No One Should Care Alone: Power & Potential of Group Visits

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Approaches that direct us away from multifaceted, community-wide efforts to target the actual causes of chronic disease are misguided.

- It takes a “village” to affect change in nutrition, activity, lifestyle.

We can best help patients by starting the conversation:

- Realistic, Supervised, Intensive, and Supportive plans
- **GROUP VISITS** incorporating FIM can make real change in chronic conditions
- Address **QUADRUPLE** aim

Policymakers/Insurers need to take into consideration the multiple factors that make up the social determinants of health that deeply affect how we evolve into healthy adults.

**Summary: Let’s Not Do This Alone**
What are the components of a good life?

How can we meet the Quadruple Aim?

- Improve population health
- Patient experience
- Reduce costs
- Improve work life in healthcare
11% of adults in the U.S. have diabetes and 1 in 5 do not know they have it

38% of adults in the U.S. have prediabetes and 8 in 10 do not know they have it

**Individuals with diabetes have medical costs that are 2.3x higher than those without it**

Employers all see indirect costs of the condition in:
- Absenteeism ($3.3 billion)
- Reduced productivity ($26.9 billion)
- Inability to work ($37.5 billion)
• 47% of adults in the U.S. have **Hypertension** and about **half** have **severe uncontrolled hypertension**
  - Only 25% of adults with hypertension manage their condition well
  - For every 10 mm Hg increase in blood pressure
    ◦ the risk of stroke increases 11%
    ◦ risk of all-cause mortality goes up 16%

• 3% of adults in the U.S. have **Heart Failure**

• **30%** of adults have **BOTH** Hypertension and Heart Failure

Hypertension costs the U.S. ~$131 billion annually
Heart Failure costs ~$30.7 billion

**Chronic Medical Conditions in the US**
Social Determinants of Health

- Health & Healthcare
- Social & Community
- Economic Stability
- Built Environment
- Education

Social Determinants of Health
COVID-19 stressors disproportionately affect vulnerable populations already experiencing toxic stress from poverty, racism and structural inequality

- Exacerbation of food insecurity, change in access to healthy foods
- Lack of access to healthcare and immunizations
- Change in physical activity
- School closures amplify differences in family expertise with accessing learning resources
- Regression in academic progress and decreased exposure to art, music, library, and physical education
- Negative impact on mental health and well being

**COVID impact on families**
Feeding America, a network of 200 of the nation’s food banks including the one in Chicago, reports that from April to December 2020, 6.1 billion pounds of food were distributed, compared with 4.0 billion during the same period in 2019

- Early in the outbreak, **1/3 of people seeking charitable food were doing so for the first time**

Weekly census surveys consistently report more than 10 percent of adults — and more than 15 percent of those in households with children — sometimes or often do not have enough to eat

- **For Black and Hispanic families, those rates are nearly 25%**
- That’s more than three times the rates reported in a similar question about hunger in a 2019 survey

Processed foods make up close to 70% of the U.S. diet.

Americans spend 10% of their disposable income on fast food.

The average American consumes 130 lbs of sugar per year.

More than 1/3 of U.S. adults are obese.

In the early 2000s, 60% of all middle schools and high schools sold soft drinks in vending machines.
I went outside today, it was cold and there were people. Zero stars. Do not recommend it.

MOTHERHOOD & MADNESS
Social Isolation
New Survey Shows That Up To 47% Of U.S. Healthcare Workers Plan To Leave Their Positions By 2025

Apr 19, 2022, 05:14pm EDT

About **half of all American adults have 1 or more preventable chronic disease**
- many of which are related to poor-quality eating patterns and physical inactivity

Approximately **33.8 million people** live in **food-insecure households**.

Household food insecurity affected **12.5 percent of households with children** in 2021

Lower food security is associated with higher probability of chronic disease diagnosis — including HTN, CAD, hepatitis, stroke, cancer, asthma, DM, arthritis, COPD, kidney disease

Nearly $173 billion a year is spent on health care for obesity alone

**Access to nutritious food is critical to health and resilience**
Food is Medicine Pyramid

Figure updated and adapted with permission from Food is Medicine Massachusetts. Food is Medicine pyramid. Food is Medicine interventions. https://foodismedicinema.org/food-is-medicine-interventions
THE AMERICAN COLLEGE OF LIFESTYLE MEDICINE DIETARY POSITION STATEMENT
ACLM recommends an eating plan based predominantly on a variety of minimally processed vegetables, fruits, whole grains, legumes, nuts and seeds.

WHAT AMERICA EATS

- Increased risk for Obesity, T2Diabetes, Heart Disease, and some Cancers
- Poor nutrition is the leading cause of death globally.

Increase whole plant foods, fruits, vegetables, whole grains, beans, legumes, nuts, seeds, water

Decrease sweets and snacks, fast food, fried foods, refined grains, refined sugar, meat, dairy, eggs, poultry, high sodium foods

Whole Food Plant-Based Eating Plan

- Decreased risk for Obesity, T2Diabetes, Heart Disease, and some Cancers
- Chronic disease treatment and potential reversal

TIPS FOR IMPROVED NUTRITION AND HEALTH
- Any movement toward WFPB eating is positive
- More movement toward a WFPB eating plan increases impact
- Tailored and sustainable approaches are recommended
Metabolic Management Strategies

Components of a successful health management program:

- Healthy Eating
- Physical Activity
- Behavioral Modification
  - Support
  - Emotional/mental health

NOURISH
MOVE
EDUCATE
CONNECT
Shared Medical Appointment or Group Visit

- A medical visit observed by others

- **1:1 interaction at typical clinic visits are often ineffective at producing lifestyle change**
  - Time constraints
  - Lack of incentive
  - Little support or momentum

- The provider can repeat the same message 15 times a day
  OR
- do it once for 15 people in the room and in more depth

- Supported by another service provider (RN, RDN, CDE, pharmacist, social worker, community health worker, behavioral therapist)

**GROUP VISITS: a win for all?**
WHY DO GROUP VISITS?
Advantages of the Group Approach

More time: group of patients with common healthcare needs
- meet for an extended visit (90-120 min)
- provide expanded education on a relevant topic (DM, HTN, CHF, pregnancy, pain, mental health, ACP)
- NOT a replacement for an individual visit but an ADJUNCT

Peer Support: Participants learn from each other
- group discussion/build social norms
- social support around the conditions
- time to provide comfort and friendship
- interactive activity
WHY DO GROUP VISITS?
Tools for change

**Tools for lasting change:**
- physicians and patients have time to address the root causes of the symptoms that bring many people to the doctor’s office in the first place
- Teach self management tools to manage stress
- Provide emotional wellbeing
- Hear patient suggestions to address challenges in culturally appropriate ways
Insurance reimbursement: Because every visit includes a brief physical exam and consultation with the physician, visits can be billed to insurance as E/M codes (99212-99214). Co-pays still apply.

Scheduling: groups in the evenings or afternoons, staff can leave after completing their tasks, minimizing overhead expenses.
- Prescheduled, consistent group times—use “community space”
- 1 reception staff for check-in, 2 MA for “rooming”, 1-3 clinicians for group

Semi-privacy: Participants sign confidentially agreements and agree not to disclose details about others’ health.
- Exams are conducted in front of the rest of the group, patients stay in their regular clothes
- Can still address a health concern that requires privacy or follow-up after the group visit (“rooming” is done individually)

WHY DO GROUP VISITS?
Logistics
A haiku about my life:
I am so tired
Where did all my money go
My back is hurting
WHY DO GROUP VISITS?

Outcomes

- Decreased health care expenses
- Fewer repeat hospital admissions
- Fewer visits to emergency department & subspecialists
- Higher immunization rates
- Reduced rates of preterm birth and LBW babies
- Improved self-efficacy
- Improved physical function & quality of life in patients with chronic pain, diabetes
- Increased healthy behaviors in patients with CAD and DM
- Decreased HgbA1c, decreased BMI, decreased BPs in DM
- Improving patient & provider satisfaction
- Non inferior/No adverse effects
Wisconsin EATS Healthy

**Enhanced** nutrition security for all

**Amplified** partnerships & collaboration

**Transformed** regional food system

**Sustainable** practices & economic stability

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**THE WISCONSIN IDEA**

www.wisc.edu/wisconsin-idea/

Initiative by Brian Arndt MD

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[Adapted from www.cdc.gov/CHInav](https://www.fammed.wisc.edu/food-is-medicine/)
In July 2015, the University of Wisconsin Department of Family Medicine made the transition to the Department of Family and Community Medicine.

In the years preparation for this transition, clinics were asked to explore options to facilitate community engagement at our four residency clinics to address issues of public health.
Nearly $173 billion a year is spent on health care for obesity alone

Healthy People 2020

Healthy Dane County

Healthy Verona 2020

More than 35% of US adults are obese (CDC), 18% of US children are obese (CDC)

Healthy People 2020 aims to reduce obese adults to 30.5% by the year 2020
Our Community’s Health

~ 27% of Verona clinic adults are obese
Our Physician Team

Brian Arndt, MD
Karina Atwell, MD
Maggie Larson, DO
Alex Hanna, MD
Kyle Sherwin, DO
Who should be involved in addressing obesity in our community for Healthy Verona:

- Our clinic as host → UW **Primary Care Physicians as leaders**
- Nutrition → community **Dietician, grocery discounts and services**
- Exercise → yoga instructor, local gym discounts and trainer sessions
- Behavioral Health → clinic **behaviorist**
- Insurance → wellness benefit, supplies (pedometer, BP cuff, CGM)

The USPSTF and AAFP recommend that clinicians offer or refer adults with BMI ≥30 to intensive, multicomponent behavioral interventions (26 visits/yr)
Community Partners – NUTRITION

- **HyVee Grocery (“corporate”)**
  - Dietician
    - Individual sessions
    - MyFitnessPal guidance
  - 10% discount on all grocery during 20 week period
  - **Field trip:** Eating out, grocery tour

- **Miller & Sons Supermarket, Festival Foods (“local”)**
  - Gift cards
  - 2 “regional” locations
Community Partners – EXERCISE

- **Anytime Fitness**
  - Discounted membership
  - Access to personal trainer
  - 3 local franchise locations
  - **Field trip:** “Treadmill test”

- Dane County YMCA
- Princeton Club (6 months free)
- Theraband academy
Community Partners – INSURANCE

- Financial incentives from three local insurers as part of wellness benefit program
- Helps offset costs associated with group visit copay
https://www.fammed.wisc.edu/lifestyle-challenge/

- 20 week program for 20 overweight or obese patients within the clinic
- **Monthly** group visits (UW Verona Clinic, Hy-Vee, Anytime Fitness, BPNN Food Pantry)
  - Check in/vitals (10 min)
  - Guided **activity/relaxation** (20 min)
  - Healthy **meal** prepared & shared (15-20 min overlap with education)
  - **Educational** topics (20 min): SMART goals, nutrition/food labels, practical snacking, healthy eating out, strength-training, mindful eating, overcoming barriers
  - Small group facilitated **SMART goal** setting (20-30 min)
- Weekly nutrition support (recipes, grocery lists, motivation, tip of the week)
- Interim (optional) group sessions for 30-60 min discussion on nutrition, exercise, mindfulness led by resident physicians
Outcomes

- Participant improvements
  - BMI, blood pressure, A1c, cholesterol parameters if indicated
  - **Weight decreased** 252.2 to 247.2 pounds ~2% \( (p=0.03) \)

- Compared to typical Diabetes Prevention Program
  - Average weight loss: 2.4%
  - Reduction of diabetes: 58%
Outcomes

• Improved **mood** on PHQ-9
  ◦ PHQ-9 scores improved from 6.0 (mild depression) to 3.6 points (minimal depression; p=0.019)

• Improved **quality of life** assessment using **SF-36**
  ◦ Composite SF-36 score change 50.8 to 62.5 points (p=.06)
  ◦ Emotional well-being and pain sub-scales most improved (p<0.05)

• Improvement seen in each of four **self-care areas** (p<0.05)
  ◦ Meal planning
  ◦ Regular exercise 20 minutes twice weekly
  ◦ Knowledge of pedometer use
  ◦ Recognition of inexpensive methods of exercise; healthy eating
Outcomes

• Qualitative analysis
  ◦ High patient satisfaction
  ◦ High clinician/staff satisfaction
  ◦ No increase of cost to clinic

◦ Areas of strength
  • Whole-health focus
  • Nutrition-supportive strategies
  • Peer-sharing and support
  • Incentives
  • Meeting logistics
Medically Tailored Meals
(emphasis on plant-based/ plant-forward)

- Personalized, ready-to-eat meals delivered 3x weekly from Foodsmart
- Initial intake call with dietitian to identify cultural preferences, food sensitives, food allergies, etc

http://www.fimcoalition.org/
Medically Tailored Groceries
(emphasis on plant-based/plant-forward)

- $5 off $10 produce purchases x6mo
- $25 gift card for produce only purchases (keep receipts)
Eat out healthy: PRODUCE PASSPORT

See website for discounts at farmers’ markets, grocery stores, convenience stores, and restaurants.
Fitness Opportunities

2024

- Free 6-month membership (including pools) at all Princeton Club and Xpress locations (need to activate membership initially at West location).
- Once monthly group training with fitness instructor.
- $20 to access pool 12x (Mt. Horeb)
- Move every day!
- Culinary Interventions for Seniors
- Cooking classes for kids
- Advanced Care Planning
- Tobacco Cessation
- Diabetes/HTN/CHF Management
- Centering Pregnancy
- Chronic Pain

Group Topics are boundless!
A Culinary Medicine Program for the Elderly: Increasing Exposure to Local Food Pantry Resources

Brian Arndt, MD; Kara Hoerr, MS, RDN, CD; Magnolia Larson, DO; Vincent Minichiello, MD; Jared Dubey, DO; Melissa Stiles, MD
University of Wisconsin Department of Family Medicine and Community Health

Context
- As we have evolved into a Department of Family Medicine and Community Health we have developed multiple community engagement opportunities for staff & clinicians
- August 2015 – grand opening of the re-located Badger Prairie Needs Network (food pantry & commercial kitchen)
- Significant community momentum is evolving around nutrition & access to healthy food
- Elderly population under-utilizing food pantry resources
- Increasing interest from clinicians & residents in clinical nutrition & culinary medicine

Objective
- Clinicians working collaboratively with food pantry staff, senior center, & a grocery store nutritionist (Hy-Vee) will:
  - Develop a monthly “cooking club” for seniors to prepare meals side-by-side in the pantry’s commercially licensed kitchen with people committed to their health
  - Ensure local elderly develop an awareness of & comfort with using local food pantry programming & resources

Design
- Year 1 (2015): Feasibility study, 16 elderly participants, 6 months
  - Once monthly classes (Fridays) 10:00 – 11:30
  - Class-by-class sign up
  - Drop-ins welcome
  - Pay as you go ($5 per class)
- Year 2 (2016): Continuation of feasibility study with refinements
  - Twice monthly (Tuesdays & Fridays) due to demand
  - 12 participants per class (smaller to make more intimate)

Typical Agenda
- 10:00 – 11:30
  - Check-in & Introductions
  - Recipe overview, highlight superfoods, prep tips for one
  - Assignment of small groups & tasks
  - Prepare the meal / socialize
  - Eat together / critique the meal / discuss tips to modify
  - Wrap up: How to freeze/store leftovers, encourage return to next session, encourage to shop the pantry for recipe contents

Results
- 20 unique elderly participants over 6 months
  - Evaluations (N=37) completed at the end of each class, rating scale 1-5 (1=Poor, 5=Excellent)
  - Improved clinician satisfaction compared to usual work

Conclusions
- The Prairie Kitchen Cooking Club has successfully:
  - Socially engaged local elderly in the context of nutrition education & food preparation basics
  - Exposed elderly to food pantry resources & programming
  - Improved clinician satisfaction due to their increased community engagement in place of "usual" patient care activities (not an "add-on"

Series Poster
Class Poster
Class Recipe
Early ChopChop-ing of Fruits and Vegetables Increases Learning Among Children

Allison Couture, DO; Brian Arndt, MD; Maggie Larson, DO

UW Department of Family Medicine and Community Health

Introduction
- 16.5% of US children under 18 live in households with inconsistent access to necessary health food
- What Works for Health indicates taste testing fruits and vegetables increases consumption among children, adolescents, and adults
- ChopChopKids: a national, non-profit organization that teaches children and their families how to cook healthy meals together

Objectives
- Understand the importance of a diet rich in fruits and vegetables for a family unit
- Identify and access free educational resources to inspire community families to cook real, nutritious food together

Materials & Methods
- ChopChop Cooking Club was created as a UW Department of Family Medicine and Community Health residency Q1 project
- Hosted at a local Dane County food pantry with access to a commercial kitchen
- Children ages 5-12 years old with 1 adult attended a series of 4 classes in 4 months
- Pre/post-course surveys collected to evaluate fruit/vegetable consumption and cooking skills
- Project was funded for 1 year with $1500 micro grant from the UW DFMC (food purchases, kitchen supplies, marketing)

Class Poster

Class Outline

Results
- Child participants: 46
- Parent participants: 51
- 73.0% of parents reported their child learned a great deal about eating fruits and vegetables
- 85.7% of parents reported development in their child’s ability to cook
- 55.0% of parents reported that the course developed their ability to cook

Participant Reviews
- “Very organized from marketing, sign up, ongoing communication, and actual class. Great instructors. Supportive, friendly, and fun!”
- “[A strength of the ChopChop Cooking club was] giving small children the opportunity to cook and use tools in the kitchen.”
- “Good exposure to cooking new foods.”

Discussion
- The ChopChop Cooking Club created a fun learning environment, where families enjoyed exploring new ways to cook with fruits/vegetables
- A positive response to family cooking was evident
- Essentially no change fruit/vegetable consumption
- Limitations: small group size, high health literacy, <100% retention
- Surveys showed that kitchen programming was associated with improved cooking skills for kids & adults, which is consistent with studies.
- Participating in community kitchen programming has been associated with enhanced food skills, improved community food security, and improved social interactions
- The course was an effective way for residents and faculty to engage in community health

Resources

ChopChopMag.org

WHY GROUP VISITS?

- Valuable clinic-community partnerships targeting Public Health issues
- New opportunities for learners to engage in addressing chronic health conditions with nutritional support
- Improvements in patient, staff and provider satisfaction

→ Guidance for Future Clinic planning (garden, RDN, common space, PT, compost, advocacy for patients)

Summary: Let’s Not Do This Alone
References

References