

Group Visits for New Patient Appointments in Family Medicine: A Novel Approach to Mitigating Knowledge Deficits in Healthcare Navigation

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Background

Health illiteracy promotes unnecessary EDU (Emergency Department Utilization) which contributes to high costs of health care in the USA¹⁻³. The literature describes many approaches to patient education⁴⁻⁶, however, there limited study on healthcare navigation education directly from patients' Primary Care Physician (PCP) office. This study explores a novel approach to group education for new patient visits in PCP office.

Methods

A multidisciplinary (clerical staff, health coach, senior practice manager, nurses, and PCPs) created a logistical framework for educating new patients at our family practice. The three-phase group visit model focused on health care navigation and included appropriate reasons for both ED visits vs. PCP office visits. Spanish and English education specifically highlighted walk-in hours at our PCP office. The group education session was followed individual scheduled visits with PCPs.

Results

Both sessions conducted have successfully fostered positive experiences for patients and healthcare team; several group visit patients appropriately utilized the PCP office instead of the ED. Group visits will serve as a cohort (with a control from usual care) to collect quality metrics on healthcare utilization in future.

Figure 1: three phase group model for new patient education

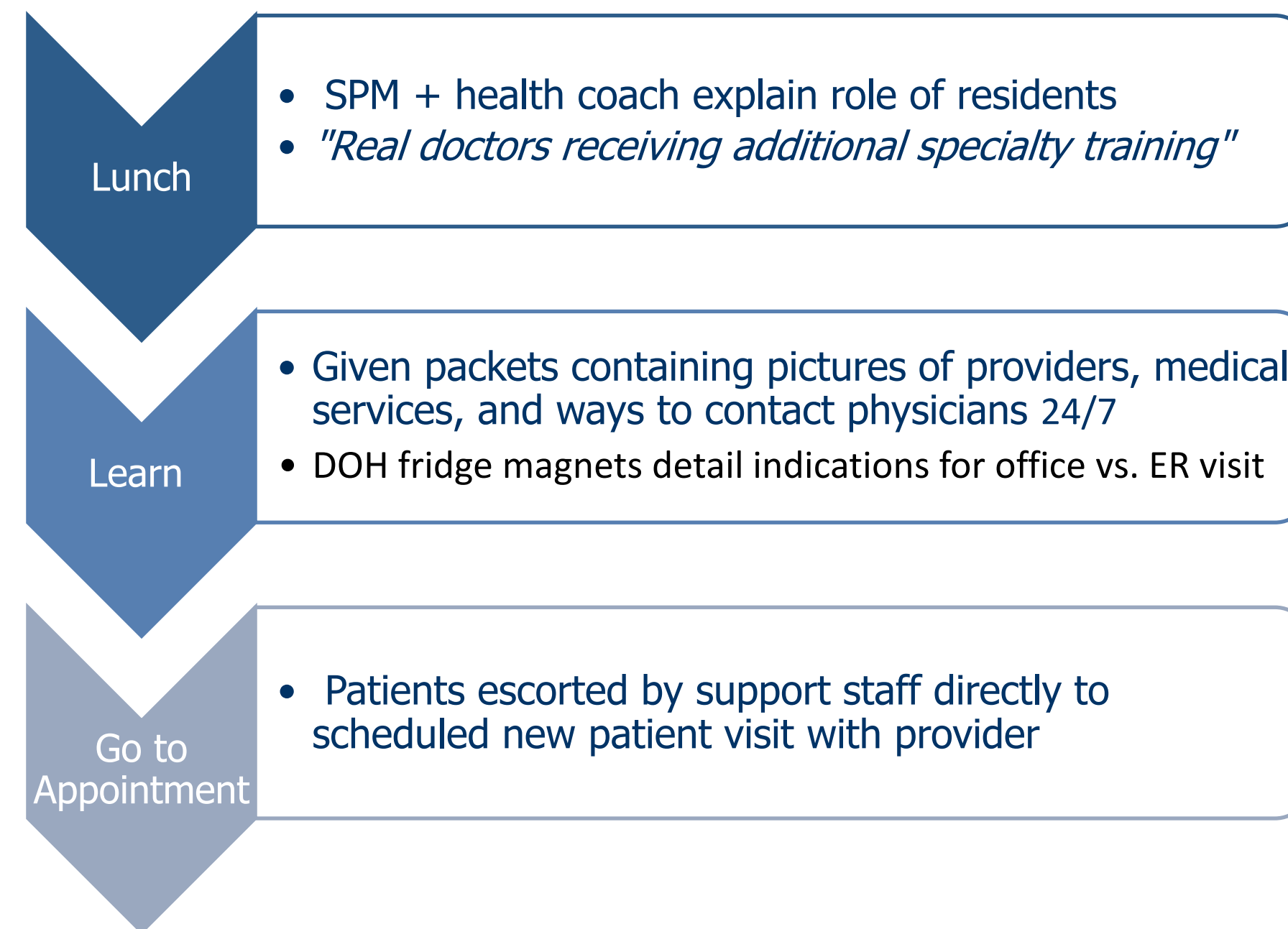


Table 1: quality metrics for new patients with and without group visit education

	Patient age	Patient sex	total office visits	Walk in visits	ER visits	No show	Canceled
Group Visits Nov-19	35Y	F	4		2	1	
	39Y	F	1				1*
	18Y	F	2		2	1	0
	58Y	M	6	4	3	1	1
	20Y	M	3				
New patients Nov-19	8Y	M	2		1	1	
	22Y	F	5		2		1
	20mo	F	6	1		1	1
	20Y	F	3				
Group Visits Mar-20	46Y	F	8	2			3
	55Y	F	1				
	28Y	M	3				
New Patients Mar-20	48Y	F	1				
	54Y	F	3				
	8Y	M	1				
	28Y	M	3				

Discussion

For two of the patients in the November 2019 cohort, group education improved appropriate use of walk-in clinic rather than the ED (58Y M) and decreased no-show rate (20Y M) compared to control. The quality metric data from the March 2020 cohort and the small population size are clear limitations.

Conclusion

Group visits for new patient appointments is a novel way of welcoming new patients into family medicine office. This study supports the use of healthcare navigation education described in the literature as a feasible means for battling healthcare illiteracy and the downstream effects of per-capita healthcare cost. Future data analysis will study the impact of healthcare seeking behaviors including acute and walk-in utilization in PCP offices, appropriate EDU, use of EMR electronic portal, no-show rates, repeat hospital admissions, and vaccination compliance as compared to usual care.

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