

Innovative group medical visits benefit both dementia patients and their caregivers

Many family doctors in British Columbia hold group medical visits to see patients with similar conditions in a larger setting, but for Dr Karin Blouw of Smithers, group visits are a chance to expand her work in geriatric psychiatry. She is the first doctor in BC to hold group visits for patients with dementia and their caregivers.

"We've been holding these group visits monthly for 6 months, and we're very excited about how it's going," says Blouw. "The group dynamic is working better than I expected, and over time it's gotten even better."

Group visits are one of the practice innovations popularized by the General Practice Services Committee (GPSC), a partnership between the BC Ministry of Health and the BCMA. GPSC supports doctors by developing and implementing programs that improve job satisfaction for family physicians and primary health care for patients. Blouw attended the practice support program sessions from GPSC on practice efficiency methods like group medical visits.

The learning module on group medical visits, taught by other general practitioners, teaches family doctors how to use this new and time-efficient way of caring for patients who share a specific chronic condition. Patients are invited to attend sessions to receive care, education, and advice within a supportive group environment. Although individual appointments for these patients are still required, many longer-term health maintenance concerns can be effectively addressed in the group setting.

Blouw is both a general practitioner and a consultant in geriatric psychiatry. She has many patients with dementia, which is what prompt-

ed her to start up a group for them. Her group sessions have six to eight patients per visit, along with one or two caregivers per patient. Each monthly session features a speaker, such as a dietitian, occupational therapist, mental health expert, or pharmacist.

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The group visits are held in a large central space at the Smithers Healthy Living Centre and snacks are served. After confidentiality agreements are signed, there is a presentation from the speaker. Blouw then holds a roundtable discussion to find out how things are going for each patient. Time is allowed for questions, medical checks, and prescription renewals.

"At first, it was tough to adjust to the group setting with patients," says Blouw. "I'm used to doing things one-on-one in a closed office. But after we'd had a couple of sessions, I saw that the group dynamic was working better than I expected, and I'm getting used to it. I don't think I'll suddenly become an extrovert, but the session is really working for everyone, including me."

The patients in Blouw's group have mild to moderate dementia. "They are all very respectful of each other, and there's good interaction, a lot of interest, and positive feedback," she says.

Kim De Sensi has been bringing her father to Blouw's group visits and finds they offer a different level of interaction.

"At first, I wasn't sure what the group visits were about, but by the second one, we were sharing medical information and feeling completely comfortable about that," says De Sensi. "The speakers offer great information, and this is definitely more than my usual caregiver support group offers. I'm glad to see something new like this."

Blouw believes that caregivers have a real opportunity in this group to learn from each other as well as from the medical professionals. "Hearing it confirmed that their worries are not just their own, they seem to get so much out of it," she says. "The sessions are much more educational than a support group. We have a lot of medical questions, about things such as side effects of the medications and other questions that don't come up in a support group."

For the patients who are still in the mild stage of dementia, the group provides an educational component. "There is always a certain amount of denial about this diagnosis, and everyone feels so alone with it," says Blouw. "For caregivers or patients, the group is an excellent way to share mutual concerns. The participants are very comfortable discussing their issues together."

There has been a lot of interest in Blouw's group visits, with enough demand to carry into a second group, if the organization and facilities are made available to her again. She says, "Given the increasing incidence of dementia, this is something many doctors could do for their patients. There's so much value to it."

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