

Leveraging group medical visits to enhance care delivery:

A case study of the 'Own Your Bones' program

Dr. Emma Billington & Dr. Divya Garg

May 3, 2025



**Primary Care
Strategic Forum**

The Path Ahead

Disclosure of Financial Support

✿ This program has not received any financial or in-kind support



Mitigating Potential Bias

- The scientific planning committee has contributed to the consideration of learning needs, the determination of learning objectives, the development of program content, and the choice of speakers or presenters.
- No sponsorship funds have been received.
- The scientific planning committee has reviewed the content of the presentations and ensured that content presented is evidence-based and free of undue influence.



Faculty/Presenter Disclosure

🌸 Faculty: Dr. Emma Billington

🌸 Relationships with financial sponsors:

- Grants/research support: Investigator-initiated research grant from Dairy Farmers of Canada
- Speakers Bureau/Honoraria: None
- Consulting Fees: None
- Other: employee None



Faculty/Presenter Disclosure

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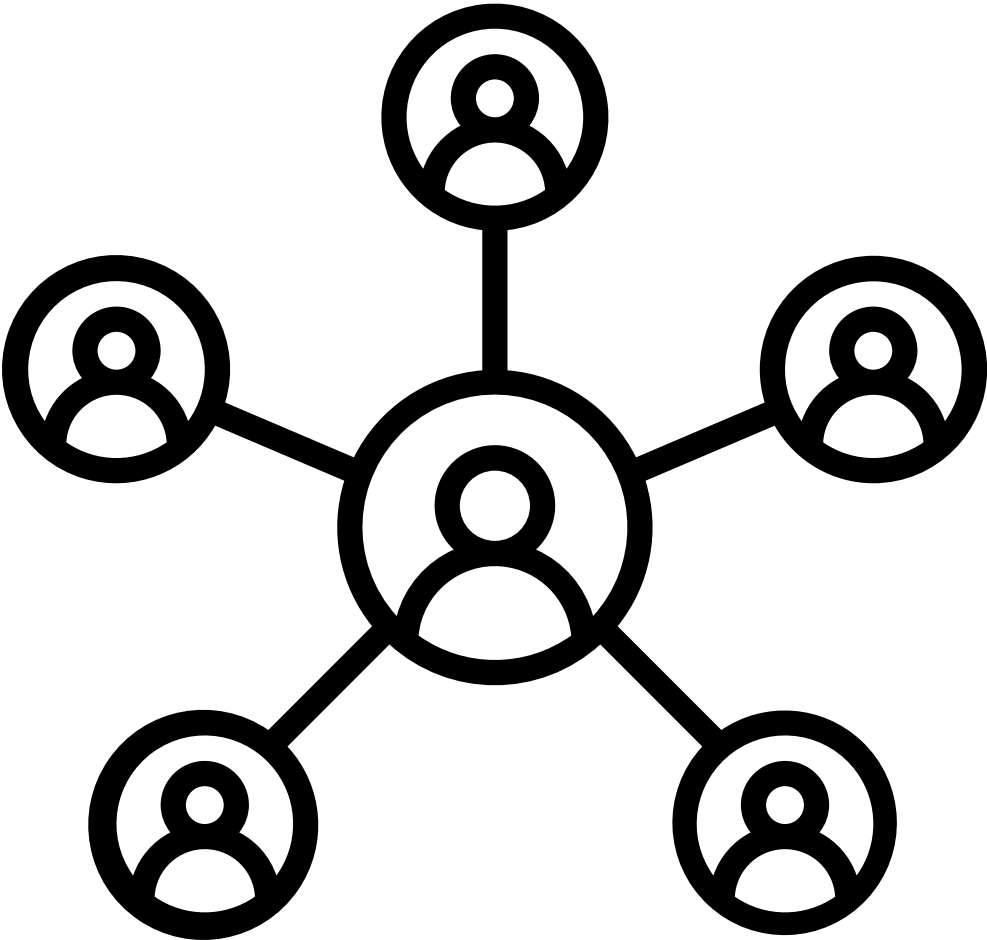
Objectives

After attending this session, you will be equipped to:

- Identify areas where group medical visits can enhance delivery of care and improve clinical outcomes
- Integrate the expertise of multi-disciplinary team members to support patient education and shared decision making in a group setting
- Design and deliver a successful group medical program



What are group medical visits?

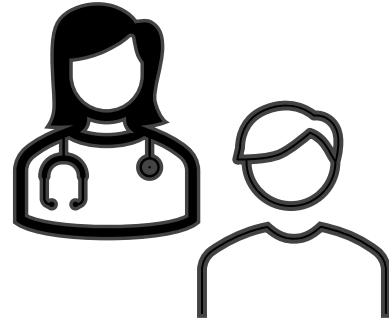


Also known as:
Shared medical appointments



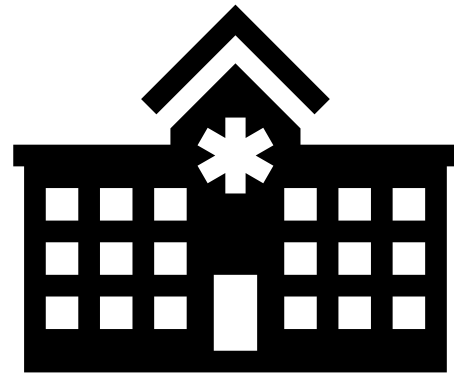
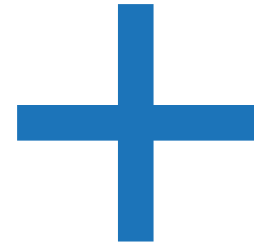
Facilitators

- Physician or NP
- RN
- Dietitian
- Pharmacist
- Physiotherapist
- Occupational therapist
- Etc...



Participants

- Defined medical condition
- Able to function in a group setting



Health Care Facility



Characteristics of group medical visits

- Combination of education and consultation
- Participants help set agenda
- May involve individual assessments with physician or NP
- Questions and management plans usually discussed as a group



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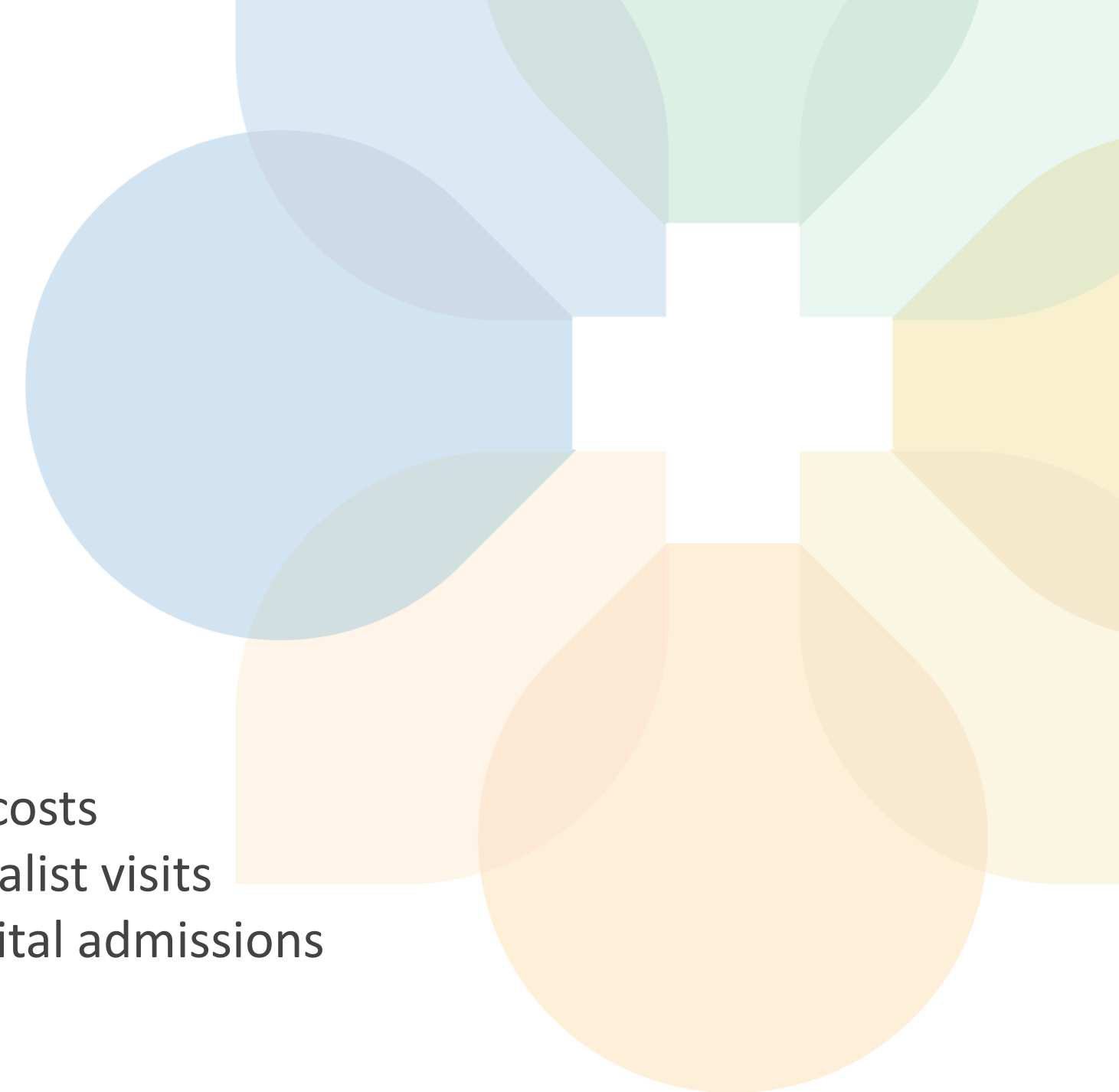
Why use group medical visits?



Patient empowerment
Patient experience
Health behaviours
Health outcomes
Community
Workflow efficiency

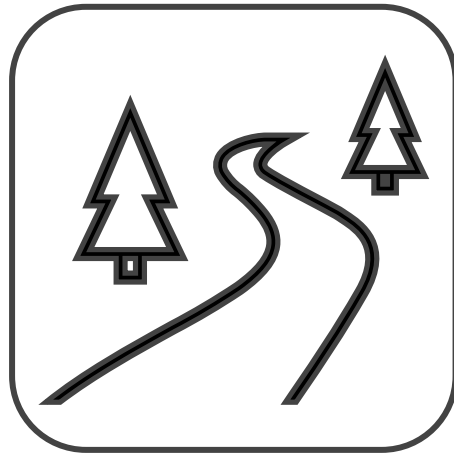


Health care costs
ER and specialist visits
Repeat hospital admissions

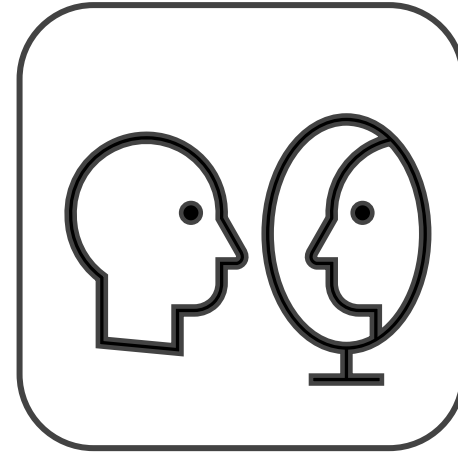


When to consider group medical visits?

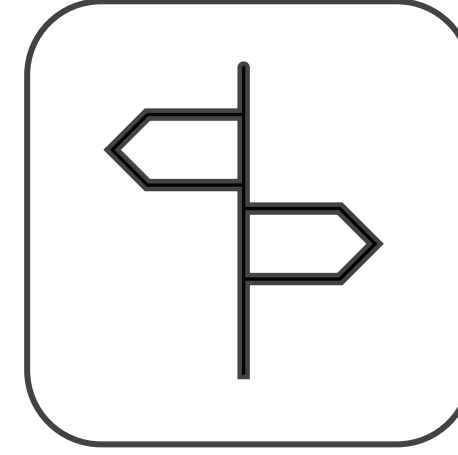
Chronic conditions



Self-management component



Preference-sensitive treatment decisions



Examples: diabetes, obesity, arthritis, **osteoporosis**, irritable bowel syndrome, sleep, mental health

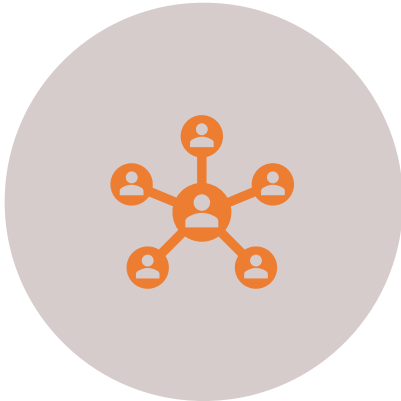


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Incorporating Personal Health Management



PRE-VISIT ASSESSMENTS



BRIEF ONE-ON-ONE INTERACTIONS



PERSONALIZED PLANS



GOAL SETTING



CASE STUDY

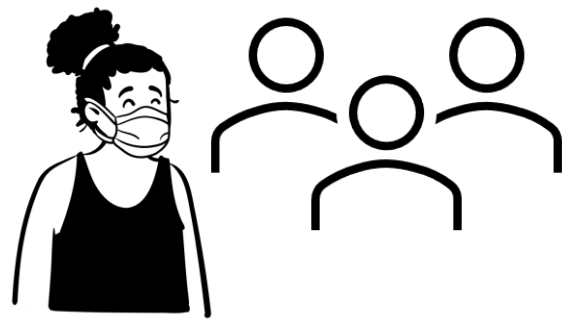


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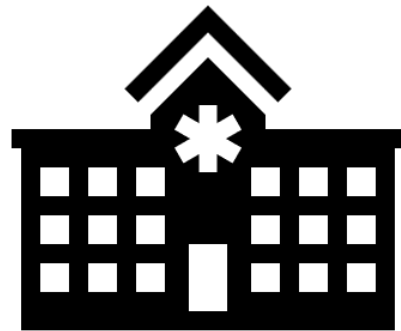


Own Your Bones

A group medical program for bone health



6-10
participants



4
weekly 2h
sessions

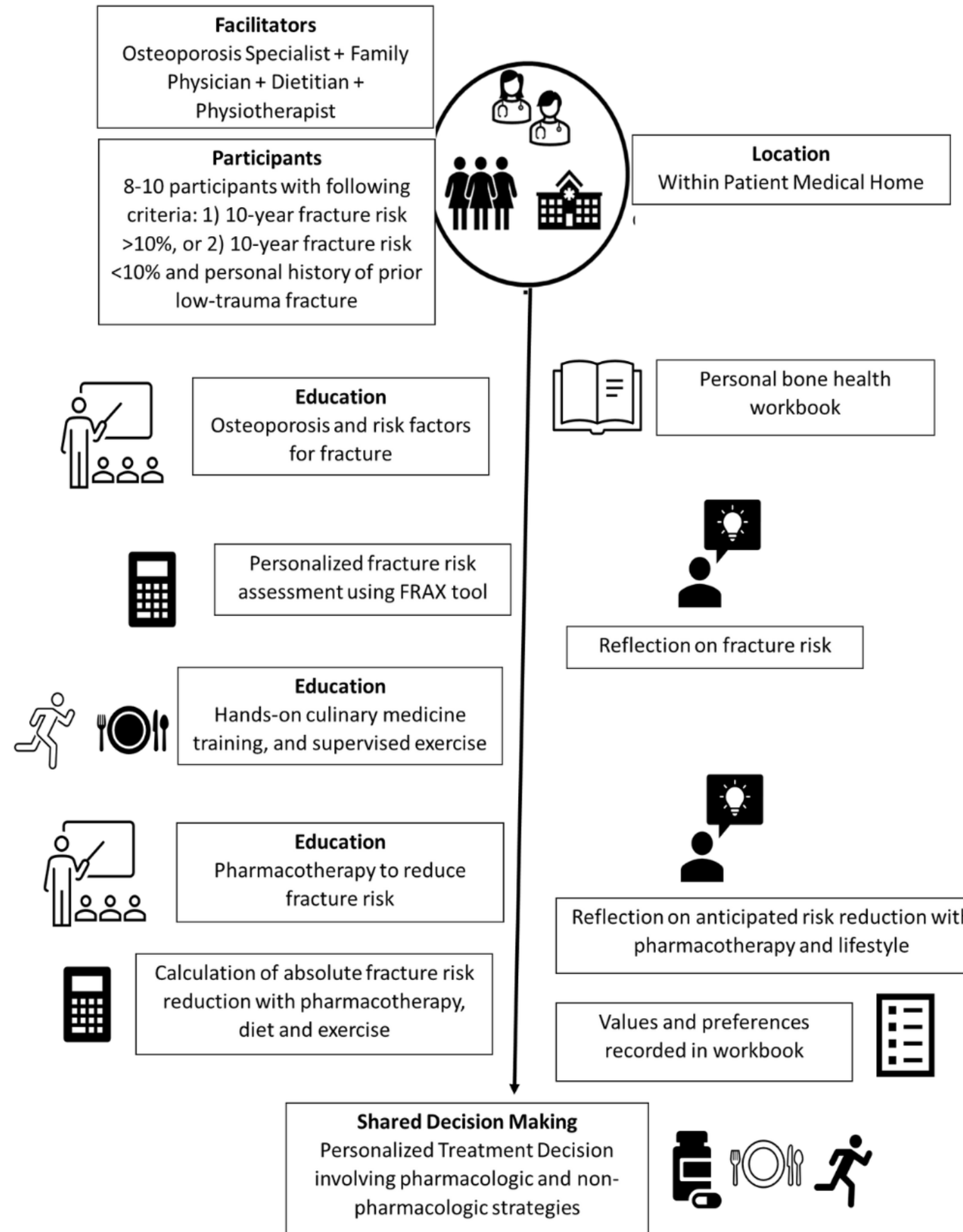


3-6
multidisciplinary
facilitators



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Own Your Bones



Own Your Bones



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Own Your Bones

- ★ Personalized fracture risk assessment
- ★ Hands-on education about strategies to lower fracture risk
- ★ Shared decision-making



My Bone Health Management Plan

Medication:

After calculating your own personal fracture risk and learning about the potential treatment options, have you chosen to take medication to reduce your fracture risk? (Please circle one)

YES

NO

If you are choosing to start medication therapy to reduce your fracture risk, which medication are you planning to take?

Monitoring:

- If you have chosen to start medication, you probably don't need to do another bone density while taking therapy or at least not in the first three years. This can be discussed with ongoing follow up at your doctor's office.
- If you have chosen not to start medication, your fracture risk is still expected to change very slowly over time. However, re-assessment of your risk might be useful in the future. If you are using bone density as part of my fracture risk assessment, you might want to ask your doctor about getting another bone density measurement in 3 or 4 years time, although you can use FRAX[®] online at any time to review your fracture risk, even without a bone density result.



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Current status

- 🌸 Piloted in January 2023
- 🌸 Now 5 cycles (n=47) complete (2/year)
- 🌸 Well-received by participants and facilitators
- 🌸 Ongoing quality improvement efforts
- 🌸 Plan for virtual delivery in the future



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Considerations for developing your group medical visit

- Patient population
- Location
- Facilitators
- Administrative support
- Referral process
- Curriculum
- Program materials
- Quality improvement



Considerations for developing your group medical visit

- **Patient population**
- Location
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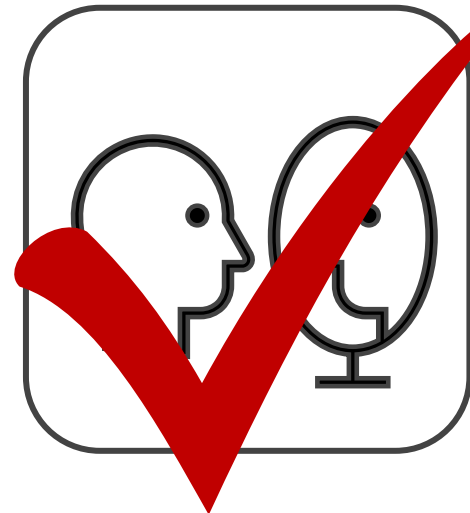
The Path Ahead

Patient population or medical condition

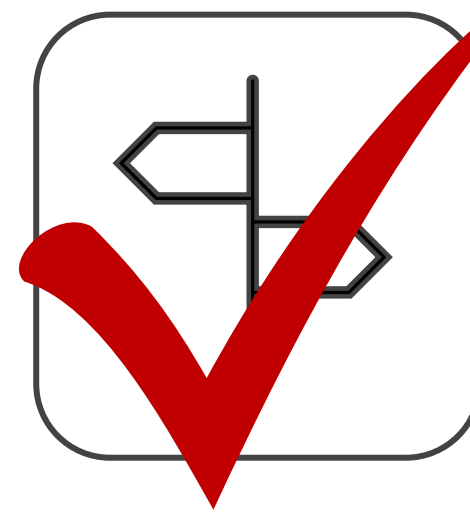
Chronic
condition



Self-management
component



Preference-sensitive
treatment decisions



OYB works because...

- 🌸 Osteoporosis is a chronic condition
- 🌸 Several, multidisciplinary self-management options
- 🌸 Treatment decisions are preference-sensitive
- 🌸 Much education and advice regarding bone health is generalizable



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Patient population or medical condition

EXERCISE – 5 MIN

- Think about your practice
- Are there any conditions that you could foresee delivering a group medical visit for?
- Make a list in your workbook
- Share with the person(s) sitting next to you



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Considerations for developing your group medical visit

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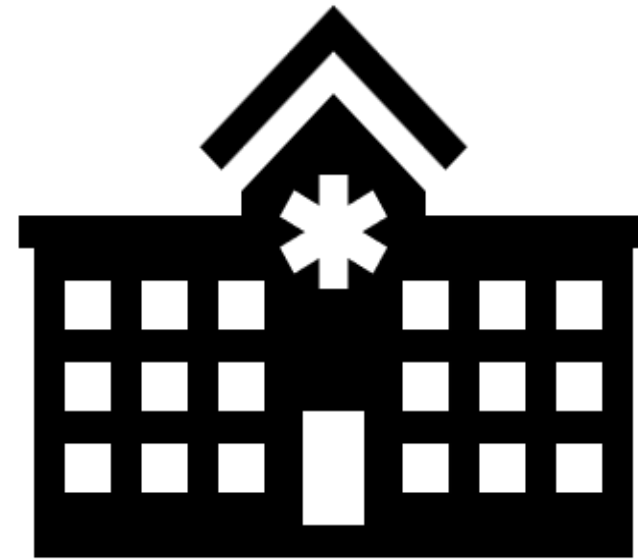


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Location

OYB



SHC Wellness Centre



Potential locations: waiting room, conference room at your clinic, non-health care environments (but must be private)

🌸 There are also virtual options (e.g. Zoom)



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Location

- 🌸 Where could your group medical visit be delivered?
- 🌸 Are there any barriers (e.g. privacy) that you would need to overcome?
- 🌸 What equipment do you need?
- 🌸 If you are planning to have individual (one-on-one) interaction between patients and facilitators, is there space for this?
- 🌸 If you are planning to have activities (e.g. exercise, cooking), where will they be done?



Considerations for developing your group medical visit

- Patient population
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Facilitators

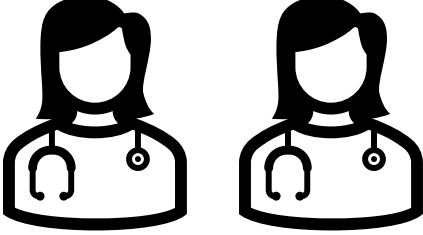
OYB Team



Family physician



Specialist physician



Dietitian(s)



Physiotherapist(s)

Other options: pharmacist, nurse, nurse practitioner, occupational therapist, social worker, psychologist



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Facilitators

EXERCISE – 5 MIN

- Which facilitators would be critical to your group medical visit?
- Do you have specific individuals in mind?
- What needs to be considered to engage your facilitators?
 - Time, remuneration, schedules?
- Write these down in your workbook
- Discuss with your neighbour(s)



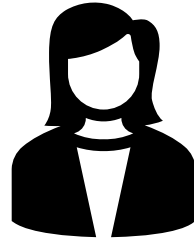
Considerations for developing your group medical visit

- Patient population
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Administrative Support

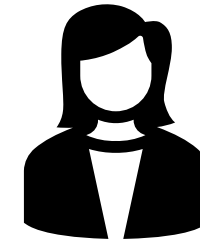
OYB Team



**Clinic
Manager**



**Wellness Centre
Manager**



**Booking
Clerk**

Role of admin team: location booking, scheduling/reminding patients, sending course materials, on-site logistics



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Administrative support

- What support will your group medical visit require?
 - Booking space? Booking/reminding patients? Sending course materials?
- Can you leverage existing office staff for these tasks?



Considerations for developing your group medical visit

- Patient population
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- Curriculum
- Program materials
- Quality improvement



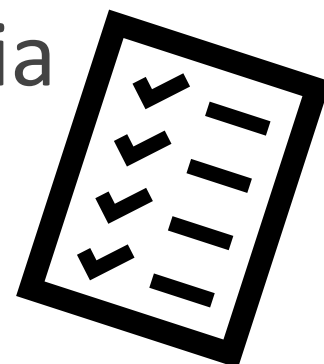
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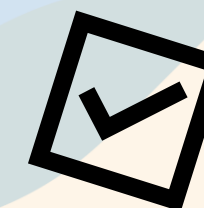
Referral process

Initial OYB Referral Criteria

- Age 50+
- Referred by family physician
- Moderate-to-high 10y fracture risk (>10%)
- No recent hip or vertebral fracture
- Recent referral to Dr. David Hanley Osteoporosis Centre
- CKD or bariatric surgery



Current OYB Referral Criteria



How do you get into the program?

For Adults (50+) interested in learning more about bone health and fracture prevention. The educational and nutritional advice in this program might not be right for people with specific dietary restrictions (i.e. difficulty swallowing, had bariatric surgery or those with chronic kidney disease).

Self-refer by calling 403-956-2300 or discuss with your family doctor for a referral.



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Referral criteria

- What referral process makes the most sense for your practice? Physician referral? Other healthcare providers? Self-referral?
- Do patients require screening to determine if a group medical visit is appropriate? Who will do the screening?
- Consider having more selective criteria to begin with and then broadening



Considerations for developing your group medical visit

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Curriculum

- Sample Program Outline	
<p>Week 1</p> <p>Location:</p> <p>Classroom (180006), WC computers, and Multipurpose room (180015)</p>	<ul style="list-style-type: none"> - 15 mins Asking patients to arrive early for intake and consents - 50 mins Intro & MD content in Classroom <ul style="list-style-type: none"> o General intro o Overview of the 4 weeks, orientation to the workbook and overview of any tools we will provide o Review of osteoporosis/age-associated bone loss o Fracture risk factors and fracture risk calculation (<i>WC computers</i>) - 10 min break (<i>recipe sample provided in classroom</i>) - 20 mins Nutrition content <ul style="list-style-type: none"> o Calcium & Vit D requirements/recommendations o Brief overview of balanced pattern and home prepared foods as relates to bone health - 5 Mins move to Multipurpose room - 25 mins Exercise content in Multipurpose room <ul style="list-style-type: none"> o Goals and benefits of Exercise o Overview of recommendations/guidelines o Posture & Strengthening: Back exercises/spinal strengthening - 10 mins Debrief & discussion from Week 1; reminder week 2 starts in multipurpose room



Curriculum

- Think about what topics you'd like the visit to cover, and how each topic will be delivered
 - E.g. demonstrations, exercise, risk calculations, Q&A, one-on-one assessments with facilitators
- If this is your first time developing a group medical visit, keep it simple!



Considerations for developing your group medical visit





- Patient population
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- Quality improvement







Program materials

Own Your Bones

Shared Medical Program

This shared medical program is offered in partnership by:
 the South Health Campus Academic Family Medicine Program, the Dr. David Hanley Osteoporosis Centre, the South Health Campus Wellness Kitchen, and the Alberta Healthy Living Program

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Own Your Bones

Your Personal Risk Factors

Please complete the following section to indicate your risk factors:

Age _____
 Sex M _____ F _____
 Weight _____
 Height _____
 BMI _____

Please circle Yes or No

Previous fracture after age 40 yrs: Yes No
 Parental hip fracture (before age 80 yrs): Yes No
 Current smoker: Yes No
 Taking glucocorticoids (eg. prednisone): Yes No
 Have rheumatoid arthritis: Yes No
 Consume 3 or more alcoholic drinks per day: Yes No


Your Bone Density Results:

Lumbar spine T-score: _____
 Femoral neck T-score: _____

- The T-score simply tells you how your bone density compares to what is the AVERAGE of a young person of your sex
- A negative T-score means 'below the average'
- The bigger the number, the farther away from the average you are
- You may see the terms "osteopenia" or "osteoporosis" written on your bone density report. These terms, as applied to bone density, are probably unnecessary since we will be focused upon the risk of fracture, not the actual numeric bone density result. Many people with low bone density can be low risk for fracture and some people with normal bone density can still be high risk for fracture.
- Remember, the majority of menopausal women and men over age 50 will have a T-score of -1.5 or less**

What about bone density?

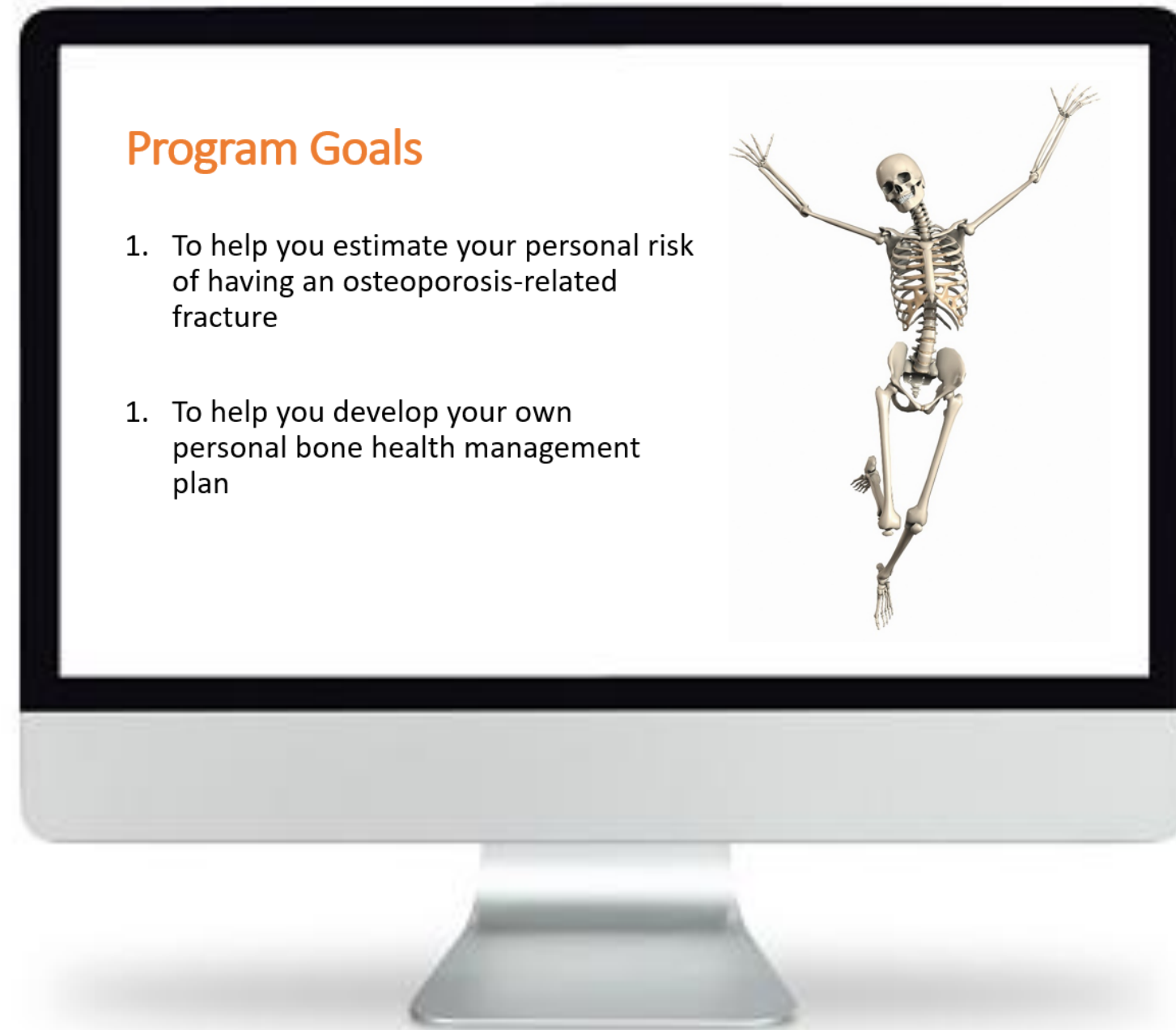
Bone density is simply an estimate of bone strength. Bone density is expected to decline in all healthy people as they age. Your bone density today may be slightly lower than any measurements done in past years although any bone density performed in the past four years is probably reasonable for clinical decision making today. In many cases, the bone density measurement doesn't really change the clinical decision making because the other risk factors are just as important.



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Program materials



Program materials

- 🌸 What resources will you need for your group medical visit?
 - E.g. Slide deck? Workbook? Recipes
- 🌸 How will you create these?
- 🌸 Who will be involved in creation?
 - Patients?
 - Facilitators?
 - Other subject matter experts?



Considerations for developing your group medical visit

- Patient population
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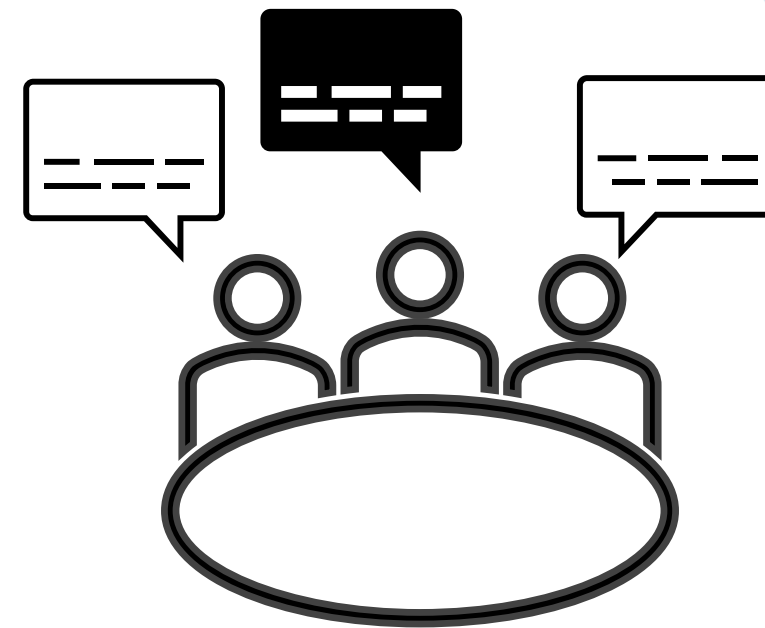
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Quality improvement



OYB participant
feedback



OYB team
feedback

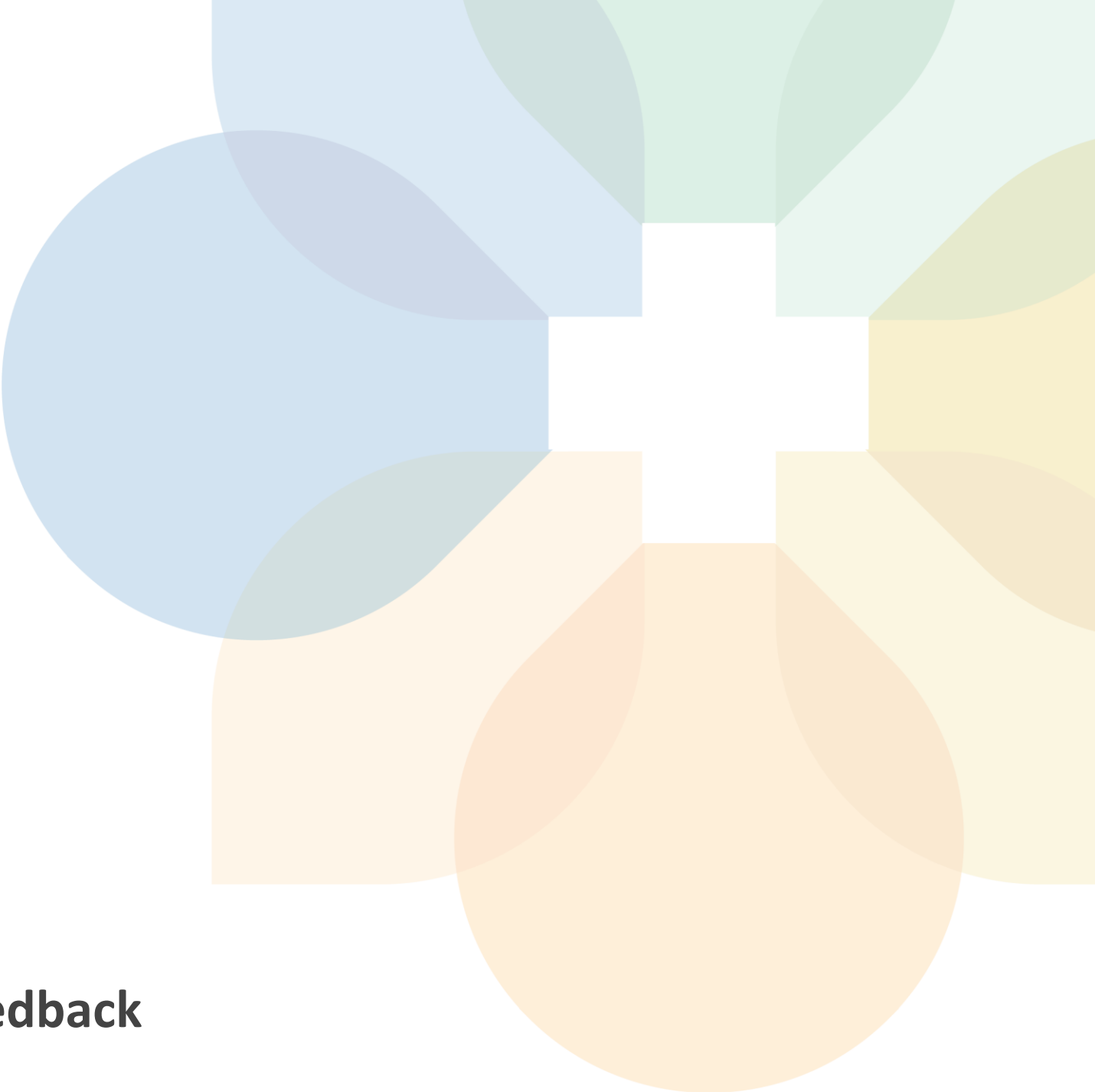
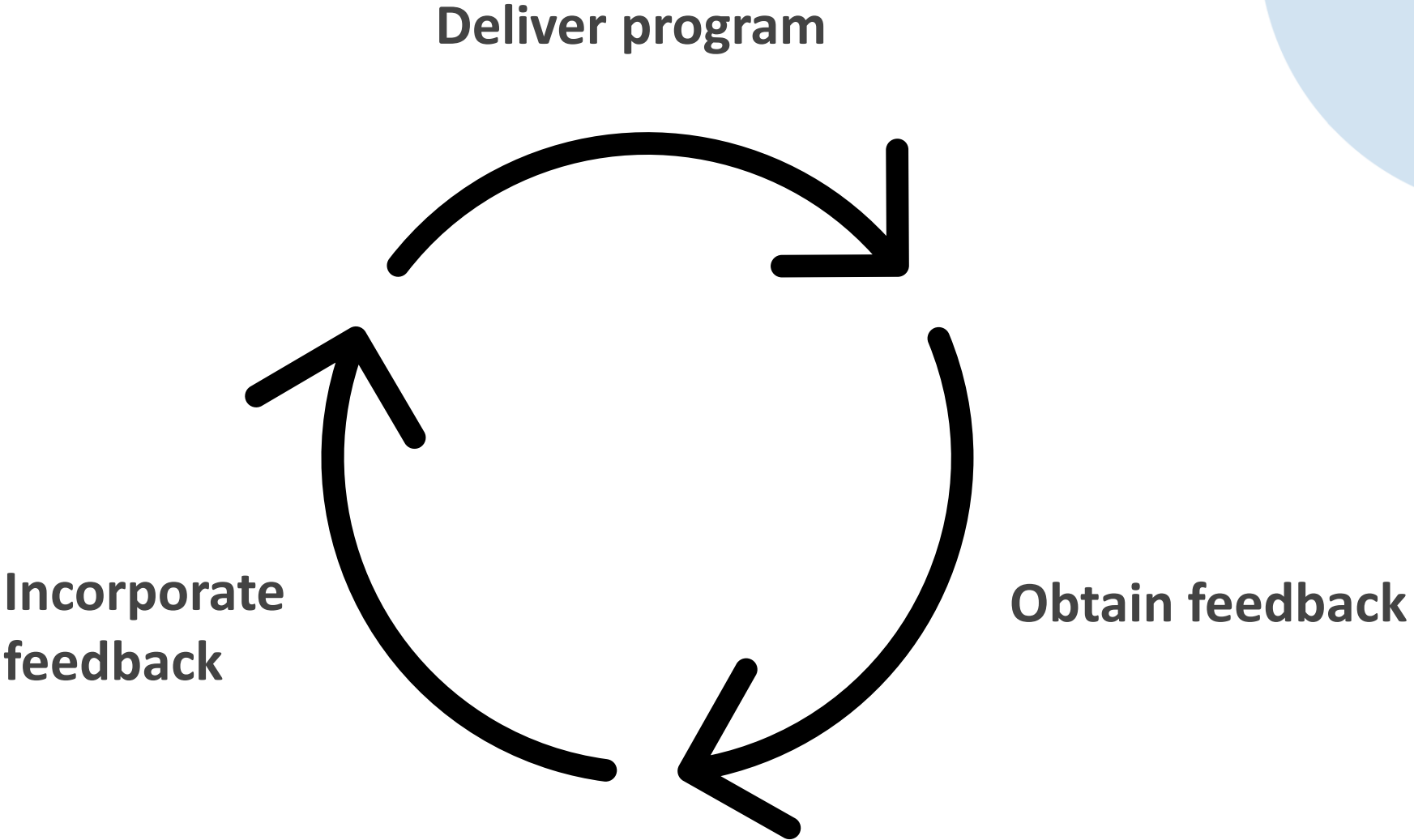


Knowledge, Behavior Change, and Decision Support

- **Decisional support:** Reduced decisional conflict regarding pharmacotherapy.
- **Dietary intake:** Planned increase in calcium (79%) and protein (61%) intake.
- **Physical activity:** Increase frequency and duration of activity with planned increase in posture (68%), strength (71%) and balance training (79%).



Quality improvement



Quality improvement

- How will you solicit feedback about your group medical visit?
From whom?
- How will you use this feedback?
 - PDSA cycles?



Barriers to group medical visit implementation

- Scheduling
- Patient interest
- Curriculum development
- Remuneration



A roadmap for developing group medical visits

Identify participant population

- Chronic health condition
- Self-management component(s)
- Preference-sensitive treatment options



Engage partners

- Leverage existing clinic staff and provincial programs where possible



Create program materials

- Workbook
- Slide deck



Reflect & Improve

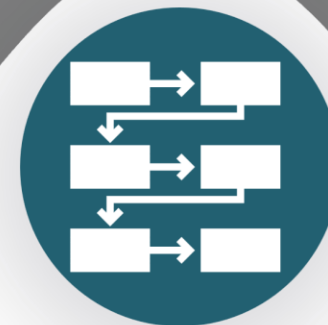
Determine required resources

- Meeting space
- Facilitators
- Administrative support
- Patient co-advisors



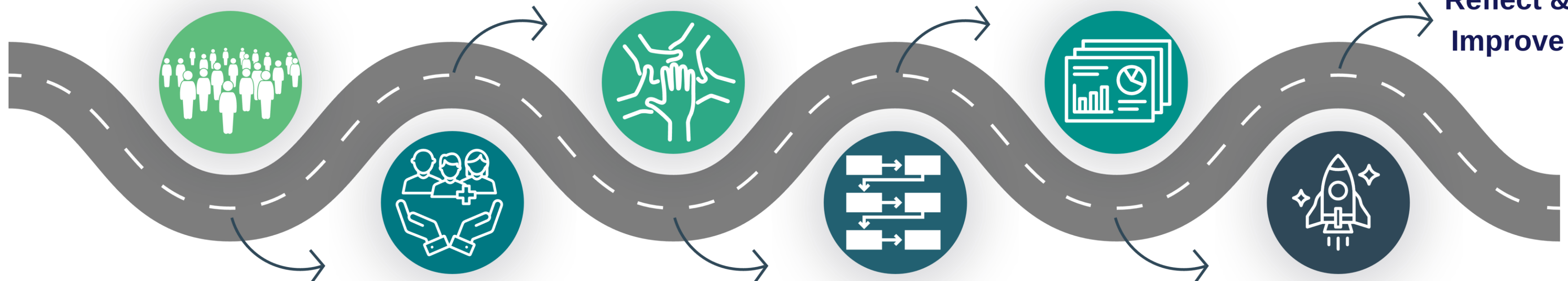
Map out participant flow

- Referral process
- Booking
- Curriculum
- Visit logistics



Pilot

- Run first visit



Objectives

After attending this session, you will be equipped to:

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Thank you to our team!



Julia MacLaren



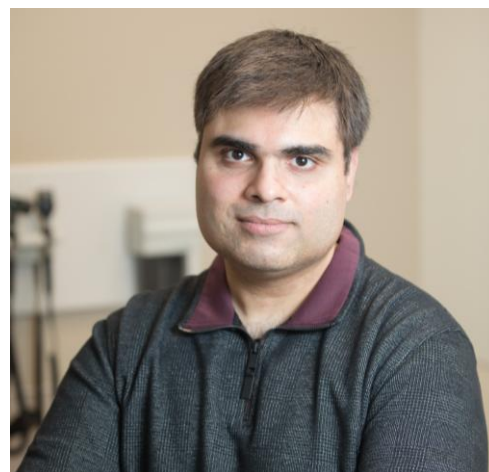
Candice Stapleton



Jane Bowman



Janine Payne



Vishal Bhella



April Matsuno

- This project is a collaborative partnership between the David Hanley Osteoporosis Centre, South Health Campus Family Medicine Teaching Clinic, Alberta Healthy Living Program and the SHC Wellness Centre.
- The project also involves partnership with the Patient and Citizen Innovation Council at the SHC Family Medicine Teaching Clinic to incorporate patient feedback during different stages of the project.



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**Thank you
for attending**



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