

March 2015
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A Special Message from ACORN and the ACORN Clinician Perspective

This month's ACORN Clinician Perspective summary will be the final edition you receive from me as the ACORN Practice Advocate. After almost two years of working with Virginia ACORN, I will be moving on to a new opportunity. It has been a pleasure getting to know your clinical and administrative teams. My last day in this role will be Tuesday, March 31st.

I was able to accomplish a number of items for the ACORN network including the establishment of the ACORN Partners Board, distribution of an updated electronic network newsletter, the ACORN Clinician Perspective survey and results summary as well as establishing successful engagement activities and partnerships for current and future research opportunities. As I move forward to a new opportunity, I hope that you will receive Paulette Lail Kashiri as she performs some of my previous responsibilities in her role as Research Associate with the VCU Department of Family Medicine and Population Health. Please direct all ACORN network questions and inquiries moving forward to her at plkashiri@vcu.edu.

I want to express my sincere appreciation as I truly enjoyed working with each of you, learning and growing through my meetings and site visits at your locations throughout the Commonwealth of Virginia. I was also able to share a unique camaraderie with many of you which I hope will continue despite my absence in this role. You can stay in touch with me by email at Camille.Washington0306@gmail.com. Please feel free to connect with me via LinkedIn as well.

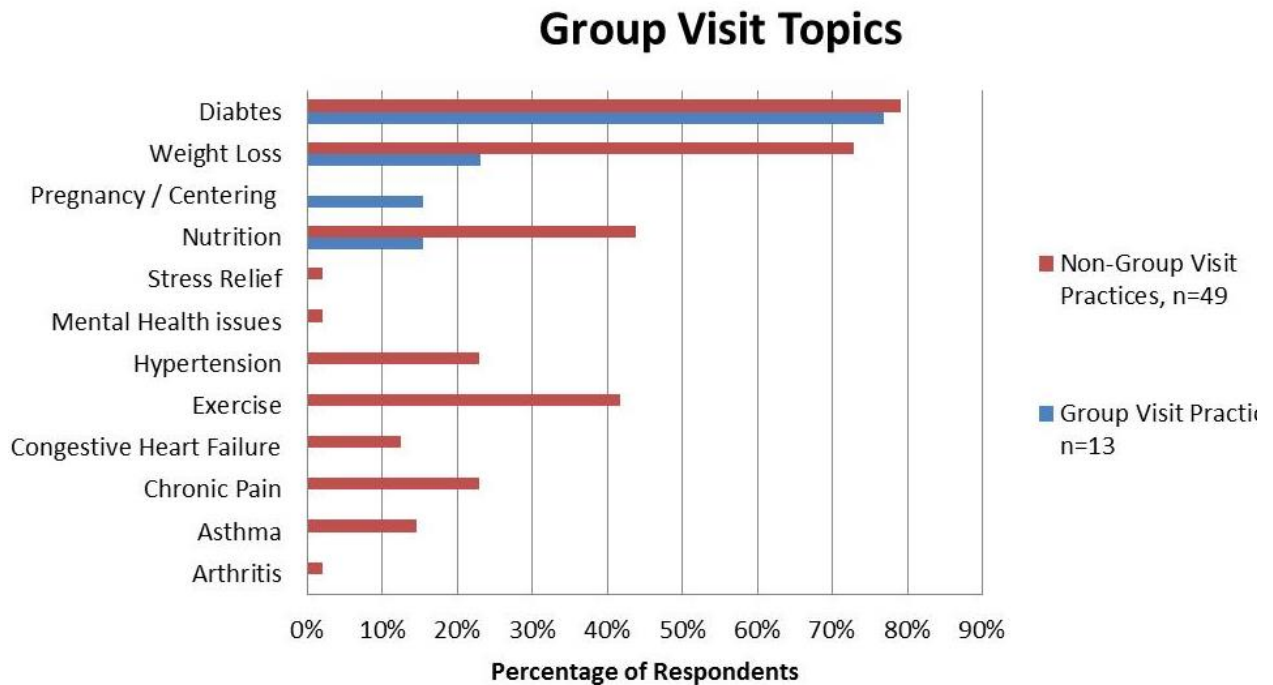
With best wishes,

Camille F. Washington, MHA

ACORN Clinician Perspective: Group Visits for Chronic Disease Management

Sixty-two network members, representing 34 practices, responded to the most recent ACORN Clinician Perspective Survey regarding Group Visits for Chronic Disease Management.

- Only 21% of respondents (n=13) indicated they were providing group visits.
- Among those offering group visits, diabetes was the primary topic of interest (77%).
- The interest in diabetes group visits was similar among those considering offering this model (79%).
- Other topics considered amenable to group visits can be seen in the graph below:



Among practices offering group visits:

- 42% conduct monthly group visits and 17% conduct biweekly group visits

- 62% conduct hour long group visits while 31% conduct 1.5 hour long visits

What topics appeared most responsive to group visits among those who use them?

- 77% felt group visits helped to improve health behaviors
- 62% saw a beneficial impact among patient satisfaction indicators
- 54% identified improvements in disease outcomes
- 38% felt group visits improved quality of care

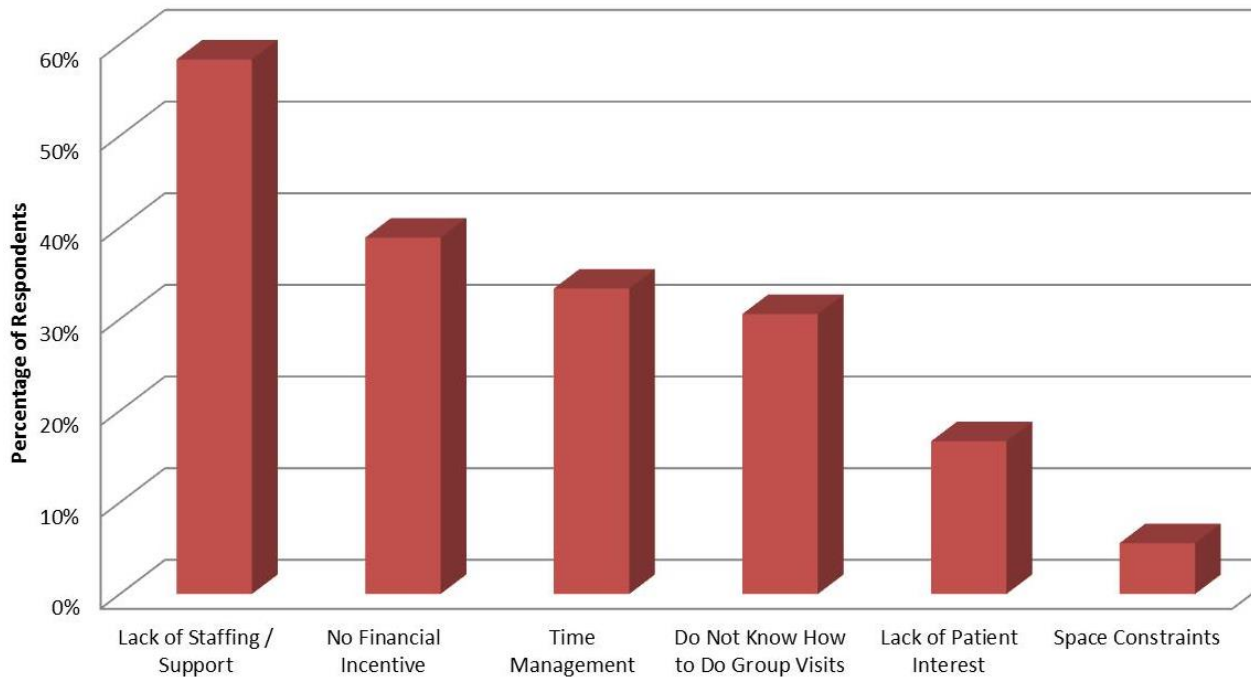
Topic specific educators were most often chosen to lead group visits. The next group most often selected to lead group visits were nurses. Other points of information shared include:

- Only four of the thirteen who indicated use of group visits have been paid, either through insurance coverage or self-payment. All others provide this as a free service to their patients and receive no compensation.
- Group educational sessions and/or discussions were highly popular among group visit and non-group visit practices.
 - Almost all of the group visit practices, 92% (n=12), utilize this format for their group visits, while those who do not currently provide this service indicated this as the most favored arrangement to provide such an activity at 85% (n=41).
 - Self-management activities followed as the second most popular format to include in group sessions for both groups, with 54% for group visit practices and 48% for non-group visit practices. Those who do not provide group visits also indicated they would be interested in participation by a mental health professional, social worker, or other provider.

Seventy-three percent of respondents not currently providing group visits indicated an interest in having group visits.

- Those not currently offering group visits indicated a number of barriers to the provision of this service which can be seen in the chart below:

Barriers to Providing Group Visits (non-group visit practices, n=49)



- Other barriers indicated by individual respondents include:
 - Lack of expertise
 - Waiting to hire a behavioralist
 - Not discussed in the office
 - Transportation issues for patients
 - HIPAA
 - Cost of billing
 - Logistics
 - Hard to get people
 - Scheduling of psychology residents

We need your help in completing future ACORN Clinician Question inquiries. We also welcome and encourage input regarding future topics for this activity. If you would like to provide suggestions or comments, please go to the following link:

<https://redcap.vcu.edu/rc/surveys/?s=ABnecchPd9>

Thank you for your participation!

