5%)</td>
<td>4 (10%)</td>
<td>13 (33%)</td>
<td>6 (15%)</td>
<td>14 (35%)</td>
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<tr>
<td>Non-prescr (n=29)</td>
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<td>23 (79%)</td>
<td>21 (72%)</td>
<td>25 (86%)</td>
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<td>1 (3%)</td>
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<td>2 (7%)</td>
<td>7 (24%)</td>
<td>3 (10%)</td>
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</table>
**Focus Group Findings**

**Barriers:**
- “A provider who doesn’t understand CNMP”
- “Confidentiality”

**Facilitators:**
- “Providers that know CNMP and are up to date”
- “Learning from others”
- “Increased time with provider”
Major Findings

1. Providers believe there is benefit from Group Care
   - Believe CNMP patients benefit from Group Care
2. Perceived Barriers:
   - Pt knowledge and willingness to participate
3. Perceived Facilitators:
   - Provider and staff willingness to participate
4. Patient’s concerns:
   - Provider knowledge of CNMP
   - Confidentiality

Future Directions

- Implementation of innovative health care delivery models requires:
  - Pilot test strategy
  - Practice site evaluation
  - Education to increase knowledge & comfort (strategies for successfully preparing prescribers may be different from non-prescribers)
- NP education requires:
  - Curriculums to include Group Care skills
  - More research to document effects of Group Care
- Compensation:
  - Individual billing vs. group billing

Questions
References