## specialist services **committee**

## Group medical visits for endoscopy patients

n an effort to address the high demand for endoscopies in their community, in July 2011, a group of general surgeons in Langley initiated a trial of group medical visits. Group medical visits are included in the Practice Support Program (PSP) for specialist physicians with the learning sessions funded by the Specialist Services Committee.

The decision to try group visits followed from one of the surgeons, Dr Scott Cowie, learning about the practice from his wife, a family physician.

Among general practitioners in British Columbia, group medical visits have been successfully used for several years to help reduce wait times and improve services for patients with such chronic conditions as diabetes, hypertension, and arthritis.

After consulting with PSP staff at Fraser Health about how to structure the group visit process, the group of four Langley surgeons decided to focus their pilot project on colonoscopy patients. All colonoscopy patients referred to family physicians in the surgeons' office were preselected for group medical visits and contacted by office staff. Patients were given a brief explanation of the group visit process and asked a series of screening questions. Eligible patients were then booked for a group visit.

A total of four pilot sessions were held, each lasting 20 to 30 minutes. Each session was attended by a maximum of 20 patients and involved presentations by a surgeon and an endoscopy nurse, followed by a questionand-answer period. At the end of each session, medical office staff scheduled colonoscopy appointments for all

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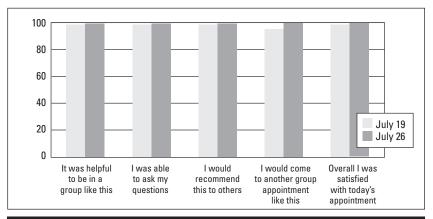


Table. Average patient satisfaction ratings for pilot group medical visits held by Dr Scott Cowie on 19 and 26 July 2011.

patients in the group.

Fraser Health gathered feedback from all patients who attended the pilot sessions. Patient satisfaction with the group medical visits was very high, scoring almost 100% on all measures (see the Table). Patients who participated in the group medical visits also received treatment 4 to 5 months earlier than they otherwise would have, on average.

Patients described the group sessions as informative and relaxed. They also appreciated that the group setting enabled them to hear other patients ask questions that they might not have thought of asking themselves. When asked about the benefits of group medical visits, patients mentioned increased efficiency, cost-effectiveness, and reduced wait times.

From the physician's perspective, Dr Cowie noted that patients who participated in the group medical visits appeared "much more relaxed" during the actual endoscopy procedure than other patients receiving the procedure. Dr Cowie attributes this to the group medical visit patients having had all their concerns about the procedure addressed during their group visit.

"This is an invasive procedure. Having the surgeon and endoscopy nurse educate the patients in detail about the procedure seems to diminish any lingering anxiety patients might have," says Dr Cowie.

Based on the success of their pilot sessions, the Langley surgeons have continued to offer group medical visits. In one three-month period, the surgeons conducted more than 10 group sessions involving more than 200 patients.

The surgeons have also sent letters to all referring physicians, outlining their process for group medical visits and the formal inclusion criteria for referral.

Speaking on behalf of the Langley surgeons, Dr Cowie describes group medical visits as "a process that seems to work well for our community and practice, and we hope to develop it further in meeting the needs of our patients."

For more information on PSP group medical visits and other learning sessions for specialists, please visit www .bcma.org/ssc.

> -Ken Seethram, MD. FRCSC, FACOG Co-Chair, Specialist **Services Committee**