

Asthma Community Network – Conversations for Advancing Action Podcast Series

Episode Transcript

Episode 6 – Group Visits: Integrating Education into Medical Appointments

Narrator: Welcome to “Asthma Community Network – Conversations for Advancing Action” –a podcast series from AsthmaCommunityNetwork.org - an online Network designed for people committed to improving asthma outcomes in their community. This podcast series is designed to share best practices for reducing the impact of asthma through delivery of comprehensive, community-based care, especially in underserved communities. In these podcasts you’ll learn about strategies for managing effective program delivery systems, addressing environmental triggers, and leveraging community assets through partnerships.

In today’s episode, Lois Wessel, Associate Director for Programs with the Association of Clinicians for the Underserved, will share her thoughts on group visits as an effective and cost-efficient way to deliver education and address some of the linguistic and cultural challenges seen in the doctor’s office.

Lois Wessel: Sometimes you may hear about them referred to as shared medical appointments and I say that because it really is a medical appointment. People come together and everybody sees a health care provider and gets their asthma addressed. So their lungs will be listened to and their heart will be listened to by a medical provider.

Where a typical appointment usually lasts 15 minutes, or they’re slotted for 15 minutes, a shared medical appointment can go for as long as 90 minutes, which allows the participants to spend much more time with a health care team to ask questions, to learn about self-management, to understand which medications are important to use and when, and most of all how to deal with the asthma triggers that they may be facing and how to rid their homes of these asthma triggers.

Narrator: In addition to her role with the Association of Clinicians for the Underserved, Lois is a nurse practitioner in a clinic with an underserved minority population. She finds that group visits are an excellent way to address issues around culture and language.

Lois Wessel: Many times issues regarding health literacy and language can be addressed in group visits because you can have an educator there or a facilitator there who speaks the language and understands the health literacy as well as the home environment of the population that’s being served.

My clinical expertise is with a Latino population because I am fluent in Spanish and so in a group visit with all Spanish speakers they can talk about how to address smoking cessation with members of your home who smoke who may not have access to smoking cessation medications. And so when you look at these problems that may arise in patients being able to improve their asthma outcomes when they’re discussed in a group visit format, people can problem solve together.

Narrator: Lois recommends health providers and asthma programs consider the following key factors when deciding whether to offer group visits.

Lois Wessel: When deciding if your health system can offer group visits, there are many things to consider. Does everybody understand the importance of a group visit? Do you have space to make it happen? If it has to be at night, do you have the facility to have your building open at night? Do you have the administrative support? Do you understand how you bill for it? What are you going to look at in terms of outcomes?

The other thing you need to figure out is who is going to facilitate this, and make sure they have some training in the group visit model.

Narrator: There are many indicators suggesting that the group visit model will become increasingly prevalent in the future.

Lois Wessel: It is financially advantageous for a community health clinic or a private practice to institute group visits. And by that I mean it is a billable medical appointment because each person rotates in that 90 minutes that they’re in the group visit to see the provider at some point.

Narrator: In addition to the financial benefits, there are early indications that the group visit model is effective from both a provider and patient standpoint.

Lois Wessel: One of the few studies that was done that addressed asthma in group visits interviewed the providers and the patients and this was done at Harvard Vanguard Systems in Boston and they asked if the group visit experience enabled you to take better care of your health care, and 100 percent of people who participated in these asthma group visits said ‘yes’, and 100 percent said that they were comfortable with the confidentiality and privacy issues that arise in group visits and 90 percent said they would be willing to participate in a group visit appointment again.

And I think that’s just one indicator of the fact that group visits are on the horizon. The providers like it. The patients like it, and the outcomes are good.

Narrator: For additional resources about group visits and to hear other podcasts in this series, visit asthmacommunitynetwork.org/podcasts.

And for more information on asthma management, go to AsthmaCommunityNetwork.org – an online Network for people committed to improving asthma outcomes in their community.